INDIA HEALTH ACTION TRUST

ANNUAL REPORT 2012-13

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India Health Action Trust Annual Report, 2012-13.

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Section 1

Message from the Managing Trustee

The year 2012-'13 has added to the enriched experience of work that IHAT withholds and has significantly made way for an enhanced strategy for programme planning and implementation.

Our work in Rajasthan under Projects like Prevention of Parent To Child Transmission (PPTCT) of HIV/ AIDS , Saving Children's lives through community empowerment, Link Workers Scheme in the Tonk district of Rajasthan is reflective of how the organization is moving on the envisioned path to impact quality of life of individuals. Strengthening and fortifying further on the Maternal and Neo natal Child Health Care aspect is one of the primary areas of focus.

As a Technical Support Unit, our work in Karnataka is reflective of the positive impact of targeted interventions, evidence based planning, advocacy and community mobilization.

The techniques and guiding principles have evolved and have been tested with time. IHAT envisages to embrace a larger ambit to impact some of the crucial health issues with a focus on prevention, care and risk reduction of HIV/AIDS all over India and abroad.

As an organization IHAT in the days to come will prioritize on moving into the Northern parts of India with all the experience and technical expertise. Extending supportive capacity building of communities/ CBOs/ NGOs and technical assistance to states that need immediate support to cater to public health issues would top the priorities.

I am confident that as a team we will move forward and take our organization to new heights to achieve its vision in the coming Years…

I take this opportunity to thank the entire IHAT team and stake holders for their continuous commitment and support and expecting the same in the future.

Senthil K. Murugan,
Managing Trustee.

Section 2

About Indian Health Action Trust (IHAT)

2.1: About IHAT

India Health Action Trust (IHAT) was born out of the need felt by a group of professionals for working on Public health issues in different states of India and abroad with focus on HIV/AIDS by extending proven techniques, insights and principles pivotal to the success of other public health projects and initiatives . It was registered in December 2003 as a secular trust under the provisions of the Indian Trust Act, 1882 and also registered with the Ministry of Home Affairs (MHA) under the Foreign Contribution Regulation Act (FCRA) 1976 in the year 2009.

With the University of Manitoba's (UoM) Centre for Global Health, IHAT has assisted the national governments of Bhutan and Sri Lanka in scaling up HIV prevention. It has provided Technical Assistance to Government agencies in Maharastra , Bihar, Rajasthan, Andhra Pradesh, Tamil Nadu and Goa . IHAT has also received support from UNICEF and Save the Children for projects to protect children from HIV, to provide life skills education for adolescents and to provide Community Outreach services to rural children.

IHAT specializes in providing comprehensive technical assistance and training in programme planning and management. The work of IHAT is positioned within UN Millennium Development Goals (MDGs) and contributes towards significantly improving maternal health and universal access to reproductive health, Combating HIV/AIDS, Malaria and other diseases and achieving universal access to treatment for HIV/AIDS for all those who need it, achieving universal primary education, promoting Gender equality and bringing about empowerment of women, Reducing child mortality.

This Foundation of IHAT's work has been guided by the conviction that every individual has the right to dignity, freedom and equality; this is considered as the basic standard of living.

IHAT is involved in supporting Organizations and implementing initiatives in the area of health, particularly reproductive health that significantly enhances the health and well-being of various poor communities, in particular High Risk Groups and vulnerable populations.

2.2: Meet the Trustees

Ms. Parinita Bhattacharjee, Senior Technical Advisor, HIV prevention for University of Manitoba-Africa programme has more than eighteen years of extensive experience in designing and managing programmes for sexual health, HIV prevention and care. Her work includes providing technical support to Government of Kenya to scale up HIV prevention programmes with key populations and enhance the impact of HIV prevention programmes in the country. Her previous work experience is in the area of scaling up HIV prevention interventions with sex workers, men who have sex with men and transgender populations in Karnataka, India. Previously as Director – Programmes in Karnataka Health Promotion Trust, Bangalore, India, she contributed significantly to different projects of the organisation. She also provided support to Karnataka SACS in scaling up target interventions in state and was member of the Technical Working Group of NACO to scale up the Link Worker Scheme. A strong believer in planning with the community, she has developed participatory tools on sexual health and has provided technical support to Bhutan, Sri Lanka and Ethiopia to design, scale up and evaluate their HIV prevention interventions. She has authored journal articles, strategy papers, reports and project related training manuals. Ms. Bhattacharjee received a Master's in Medical and Psychiatric Social Work from Tata Institute of Social Sciences, Mumbai.

Dr. Priyamvada Singh comes from a social science background, holding PhD, LLB, MBA and Master Degrees. For last 27 years, she has been passionately involved in developing and managing innovative education, health and the HIV-AIDS programmes for most needy rural, urban, marginalized populations, sex workers and people living with HIV by working closely with the International Development Aid Agencies, NGOs, CBOs, community structures and the Government systems in Rajasthan. Since 2002, Dr. Singh is associated with University of Manitoba (UM) Canada as Development Consultant, and is one of the Trustees for India Health Action Trust (IHAT) leading the UM-IHAT programmes in Rajasthan. She has led the CIDA funded HIV-AIDS programme ICHAP in Rajasthan, worked for the SIDA and DFID funded prestigious Education For All Project "Lok Jumbish", 'Girls Primary Education' project of CARE, Maternal and child health projects supported by Parivar Seva Sanstha and Save the Children, and UNICEF supported Link Worker and Adolescents' Life Skill Education projects. Currently, she is leading PPTCT programme in collaboration with the State Government and UNICEF Rajasthan, funded by the GFATM and ViivHealthCare-PACF, UK. All these projects have marked an impact and influenced the broader policy framework at the state and national levels. Dr Singh has been a member of NACO's Technical Resource Group on Targeted Interventions, NACP-III and an author of several publications on education and HIV-AIDS. She has received her Ph.D. from University of Rajasthan, Jaipur.

Mr. Senthil Murugan, Director, Strategic Initiatives & Knowledge Translation at KHPT/University of Manitoba, is a social scientist with extensive work experience with UN agencies and different funding and implementing agencies. He leads the learning and sharing initiatives, including the Karnataka State AIDS Prevention Society's Technical Support Unit. Mr. Murugan has developed national policies and strategies to reach vulnerable groups, studied the socio-economic condition of female sex workers and their children, and managed HIV prevention programs in Kerala, Karnataka and Tamil Nadu. He also has valuable experience of working with grass roots communities, especially with those who are most at risk of acquiring and transmitting HIV infection. Mr. Murugan has a professional association with the University of Manitoba, Canada. Mr. Murugan earned a Master's degree in Social Work from Madras School of Social Work, Madras University.

Dr. Shajy Isac, Senior Technical Advisor, Monitoring and Evaluation at the Centre for Global Public Health, University of Manitoba has over fifteen years of extensive experience as a demographer in monitoring and evaluation in the areas of HIV/AIDS, Health, Maternal and Child Health (MCH), Reproductive and Child Health (RCH), Education etc. In his current role, he provides technical support for HIV/AIDS epidemic appraisal and developing a monitoring and evaluation strategies for the HIV/AIDS programs in various countries in Asia, Africa and Europe. Presently, he is leading the University of Manitoba's India research team. He has led many mapping and research surveys globally in the field of HIV/AIDS, including South Asia and Africa. He is a member of various technical expert groups in the field of HIV/AIDS intervention programs. He has provided expertise in designing large scale surveys of HIV/AIDS, Health, MCH, education, etc. including sampling and survey methods. He has handled number of studies for various international and national donors including UNICEF, World Bank, WHO, United Nations Population Fund (UNFPA), United States Aid for International Development (USAID), Research Triangular Institute (RTI), Department of International Development, UK (DFID), etc. and for the Ministry of Health & Family Welfare (MHFW), Government of India (GoI) and various state governments. He has authored more than thirty five papers and has mentored research students from India and abroad. He received his PhD. from International Institute of Population Sciences, Mumbai.

Mr. Sukathirtha HS, Senior Technical Advisor Finance and Administration, has more than thirty three of experience in finance out of which around twenty seven years' experience in managing the finances of international funding agencies/ NGOs working in integrated rural development and specifically last nine years health sector in India. He hase looked in to overall leadership to financial management, internal audit of the Trust funded projects including other technical support to the specific projects in the Country for University of Manitoba affiliated projects in India. He is a post graduate in finance and has other relevant specialization courses from different universities/institutions.

2.3: See where we work: An Overview

2.3.1: Rajasthan

IHAT started its work in Rajasthan in the year 2003, being one of the very first to plan and implement HIV-AIDS response in the state. It started with ICHAP which began with a bilateral agreement between the Government of India and Government of Canada.

Since 2006, IHAT expanded its focus to MNCH work which included maternal, child health, nutritional care; providing life skills and sexual health education to adolescent girls who have just passed school; promoting community access to HIV-AIDS, STI and reproductive health services by setting up 6 block level Voluntary Counseling and Testing Centers (VCTCs) in the in Ajmer and then subsequently in the Tonk district, within the government health facilities. The work ranged from awakening and strengthening the community based structures like Village Health and Sanitation Committees (VHSCs), Aangan Wadi Centers (AWCs) and the local self-government structure of the Panchayats (PRIs), promoting awareness among "Most At Risk" Adolescents and Especially Vulnerable Adolescents (MARA and EVA), ensuring vulnerable women and youth's access to health care services through Link Worker Scheme, Enhancing community's access and linkages with government PPTCT services; use of cell phone technology (technically supported by Dimagi under the USAID grants) improving the community outreach, MNCH and PPTCT counseling, program monitoring and reporting outcomes.

Currently, IHAT is implementing Prevention of Parent to Child Transmission of HIV (PPTCT) projects in 10 districts protecting infants from HIV. The Infrastructure Leasing & Financial Services & ETS Ltd. New Delhi is the Principal Recipient (PR) and IHAT as the Sub-Recipient (SR) under the GFATM supported PPTCT program in 8 districts. The project 'Conditional Cash Transfer (CCT) in PPTCT management' is being implemented in two districts of Rajasthan, in association with IMPACT New Delhi, supported by ViiV Healthcare's Positive Action for Children Fund (PACF), UK grant. This project aims at developing capacities of existing human resources in Rajasthan to better implement the PPTCT program by enhancing the out-reach to the target population and providing quality services. The project contributes to the UN Mission's goal of "Countdown zero' for early infant diagnosis. All our HIV-AIDS and MNCH interventions in past 10 years in Rajasthan also had components of TB detection and treatment as an integral part of these programs responses.

2.3.2: Karnataka

Technical Support Unit: Recognizing IHAT's strong management and human resource capabilities the National AIDS control Organization identified IHAT as the technical consultant for setting up a Technical Support Unit (TSU) in Karnataka. IHAT is effectively deploying its experience and learning to support the HIV/AIDS intervention program in Karnataka since 2007, by providing Technical support to the State AIDS Prevention Society 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, in particular support the targeted intervention initiatives in the state and provide technical support.

In keeping with the objective of providing technical support, IHAT's TSU is involved in assisting Karnataka State AIDS Prevention Society (KSAPS) in identifying and building capacities of NGO, CBO and civil

Society partners. The broad purpose of the TSU is to extend technical assistance in specified areas to KSAPS and help it achieve the goals and objectives of NACP III.

As a part of the National Aids Control Program of the National AIDS Control Organization, Karnataka has been conducting the surveillance since 1998.Surveillance is carried out annually by testing for HIV designated sentinel sites. HIV prevalence among the ANC attendees in 2010-11 was 0.60 % and since then statistics have shown a decline in the adult HIV prevalence in the state from 1.5% in 2003-04 to less than 1% (0.7%) in 2010-11.

There is a considerable rate of reduction in the number of pockets with high HIV prevalence among ANC attendees during the period of 2004-10 from 37 to 16, which indicates a decreasing trend of the epidemic.

HIV prevalence among FSWs, their clients, MSM and TG is approximately ten fold higher than in general population. As in most of India, HIV transmission occurs in localized sexual network of highly vulnerable populations including FSWs, their clients, MSM and TG.

The TSU presently is capacitating communities, NGOs/ CBOs with targeted interventions, clinical services , advocacy, community mobilization, emanating Information Education and Communication (IEC) to emancipate vulnerable communities from the shackles of stigma and guide them towards a qualitatively better life that they fundamentally deserve.

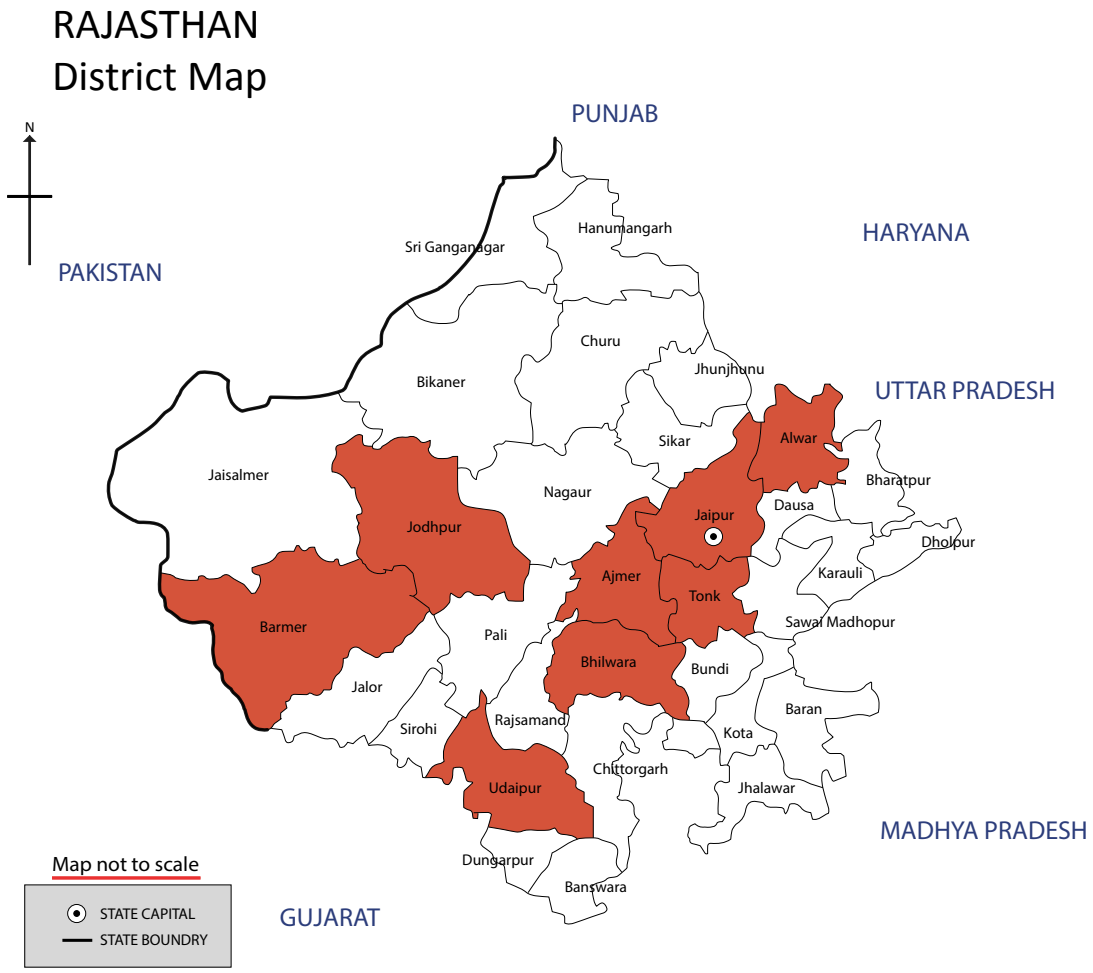
Image 3.1.a

Section 3

Our Work during 2012-13

3.1: Rajasthan

Rajasthan PPTCT Coverage is in 10 districts out of 33.



3.1.1: Prevention of Parent to Child Transmission of HIV (Nov. 2010 to present):

IHAT has entered into a partnership with IL&FS (IL&FS as PR, and IHAT is SR) for implementing Global Fund, RCC-2 Programme for PPTCT progrm in eight districts of Rajasthan namely Jaipur, Alwar, Tonk , Ajmer, Bhilwara , Udaipur, Jodhpur and Barmer . The project aims to prevent HIV transmission from parent to child and mitigate the impact of HIV by expanding access to services for HIV testing and counselling. This involves tracking HIV infected pregnant women and their babies receiving complete

course of ARV prophylaxis to reduce the risk of mother to child transmission and following it up to ensure institutional delivery. This includes regular home visits with couple and providing family counselling about the immunization, infant feeding options, as well as HIV testing for the baby. The eight projects implemented by IHAT in Rajasthan have got above 84 per cent scores for their performance. Rajasthan is rated one among the best performing states out of the 9 IL & FS supported states implementing the PPTCT program. The project is in line with the NACP-III PPTCT guidelines and supported by the NACO and RSACS.

Achievements:

- 531 out of total 602 registered cases (from Nov. 2010 to April. 13) i.e. 88 % case have been tracked and linked with and linking with needed services.
- Out of the total registered cases 12% (n=71) are LFU cases; out of which 33.8% have reported to have migrated, 35.2 % have given their address wrong at the ICTC/PPTCT centres and remaining 31% have not given consent for home visits/follow-ups (this includes deaths too).
- Out of the total live births, 96% of Mother-baby pairs are given Neverapine (n=392 out of total 409 delivered).
- 54% babies have received testing with 11% detected HIV reactive.
- 13% (n=67) of total cases which have been tracked (n=531) the babies did not survive; 66% of which were delivered in the institutional settings and 34% were home deliveries. Again, out of these 34%, 7% have been given neverapine prophylaxis as well.

3.1.2: Conditional Cash Transfer in PMTCT Management:

IHAT in association with IMPACT has initiated a three year program for PPTCT intervention in Pali and Dungarpur districts of Rajasthan supported by ViiVHealthcare's Positive Action for Children Fund (PACF) grant (Jan. 2013 to Dec. 2015).

This project aims at developing capacities of existing human resources and infrastructure of the Government of Rajasthan to better implement their PPTCT program by enhancing their out-reach to the target population and providing quality of service. The project is contributing to UN Mission of "Countdown zero' for early infant diagnosis. It is testing newer methodologies (including conditional cash transfer and decentralised service delivery) to improve access to services by pregnant women for HIV testing, prophylaxis treatment (as required) to HIV mothers' babies and early infant diagnosis. This project is being implemented in collaboration with RSACS, NRHM and UNICEF and with active support from women living with HIV.

The project has been initiated in Pali and Dungarpur districts of Rajasthan supported by issuance of formal government orders to all the concerned district officials. These government orders are critical in ensuring a coordinated working with the district health systems at the state, district and the sub-district levels.

Update on the project activities:

- A Detailed project planning for a year with defined timelines and the roles and responsibilities between the partners and the staff has been undertaken.

- Project office has been set-up and staff selection in the project districts has been accomplished
- The necessary M&E tools and project protocols are developed and are in use following a process of field testing and validation
- Formation and the first meeting of a state level "Project Steering Committee" has been completed having representation from the Medical & Health department, Rajasthan State AIDS Control Society, Govt. of Rajasthan, UNICEF, IMPACT and IHAT
- The district level project offices are set up and are functioning properly
- The initial round of mobilising/receiving the required support for the project execution has been accomplished
- All the project staff has been recruited and 3 day residential training has been imparted to provide an insight to the staff in on micro planning, preparing monthly work plans, and the reporting tools /protocols
- A training was organized to introduce the Cell based application (by Dimagi).

3.1.3: Saving Children's Lives through community empowerment (April 2010 to Dec. 2012):

IHAT initiated this project with the funding support received from the SCBR Bharat in Ajmer district covering one PHC area in Kishangarh block (which consists of 28 villages, with a total of population of 41113) with the overall objective to reduce the under five mortality and rate of sufferance from under-nutrition among children aged 0-5 years. The main objective was to make way for access to and utilisation of basic maternal, newborn, child health and nutrition services, improve the quality of these services by enhancing the skills and capacities of grass-root level workers, empower communities by improving their awareness level and thereby helping them to demand for quality maternal, newborn, child health and nutrition services , also build the capacity of community based organizations/local NGOs, and government system to improve basic maternal, newborn, child health and nutrition related service delivery with emphasis on its quality.

MNCH Project, Key Achievements

- A total number of 113 NAM and 16 SAM children were identified through Health and Nutrition camps and were subsequently enrolled at the AWCs. ANC, and PNC. The rate of acquiring vaccination services were leveraged significantly through increased community engagement programs like "Healthy baby" contest and health related quiz contests.
- Total number of 17519 homes were visited by Project staff, 9377 visits were made to lactating mothers 7323 to the pregnant women and 23541 visits for children under 5.
- Total 90% of children were breastfed within an hour of birth; 60% of children received complimentary feeding from 6 months of age by the end of the project period; 79% of women received 3 ANCs; 58% of the new pregnant women took 100 IFA tablets ; 100% of women taking action for birth preparedness; 73% of the deliveries were institutional deliveries; 84% of babies were seen by a health worker on the day of delivery ; 98% of children with diarrhea treated with ORS; 85% of children with pneumonia treated with antibiotics.

Strengthening health services by expanding access to and availability of quality health services as well as enhancing the abilities of public health workers and community partners. Work has been characterized by close cooperation with and expert support to frontline government health workers. Model AWCs and Village Health plans have been developed for all project intervention in villages.

Research and Learning has been developed with systems like Verbal Autopsies and Aanganwadi centre assessment.

Networking with Government departments at state and district levels has been visibily strengthened. There has been request for support, strengthening and scaling up of health interventions by the government officials and IHAT has supported the government in development of Health posters, in Pulse Polio, measles campaigns Swasthya Chetna Yatra.

Leveraging government funds: VHSC funds have been utilized through a Purchase Committee. Important things like weighing machines, BP instrument, examination table, utensils and medicines were procured. The Panchayat extended support towards construction of toilets, repair of health centres and construct underground water tank at the health Sub-centres. Tikawara Sarpanch (PRI) assured to build water tank at Health sub centre to increase institutional delivery. Continuous efforts by project staff, villagers contributed generously for the development of Angan Wadi Centre (AWC).The problem of irregular supply of supplementary nutrition was also addressed with the opening of AWC.

Material development: IEC materials like Structured community meeting guides, Flip book, ASHA Booklets on appropriate feeding and cleanliness, Three Newsletters, Poster on Diarrhoea, Growth monitoring chart, TV and Radio spots on Complementary feeding. Some of these materials were released by the Honourable State Minister for Health, Director RCH, Director IEC and Director RHSDP.

Pneumonia campaign was observed in the week of Pneumonia day where various activities were organized to attract the attention of media, policy makers, programme implementers and general communities.

Results against the key indicators – a comparison of base-line / end-line in Ajmer MNCH project

Key Indicators	Base-Line	End-Line
Maternal Care		
Proportion of recently delivered women (RDW) who received at least 3 ANCs	64.9	68.4
Proportion of pregnant women consuming at least 100 IFA tablets	6.8	25.8
Proportion of pregnant women receiving two shots of TT	98.7	96.7
Percentage of institutional deliveries	69.6	77.2
Infant and Child Care		
Percentage of newly born babies who were seen by a health worker within 24 hours of delivery	77	80.9

Percentage of children between 12-23 months who have received all vaccines	36.5	76.5
Percentage of children of age 0-24 months who have received Vitamin A syrup in the last six months	32.2	18.5
Proportion of children with initiation of breast-feeding within an hour of birth	32.2	32.9
Proportion of children with exclusive breastfeeding (children under 6 months)	39.3	51.7
Proportion of children with continued breastfeeding (12-15 months)	85.7	85.5
Health Seeking Behaviour		
Proportion of children suffering from diarrhoea in last 2 weeks preceding the survey treated with ORS	13.5	42.9
Proportion of children with difficult or fast breathing who sought treatment in the last 2 weeks preceding the survey	95	98.1
Maternal and Child Nutrition Services		
Proportion of children between 6-8 months with timely introduction of solid/semi solid food	61.1	75
MUAC (Children in the age group 6-24 months)		
Severe Acute Malnutrition (SAM)	2.3	2.7
Moderate Acute Malnutrition (MAM)	13.8	12.6

3.1.4: LAKSHYA- Link Worker Scheme Aug '09 - '12.

With the funding support from UNICEF and in collaboration with RSACS, IHAT initiated the implementation program of the Link Worker Scheme in the Tonk District of Rajasthan for there main purposes. These are:

- Increase the HRGs coverage through Link Worker Outreach in the TI un-reached areas.
- Identify and link bridge & vulnerable populations with the services, in remote & un-reached areas.
- Support PLHA in these areas.

Coverage: The project has covered 189 villages in the district Tonk . Currently the project covers 100 villages that are prioritised as most vulnerable in the context of HIV risk and vulnerability.

The LAKSHYA Coverage: Population-wise coverage of LWS in Tonk				
CLUSTER	POPULATION	OUT REACH POPULATION		
		HRG'S	BRIDGE POP	VULNERBALE POP
Cluster 1	92860	162	3470	752
Cluster 2	99953	217	1999	1187
Cluster 3	101050	388	2122	1031
Cluster 4	80345	413	1761	891
TOTAL	374208	1180	9352	3861

Key successes against the envisaged results include:

- In three years, 3.75 lac people were reached out to (35% of who belonged to the rural population of the districts) in order to raise awareness on HIV detection/prevention/care and how best to combat the impediments faced by the communities in dealing with the pre conceived stigma that the epidemic comes with.
- Project has been able to reach and educate directly to 67,000 men and women, and 24,000 most at risk and especially vulnerable youth.
- This has ushered in a change in thought process and has brought about an ease in talking and opening up on the issues of health, sex and sexuality.
- A total number of189 condom depets. (+8 Social Marketing depots) increased the availability and use of condoms among HRGs and other vulnerable men and women.
- Smooth referral and follow-up linkages have been established for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, 87% of the referred target population (6000 people) have been tested for HIV and STI.
- An enabling environment has been created for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees, Self Help Groups (SHG) and Panchayat Raj Institutes (PRI).

LWS is owned by the PRIs, Medical and health functionaries, school management and students, youth clubs, SHGs and the CSOs in the district. These departments have shown the commitment to carry on with initiated activities as part of their departmental activities.

3.1.5: Mobile Health Program: An initiative within the Project 'Saving Children's Lives through Community Empowerment' (May 2011-continued):

IHAT-Dimagi Inc. and Save the Children (SC) initiated a pilot with 10 selected ASHAs of PHC Rupangarh, Kishangarh in May 2011 to develop and implement CommCare which is a mobile application designed as a job-aid for the ASHAs.

In Nov. 2011, the project was scaled up further with 70 ASHAs of Kishangarh Block. These 70 ASHAs were trained and have developed the skill of using CommCare audio-visual checklists for the clients' counselling during their home visits.

IHAT there after received support from some stakeholders to continue the use of cell application to improve the MNCH outcomes. Recently, IHAT has entered in to MoU with the Rupangarh Panchayat and BCMHO.

The mobile application makes way for:

- Access to the client lists through the ASHAs phones.
- SMS reminders for home visits.
- Increased credibility of ASHAs.
- Client engagement through audio and Educational videos providing prompt knowledge on pregnancy, need to test the prevalence of HIV and care of new born babies of HIV positive women .A pictorial in the program help beneficiaries to understand better and helps ASHAs to explain better.
- Quality care through checklists for counselling and delivery of sensitive information through recorded voices.
- Data driven management through real time monitoring of the ASHAs' activities.

The application is customized completely in Marwari dialect of Rajasthan. Community's acceptance towards the messages has been more forthcoming due to mobile use, reinforcing the same messages that have been delivered by the ASHAs enhancing both, their credibility and the efficiency. The program has benefits for supervisors, managers and community. Presently, there is a great demand to scale up this intervention district wide.

3.2: Current Work in Karnataka-TSU

3.2.1: Targeted Intervention:

One of the key roles of the TSU is to provide supportive supervision to the targeted intervention programs under KSAPS to help improve the TI performance. During 2012-13 there were twelve Program Officers providing technical support to 129 TI units. All the POs were based in field (districts) in close proximity to the TI units to whom they were providing support supervision. The ratio of the PO: TI was 1:10. During the reporting period a bulk of the Avahan led projects were transitioned to KSAPS. The TSU played a major role in ensuring smooth transitioning of all Avahan led TIs. A total of 45 TIs were transitioned and added to the existing 69 TIs of KSAPS making a total number of 129. With this the scale up of coverage by KSAPS especially of HRGs, was almost complete in the state. In addition the transition also made KSAPS the sole agency in state for implementing TIs. Despite the steep increase in the number of TIs to

be monitored and mentored TSU ensured that the quality was maintained as per the requirement of the NACP III prioritizing and providing necessary supportive supervision and qualitative inputs to the TIs. Every month, the POs of the TSU were reviewed by Joint Director TI and senior team of TSU. During this meeting the PO shares detailes about the progress, challenges and plans of the TIs supported by them. Based on the monthly feedback sessions, suggestions are shared and outstanding issues are resolved.

3.2.2: Evidence based planning:

As per the mapping done in previous year two new TG TIs were initiated in the state for the first time. Recognising TGs as separate from the MSMs and initiating special TIs for them is a milestone in itself. TSU helped in the entire process of mapping, identifying agency and contracting the TIs. TSU also helped KSAPS to initiate 7 new migrant TI, 1 new trucker and 3 new TG TIs during the year. This was also based upon the mapping done previous year, where TSU played a vital role.

The TSU staff, especially the Monitoring and Evaluation ((M & E) officer analysed all the data and gave feedback to the TSU and TI section of KSAPS. The same were discussed in the PO review meeting and suggestions were given to the POs to improve the TI. As such data from TIs was ensured in time and was extensively used to better the TIs.

3.2.3: Strategic Planning:

IHAT's TSU team has been instrumental in developing KSAPSs' Annual Action Plan every year since 2008. It requires coordination with 10 different divisions within KSAPS and management and putting together of huge amount of data and text that the divisions share. Once the AAP was approved by NACO, TSU helped KSAPS in developing the activity plans based on the AAP for all departments. TSU also helped in Monitoring and Quality Check of other programme Data, TI reporting, monthly dashboards for KSAPS. In addition, the TSU also supported in HIV Sentinel Surveillance and Operations Research (Annual Polling Booth Surveys, Informal Confidential Voting Interview, spatial mapping using GIS etc.) IHAT TSU ensures monitoring and quality check of other Program Data, TI reporting, monthly dash board for KSAPS.TSU also supports HIV Sentinel Surveillance and Operations Research (Migrant TI Risk Assessment Study, Annual Polling Booth Surveys, Informal Confidential Voting Interview and in Data Triangulation) for NACO.

3.2.4: Clinical Services:

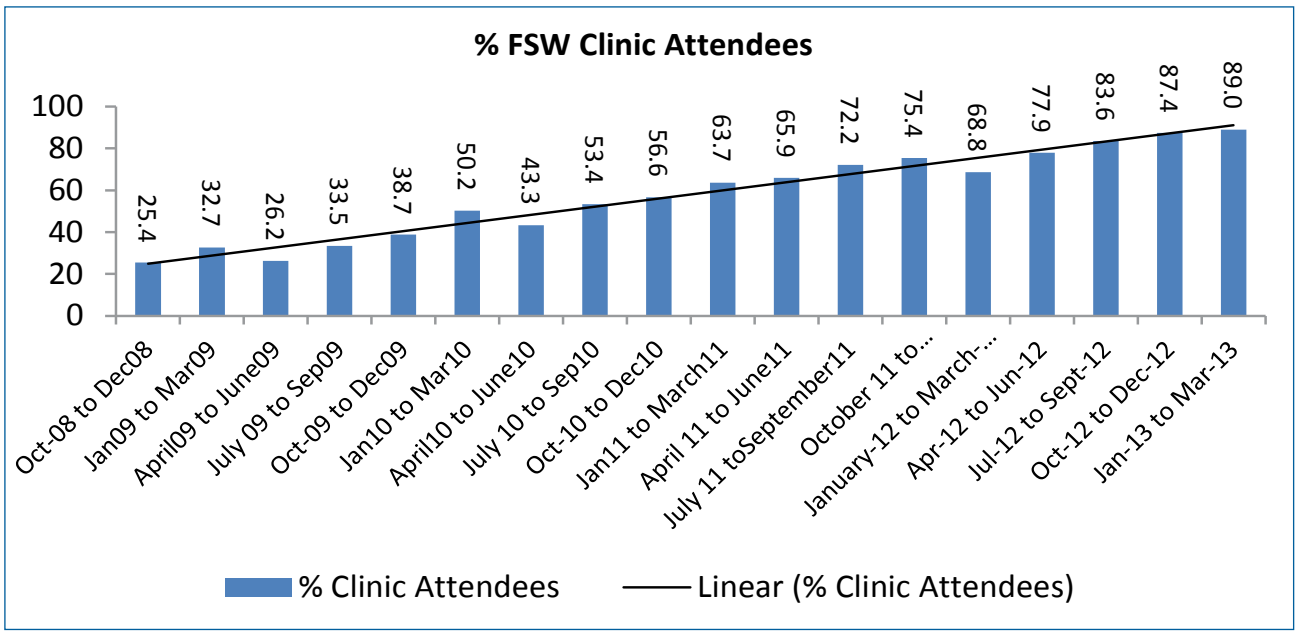
The TSU ensured that all the TI staff members are trained according to the NACO guidelines. Counsellors were trained on STI formats as well as on the management of clinical documentation. Based on the training, all the clinics are providing Special Clinical packages. During the first six months of 2012 a total number of 57 targeted intervention programs were conducted to cover 19 districts and the STI program was also reviewed. The quality of the TIs were ensured by providing extensive training to 18 doctors on guideline of the NACP III and case management protocols .A good number of doctors were also trained on the treatment guidelines and documentation.

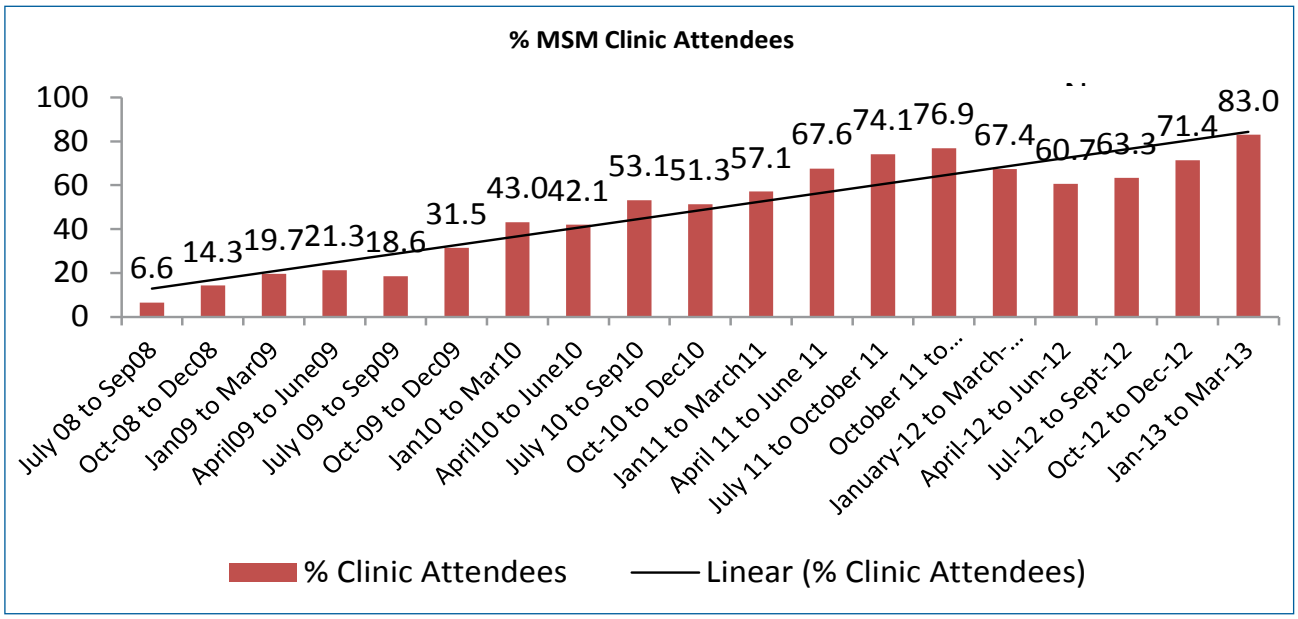
With the steep rise of number of programs due to transitioning happening during the reporting period maintaining quality STI services all across became a daunting task. TSU had only two medical personnel to manage and support clinical component of TIs in the state. In addition the TSU clinical team also

had to support KSAPS STI division in planning and rolling out training and other programs. Despite the stretch the TSU ensured that all TI staff were trained according to NACO guidelines and all required Clinic infrastructure and human resources were in place at clinics providing STI services in TIs. Regular mapping of clinical services providers and training had ensured that enough number of the STI facilities were available so that community had option while availing the services.

The TSU ensured that HRG: STI facilities ratio of 130:1 was maintained in all the TIs. Through regular field visits of POs it was ensured that all the facilities are located in the places which are easily accessible by the community. The TSU ensured quality program documentation and timely reporting (both physical and financial) to SACS. TSU also ensured that all the TIs understand the CMIS reporting correctly and send it every month before 4th. It was ensured that NGOs are following World Bank guideline for financial management, procurement of Drugs, consumables, clinic equipments.

b. Graph on STI services





From TSU end a total of around 456 doctors were trained on the NACP III guidelines and the Syndrome management of the STI cases. Out of these doctors there is constant turnover in PPP doctors and the training is continuous and ongoing process. At the end of March 2013, 456 clinical facilities were giving services to KSAPS TI majority of them were PPP partnerships.

TSU did field level hand holding for all the TI doctors for the treatment of the HRG. If any problems were seen in the field level the same was rectified at the field level. The TSU Coordinated between the PP and the TI NGO partners for the rapport development and the maximum utilisation of the clinic by the HRGs post training. TSU also wrote the guideline note for the role of the PM in the clinical program and presented it in the PO training organized by TSU at Bangalore.

As many as 116 clinics were visited for the clinic assessment and to review the doctor's performance and oversee the entire conduct of Clinical Services which included parameters like total footfall, total number of ICTC testing and Syphilis testing's done. Condition of Infrastructure and quality of consumables which are essential for the STI/RTI services to the HRG has been another important tool for monitoring and evaluation of the Clinical Services of the core group HRG clinics. In order to ensure high quality parameters, an audit of prescriptions have been conducted as a part of the PPP Assessment.

All newly recruited TI Staff PM/Counsellor have been taken through the STI guidelines thoroughly during their Orientation.

A Community Mobilization Training Session was arranged in Mysore.

A pilot study was taken up to analyse the HRG data and a new tool was created for the tracking individuals belong to the high risk groups to keep track of want kind of services they receive at the field level.

Image 3.2.a. Demonstration of condom given by a migrant at a Health camp organised by the TSU.

3.2.5: Advocacy and Community Mobilization

The Community mobilization officer at TSU helped KSAPS in procuring new TIs. The officer helped in publishing EOIs, short listing of organizations for JAT (Joint Appraisal Team) assessment, facilitating TAC (Technical Advisory Committee) meeting etc.

The community mobilization officer visited a number of TIs, orientation was given on community committees and action plans were prepared to form the community committees. Discussions were held with TI staff, peers as well as community members. These discussions shed a light on various aspects of the community needs regarding community mobilization.

Progress of Community Committees:

TI Groups	Number of TIs
# of TIs with at least one functional thematic group	4
# of TIs with at least two functional thematic group	6
# of TIs with at least three functional thematic group	7
# of TIs with at least four functional thematic group	352
Total number of Committees	369
Total Member	2132
No. of TIs that have a CBO association	41
No. of TIs that have sub groups	49
Total number of Sub Groups	786
Number of HRGs part of CBOs	15193
% of HRGs part of the CBOs	48%

Accomplishments:

- A democratic style of leadership emerged in the CBOs
- It has increased the access to Social Entitlements
- Community Mobilization for DIC and Clinic
- Increased efficiency in handling the Project Management
- Partcipated in Project planning and implementation as well as feedback for the project activities
- Cases of Crisis and Violence have been responded and addressed
- Better networking on field to address crisis
- High level of Staff involvement and sensitivity to violence
- It is amply evident that it has been motivating women to access the services
- The communities gathered a great amount of trust on the TI as they believed that the TI was not only addressing a Project need but actually was contributing towards concerns of the Community and how best they can be served.

Following is a quantitative reflection of the social entitlements received by communities as a result:

Social Entitlements	Total Number
Ration Card	8034
School	2169
Hostel	2172
Voter ID	8177
Widow Pension	1594
Housing Scheme	647
Income Certificate	2861
Caste Certificate	1140
Bhagyalakhmi Scheme	66
Nutrition Scheme	1287
Devadasi Certificate	1589
Birth Certificate	231
Madilu Scheme	33
Job for Sex Worker's Children	75
Gas connection for FSW	141
Insurance	256
Bank Linkage	338
Free Site for sex worker	24
Nativity Certificate	687
Free Toilet	35
Total	31556

Image 3.2.b. A community event organized in one of the Targeted Intervention by the TSU.

3.2.6: Capacity Building

Image 3.2.c. Unani Doctor's Training Conducted by the TSU.

Capacity Building Unit in TSU consists of Team Leader Capacity building and Support Officer. The Capacity building unit is the chief facilitator of all trainings to be conducted under KSAPS, except TI capacity building, which is done by STRC. Major functions of Capacity Building Unit during the year 2012-13 were preparation of training materials, modules, kits, translations required by SACS, Development of training calendar, resource Pool, training Modules, Materials, Coordinating and conducting training Programmes at State, regional and Districts and Support WAPCU in organising Trainings.

To facilitate smooth roll out of Capacity Building activities regular meetings of Training Planning Committees were held on each programme components like Basic Services, Blood safety, IEC and Mainstreaming, STI, and M & E including the respective KSAPS Programme Officers and field experts. 6 such meeting was held during the year.

A team of resource persons were drawn out from among the ICTC/ART/CCC Counsellors and TI senior staff and oriented according to the nature of the trainings, topics to be handled and use of training materials etc. Reading Materials, Facilitator's guide and Power point presentations were made for each type of trainings and same was provided to the DAPCU officers and trainers. TSU was instrumental in monitoring and supporting the district teams. Training Institutions in the districts were also identified and oriented on various types of trainings planned at the districts. During 2012-13 a total 921 batches of training conducted covering 5059 participants.

In Karnataka during 2012-13 following capacity building initiatives were supported by IHAT and implemented TSU

- Developed 300 regional Resource persons as part of creating Resource pool at District level
- Trained around 2700 high school teachers on adolescent vulnerability to HIV
- Conducted Adolescent Education Programme in 3000 High schools covered 4.5 Lakh high school students

Image 3.2.d. Adolescent Education Programme conducted by the TSU.

- Developed Training guidelines, Training modules, Reading materials, trainer's guide for various mainstreaming trainings for line department staff such as Port workers training, Anganwadi Supervisors training, HR Managers training, Inter departmental coordination workshop, AEP and training for Teachers etc.
- Trained DAPCUs, District Supervisors, and senior ICTC counselors as Master Trainers on Prevention, Mainstreaming and crisis management related issues

Image 3.2.e. Training of DAPCU Officers.

- Associated with SIRD in Satellite based training for Gram Panchayat members
- Developed and implemented training strategies for IEC Campaigns
- ToT done directly (Basic Services, Mainstreaming and RRE)
- Special Training for Port workers, HR Managers and Folk troupes
- Training of ASHA, Anganwadi Supervisors, NGO Staff
- Developed Modules for MSM community (Support to STRC)
- Supported 17 training organizations in conducting HIV related trainings
- Support to GIPA in conducting Positive prevention, Home based Care, Organisation Development for Positive DIC staff and DLN Board members and Public speaking for Positive speakers

3.2.7: Communication support to Targeted Intervention and IEC

In the last two years KSAPS has seen remarkable change in the HIV epidemic and increase in the uptake of HIV prevention and care services. TSU has played a major role in this positive change. New ways of working, developing new concepts, implementing strategy, starting door to door campaigns and branding the HIV services at various places have brought results.

Web support

- Developed content and timely website updates to the current domain like Annual Reports, Annual Action Plan, RTI query, staff details, data and error correction
- Unique domain registration was done with government domain register in Delhi for two years and developing the website
- Was successful in putting KSAPS on social networking websites like Facebook.

3.2.8: Communication support to IEC activities with mass media

- Supported mass media activities by coordinating with resource persons and with TV and Radio Station, for shows to be aired and also monitoring the shows.
- Media coordination and preparing Press note/ Press releases and having them published in frontline media houses for maximising outreach.
- Prepared detailed narrative and financial proposal of IEC for the year 2013-14 and supported Joint Director (IEC) in presenting the proposal to NACO also incorporated modifications as suggested by NACO. The final AAP was approved by NACO. Every individual activity under each section highlighted strategies to be followed in implementing planned program.

3.2.9: Printing of IEC materials

- Contributed in the process of IEC material development such as posters, hand outs, broachers which were aimed to be distributed and displayed at the district level
- Developed and written a booklet containing set of HIV and AIDS related topics, youth vulnerability and how one has to reduce vulnerability to HIV. The information booklet was aimed to be distributed among the school-going adolescent population across Karnataka
- Development of timely report for IEC division (for NACO/NACO visitor/PD's review in Delhi/ other visitor to SACS and for other forums). For example, IEC activity reviews done by Ms Sanchali, Shared mainstreaming experience with the team from Orissa SACS
- Supported translation of documentaries and TV spots into local language. Also prepared the reprint document of Mahiti Kaipidi which was the key aspect in mainstreaming program. Sufficient copies of this document was printed and circulated to all DAPCUs in Karnataka
- Developed concept notes and operational guidelines to implement mainstreaming programs in Karnataka during 2013-14. These documents include (i) Operational guidelines Satellite Training program for PRI members, (ii) Operational guideline to implement mainstreaming program for the members of dairy cooperatives in Karnataka. (iii) Workplace intervention/Employer led models to be implemented in Karnataka (iv) operational guidelines to implement mainstreaming program for the migrant construction labourer.

3.2.10: Outdoor mid-media

- Supported in strategic and district level planning, monitoring and documenting for 'Onde Hejje' (One Step) Campaign in Karnataka.
- Supported in getting celebrities and religious leaders to endorse messages on HIV prevention and on reducing stigma and discrimination.
- Supported state-level Folk Media Campaign workshop which was implemented in the planned talukas across Karnataka.

Image 3.2.f. Folk Theatre Workshop done by TSU person.

Image 3.2.g. Street Play organized at a migrant site.

3.2.11: Event support

Extended support to IEC in completing assigned tasks on time which were a part of the events such as World Blood Donor's Day, Voluntary Blood Donation Day and World AIDS Day. Major role played were as under:

- Developing Press-note
- Coordinating with media
- Venue logistics planning
- Coordination with press people

3.2.12: Other areas of support:

- Participated in the state program review and planning meetings which were conducted by IEC section of KSAPS
- Helped in preparation of AV bites people living with HIV and AIDS. These AVs were used at the International workshop on Social Protection which was held at Delhi
- Attended every planning and review meeting called by Joint Director (IEC). Contributed towards reviewing and planning process which were part of these meeting
- The Joint Director (IEC) represented KSAPS in the monthly review meeting of KSAPS
- Supported in getting timely quality work from the creative agencies
- Supported in writing annual reports of KSAPS each year since 2007
- Documenting all the meetings of IEC and NACO and sharing minutes with the team
- Supported in brand building through IEC and IPC materials like role-up banners, standees, table-tops, T-shirts etc
- Developed a concept and guideline for direct procurement of IEC requirements(for auto-top displays, wall paintings, hoardings and printing), through the agency empanelled with Directorate of Audio Video Publication(DAVP), thereby reducing the time taken in hiring the agency while achieving effective output
- Developed the concept of mobile ICTC, designed the compartment and supported procurement through the SACS policy Supported in developing proposal and implementation guide for out-of-school youth programs along with monitoring indicators for SACS.

The Community mobilization officer at TSU helped KSAPS in procuring new TIs. The officer helped in publishing EOIs, short listing of organizations for JAT (Joint Appraisal Team) assessment, facilitating TAC (Technical Advisory Committee) meeting etc.

The community mobilization officer visited a number of TIs, orientation was given on community committees and action plans were prepared to form the community committees. Discussions were held with TI staff, peers as well as community members. These discussions shed a light on various aspects of the community needs regarding community mobilization.

3.2.13: Experience Sharing and Review Meeting (ESRM):

The community mobilization officer is the point person for the ESRM for all the 6 batches. Experience Sharing Review Meetings (ESRMs) are a platform to self-reflect on the achievements and shortcomings, identify practices and approaches that could have contributed towards high achievement or drastic improvement and share the same with other partners so that they could learn from it, if required. KSAPS had already conducted Round 1 of ESRMs in the middle of 2012. Based on the experience of Round 1 the second round of Experience Sharing and Review Meeting of KSAPS' TIs was held in the month of Feb-Mar 2013. As per the suggestion of Project Director of KSAPS the meetings were designed to be held region wise in 6 six batches as per the schedule appended below.

Image 3.2.h. ESRM conducted at Mysore by the TSU

Sl. No.	Name of Region	Venue	Date	# of TIs
1	Bangalore Urban	EDC, Bangalore	26 Feb 13	25
2	Tumkur and Shimoga	Hotel Spoorthy Prince Tumkur	27 Feb 13	23
3	Mysore and Dakshin Kannada	V-Lead Mysore	01 Mar 13	24
4	Dharwad and Bellary	Sevalaya, Dharwad	12 Mar 13	22
5	Belgaum	Hotel Pai, Belgaum	13 Mar 13	13
6	Bagalkot and Gulbarga	St. Joseph's Church Bijapur	14 Mar 13	20

127 TIs participated in the ESRM. JD, TI KSAPS, Mr Vijay Hugar led the meetings with the help of the TSU team members who also participated in the meetings. It was decided to restrict the round 2 ESRMs to sharing of good practices identified by the TIs themselves. The TIs identified their best practices and submitted them to POs who in turn selected the ones that could be actually termed as a good practice according to rough guideline given to them by the TSU central team. The identified practices were then developed into a presentation, which was presented in the ESRMs. The Project Director and Project Manager of the TIs were invited to participate in the meeting and the respective Program Officers of TSU facilitated the sharing process and discussions that emerged during presentations. Finally, based on the comments and suggestions of participants each practice was to be developed into a best practice document that could be shared to all. The ESRM platform was also used to detail out the planning and proposal development process for the financial year 2013-14. It was ensured that the shared good / best practices would feature in the proposals either as an approach or an activity. Many of the good practices shared were very relevant to the next generation TIs that NACP IV would probably focus on. The plans of NACP IV were also briefly shared with the partners. The region wise best practices were presented by TIs. The second round ESRM whole report was prepared by the community mobilization officer.

3.2.14: Mainstreaming

During 2012-13 training programs were planned to concentrate youth and women who are vulnerable to HIV. The plan was to reach about 32,000 people through different training programs. As a result of of its pro-activeness KSAPS succeeded in accomplishing key programs that have set a tone for true integration towards fighting HIV and AIDS in the state.

Below listed departments were reached under mainstreaming training program during 2012-13:

1. Department of Education
2. Police Department
3. Department of Women and Child Development
4. Department of Rural development and Panchayat Raj
5. National Rural Health Mission
6. Department of Inland water ports
7. Department of the Youth Services and Sports
8. National Social Service Scheme
9. National Cadet Corp
10. Department of Road Transport
11. Department of labour
12. Central Reserve Police Force

Inter-departmental coordination meetings conducted in 2012-13. Each district meeting was held under the leadership of District Commissioner and Chief Executive Officer in which all district officers of

line departments attended and collectively chalked out a means and methods of collective action to combat HIV in the district level, risk reduction methods for the most at risk population such as youth, women and female adolescent also ensure social protection to people infected and affected by HIV and AIDS. These district meetings were found to be more effective in terms of bringing in all departments under a single roof. Action plan prepared in an inter-departmental meeting is being reviewed by the DC in every monthly review meetings. However this is a major step towards developing a synergy between departments, a rigorous follow-up and support to head of departments as well as DAPCU is a crucial step.

The other key activity conducted during the last year was to reach out to 3 lac adolescent, both boys and girls, studying in government schools. This program was implemented in collaboration with the Department of Public Instruction and Directorate of State Education, Research and Training. To conduct HIV and life skill education for the adolescent was facilitated by 360 district resource persons who were thoroughly trained by KSAPS exclusively for this program. In addition to conducting sessions for adolescent, 3000 school teachers were also trained. Training program for the school teachers emphasized the need for STI, HIV/AIDS and life skill education to adolescent. These teachers were also sensitized towards their roles in protecting adolescent from HIV epidemic. The programs become an effective intervention conducted in all 30 districts of Karnataka. Since only 100 schools were reached under their program, this program has set an inroad to conducted similar program in remaining schools.

Under mainstreaming program for the rural women and adolescent girls who are more vulnerable due to different reasons such as limited information about HIV and STI related medical services, prevailing stigma and discrimination, women from the poor families tend to migrate to nearby towns and cities to find livelihood. Thus to reduce their vulnerability through increasing their knowledge, approached Directorate of Mass Education (DME) which has thousands of the adolescent and adult rural population covered under their mass education program, motivated the Director to conduct training program.

As far as the achievements of 2012-13, KSAPS accomplished more than 100 percent in program as well as financial aspects. While looking at the number of persons that was to be reached was 32,880 whereas 36,000 persons were reached. The successful achievement both in program and financial aspects were largely to be attributed to the efforts made in the past two years which made way for stronger ground work and rapport building out by KSAPS.

3.2.15:. Publications:

- **Barriers to ICTC and ART linkages among Men Who have Sex with Men in Karnataka:**

  This document provides an insight on the individual, health system and programme level barriers that combine to adversely influence ICTC and ART referrals and uptake of HIV testing and care services among men who have sex with men in the state. The findings illuminate important issues at the programme and policy level that need to be addressed for a more effective HIV prevention intervention among men who have sex with men. It suggests strategies for bringing the gaps in programme design and implementation that can ensure more effective outreach, improve access and encourage better utilisation of services among the men who have sex with men.

- **Experiences and achievements of the India Health Action Trust (IHAT) supported Technical Support Unit (TSU) in implementing NACP III in Karnataka:**

  The document provides an illustrative account of the major contributions of Technical Support Unit of Karnataka State AIDS Prevention Society (KSAPS) in the state of Karnataka. The TSU managed by IHAT (India Health Action Trust) came into being in December 2007. Since then

the experience of managing and implementing the TSU in one of the most highly prevalent states has been remarkably challenging as well as full of innovations and new approaches. With programmatic focus and enhanced monitoring and mentoring systems, it is also seen that the prevalence of HIV among MARPS and ANC attendees in Karnataka has reduced considerably between 2006 and 2012.

- **Migrant Compendium:**

  Migrant Compendium is a concise document that explores the migrant interventions in various cultural and geographical settings. An attempt has been made to document migrant interventions in plantation sector of Kodagu, among fishing sector in Mangalore and within the construction sector in Bangalore.

- **Analysis of the Annual Evaluation Reports, 2012 of Targeted Intervention Projects:**

  The report analyses the annual evaluation reports of each TIs among the high-risk groups and bridge populations in Karnataka State with regard to its achievements during the year 2011-12. The study engages in descriptive research design and uses each intervention level data generated from the annual evaluation reports to arrive at state scenario with regard to their core functions such as programme delivery, organization capacity and financial management. The evaluation was held among a total of 57 TI Projects, of which 30 were FSWs, 14 MSM, 2 IDU, 6 migrants and 4 were truckers.

- **Implementing TI Program through Group Approach - A document on SSS achievements in Chitradurga district of Karnataka:**

  TIs in Chitradurga have been working efficiently using the concept of group outreach. This approach not only addresses the health issues but also empowers women to assert themselves as individuals without self-reproach or social stigma and due to these approaches, This document is an outcome of a study conducted to understand and document the approach of TIs in Chitradurga implemented by SSS.

Section 4

Financial Report

N. Suresh B.Com, F.C.A, Ph.D Taxation
Chartered Accountant

FORM NO. 10 B
[See rule 17 B]

Audit report under section 12 A (b) of the Income -Tax Act, 1961, in the case of Charitable or religious trusts or institutions.

We have examined the Consolidated Balance Sheet of **INDIA HEALTH ACTION TRUST, PISCES BUILDING, #4/13-1, CRESCENT ROAD, HIGH GROUNDS, BANGALORE - 560001,** as at 31st March 2013 and the Consolidated Income and Expenditure Account for the year ended on the date, which are in agreement with the books of accounts maintained by the said trust at Bangalore. These financial statements are the responsibility of the Trust's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted audit of India Health Action Trust, Bangalore, Pisces Building, #4/13-1, Crescent Road, High Grounds, Bangalore - 560 001, in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

We did not audit the Financial Statements of Jaipur Branch, whose Financial Statements reflect total assets of Rs.91,88,669 as at 31st March, 2013 and the total income of Rs.62,71,967 for the year ended. These financial statements and other financial information have been audited by other auditors whose report has been furnished to us, and our opinion is based solely on the report of the other auditor.

We have obtained all the information and explanations, which, to the best of our knowledge and belief were necessary for the purpose of the audit. In our opinion, proper books of accounts have been kept by the above Trust, so far as appears from our examination of the books.

Based on our audit and on consideration of report of other auditor on separate financial statements, and in our opinion and to the best of our information and according to the explanations given to us, the said accounts, subject to Notes forming part of the Accounts, give a true and fair view in conformity with the accounting principles generally accepted in India:

a. In the case of the Consolidated Balance sheet, of the state of affairs of the above named Trust as at 31st March 2013
and
b. In the case of the Consolidated Income and Expenditure Account, of the Excess of Income over Expenditure of its accounting year ended 31st March 2013 .

The prescribed particulars Annexed hereto.

PLACE: BANGALORE
DATE : 20.12.2013

(N. SURESH)
CHARTERED ACCOUNTANT
MM NO.023866

504, 5th Floor, 'Commerce House', 9/1, Cunningham Road, BANGALORE - 560 052

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

CONSOLIDATED BALANCE SHEET AS AT 31ST MARCH, 2013

Previous Year	LIABILITIES	Bangalore	Jaipur	AMOUNT	Previous Year	ASSETS	Bangalore	Jaipur	AMOUNT
54,81,883.75	CAPITAL FUND ACCOUNT	(15,39,633.11)	28,97,925.36	13,58,292.25	7,36,691.70	FIXED ASSETS (Schedule 1)	2,88,792.73	6,11,115.00	8,99,907.73
(41,23,591.86)	Add : Excess of Income over Expenditure from Income & Expenditure account	1,03,07,899.36	(9,59,256.03)	93,48,643.33	61,99,631.19	CURRENT ASSETS, LOANS & ADVANCES (Schedule 2)	68,28,737.52	85,77,554.33	1,54,06,291.85
13,58,291.89		87,68,266.25	19,38,669.33	1,07,06,935.58					
55,78,031.00	CURRENT LIABILITIES & PROVISIONS (Schedule 3)	(16,50,736.00)	72,50,000.00	55,99,264.00					
	The Accompanied notes are an integral part of the Financial Statements Schedule - 4								
69,36,322.89	Total	71,17,530.25	91,88,669.33	1,63,06,199.58	69,36,322.89	Total	71,17,530.25	91,88,669.33	1,63,06,199.58

For India Health Action Trust

M. Senthil Kumaran
(Senthilkumaran Murugan)
Managing Trustee

(H S Sudhira)
Trustee & Treasurer

Date : 10.12.2013
Place : Bangalore

Per Report of Even Date

N. SURESH
B'lore-52
Chartered Accountant

(N Suresh)
Chartered Accountant
MM No.023866

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

CONSOLIDATED INCOME & EXPENDITURE FOR THE YEAR ENDED 31ST MARCH 2013

Previous Yr.	EXPENDITURE	Bangalore	Jaipur	Amount	Previous Yr.	INCOME	Bangalore	Jaipur	Amount
49,232.00	To AMC for Equipments	55,698.00		55,698.00	2,44,53,592.60	" Grant Received	3,65,89,806.55	29,12,490.59	3,95,02,299.14
67,339.00	" Audit Fee	88,933.00	16,854.00	1,05,787.00					
2,137.64	" Bank Charges	2,462.36	224.72	2,687.30		Less : Fund transfer to Jaipur Branch for other projects	(23,45,327.41)	23,45,327.41	-
4,60,789.00	" Communication Expenses	5,10,692.00	17,544.00	5,28,236.00			3,42,44,479.14	52,57,820.00	3,95,02,299.14
57,005.00	" Computer Maintenance	1,26,762.00		1,26,762.00	2,44,53,592.60				
14,11,702.00	" Consultancy Charges/Fee	57,37,186.00	50,000.00	57,87,186.00					
6,96,001.00	" Contribution to Provident Fund	6,06,642.00	-	6,06,642.00					
3,03,311.46	" Depreciation	1,69,371.37	1,48,910.00	3,18,288.37	3,15,609.64	By Interest received	4,86,641.77	79,402.34	5,66,044.11
2,45,801.00	" Electricity & Water	2,64,793.00	57,309.00	3,22,069.00		" Miscellaneous Income	18,326.00	9,34,745.00	9,53,071.00
19,406.00	" Insurance on Assets	16,460.00		16,460.00		" Expenses no longer required written off	45,173.00	-	45,173.00
3,67,496.00	" Journals & Publications	7,07,343.00		7,07,343.00					
84,488.00	" NGO Meeting Expenses	1,94,313.00	7,414.00	2,01,732.00	41,23,591.86	Excess of expenditure over Income carried down	-		
1,19,934.00	" Office Expenses	3,39,494.00	86,698.00	4,26,192.00					
65,073.00	" Postage & Courier	35,408.00		35,408.00					
4,45,793.00	" Printing & Stationery	1,62,092.00		1,62,092.00					
76,25,952.00	" Project Expenses	-	56,95,959.00	56,95,959.00					
4,87,660.00	" Refund of Grant		-	-					
16,31,682.00	" Rent	16,31,881.00	1,70,864.00	18,09,752.00					
20,336.00	" Repairs & Maintenance	11,979.00	8,550.00	20,529.00					
1,70,100.00	" Receivables Written off	-		-					
4,377.00	" Rates and Taxes	2,430.00		2,430.00					
90,33,280.00	" Salaries & Establishment	73,53,642.00	8,13,483.00	81,67,125.00					
3,63,440.00	" Staff Insurance	3,67,397.00	85,564.00	4,52,961.00					
61,497.00	" Staff Orientation - Workshops & Training	4,000.00		4,000.00					
78,860.00	" Staff Recruitment & Relocation	1,86,307.00		1,86,307.00					
61,369.00	" Staff Welfare Expenses	62,301.00	-	62,301.00					
47,34,140.00	" Travel Expenses-Staff & Consultants	54,89,678.00	63,739.65	55,53,417.65					
2,31,715.00	" Vehicle repair & maintenance	3,51,479.00	8,100.00	3,59,579.00					
	" Excess of income over expenditure carried down	1,05,07,899.36	(9,59,256.03)	93,48,643.33					
2,88,92,794.10		3,47,94,619.91	62,71,967.34	4,10,66,587.25	2,88,92,794.10		3,47,94,619.91	62,71,967.34	4,10,66,587.25
41,23,591.86	To Excess of expenditure over income brought down					By Excess of income over expenditure brought down	1,05,07,899.36	(9,59,256.03)	93,48,643.33
	" Balance transferred to Capital Fund Account	1,05,07,899.36	(9,59,256.03)	93,48,643.33	41,23,591.86	" Balance transferred to Capital Fund Account			
41,23,591.86		1,05,07,899.36	(9,59,256.03)	93,48,643.33	41,23,591.86		1,05,07,899.36	(9,59,256.03)	93,48,643.33

For India Health Action Trust

M. Senthil Kumaran
(SenthilKumaran Murugan)
Managing Trustee

(H [illegible])
Trustee & Treasurer

Date : 30.12.2013
Place : Bangalore

As Per Report of Even Date

N. SURESH
B'lore-52
Chartered Acct.

(N Suresh)
Chartered Accountant
M No.023866

Schedule - 1

Bangalore Accounts - Fixed Assets

Sl No.	Asset	Opening Balance as on 01.04.2012	Additions made		Sale / Deletions made	Total as on 31.03.2013	Depreciation				W D V as on 31.03.2013
			Before Sep'12	After Sep'12			Rate	Before Sept'12	After Sept'12	Total Dep.	
TSU account											
1	Office Equipment	5,644.00	-	-	-	5,644.00	15%	847.00	-	847.00	4,797.00
2	Furnitures & Fixtures	2,509.00	-	-	-	2,509.00	10%	251.00	-	251.00	2,258.00
3	Computers	18,376.00	-	-	-	18,376.00	60%	11,026.00	-	11,026.00	7,350.00
	Total - A	26,529.00	-	-	-	26,529.00		12,124.00	-	12,124.00	14,405.00
FCRA Account											
4	Computers	1,45,896.06		1,87,505.00	-	3,33,401.06	60%	87,537.64	56,251.50	1,43,789.14	1,89,611.92
	Total - A	1,45,896.06	-	1,87,505.00	-	3,33,401.06		87,537.64	56,251.50	1,43,789.14	1,89,611.92
	Office Equipment										
5	Refrigerator	9,812.07	-	-	-	9,812.07	15%	1,471.81	-	1,471.81	8,340.26
6	Refrigerator(Installed at Belgaum)	18,037.86	-	-	-	18,037.86	15%	2,705.68	-	2,705.68	15,332.18
7	EPBAX	8,607.58	-	-	-	8,607.58	15%	1,291.14	-	1,291.14	7,316.44
8	Speakers	2,118.06	-	-	-	2,118.06	15%	317.71	-	317.71	1,800.35
9	Air conditioner Unit	15,387.52	-	-	-	15,387.52	15%	2,308.13	-	2,308.13	13,079.39
10	ACER - Projector	18,870.00				18,870.00	15%	2,830.50	-	2,830.50	16,039.50
	Total - B	72,833.09	-	-	-	72,833.09		10,924.97	-	10,924.97	61,908.12
	Furnitures & Fixtures										
11	Chairs,Filing Cabinet	16,202.38	-	-	-	16,202.38	10%	1,620.24	-	1,620.24	14,582.14
12	Wooden Table	9,206.17	-	-	-	9,206.17	10%	920.62	-	920.62	8,285.55
	Total - C	25,408.55	-	-	-	25,408.55		2,540.86	-	2,540.86	22,867.69
	FCRA Total - A + B + C	2,44,137.70	-	1,87,505.00	-	4,31,642.70		1,01,003.47	56,251.50	1,57,254.97	2,74,387.73
	Grand Total - Local + FCRA	2,70,666.70	-	1,87,505.00	-	4,58,171.70	-	1,13,127.47	56,251.50	1,69,378.97	2,88,792.73

For India Health Action Trust

M. Senthilkumaran

(SenthilKumaran Murugan)
Managing Trustee

(H S [illegible])
Trustee & Treasurer

Schedule - 1 Fixed Assets

Sl No.	Asset	Opening Balance as on 01.04.2012	Additions made		Sale / Deletions made	Total as on 31.03.2013	Depreciation				W D V as on 31.03.2013
			Before Sep'12	After Sep'12			Rate	Before Sept'12	After Sept'12	Total Dep.	
Jaipur - Local Account											
1	Computer	13,474.00		-	-	13,474.00	60%	8,085.00	-	8,085.00	5,389.00
2	Office Equipment	7,184.00	-	-	-	7,184.00	15%	1,078.00	-	1,078.00	6,106.00
	Total - A	20,658.00	-	-	-	20,658.00		9,163.00	-	9,163.00	11,495.00
Jaipur - FCRA Account											
1	Computers	6,576.00	-	2,48,000.00	-	2,54,576.00	60%	3,946.00	74,400.00	78,346.00	1,76,230.00
2	Office Equipment	89,987.00	-	46,000.00	-	1,35,987.00	15%	13,498.00	3,450.00	16,948.00	1,19,039.00
3	Vehicle	1,91,462.00	-	-	-	1,91,462.00	15%	28,719.00	-	28,719.00	1,62,743.00
4	Furniture	1,57,342.00	-	-	-	1,57,342.00	10%	15,734.00	-	15,734.00	1,41,608.00
	Total - A	4,45,367.00	-	2,94,000.00	-	7,39,367.00		61,897.00	77,850.00	1,39,747.00	5,99,620.00
	Grand Total - Local + FCRA	4,66,025.00	-	2,94,000.00	-	7,60,025.00		71,060.00	77,850.00	1,48,910.00	6,11,115.00

For India Health Action Trust

M. Senthil kumaran.

(Senthilkumaran Murugan)
Managing Trustee

(H S [illegible])
Trustee & Treasurer

Schedules forming part of Balance Sheet

Schedule - 2

Current Assets, Deposits, Loans & Advances

Previous Year	Particulars	Bangalore	Jaipur	Amount
25,037.00	1. Cash on Hand	20,787.00	8,000.00	28,787.00
	2. Bank Balances -			
25,31,636.19	HDFC Bank-00017	1,90,086.55	-	1,90,086.55
4,18,750.81	HDFC Bank-27155	4,35,632.82	-	4,35,632.82
5,85,260.19	HDFC Bank-08640	13,72,245.24	-	13,72,245.24
95,052.00	HDFC Bank Jaipur - 00563	-	43,302.61	43,302.61
20,30,212.00	HDFC Bank Jaipur - 31315	-	4,89,705.00	4,89,705.00
2,14,411.00	HDFC Bank Jaipur - 01624	-	73,34,812.00	73,34,812.00
58,75,352.19		19,97,964.61	78,67,879.61	98,65,844.22
	3. Fixed Deposits			
-	Fixed Deposits with HDFC Bank	45,90,161.11	5,00,000.00	50,90,161.11
	4. Loans & Advances			
-	Advance - Others	16,277.00	-	16,277.00
25,000.00	Population Research Centre - PRC	25,000.00	-	25,000.00
71,781.00	Staff Advance	36,847.00	-	36,847.00
-	Adv - Nandi Marketing	750.00	-	750.00
22,000.00	Rental Deposit	-	22,000.00	22,000.00
23,625.00	Garg Scientific & Gen Agency	-	-	-
1,42,406.00		78,874.00	22,000.00	1,00,874.00
	5. Other Current Assets			
1,56,836.00	TDS Receivable	96,076.80	1,38,033.21	2,34,110.01
-	Accrued Interest on Fixed Deposits	44,874.00	41,641.51	86,515.51
1,56,836.00		1,40,950.80	1,79,674.72	3,20,625.52
61,99,631.19	Total	68,28,737.52	85,77,554.33	1,54,06,291.85

Schedule - 3

Current Liabilities and Provisions

Previous Year	Particulars	Bangalore	Jaipure	Amount
	Sundry Creditors for Expenses			
8,00,941.00	Expenses Payable	6,33,836.00	-	6,33,836.00
18,326.00	Cholamandalam Gen Insurance	-	-	-
-	CAF Unutilised Fund	(72,50,000.00)	72,50,000.00	-
	Statutory Liabilities Payable			-
3,150.00	- Professional Tax	2,400.00		2,400.00
53,014.00	- TDS Payable	1,69,547.00		1,69,547.00
95,235.00	- Provident Fund	79,166.00		79,166.00
9,70,666.00	Total - A	(63,65,051.00)	72,50,000.00	8,84,949.00
	Sundry Creditors for Others			
2,55,739.00	Staff Advance- Travel Claims Payable	3,65,307.00	-	3,65,307.00
41,160.00	Advance - Anu Graphics	32,705.00		32,705.00
8,82,595.00	Karnataka State AIDS Prevention Society	13,80,072.00		13,80,072.00
7,35,044.00	Karnataka Health Promotion Trust	3,67,397.00		3,67,397.00
4,697.00	M/s. Sri Manjunatha Enterprises	-	-	-
19,19,235.00	Total - B	21,45,481.00	-	21,45,481.00
	Provisions			
18,13,975.00	Provision for Management Fees and other fees	18,13,975.00		18,13,975.00
8,74,155.00	Provision for Gratuity	7,54,859.00		7,54,859.00
26,88,130.00	Total - C	25,68,834.00	-	25,68,834.00
55,78,031.00	Total A + B + C	(16,50,736.00)	72,50,000.00	55,99,264.00

For India Health Action Trust

M. Senthil kumaran

(Senthilkumaran Murugan)
Managing Trustee

(H[illegible])
Trustee & Treasurer

List of Abbreviations and Acronyms

AAP	Annual Action Plan
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ART	Anti Retroviral Therapy
ASHA	Accredited Social Health Activist
CBO	Community Based Organisation
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMIS	Computerised Management Information System
CGPH	Centre for Global Public Health
DME	Directorate of Mass Education
DIC	Drop-in Centre
DFID	Department of International Development
DLN	District Level Network
DAC	District AIDS Committee
DAPCU	District AIDS Prevention Control Unit
ESRM	Environmental Science and Resource Management
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with HIV/AIDS
HIV	Human Immuno deficiency Virus
HRG	High Risk Group
IEC	Information Education Communication
IPC	Inter Personal Communication
ICDS	Integrated Child Development Services
ICTC	Integrated Counselling and Testing Centre

IDU	Injecting Drug Users
IHAT	India Health Action Trust
JAT	Joint Appraisal Team
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- Trans genders
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non-Governmental 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
PSS	Parivar Seva Sanstha
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

SIDA	Swedish International Development Agency
SACS	State AIDS Control Society
SCBRB	Save the Children, Bal Raksha, Bharat
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
STRC	Scientific and Technical Research Committee
TI	Targeted Intervention
ToT	Training of Trainers
TSU	Technical Support Unit
TAC	Technical Advisory Committee
UNICEF	United Nations International Children's
UoM	University of Manitoba
VCTC	Voluntary Counselling and Testing Centre

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