

**IHAT**

# Annual Report

**2017-2018**



**ihat**

## Message from the Managing Trustee

It is with gratitude that I present to you India Health Action Trust (IHAT) Annual Report for the year 2017-18. This report highlights many notable achievements and I am proud to celebrate, with you all, these achievements that mark continued progress in the pursuit of high impact programs, research, and knowledge generation.

The year 2017 was a very active year for IHAT where we have been able to successfully extend our technical and professional expertise in the areas of Maternal, neonatal and child health, Family Planning, Nutrition and HIV prevention to help Government of Uttar Pradesh and State AIDS Control Agencies in the states of Uttar Pradesh, Karnataka and Delhi. In the state of Uttar Pradesh, we have expanded the Family Planning support from 25 High Priority Districts to all 75 districts. Further, the program supported the Government of Uttar Pradesh in strengthening 147 facilities to provide Family Planning services. The TSU continue to provide training and mentoring support to selected FRUs and non FRUs in ensuring provision of ANC, normal and assisted delivery to maternal and newborn complication management by specialists.

This year, we also implemented a pilot project in two blocks of the 25 HPDs to establish and develop a scalable model for effective management of LBW babies addressing barriers to Kangaroo Mother Care uptake at facility and community level.

The report is also a recognition of the invaluable input, hard work and commitment of its employees, trustees and stakeholders in assisting IHAT to meet its strategic goals and objectives.

As you read the report, I hope you will gain insights into the breadth and depth of our activities and connect with our vision. We've been constantly growing and learning through our involvement with the governments and other community based partner organisations. Our success is the community's success.

With the ongoing support and good will of our donors, partners, Board members and volunteers, IHAT is ready for the challenges ahead in the year to come.

**Shajy Isac**  
Managing Trustee



## About IHAT

India Health Action Trust (IHAT) is a secular trust under the provisions of the Indian Trust Act, 1882. University of Manitoba (UM), established IHAT in 2003, as part of a five-year (2001 to 2006) bilateral development project between Canada and India to support the implementation of HIV/AIDS prevention, care, and support programs and enhance the quality of other public health services.



## Our Vision

Equity and Quality in Public Health and Development



## Our Mission

Enhance learning through innovation and application of program science. Impact public health and development policies through evidence generation and knowledge sharing. Engage with Governments, non-government agencies, and communities for programs at scale




# 1

## IHAT Technical Support Unit for Karnataka State AIDS Prevention Society

NACO recognizes IHAT TSU to extend technical and professional expertise in the areas of HIV prevention to help SACS in achieving the NACP goals and objectives in the state of Karnataka.

### KEY HIGHLIGHTS

 83 TI units are covered in 31 districts by 9 POs

HRG prioritization and merging of TIs implemented successfully

**9816** FSWs and

**5076** MSM are newly identified

Site revalidation of FSW and MSM population conducted

Performance screening of TIs held for the year 2017-18

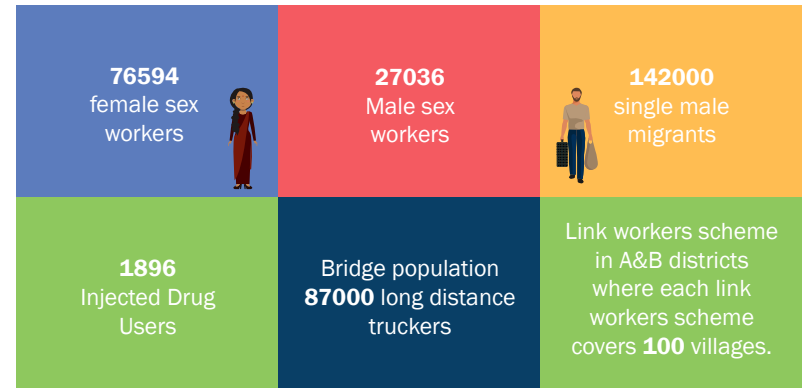


The quality of TI data improved by continuous monitoring and supportive supervision visits by PO TIs and PO M&E and regular follow up. 100% SIMS (Strategic information management system) reporting achieved.

**ELM (Employer Lead Models)** to help prospective employers implement a comprehensive program on HIV/AIDS prevention and care, by integrating awareness, service delivery with existing systems, structures and resources, within their business agenda. The process of MOU with 23 Industries under ELM has been initiated.

Data on social entitlements is maintained in all TIs and the single window system established for submission of applications for various schemes and follow up is conducted for availing social benefits for High Risk Groups. All DAPCUs have been oriented on the process by the TSU team.

### REACH



### INNOVATIONS/EVENTS WITH THE COMMUNITY



#### WOMEN'S DAY CELEBRATION

On 8th March, 2018, the TSU in collaboration with Jeevan Jyothi Mahila Abhivruddi Samasthe, Kalburgi celebrated Women's day to generate awareness amongst women employees on importance of empowerment and different schemes available for them from government. Cultural programme and competitions were also part of the celebration.



#### SITUATION NEED ASSESSMENT (SNA) PROGRAM FOR LINK WORKERS SCHEME AT CHAMARAJANAGARA

This was performed in 100 villages in the district to understand about the geography, service outlets, number of key population and existing PLHIV in the villages. The assessment helps in implementing the Link Worker Scheme (LWS) based on the needs of the village for HIV prevention involving all sections of the population including young people, women, HRGs etc.



#### SYSTEMATIC VOTERS' EDUCATION AND ELECTORAL PARTICIPATION (SVEEP)

A sensitization program conducted for the vulnerable population (FSW, MSM, TG and Migrants) to build their understanding on voting procedures, operating EVMs and other norms to be followed during voting. Assistance was provided by TSU/KSAPS in collaboration with BBMP, Bengaluru to those who didn't have a voter ID.

# 2

## IHAT Technical Support Unit for Delhi State AIDS Prevention Society



TSU works in **11 districts in Delhi** with the aim to extend technical assistance and professional expertise in specified areas to the SACS in helping it achieve the NACP goals and objectives.

### REACH



### KEY HIGHLIGHTS



**Community Based Screening for HIV and Syphilis testing are initiated at the TI level** to screen the KPs who are hard to reach but are vulnerable to HIV.

#### RESULT

**31%**  
increase in HIV testing.



**Best Practices in Targeted Intervention Program in Delhi** state was documented and published in the FY 2017-18

#### Two research studies conducted and published by TSU with support from DSACS:



1. Unintended pregnancies and factors related to it among the FSWs registered under the targeted intervention program in Delhi.



2. Study on usage of mobile phones, internet and social media by the TI clients.

#### Developing strategies to change sex work pattern, under the big city intervention program approved by NACO:

Five FSW TIs have been assigned exclusively for covering Female Sex Workers who are engaged in sex work through massage parlours/Spas. One of the TI has been given the additional responsibility to cover the MSM/TGs working with the massage parlours and spas and three TIs are responsible for virtual intervention to capture the sex workers operating through virtual networks.

#### Employer Led Model Intervention with Delhi Metro Rail Corporation:



About **96** senior officers and contractors trained as master trainers to continually orient workers on HIV prevention.



Medical officers and paramedical staff were trained at **12** major DMRC sites.

About

**1,39,250**

workers have already been covered. The awareness activities are ongoing and continue into phase four with more focus on testing and treatment.

A master trainer conducts weekly/monthly sessions on HIV prevention for workers at each site.

## CASE STORY

**“My name is Nafees and I am 35 years old living in Delhi from past 12 years.**

Unfortunately, I got involved in injecting drugs and slowly, became an addict and fell sick. I did not have food and shelter and there was no one to take care of me. One day, I met few people from TSU and TI NGO who counseled and convinced me to go to the hospital and get my HIV testing done. I got my HIV testing done and was diagnosed with HIV. I sunk into depression upon knowing my status and starting taking alcohol, drugs and got involved in all kinds of risky behaviors, thinking that I was anyways going to die. I wanted to kill myself. My family members, including my wife did not accept me after knowing my status and my condition. I was becoming weak day by day.

TI NGO and TSU people motivated me and suggested to get registered at the ART centre and initiate treatment. But the ART staff refused to register me as I did not have any residential proof in Delhi. The TSU staff intervened and facilitated the process of starting my ART treatment after speaking to the Doctors at the centre. Now, I am taking my medicines from the ART centre regularly and my health has also improved. With constant support and encouragement by the TSU and TI project, I am more confident now and have started a small toy and shoe shop. My family has now accepted me and I am no more homeless. I'm extremely happy that I am living a life of a common man and not a drug addict”.

*“IHAT as a TSU has always supported us in growing and improving the Targeted Intervention Program. With their constant support, Kinnar Bharti has been selected as a learning site for Dera Based Targeted Intervention Project. We look forward for constant support from IHAT-TSU in future as well.”*

**Sita,**  
Kinnar Bharti, Project Director,  
Target Intervention Program for TG, Delhi

*I feel proud to say that I am no more a drug addict*



# 3

## IHAT Technical Support

### Unit for Uttar Pradesh

Uttar Pradesh Technical Support Unit (TSU) established in the year 2013 in partnership with the University of Manitoba, India Health Action Trust and other partners to support the GoUP to achieve its reproductive, maternal, newborn, child, and adolescent health and nutrition goals with greater efficiency, effectiveness, and equity.



## Family Planning Project

Objectives

### Support GoUP in

- enhancing the availability of family planning methods and quality of services through developing models and training modules

- improving community mobilization to enhance utilization of FP services

- in the roll out of Mission Parivar Vikas.

Geography



All 75 districts of UP with an increased focus on quality in 25 HPDs



## KEY HIGHLIGHTS



The project expanded the district level support from 25 High Priority Districts to all 75 districts of Uttar Pradesh.



50 new District Family Planning Specialist and 15 Quality Specialists and associates were inducted in the program.

### PROJECT SCALE UP

### FACILITY STRENGTHENING

Supported GoUP to strengthen 147 facilities.



131 facilities (women/combined hospitals) strengthened to offer **5 Family Planning services** and 16 facilities (male hospitals) to offer 2 FP Services.



**128 IUCD Kiosks & 101 counselling corners** set up and **128 OTs** strengthened by Mar'18. New Contraceptives Antara & Chhaya introduced at District Hospitals in all districts of UP.

TSU continued to support the government in planning of Fixed Day Services and in ensuring requisite infrastructure and supply for provision of FP services in select facilities.

### AAA (FRONT LINE WORKER) TRAINING

Supported GoUP in strengthening the capacity of the frontline workers on family planning in all the 75 districts of the state.



Developed training/ refresher modules and tools (Handbook, Brochure, and facilitator guide) for the ASHAs and other frontline workers.



State Trainings of Trainers (TOT) on FLW Orientation completed (416 district level officials).



District ToTs for 62 districts (3,157 district and block level officials) and Block Level Trainings in 202 blocks (42,067 FLWs) completed by Mar'18.

### FAMILY PLANNING LOGISTIC MANAGEMENT INFORMATION SYSTEM



Supported the GoUP in rolling out Family Planning Logistic Management Information System across the 75 districts



to improve supply and distribution of contraceptives.



State Training of Trainers completed by Feb'18 (**320** division and district level officials).

### MISSION PARIWAR VIKAS (MPV)

Supported in planning and district level implementation of GoI's Mission Parivar Vikas campaign.

District Program Implementation body constituted and meetings held in **53** out of the **57** MPV districts.

**2,506** condom boxes installed in **42** districts.

**68,052** Nayi Pehal Kits distributed in **32** districts.

**43,023** Saas Bahu Sammelan's held in **54** districts.

### CARELINE



Supported GoUP in setting up of Careline for counselling and follow up Antara clients.

**3,631**

clients followed up by 15-Mar'18

**60%**

increase in continuation rate

## CASE STORY

**Radha, living in Sitapur village, Uttar Pradesh** was married off at the age of 16 and in a year's time her first child was born. "Life was a struggle", she says, as she had to work hard both in the fields and at home. This was a greater challenge because of the closely spaced first four pregnancies.

With the formation of the Women Empowerment Group in Radha's village seven years ago, her life took a turn for the better, as she secured a contract to prepare the Mid-day meals for children enrolled at the local village school. Her new found independence would have been short lived if she had not mustered up the courage to abort the unwanted pregnancy. Unfortunately, the procedure performed by the local village quack took a toll on her health as she continued to bleed for months. Since then, Radha had multiple abortions to limit her family size.

Last year as a leader of the Women's Group in her village, she was trained on the different methods of contraception and HTSP (Healthy Timing and Spacing of Pregnancy). Before she could choose an appropriate method for herself she was pregnant again. The group counselled and convinced her to adopt MPA in the post-abortion phase. Radha as a satisfied user of this modern method feels she has real control of her life because she has a reliable contraceptive.



Today, Radha has become a **'Champion' for Family Planning**, changing the social norm of the village with almost half of the eligible women of her village opting for contraceptives.

"Life was a struggle"



## Maternal, Neonatal and Child Health

Objectives

- To reduce maternal and neonatal mortality in **100** focus blocks through enhanced learning, strategy development, testing
- Application towards improving and sustaining coverage rates of critical MNCH interventions in **194** additional blocks by scaling up the TSU interventions.



Geography



25 High priority districts of Uttar Pradesh

## KEY TECHNICAL SUPPORT HIGHLIGHTS TO GoUP'S NATIONAL HEALTH MISSION 2017-18



Improving identification of High Risk Pregnancy in VHNDs through capacity building of ANMs, ASHAs and ASHA Sanginis.

In Quarter 3 (Oct-17 to Dec-17), HRP identification amongst women who attended VHND in the 100 TSU focus blocks of 25 HPDs was

and this has increased in Quarter 4 (Jan-18 to Mar-18). (Data Source: VHND Observation Checklist, TSU program monitoring data)

They now maintain a line-list of all HRPs identified during routine VHNDs, and the ANM refers them to appropriate facility for further check-up.

**5.76% → 7%**



TSU appointed nurse mentors to provide mentoring support, maternal complication identification has improved

**112 block level facilities**

**25 DWHs**

**13.6% → 19.6%**  
Apr-17 Jan-18

**14.5% → 34.3%**  
Jun-17 Mar-18



The newborn complication identification in 112 block level facilities has improved

**14.2% → 18.2%**  
Q1 Q2

**20.8% → 29%**  
Q1 Q2

TSU has also supported in the rollout of Skilled Birth Attendant trainings of 411 staff nurses/ ANMs and KMC trainings of all staff nurses in these facilities. (Data Source : Monthly Facility Report, TSU program monitoring data)

- To establish a link between Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities, TSU with support from NHM introduced a platform in the form of monthly meetings called vertical integration meetings in all 25 HPDs.
- It involves CMS, CMOs, all MOICs of the district and other NHM managers and TSU representatives who discuss the complications that were referred in, maternal and new born deaths and pre referral management in each district, assess the loopholes in the current service spectrum and take appropriate action to address the identified gaps.



TSU has also engaged medical colleges (Regional Resource and Training Centres (RRTCs)) and these medical colleges provide training and mentoring support to selected 50 FRUs (this includes 25 district women hospital and 25 CHC FRUs) in 25 HPDs.

The RRTC team comprising of **4 specialists (1 ob-gyn, 1 Pediatrician, 1 Anesthetist, 1 Community Medicine person)** visited the facilities in districts allocated to them (1 facility per quarter) and mentored the specialists and medical officers on topics ranging from ANC, normal and assisted delivery to maternal and newborn complication management (PPH, eclampsia, shock management, essential newborn care and newborn resuscitation).

**201** doctors (including Specialists and medical officers) were trained by RRTC master trainers.

- In two blocks of the **25 HPDs**, a pilot project implemented to develop a scalable model for effective management of LBW babies and to address barriers to KMC uptake at facility and community level.
- As a result of this pilot, overall, **86%** of the low birth weight (LBW) newborns that were identified received KMC within 24 hours of being born and average number of practiced KMC hours were more at facility (6 hrs) as compared to the community (3.15 hrs).
- The average weight gain of identified LBWs was **625 gms** in 28 days.
- The learnings from the pilot have now been adopted and scaled-up in other districts by establishing communication linkages between facility and community and use of follow-up registers for LBW babies at the community level. (Data Source: LBW management line-listing and follow-up formats, TSU program monitoring data)



**In the child health program, TSU has been focusing on activation and strengthening of paediatric in-patient services for children under the age of 5 years.**



All 25 district hospitals in the 25 HPDs have general pediatric IPDs and 24 of them have NRCs now.



At the CHC level, only 17 facilities in October 2017 were admitting under-five children which has increased to 40 facilities.

**2281 → 3289**  
Oct17 Mar18

The total volume of admissions for under-five children has increased at the DH level from 2281 in October 2017 to 3289 in Mar 2018.

**89 → 237**

Over the same time period, under-five admissions at the CHC level have increased from 89 to 237. (Data Source : Monthly Facility Report, TSU program monitoring data)



As part of the learning boost being implemented in **15 facilities of 5 districts** for better identification and management of Post-Partum Haemorrhage (PPH) and Birth Asphyxia, new techniques like Uterine Balloon Tamponade (UBT), Non-pneumatic Anti-shock Garment (NASG) have been introduced and all the staff nurses in these facilities have been trained on their usage.



Around **106 EMRI** staff including 9 doctors have also been trained on PPH and Birth Asphyxia management.

## CASE STORY: ASHA SANGINI: A CHANGE-AGENT IN COMMUNITY

**Sahdei** is an ASHA Sangini working in Koraon block of Allahabad district, an area which is geographically difficult to access. During her field visit, Sahdei met Lalti who had already had seven pregnancies and she currently was in the last trimester of her eighth pregnancy. Her last measured haemoglobin was 7 gms.

During home visits, ASHA Sangini observed that there was no one to take care of Lalti during her pregnancy and post-delivery time and thus, she tried to convince her husband, for proper care of Lalti and register for institutional delivery. Despite repeated interaction, he was not willing to adhere to suggestions and then, she decided to mobilize community


to influence him. As a result, some women of the village spoke to Lalti's husband and finally he agreed for necessary care of his wife for institutional delivery.

After repeated home visits by ASHA Sangini, Lalti received the required services and then she delivered at Community Health Center, Koraon. Community took care of her children during her stay at hospital. Later, she took up sterilization during population stabilization fortnight. Because of continuous efforts of ASHA Sangini, the life of the mother and her newborn was saved.





## Nutrition Project


<b>Objectives</b>	<ul style="list-style-type: none"> <li>The overarching goal of this project is to provide high quality, well-coordinated nutrition techno-managerial support to the government's ICDS</li> <li>NHM programs in UP in order to reduce &lt; 5 morbidity and mortality due to childhood malnutrition in Uttar Pradesh.</li> </ul>
<b>Geography</b>	 <p>25 High priority districts of Uttar Pradesh</p>

### KEY HIGHLIGHTS


Training of **Mukhya Sevikas** and **Aanganwadi** Workers on three modules of **MIYCN** (Breastfeeding, Complimentary Feeding, IFA Consumption). Training of ASHAs and ANMs on two modules of MIYCN (Breastfeeding and IFA Consumption)

Engaged Government in **National Nutrition Mission** as State Resource Group and District Resource Group members at state and district level respectively

#### POSHAN SAKHIS

 Counselling skills of AWWs during home visits and beneficiaries meetings enhanced through handholding and mentoring support by Poshan Sakhis, along with demonstration of counselling techniques using counselling tools and materials.

- Poshan Sakhis have helped the AWWs in organizing quality Community-based events (Annaprasan and Godbharai).
- The quality of record keeping in MIS registers by AWWs is also improved after intensive handholding support by Poshan Sakhis

 **Quality Assurance Mechanism** through State Review Meeting with nutrition team was highly appreciated and replicated, which helped in improving the quality of interventions as well as strengthening the coordination with Government system

- Engagement of Govt. officials at the district and block level as well as the community in celebration of World Breastfeeding Week and National Nutrition Week

- Facilitated the District Nutrition Committee meetings as lead development partner in High Priority Districts (HPDs).

- Principal Secretary engaged nutrition team of UPTSU in validation of Kuposhan Mukh Gaon (Malnutrition Free Villages) in all the 25 HPDs

**81,427**

beneficiaries (pregnant women, 0-6 month's children and 7-23 months children) and their

**35,493**

family members reached through home visits and beneficiaries meetings every month through the cadre of Poshan Sakhis

## NUTRITION COUNSELING (HAISER BAZAAR, SANT KABIRNAGAR)

**Humera Khatoon, a 16 month child weighing 8.1 kg**, was identified with severe malnutrition by DNS and AWW during home visit. During the visit, the AWW asked about the food habits of the child and observed that the mother is feeding child with big pieces of Chapati and spicy watery Dal which the child refused to eat it. Then, AWW demonstrated the right practices of feeding and the child started eating properly.

The mother was extremely happy and also tried by herself to feed her child. Moreover, AWW counseled the family on complimentary feeding, particularly importance of complimentary feeding to child after completion of 180 days of age, diet diversity, consistency of food, quantity, diversity and frequency of complementary feeding with the help of homemade food and demonstrated how to feed child with the using of spoon and bowl as well as the technique through which the child fed effectively.

Mother followed the suggestions given by AWW till the day of visit. Mother commented that " I fed my child exactly the way as was taught to me by the AWW and this helped my child gained appropriate weight."

Follow up visit was done by AWW after 15 days and child had gained weight. Currently, the child is in the green category as per the growth chart.

*I fed my child exactly the way as was taught to me by the AWW and this helped my child gained appropriate weight.*





# Health Systems Project

## Objectives

Support the government in identifying critical gaps and work together to develop vision/policy for filling up the gap



Enable process improvements via guidelines and use of Information Technology (IT) tools

Helping the government in setting up institutional mechanisms and appropriate governance structures for driving the improved policy and processes

## Geography



Entire state of Uttar Pradesh

## KEY HIGHLIGHTS

- Developing BCC Strategy and Roadmap for RMNCH+A Behaviors and National Programs 2018-21 with support of Task force members constituted by the NHM, UP - UPTSU develop deep understanding about the barriers, enablers and household decision making dynamics for critical RMNCH+A behaviors through journey mapping, immersion interviews, ethnolabs and stakeholders analysis to incorporate new approaches in designing Health Communications with the fusion of contemporary theoretical constructs like the **“Theory of Golden Circle”**, **“Tipping Point Theory”** and **“C←UE Model of Behavior”** in the roadmap.

- UPSTU provided extensive support to NHM, UP in preparation of PIP 2018-19; the same was approved by GOI. UPSTU is also supporting NHM, UP in agency hiring for execution of this BCC plan/ PIP 2018-19.



A thorough Monitoring and Evaluation Framework to track impact and refine approach using evidence based decision making has also been incorporated in the BCC roadmap.

- Promote, popularize and increase uptake of Family Planning methods through 27 Folk troupe over a 3 month campaign in 460 blocks of 42 High Focus Districts having high TFR across the state involving block level functionaries, PRI members and Front line workers.



The folk troupes were intensively trained in standardized scripts related to Family Planning in a state level workshop to ensure uniformity and consistency in performances and message delivery which resulted in interactive and engaging performances spurred conversations among audiences and provided a unique opportunity to the village audience to discuss common and critical issues in local settings and local language in a relaxed environment.

- Capacity Building Program of 171 (ACMO, DCPM & DHEIO) in 75 districts of UP- UPTSU extended support to NHM in the execution of a four day capacity building workshop organized for district level IEC/BCC nodal officers.



The workshop included practical sessions that helped participants to build their skills for effectively designing products for communication channels including the potential use of social media and also, plan different activities in a more systematic and methodical approach

NHM, UP has undertaken an initiative for research, evaluation and documentation of schemes and programs implemented in the state.



UPTSU supported NHM in the timely execution of this initiative in 10 districts through support for project planning, research design, RFP and SOW preparation, agency hiring, quality management, liaising and project execution.



This included Photo and video documentation and publicity of NHM programs to build accountability in the state health apparatus and bring the healthcare closer to the general population.

**“Developing a plan as a team will help us achieve the inherent objectives in the community”**  
**Dr. Neeraj Tyagi,**  
**ACMO, Baghpat**



**INDIA HEALTH ACTION TRUST (IHAT)**  
No. 8, V K Commerce, 3rd Main Road, KSSDC Industrial Estate, Rajajinagar, Bangalore - 560 044

Balance sheet as at 31st March, 2018 - Consolidated

Particulars	Note No	Total	Total
		As at 31st March, 2018 (Rupees)	As at 31st March, 2017 (Rupees)
<b>I. LIABILITIES</b>			
Capital Fund	1	8,30,10,219.94	4,79,89,211.94
Grant Received in Advance	2	24,62,81,366.23	2,08,92,418.50
Capital Reserve A/c		5,83,97,191.30	5,70,80,367.22
<b>Non-Current Liabilities</b>			
Long term provisions	3	20,68,528.00	18,91,156.00
<b>Current Liabilities</b>			
Current Liabilities & Payables	4	1,84,15,344.00	3,29,84,184.13
<b>TOTAL LIABILITIES</b>		<b>40,64,73,071.49</b>	<b>16,10,67,837.80</b>
<b>II. ASSETS</b>			
<b>Non-current assets</b>			
Fixed assets	5	5,82,07,191.30	5,78,80,367.22
Long term loans and advances	6	74,01,568.00	61,37,903.78
<b>Current assets</b>			
Cash and cash equivalents	7	31,84,07,532.78	8,87,46,682.28
Short term loans and advances	8	1,31,58,198.00	40,70,203.00
Other current assets	9	68,29,481.41	31,32,308.41
<b>TOTAL ASSETS</b>		<b>40,64,73,071.49</b>	<b>16,10,67,837.80</b>

Significant Accounting Policies and Notes on Accounts

The notes referred to above are integral part of Balance Sheet.

Per Report of Even Date



**H. Suresh**  
Chartered Accountant  
MN No. 023555

For India Health Action Trust:



**Shajy K Isaac**  
Managing Trustee



**Hanjandappa G M**  
Director Finance

Place : Bangalore  
Date : 28.03.2018



**INDIA HEALTH ACTION TRUST (IHAT)**

No. 8, V K Commerce, 3rd Main Road, KSSDC Industrial Estate, Rajajinagar, Bangalore - 560 044

Statement of Income and Expenditure - Consolidated

Particulars	Note No	Total	Total
		For the year ended 31st March, 2018 (Rupees)	For the year ended 31st March, 2017 (Rupees)
<b>INCOME</b>			
Other Income	10	96,19,511.00	61,96,811.00
Grant Utilized		71,78,46,966.40	55,30,40,710.21
<b>Total Revenue</b>		<b>72,74,66,478.40</b>	<b>56,28,09,581.21</b>
<b>EXPENSES</b>			
Project & Other expenses	11	80,11,88,739.15	31,45,94,559.52
Employee benefit expenses	12	1,79,40,006.50	24,74,837.00
Financial costs	13	42,054.80	43,145.30
Loss on Sale of Assets	15	-	2,47,384.00
Depreciation and amortisation expenses	5	1,28,48,003.03	1,22,51,089.88
Provision for Expenses	14	3,23,014.00	77,639.00
<b>Total Expenses</b>		<b>88,13,27,439.48</b>	<b>53,06,91,034.70</b>
Less : Previous year's Accumulated Income applied during the year			
<b>Balance Expenses</b>		<b>68,13,27,439.48</b>	<b>53,06,91,034.70</b>
<b>Excess of Income over Expenditure transferred to Capital Fund Account</b>		<b>4,51,39,038.92</b>	<b>3,19,48,546.51</b>

Significant Accounting Policies and Notes on Accounts

The notes referred to above are integral part of Statement of Income and Expenditure.

Per Report of Even Date



**H. Suresh**  
Chartered Accountant  
MN No. 023866

For India Health Action Trust:



**Shajy K Isaac**  
Managing Trustee



**Hanjandappa G M**  
Director Finance

Place : Bangalore  
Date : 28.03.2018




To access detailed report- <https://bit.ly/2NOUg7s>

## Annual Report

2017-2018

**Published by:**

Director, Communications  
India Health Action Trust  
Rajajinagar Industrial Estate  
Bengaluru, Karnataka

**Compiled and edited by:**

Aditi Sood

**Layout and design:**

129 Degrees Design Studio

**Photography:**

TSU Project Teams

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