



ANNUAL REPORT
FY 2021-2022



Swasti (Wellbeing in Sanskrit) is a Global public health organisation committed to adding **100** million 'wellthy days' for Vulnerable Communities. Our mission is to upgrade the discourse from health to wellbeing and bring the missing pieces in wellbeing together (social, behavioural, management and technology) around the technical/medical aspects, with a strong focus on Health Systems Strengthening for equity and Community Systems Strengthening. Swasti is a registered not for profit organisation and part of the Catalyst Group of institutions, having worked across **25** countries in South Asia, South East Asia and parts of East Africa



ANNUAL REPORT FY 2021-2022

FOREWORD

The first quarter of FY 2021-2022 saw us being hit by second wave of the COVID-19 pandemic. India had recorded **26** million cases - second only to the US - and was at that point the epicentre of the global pandemic. We were the third in the world to record more than **300,000** deaths - behind the US and Brazil. Bangalore where we are headquartered, was making headlines for the highest number of COVID cases.

Being a public health organisation operating in the social development space, our focus for the year prioritized the COVID-19 response.

Before FY 2021-2022, Swasti had been working towards connecting our communities to preventive measures like ensuring verified information reaches the last mile, facilitating vaccines, community testing; protective measures like medical support; and resilience building in the face of distress and loss of livelihoods; while continuing outreach to protect the communities from other health and well-being shocks and stressors.

The resource gap that we stumbled upon was unprecedented and unimaginable. From money, to critical commodities that can save lives to human resources - the response was stretched. Swasti in partnership with the #COVIDActionCollab worked on critical factors - strategies, processes, infrastructure and resourcing - to fight the pandemic.



Shama Karkal,
CEO, Swasti

Our teams were on ground responding to the pandemic through community care centers, community testing, battling vaccine hesitancy and providing covid prevention and care in the poorest and most marginalised communities.

Swasti's COVID-19 response to protect our communities continues to be undertaken in partnership with #COVIDActionCollab, the Taaras Coalition, **68** Community Organizations of Marginalized Communities, **3** Community Institutions - Aarogyadeepa Swasthya Samiti, Sanjeevani Kalyan Samiti, Jagriti Mahila Sansthan and **30** Factories on one hand and multi sectoral partners, donors and **2000+** volunteers on the other.

By the time we entered the second quarter, we had strengthened our existing programmes, expanded our multi-sectoral partnerships and opened our doors to new collaborations at every possible opportunity to protect communities at the last mile.

In February 2022, we scaled one of our responses - the COVID-19 safe workplace - layered on our flagship primary health program - Invest For Wellness to Bangladesh reaching over **40,000** workers and their families.

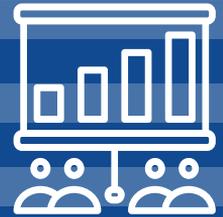
We closed the Financial Year of 2021-2022 with renewed commitment to building resilience, contributing towards agile health systems and catalysing everyday wellbeing for everyone.



resilience

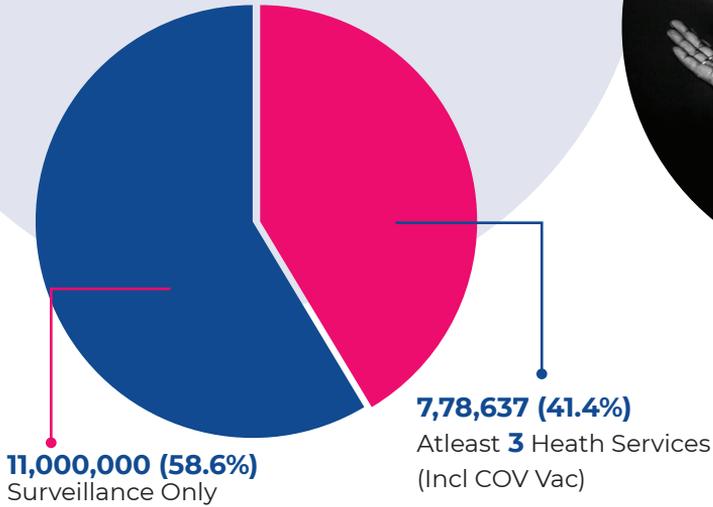
Tri-zil-ee-uhns *noun*

the capacity of a person to maintain their core purpose and integrity in the face of dramatically changed circumstances.

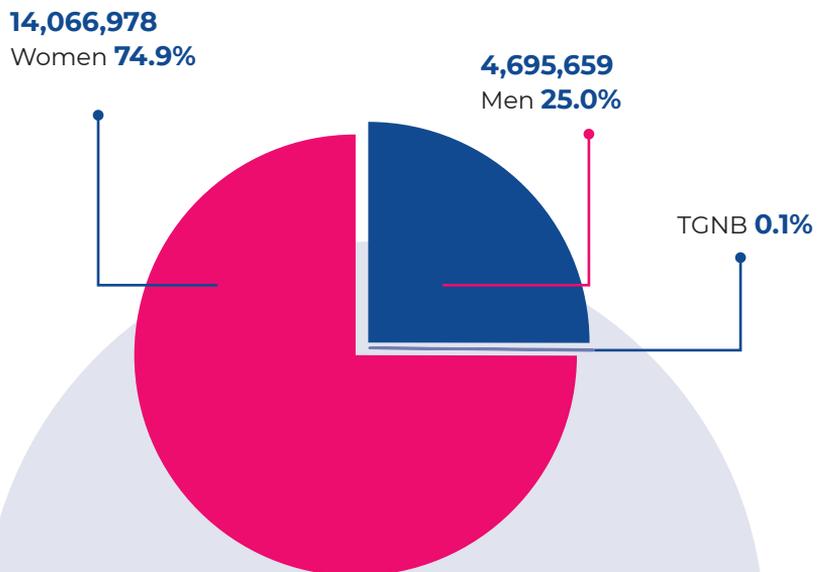


Numbers & Narratives

We have reached **18,782,637** people this year across our various programmes, a significant proportion at **3** touch points of services including COVID vaccination.



Gender Proportion



We are grateful to our friends and well-wishers who have worked with us tirelessly throughout this year (2021-2022) - helping us with resources, amplifying our work and cheering us and our colleagues on as we navigated the pandemic partnering our communities on their pathway to resilience.

We are grateful to have been mentioned and featured on various platforms such as on Twitter India's COVID-19 published list of Indian Non Profits working on COVID-19 response that helped us with visibility, partnerships and fundraising; spotlighted by Indian celebrities like actor Alia Bhatt and journalist Faye D' Souza; development sector entities like GiveIndia & Dasra and others.



- Here is a list of our key partners who supported our work in FY 2021-2022 and helped us protect our communities:

ACCESS Health International, Inc	IN Covid Support FZE LLC	Superdry India Pvt Ltd
Amazon.com Services LLC	Indus Ind Bank	SVP Philanthropy Foundation
Ashraya Hastha Trust	ITX Services S.A	Swiss Re Foundation
Asian Development Bank	Levis Strauss Foundation	Target Foundation
British Asian India Foundation	Lindex	Technology Innovation Hub
British Asian Trust	MacArthur Foundation	Tesco Sourcing
Dasra	Marks & Spencer India Pvt Ltd	The David and Lucile Packard Foundation
DDP Speciality Products India Private Ltd	Merck for Mothers	Trafigura Foundation
Decagon Investments Private Limited	Morgan Stanley Advantage Services Pvt Ltd	UBS Optimus Foundation
EB5 Capital	MSD Pharmaceuticals Private Limited	UBS Optimus Foundation India
Federation of Migros Cooperatives	Nokia Solutions & Networks India Pvt Ltd.	UNICEF
Foundation for Innovative Diagnostics	Oregon State University	United Nations Foundation INC
Give Foundation Inc	Prakash Foundation	United Way of Bengaluru
Give2Asia	Rockefeller Foundation	University of Pennsylvania
Godrej Consumer Products Limited	Roddenberry Foundation	USAID
HCL Foundation	Samhita Social Ventures Pvt. Ltd	Vibha Inc
Head Held High Foundation	SBI Foundation	Vitol Foundation
IIFL Wealth Finance Limited	Skoll Foundation	Walmart Financial Services



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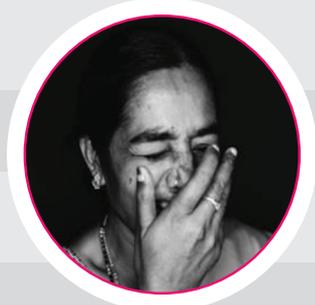
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OUR COMMUNITIES



**Women in
Factories**



**Women in
Sex Work**



**Transgender
People**



**Urban
Poor**



**Adolescents &
Young People**



**Men Who Have
Sex With Men**



**Rural
Poor**



**People Living
With HIV**



Our People



★ 197

Swasti Employees Cared for

Our focus continues to be on our employee wellbeing, and caring for our employees who so selflessly and tirelessly put the communities' needs first.

The undying human spirit and the unwavering support and compassion of our staff was yet again at the forefront in 2021-22. The two waves we experienced in 2021-22 hit our teams hard, with great personal losses, and our teams rallied to support each other.

The COVID-19 Response Command Centre continued to ensure proactive and constant support to our employees through awareness building and advisories.



Close to **75% of Swasti's staff** have been part of the **#COVIDActionCollab** responding to the ongoing COVID pandemic in India - in strategic, implementation and enabler roles.

100% of Swasti employees are vaccinated against COVID-19.

We have also introduced COVID-19 Self Testing for employees



#WeCare

To invest in our own wellbeing, we provisioned for employee downtime through greater flexibility of work schedules.

We ensured family members of our employees were protected through insurance cover.

#CatalystCares

Our in house TeleCare initiative has been anchoring COVID-19 care and support for the Catalyst Group family. **70+** individuals have been reached.



care

/kɛ:/ noun

the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something.

Our Partners



108+
Partners



46
Interns, GHFs,
Volunteers



350+
Consultants





Health Security & Pandemic Response

The COVID-19 global pandemic spurred us into action to advance timelines for scaling of innovations and initiatives that we had planned for the future.

This section highlights how we worked with partners including community institutions to improve Access to Testing, Tele-Care, take Vaccinations to the most Vulnerable, put together a 90 bed modular hospital - all to expand the pandemic response and ensure #NoOneLeftBehind



Access to testing



We set up the first NABL Accredited community-based lab!

- Provides access to RT-PCR testing for COVID-19 for urban poor.
- In one of the most densely populated and vulnerable communities in Mumbai: Shivaji Nagar area, M-East Ward.
- This lab is equipped with a TruNat machine that functions as a point of care RT-PCR tests free of cost.
- Through this lab we tested over 200 samples in the month of October 2021 and tested over 150081 people in FY 2021-2022!



At the doorstep



Between January 2020 and December 2021, we were able to maintain a **low positivity rate (<2%)** for COVID-19 in one of the most densely populated locations of Mumbai: Shivaji Nagar.

We did this by conducting daily doorstep surveillance and testing for the community, covering over **1.5 lakh individuals and 15k+ tests**.

The community-based RT-PCR lab continues to run in the community, providing free tests to the most vulnerable.

COVID-19 self testing pilot in Peenya

Safe return to workplaces amidst the ongoing pandemic is a key concern for both employers and employees. Factories can be particularly high risk environments for large outbreaks as they have a large number of workers working in close proximity. With self tests now being available in the Indian Market, regular, repeat antigen testing can be used as an effective surveillance tool to identify and curb outbreaks early in factories along with other protective measures. However not much is understood on how to operationalise this.



We have partnered with Foundation for Innovative New Diagnostics (FIND) and factories in Peenya Industrial Area (ACWA and a Shahi garments unit) to implement a pilot for peer assisted self testing in two factories over a 4 month period. This includes a usability and acceptability study to understand both comfort and accuracy of testing by factory workers.

This pilot study will help develop operational learnings on how factories can implement testing surveillance systems to protect their workers which will be useful for both domestic and international organisations.



Vaccinations for the Vulnerable



They don't have the right information about it.
And that is why, they don't come forward to get vaccinated.

Covid-19 is a monumental event as for the very first time in the history of Indian healthcare there has been a need to prioritise vaccinations above all else on such a large scale.

India is a diverse country with a large population residing in different hard-to-reach pockets. The success of the vaccination drive cannot be solely dependent on PHCs due to various geographical, demographic, socio-economic, cultural and language barriers.

Accessibility to Vaccination Centres: PHCs are static centres with a fixed time and limited supplies.

Hence, many struggled with access to vaccines. Many community members are also hesitant to get vaccinated due to lack of sufficient knowledge dissemination and awareness and an inability to access nuanced, trustworthy information about genuine questions and concerns. A few reasons that lead to increased hesitancy and indifference are misconceptions, negative messaging, fears, social and gender barriers.



Scan for the Video on
#VaccinesR4Every1

Marginalised Communities are most likely to be left behind when Vaccination Outreach Programming is top-down and designed for the general population.

A large proportion of the population needs protection and access but also special considerations and an enabling environment for that access to be experienced.

There are typically 2 pronged issues:

- Significant and real inequities in Access;
- Information asymmetry leading to low vaccine demand and hesitancy due to:
 - Low perceived need for vaccination
 - Low perceived risk of COVID-19.

As a result, entire communities may remain unvaccinated and this in turn creates further barriers to life and livelihood, causing deeper slippages into poverty and unabated cycles of poverty, illiteracy and violence.

To address this, Swasti co-created vaccination strategies with marginalized communities, taking the COVID-19 Vaccine to places which the community were most comfortable accessing while simultaneously solving for hurdles.

Swasti also co-located Non Communicable Disease screening in Vaccination locations. By co-locating Non-Communicable Disease screening, regular health check-ups, and referrals at Vaccination Camps happening in community locations - marginalised communities can access critical screening for underlying health issues, receive a consultation that addresses the same and/or referrals to secondary/tertiary health institutions without further loss of time.

90 bed Modular Hospital completed, branded and handed over to Government of Karnataka



Swasti, in collaboration with Woven Design set-up a first of its kind **90**-bed hospital for the Department of Health and Family Welfare (GoK). Set up in **4** weeks, the hospital has **37** ICU beds and **53** isolation and triage patients. In addition, there are staff quarters for 18 clinical and non-clinical people. This project was supported by Nokia, Viatris, and friends of Swasti. The hospital was inaugurated on **10/10/2022** by Hon'ble Union Health Minister - **Mansukh L Mandviya**, Chief Minister Karnataka - **Basavaraj Bommai** and Minister for Health and Family Welfare GoK - **K. Sudhakar**. During Wave **3**, the facility has been used to care for health workers who became ill.

Precision Health



The Precision Health program, responded to the need of the hour - Environmental Surveillance for COVID-19; thereby enabling Early Warning for COVID-19 in the city of Bengaluru, India - where Bruhat Bengaluru Mahanagara Palike - the BBMP - took Precision Health to scale across all 198 wards in the city - making it the first city wide environmental surveillance initiative for COVID-19 in South Asia.

Without a robust surveillance system, public health response is largely reactive and not preventive and proactive. This leads to inefficient clogged supply chains at its least and lives lost at its worst. No One Is Safe Till Everyone Is Safe.



Precision Health| Environmental Surveillance

Environmental Surveillance system involves the collection & analysis of waste/sewage water for materials of public concern i.e. pathogens, illicit drugs, antimicrobial resistance etc.

Swasti has designed and implemented a first in India pilot of wastewater surveillance to detect traces of SARS-CoV-2 in Bangalore city.

- Sample collection sites - **45** spread across Bangalore city.
- Sample collection frequency - twice a week from each site.
- Sample test detects the presence of SARS-CoV-2 virus and assess the viral load (copies/ml) for each positive sample, determining the trend with time.
- Findings are shown on an online publicly accessible dashboard.

Total samples collected and tested as on **31.03.2022**

4112+



How the surveillance system helps **Bruhat Bengaluru Mahanagara Palike (BBMP):**

- Identify signal hotspots: prioritisation/ actions which include: scale of testing, tracing, micro-containment, enhance hospital capacities;
- Guide strategic testing;
- Conduct tracing; and
- Prioritise vaccine demand generation and roll-out.



India's First City-wide Environmental Surveillance Platform for COVID Launched

With the number of cases of COVID-19 surging across the county in the second wave of the pandemic, the Government of Karnataka is introducing a city-wide sewage surveillance system in Bangalore that will help officials track the virus at an early stage, even among asymptomatic individuals.

PTI • May 28, 2021, 17:00 IST



A Platform launched by Government of Karnataka partnership with the COVIDActionCollab that COVID through waste-y surveillance, with Bang as the first city-wide in Bangalore, Karnataka, I (NewsVoir). With the nu

of cases of COVID-19 surging across the county in the second wave of T pandemic, the Government of Karnataka is introducing a city-wide see surveillance system in Bangalore that will help officials track the virus early stage, even among asymptomatic individuals.

Waste-water surveillance can track Covid at an early stage: Dr. Angela Chaudhuri, COVIDActionCollab.

Precision Health is a platform that is open to initiatives and organizations who want to study environments like wastewater for Covid-19, antimicrobial resistance, and other viruses. The Precision Health Platform in Bangalore will test sewage from both sewerred and non-sewerred wastewater to identify clusters of new infections.

Shahid Akhter • ETHealthWorld • Updated May 28, 2021 • 09:16 IST



Shahid Akhter, editor, ETHealthWorld, spoke to Dr. Angela Chaudhuri, Health Lead, COVIDActionCollab, to know more about waste water surveillance which can help to track the virus and other diseases at an early stage.

Tell us about the latest

The collage features several elements:

- A newspaper clipping titled "Exploring the impact of COVID-19 on the Indian public health system." with an illustration of people wearing masks.
- A social media post from "Arogya World" dated May 28, 2021, which reads: "As we heard cries for help from the people of India, on one hand, we created a COVID Solidarity Fund (https://lnkd.in/g/hQq5i) and mobilised on-ground work. On the other hand, our team in India pulled together a Digital Health Info kit to create awareness about Covid prevention and recovery. The information provided in the link has been curated from our content bank and from credible sources, namely, Ministry of Health and Family Welfare, Government of India, UNICEF, NIMHANS, Johns Hopkins Hospital, Learning4Impact".
- A person in a dark uniform with "Surveillance Force" on the back, crouching on a rocky surface.
- Other newspaper snippets with headlines like "links bion" and "NEW of the Part".



Primary Healthcare

For everyday wellbeing to be tangible, especially for the vulnerable, we know that many parts of the system need to change. Our work in primary healthcare draws from close to **2** decades of extensive work in partnership with some of the most marginalised communities in the world.

We understand through extensive ethnography and public health practice that unless we address how the health system is experienced, a life of wellbeing- may remain a distant dream for the marginalised. This is the foundational understanding behind our flagship program, Invest4Wellness (i4We) as well as our incubation of the CPHC Alliance.



Invest4Wellness

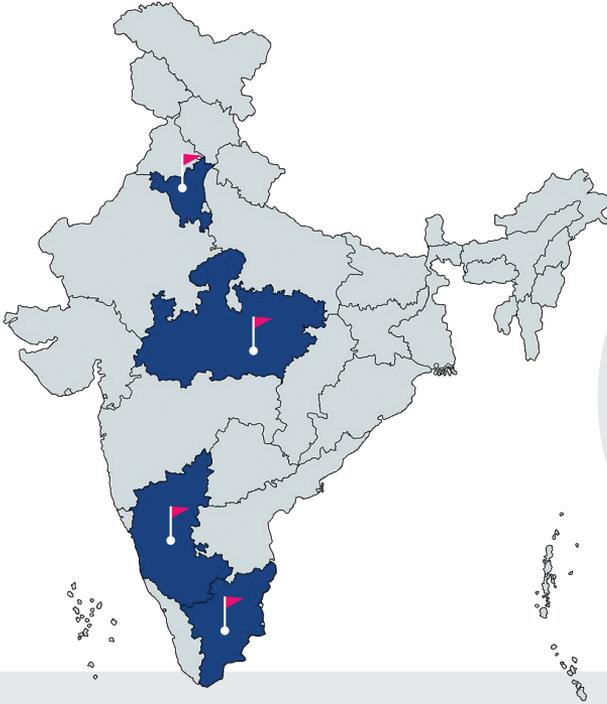
The Integrated Community Health and Wellbeing program began in Mohammadpur Jharsa, Gurugram as a pilot with seed funding from Marks & Spencer in January **2016**. Since then it has developed into the Invest for Wellness (i4We) model, a system-innovation in primary healthcare, which includes community systems strengthening in its design.

It has since found resonance and investment from Garment and Textile Brands such as Levi Strauss (Pvt. Ltd and Foundation), Nien Hsing Textiles, Kontoor, VG Asia Sourcing, a supermarket chain such as Migros, a family foundation of one of the Infosys founders - Ashraya Hastha Trust, Foundations such as HCL and SwissRe; components of ICHW such as the technology solution finding support from Fidelity Foundation and CISCO.



↳ Nurse's training i4We Factories, Lesotho

Demonstrate



*(For vulnerable individuals in the i4We locations also including non i4We members between January to March 2021 to arrest severity of COVID-19)

** (across locations, for anemia, hypertension, diabetes, STI, vision)

9 i4We Locations

- **Mohammadpur:** Haryana
- **Rehti:** Madhya Pradesh
- **Bommanahalli:** Karnataka
- **Hongasandra:** Karnataka
- **Kamakshipalya:** Karnataka
- **Theni:** Tamil Nadu
- **Kanakapura:** Karnataka
- **Karur:** Tamil Nadu
- **Peenya:** Karnataka

39,155 / 46,326

Membership
Cumulative (HH/Members)

1,66,431 / 2,10,072

Reach
Cumulative (Population)



4 Sub Models

12 Nurses

Screening for Non Communicable Diseases:
1,81,868

Risk Assessment, Diagnosed, Treated, Managed:
2,85,840



210,000

Reach

Cumulative (Population)

4 Sub Models

Urban | Rural | Factory
| Marginalized Communities

Swasti's flagship program i4We is implemented in partnership with Rehti Jagruti Mahila Sansthan in Sehore, Madhya Pradesh, Arogya Deepa Swasthya Samiti in Bangalore, Karnataka, Janadhanya Farmers Federation in Ramanagara Karnataka, Sanjeevani Kalyan Samiti in Gurugram, Haryana, and two factory clusters in Peenya (Karnataka) and Karur (Tamil Nadu), reaching **210,000** plus individuals as on **31st** March 2022.

These 8 locations have the core elements of the model which we developed in Mohammadpur and continue to function as learning labs for the different contexts in which we try to achieve everyday well-being.

We have also created a lighter model which we have been able to take to **30** Community Organisations in **5** States with a reach to **45,000** women in sex work, transgender and vulnerable gay men. This approach brings together our past work with strengthening community institutions of marginalized groups and combines it with our lessons on how primary health care can be delivered. A particular success has been in working with the public health system to deliver screening and follow-up clinical services to marginalized groups.



↳ *Our experts guided partners in Bangladesh, Lesotho and Zambia, where i4We components have been adapted for factory settings in different countries - **10,000** workers in **5** Factories in Maseru, Lesotho. Adaptation is currently in process for Zambia (**7000** workers) and Bangladesh (**53269** workers), for mine workers and factory workers respectively.*

Based on the lessons over the last **6** years, we are currently seeking to establish working arrangements with the National Rural Livelihood Mission and NITI Aayog in India to expand the scope of people and community organisations, in delivery and uptake of primary health care.

We have been working with the National Health Authority to pilot a “**missing-middle**” insurance programme (a group insurance model of the PMJAY where families pay for insurance) as a way to understand the costs of secondary care.

ICHW: Scaling to Influence

Our learnings from i4We has given impetus to the Comprehensive Primary Health Care Alliance - the first of its kind in India.



CPHC Alliance

The Alliance for Comprehensive Primary Health Care (CPHC) is the first in India, launched on the eve of the World Health Day in 2021.

USAID with support from Learning4Impact – Swasti spearheads the Alliance with partner organizations - the Asian Development Bank, the Bill and Melinda Gates Foundation, and LGT Venture Philanthropy.

Based on principles of equity, quality, and affordability, CPHC is an approach to health and wellbeing that is centred on the needs and preferences of individuals, families, and communities.

Alliance members will use their collective expertise to ensure norms and standards for CPHC are developed and established, adequate financing is available for primary health care, and there is an increase in the availability of quality CPHC that meets the needs of diverse populations.

COVID impacted the acceleration of planned Alliance activities and the work plan was rewritten in the context of COVID.

The current work plan focuses on collective actions for co-creating a PHC resilience package to ensure effective participation of PHC systems during emergencies and continued delivery of core PHC services during emergencies.



The Dynamic Database of India's Primary Health Care Landscape

○ What is the PHC Database?

PHC dynamic database is a database on innovations and **comprehensive primary healthcare models** to highlight the ambitious and impactful primary health care solutions.

○ Who can use it?

It will be a living document that evolves with India's primary health care landscape that can be used any policy makers, learners, on ground implementers, social sector experts, health experts, researchers and students.

COVID-19 | THEMES | USAID INVESTMENTS | SPECIAL FOCUS AREAS | LEARNING LIBRARY | DATA VISUALIZATION | 🔍

PHC INNOVATIONS HOME | WHY THIS DATABASE?

Welcome to the Dynamic Database of India's Primary Health Care Landscape

The COVID pandemic has shown us the urgent need for strong primary health care models and innovations. Many ambitious and impactful innovations and models are left undocumented, not studied or published. This diminishes the opportunity to learn, replicate and hopefully scale. This database of innovations and comprehensive primary healthcare models aims to highlight these solutions. It will be a living document that evolves with India's primary health care landscape.

24
Impact
Evaluations

11
Reviews

9
Case
Studies

0
Models

[LEARN MORE](#) [VIEW DATABASE](#)

○ **How can it help improve Primary Health Care for the most marginalized?**

Over the course of developing this database, we learnt invaluable lessons and stories which shows what works where, how, why, and towards what and thus broadening the understanding of healthcare needs of local communities. The goal is to inspire readers to take these learnings and stories and implement in their own practice and communities.

○ **Next Plans with it?**

The database is dynamic and will be regularly updated with new learnings and innovations in primary health care and providing a platform for PHC exemplars to showcase their work through our platform.

○ **Access and explore the database [here](#)**





**Bangalore, Delhi, Indore, Mumbai,
Rajasthan, Tamil Nadu**

Tele-Care

Covid is not just a physical condition. Studies show that the long-term impact of Covid can have debilitating effects on an individuals physical, emotional and financial well-being.

Mahesh lives in Anekal, Karnataka. He was surveyed by a front-line-worker who identified that he had recovered from Covid. When he received a call from the Call4Svasth helpline, he was pleasantly surprised to hear a friendly voice at the other end of the line. Mahesh suffered from Covid in early May, as a result of which he was left feeling weak and listless. He lost his job and felt inadequate in being able to provide for his family. Mahesh shared how he'd been prescribed medication for depression, a symptom often associated with long-Covid. Mahesh was referred to a counsellor and the social protection officer at Call4Svasth.

Today, Mahesh is attending tele-counselling sessions and our social protection officer is helping him identify avenues for employment. Health is not merely a physical symptom, but is often determined by social, economic and emotional determinants that are often as important as the physical symptoms themselves. Mental health is going to be the next epidemic and we're proud to be able to support individuals like Mahesh battle this invisible illness.

*as of 8 September, 2021

Telecare: A community-led integrated tele-triage and community care service to address physical, emotional and social determinants of health, with provision for COVID-19 care.

6 non-health CAC partners implementing Call4Svasth across Karnataka, Rajasthan, Maharashtra, Tamil Nadu and Delhi, reaching over **855,000** households. **15265*** community members surveyed, **5267*** calls received and made.



“

When I received the call from Pushpa's family (name changed) on the Tele-Care number in Indore, reporting that she was getting worse, with a few questions, I knew that Pushpa's oxygen levels were rapidly declining and she needed immediate intervention. As is our protocol, I alerted our field team for immediate action. Our field team reached right away, and escorted Pushpa to the nearest hospital where she received the much needed treatment, on time. Pushpa was recovering well, but unfortunately she passed away a few days later. While we were eventually not able to save her life and that affected us badly, we continue to strive to render support as the need of the hour” -

Nurse, Swasti



Community Response & Leadership



Community Led Monitoring

Community Led Monitoring (CLM) provides a first-hand perspective of the community's experience of HIV services and co-creates solutions to address challenges and celebrates good practices.

At Swasti, we co-created and engaged with the CLM pilot in line with our commitment towards communities at the centre. The pilot is for the period of May 2021 to Sep 2022, with geographies being Maharashtra (two districts), Telangana (five districts) and Delhi (three clusters in three districts).

CLM is an initiative of the National AIDS Control Organization (NACO), with the pilot supported by USAID-PEPFAR and Swasti.

CLM is an important strategy to strengthen programme impact, efficiency, effectiveness, and accountability through a better collaboration between civil society, key population (those affected by HIV/AIDS), People Living with HIV and national state and district level decision makers. CLM contributes to the assessment of performance and service quality, the identification and addressing identified barriers such as access, stock outs, and stigma and discrimination. It ensures that the community's experience is integrated in the monitoring systems and response time is minimal, through systematic and regular analysis of community inputs and joint problem solving and action.

GESI emerged from a programmatic and organisational perspective for six groups: scheduled castes, scheduled tribes, sexual and gender minorities, urban poor, and youth & adolescents through a development sector platform of 35 organisations.

The Resource Guide for gender and social inclusion socialized through different platforms. One article has been published so far in the IDR Edit.

Keeping abreast of the health ecosystem through participation in webinars, consultations, hosting consultations on important issues of disability, inclusive development etc.

 **Gender Equality and Social Inclusion (GESI) understanding and action analysed and deepened with partners.**





Special Project

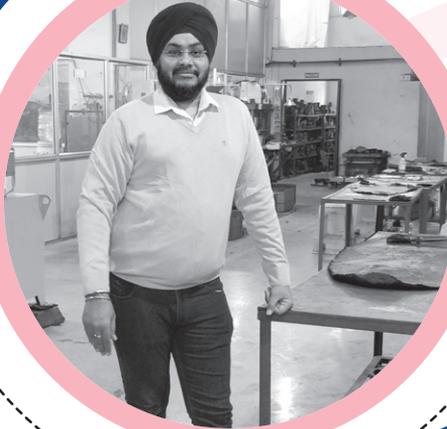
Vriddhi

The objective of Walmart Vriddhi is to train 50,000 Micro, Small and Medium Enterprises (MSME) in India to empower them and accelerate their growth in both domestic and international markets. By doing this, Walmart Vriddhi would contribute to India's economic growth and job creation for thousands of disadvantaged populations in the country.

As the program partner for Walmart Vriddhi, Swasti supports the development of small and medium-sized enterprises by providing them with technical support and expertise to participate in national and international supply chains that will contribute to their productivity, competitiveness and to the sustainable development of India.

Activities and accomplishments:

- 31 learning modules have been developed in Hindi, English, and Tamil which are available on a **Learning Management System**.
- The **onboarding support for the Flipkart e-commerce platform** has opened up opportunities for participant MSMEs to get an online presence for their merchandise across India.
- **Personalized Mentoring** has enabled participant MSMEs overcome their business problems and troubleshoot issues with the support of an industry expert. An actionable roadmap for professionalism, resilience, and profitability is co-created through reflective case analysis and expert guidance on mutually identified improvement areas.



Vriddhi

- VriddhiCares helpline was introduced as an initiative to help MSMEs manage the health and business impact of COVID in a caring and confident way. Two special modules on COVID-19 related resilience and digital enablement were introduced in the LMS.
- **A Virtual Graduation Day was** hosted for the first group of over **2,500** graduating MSMEs in September 2021. The MSMEs received their certificates in the presence of Shri Sidharth Nath Singh, Hon'ble Minister of MSME, Government of Uttar Pradesh.
- **Formal MoUs signed** with the **Government of Haryana, Tamil Nadu, Madhya Pradesh, Uttar Pradesh, Jammu & Kashmir, and Assam to support MSME business growth in these states.**
- A new learning module for **women-owned businesses** was introduced with a focus on building women's soft skills and technical skills to grow themselves and their businesses.



SH. SIDHARTH NATH SINGH
Hon'ble Cabinet Minister - MSME, Investment & Export, Textile,
Khadi & Gram Udyog, Govt. of Uttar Pradesh

#GrowKaro





Audited Financials

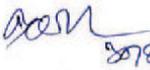
Swasti No. 25, AECS Layout, Ashwathnagar, Bangalore - 560 094			
Balance Sheet			
Particulars	Note	Amt in (₹)	Amt in (₹)
		as at 31st Mar 2022	as at 31st Mar 2021
SOURCE OF FUNDS:			
Restricted Funds			
Earmarked Funds	1	40,75,89,472	10,27,64,058
Unrestricted Funds			
General Funds	2.	7,18,64,862	4,40,59,765
Designated Funds-			
Staff Welfare Funds	3.	11,555	37,377
Total		47,94,65,889	14,68,61,200
APPLICATION OF FUNDS:			
Fixed Assets	4.	46,20,531	51,51,186
Investments	5.	13,03,12,679	1,66,09,147
Current Assets, Loans and Advances	6.	39,23,36,263	17,29,34,241
Total Assets	(A)	39,23,36,263	17,29,34,241
Current liabilities and Provisions	7.	4,78,03,585	4,78,33,373
Total Liabilities	(B)	4,78,03,585	4,78,33,373
Net Assets	(A) - (B)	34,45,32,678	12,51,00,867
Total		47,94,65,889	14,68,61,200

Significant Accounting Policies, Notes referred to above form an integral part of Balance Sheet

in our report of even dated
For R V K S And Associates
Chartered Accountants
FRN: 0085725

For Swasti,

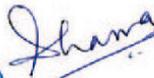
For Swasti,



R.Mohan
Partner

Membership No. : 203911





Shama Karkal
Secretary





Dr. Angela Chaudhuri
Treasurer

Place: Bengaluru
Date: 30.08.2022

Place: Bangalore
Date: 30.08.2022

Swasti No. 25, AECS Layout, Ashwathnagar, Bangalore - 560 094			
Income and Expenditure account			
Particulars	Note	Amt in (₹)	
		for the year ended 31st Mar 2022	for the year ended 31st Mar 2021
Income:			
Restricted			
Earmarked Funds	8	66,88,48,790	28,37,48,751
Unrestricted			
Donations		34,79,792	12,14,979
Interest income	9.	1,11,22,403	66,61,555
Other Income	10.	10,06,608	41,06,762
Total Income		68,44,57,593	29,57,32,047
Expenditure:			
Restricted			
Grant Expenditure	8	62,77,13,618	26,62,78,385
Unrestricted			
Programme Expenditure	11	27,90,103	14,02,075
Expenses on i4We Initiative	12.	29,66,832	82,63,109
Establishment and Other Expenses			
Administrative expenses	13.	84,78,411	97,99,236
Expenses on employment	14.	89,70,732	35,71,016
Depreciation	4.	6,41,964	6,77,579
Other Expenses	15.	50,90,836	27,93,310
Total Expenditure		65,66,52,496	29,27,84,710
Excess of Income over Expenditure		2,78,05,097	29,47,337
Balance transferred to General Fund		2,78,05,097	29,47,337

Significant Accounting Policies, Notes referred to above form an integral part of the statement of Income & Expenditure

This is the Statement of Income and Expenditure referred to in our report of even dated

For R V K S And Associates

Chartered Accountants

FRN: 008572S


R. Mohan
Partner

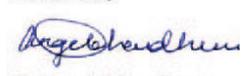


For Swasti,


Shama Karkal
Secretary



For Swasti,


Dr. Angela Chaudhuri
Treasurer

Place: Bengaluru

Date: 30.08.2022

Place: Bengaluru

Date: 30.08.2022

CLOSING NOTE



Dr. Angela Chaudhuri

Partner, Swasti

The COVID-19 global pandemic has shown us that we are unprepared and are often more reactive than proactive. Pandemics, health emergencies, and weak health systems don't just cost lives but also represent some of the greatest risks to the global economy and security that we face today. Which is why we need a strong global response.

In FY 2021-2022, with our national and sub-national partners, we ensured that systems are built; and finances are located; and secured towards improving global health security; particularly preparedness.

The approach for the future is One Health - an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.

Successful public health interventions require the cooperation of human, animal, and environmental health partners. Professionals in human health (doctors, nurses, public health practitioners, epidemiologists), animal health (veterinarians, paraprofessionals, agricultural workers), environment (ecologists, wildlife experts), and other areas of expertise need to communicate, collaborate on, and coordinate activities. Other relevant players in a One Health approach could include the law enforcement, policymakers, agricultural communities, and even pet owners. No one person, organisation, or sector can address issues at the animal-human-environment interface alone.

And we at Swasti enter FY 2022-2023 determined to walk that walk with communities at the centre of our response.

Our General Body

J.V.R. Prasada Rao - Chairperson
Dr. Jacob John - Vice Chair
Shama Karkal - Secretary
Dr. Angela Chaudhuri - Treasurer
Shiv Kumar - Chief Mentor
N. Raghunathan - Mentor
Joseph Julian K. G. - Member
M.R.C. Ravi - Member
P. Rajarethinam - Member
Nandlal Narayanan- Member
Siddhi Mankad - Member

Thangavelu R - Member
Alka Narang- Member
Prerna Mukharya- Member
Smita Aggarwal- Member
Gayathri Vasudevan- Member
Shaonli Chakraborty- Member
Kallan Gowda- Member
Hareesha BS- Member
Shrirupa Sengupta- Member
Shankar AG- Member
K Krishnamoorthy- Member



**Swasti is registered
under the Society Act,
Karnataka, 1960**

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media and
stay connected with our
story as it unfolds.



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@Swasti Health Catalyst



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