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.
Do switch on your speakers.
The Year That Was
Apr’20 to Mar’21
Content

01 Our Communities

01 From Our CEO

01 Centrefold: Puja Devi's Story

01 CPHC Alliance

01 Financials

01 Our People

01 COVID-19 Response

01 Our Pathways: Demonstrate Support to Scale Influence

01 Our Partnerships
Our Communities

- Women in Factories
- Women in Sex Work
- Transgender People
- Urban Poor
- People Living With HIV
- Men Who Have Sex With Men
- Rural Poor
- Adolescents & Young People
Ms. Ashwini Bhat

Ashwini is a Biotechnology Engineer Major who moved on to an PGDBM (Post Graduate Diploma in Business Management) HR and Marketing. After a stint in Biotechnology Research with the Indian Institute of Science, she moved on to the world of Human Resource Management working in corporate, non profit and entrepreneurial spaces. She currently serves as the People Process Partner at Swasti.
FY 2020-21 saw the world facing unprecedented challenges with the pandemic taking over all walks of life. While the world was under lockdown, our teams were in the forefront of the COVID-19 response, putting the needs of the vulnerable and most marginalized communities ahead of their own.

A COVID-19 Command Centre was constituted to support our teams in preparing to tackle the COVID-19 pandemic, and to take care of themselves and their loved ones, through Health Advisories, Awareness sessions and Employee friendly policies. Swasti’s investment in employee wellbeing in the previous years proved to be useful during these tough times, as we were able to continue supporting employees’ wellbeing through job security, counselling support, webinars on self care and emotional wellbeing, and employee bonding activities, to name a few.

Our focus on learning and development did not waver, and we increased our efforts with the introduction of thematic learning series, coaching programmes, capacity building on partnership skills, and so on. Together, all these initiatives have led to strengthening our caring and collaborative culture.

Our agile way of working supported in smooth transition to remote working without compromising our work and commitment. Our multi-sectoral, agile teams with an average of 224 employees, along with 84 global health fellows, interns, and volunteers worked in a highly volatile environment in tandem to take Swasti’s vision forward in 2020-21.
One of our many digital jamboarding sessions.

In this, we had asked “I thing I am proud of from the last quarter”
This year saw some of us working **100%** remotely while some of us were on ground in community spaces. Yet some others adopted a hybrid approach.

All of us came together for regular online catch ups where we spoke, sang, danced, laughed, cried and listened. We have always been a close knit team despite geographies. This year, although physically distanced brought us even closer together - in mind and spirit.

No report can do justice to what the unflinching support, faith and resilience of our communities, our friends and colleagues, our families and loved ones have enabled us to do this year despite the COVID-19 pandemic and its fallouts.

So this is us expressing our deepest gratitude to each of you for walking with us through FY 2020-2021.

Ashwini Bhat
# OF VOLUNTEERS AND INTERNS

171

INTERNS

from

15

COUNTRIES

Volunteers and Global Health Fellows

# OF CSO PARTNERS

> 800

Capacities built at community organisations and Government departments.

# OF LIVES ENRICHED DIRECTLY

500,000 +

GENDER PROPORTION IN WHOLE OF SWASTI

53.52%
of Women + Transperson staff

GENDER PROPORTION IN LEADERSHIP OF SWASTI

40%
of leadership/supervisory positions are held by women.

# OF CORE EMPLOYEES

158
Dear Reader,

Thank you for being part of our journey and strengthening us as we completed another year of being Swasti, The Health Catalyst. As I write this, we are still amidst the COVID-19 pandemic and despite all that we are collectively and individually going through; I remain incredibly inspired everyday by our communities, our colleagues, our families, friends and loved ones to do our best. This is a special thank you to each of you who have not only been part of our journey but also supported us with your resources to reach the last mile.

In FY 2020-2021, our COVID-19 relief work had a computed commodity value of INR 69.2 Cr +. We have continued with our on ground programs placing critical importance on building resilience with our communities weaving in interventions designed for financial security, social determinants, social norms, medical and preventive care. We have integrated capacities of people and their institutions, thematic expertise and cross-sectoral collaborations.
As of March 31st, 2021 - We are at 75% of our planned reach. Our communities saw improved savings, greater expressed leadership, the launch of Vriddhi - a program in partnership with Walmart that partners with Micro, Small and Medium Enterprises in India in global market readiness; and presence in Lesotho and Sri Lanka & more. The year also saw the very first Comprehensive Primary Health Care Alliance gearing up for launching, our COVID-19 vulnerability assessment paper being acknowledged by NITI Aayog, 75+ instances of our work being mentioned in the media with 91 million + circulation, 10 million USD in the hands of Key Population from GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria) for COVID Relief & more.

This year we celebrated one year of the COVIDActionCollab (CAC) co-incubated with the Catalyst Group. CAC has sought to help vulnerable groups thrive through the pandemic, work closely with a range of partners to enable access to food & nutrition, social protection, health and livelihoods. With CAC we not only enabled on-ground relief and recovery assistance with a comprehensive COVID-19 support package, we see the opportunity to collaborate long term on building resilience.

At the 1 year mark of the #COVIDActionCollab, we are 309 partners, 1937 volunteers & 208 material vendors strong, have presence in all 36 states and union territories in India and have delivered 17,37,293 instances of services to the vulnerable communities.

This year was a true testament to our ability to be agile, altering strategies to meet the needs of the communities and partners. We are glad to have worked alongside government functionaries to meet their commitments. Our decades of partnering with community institutions to lead and own the programmes saw our communities lead the COVID-19 response in their spaces with resilience that inspires us.

Our commitment to our communities remains at the centre as we go into FY 2021-2022 and we wish you wellbeing.

Shama Karkal
Ms. Shama Karkal

Shama, an alumnus of School of Social Work, University of Maryland is a social development expert and is currently the Chief Executive Officer, Swasti.

Shama has worked in India and in the USA, on public health including HIV prevention, market innovations for health and community system strengthening. Her experience spans 2 decades and her repertoire includes work in the areas of large scale project management, resource mobilization, monitoring and evaluation, research, documentation, communication, and capacity development.

She currently also serves as the Chair, Asia Pacific Alliance (APA) for Sexual Reproductive Health and Rights. APA is a network of national, regional and global civil society organizations that advocate for the fulfilment of sexual and reproductive health and rights (SRHR) for all persons in the Asia Pacific region.

Shama’s Expertise: Management in the non-profit space with a passion for sustainable, holistic people-centred development

shama@swasti.org
/shamakarkal
The COVID-19 Response

Swasti’s COVID-19 response to protect our communities was undertaken in partnership with the Taaras Coalition, 68 Community Organizations of Marginalized Communities, 3 Community Institutions - Arogyadeepa Swasthya Samiti, Sanjeevani Kalyan Samiti, Jagriti Mahila Sansthan and 30 Factories on one hand and multi sectoral partners and donors on the other.

We took a macro, meso and micro approach where we co-incubated the #COVIDActionCollab with the Catalyst Group to respond to COVID-19 at policy and strategy levels; co-designed and rapidly scaled up innovative need-of-the-hour response mechanisms - TeleCare, Community Based Testing, Handwashing Stations and Sewage surveillance; and undertook extensive relief work on ground.

Our relief work on ground entailed taking relief services and commodities to our communities at the last mile - Food (dry & wet), Direct Bank Transfer, Cash Benefit, ART medicine, Referrals, Ujjwala Scheme, Masks & Sanitizers, Hygiene Kits, Ration - through government (78.63%) and donor support (21.37%) with a computed commodity value of over INR 69.2 Crore.

Close to 80% was in reaching Government relief to the last mile. This computation is apart from the time spent by the Swasti team on COVID19 response from Apr to Sep 2020.
Puja

Puja is the President of Sanjeevani Kalyan Samiti, a community institution from Mohammadpur. Her family comprises of her husband, who is a migrant factory worker living in Mohammadpur and they are parents to two children. When we first met her, like many other women in Mohammadpur, she was uncomfortable about stepping out of the boundaries of her home and taking up responsibilities outside her home. Her confidence was shaky. Even when she became the Samiti President - she faced it with a mix of trepidation and excitement. On one hand, she was moved by the plight of the community and knew this was an opportunity to be part of the change she wanted to see. On the other, her issues with confidence and struggles in grasping what being the Samiti President remained. From one day to the next, she evolved - i4We. It was during COVID-19, that we saw Puja step into her own power. She led from the front, ensured the last mile reach of prevention, care and support; tackled the many situations of gender based violence during lockdown, scarcity of ration, WaSH and more; and today Mohammadpur Jharsa has managed to curb its COVID-19 incidences to double digits while Gurugram has recorded over 58,000 positives.

In the next pages, Puja shares her journey.
My Journey
Puja, President Sanjeevani Kalyan Samiti

Before Sanjeevani Kalyan Samiti, I didn’t really have any dreams of my own. I wanted my family and children to do well. That is all. I used to dabble a little in making artificial jewellery & stitching. This was until my first encounter with Sanjeevani Kalyan Samiti & Swasti - one I vividly remember.

This was around 5 years back. I was living with my mother in law who was very unwell and both my children were really young. One afternoon, I was in the house when I accidentally overheard a team explaining a health initiative to some women from my colony. Given our circumstances where we were spending a lot on healthcare, the idea of investing a small sum of money in return for some healthcare benefits was really attractive to me.

People from my locality were skeptical about joining the program as there was money involved, but for me, the need for these services far outweighed the sum and after a lot of thought, and some back of the envelope calculation and asking many many questions to the team that had come to talk to me about the program, I signed up with a monthly deposit of Rs.50/-.

“A headstrong, confident woman, with an insatiable thirst for learning new skills and meeting with new people. These are a few of the most striking attributes in Shrimati Puja Devi, President of Sanjeevani Kalyan Samiti, Mohammadpur, Haryana. She was an extremely interesting person to listen to thanks to the additional backstory & detailed visual description that she offered me for each question, easily transporting me to her world.”

Ananya Sundarsanam
First I created an SHG - we call it a Self Health Group since we focus on our own Health with 15 members who I knew. We named it Virat SHG. We regularly invested an average of Rs. 200 a month, finally reaching an all-time high of Rs. 500, the month before the first phase of the pandemic.

In my first year of membership, the team suggested I become the Vice President of a group of 12 such SHGs. I was thrilled. That taught me how to handle monetary funds, take responsibility and make decisions that were for the good of my community. At this point, I got an opportunity to work at our Samiti - Sanjeevani Kalyan Samiti. But I was scared that I would not be able to take up the responsibility.

Meanwhile, Fuzhio in partnership with Marks & Spencer had set up a hanger recycling unit and I found a job there and started gaining confidence. This was the first time I was working in a company. I earned a salary. I was being treated with respect. Everyone had faith in me except me. Many times we don’t realise our strengths, but those around us notice and help us bring them out. And this is what happened with me as well. At the Samiti, I was assured that there was no compulsion on me and there would be no restrictions on what I could or could not do - and so I decided I could at least explore this opportunity, even if it didn’t work out. The team encouraged me to take a chance on myself.

So I went and had a long discussion with my family and even they told me that I could do it. I pushed my trepidation aside and I joined the Samiti and started learning how a Samiti works. I was content with my job at the hanger recycling unit as well as my role at the Samiti.

I was surprised when I was nominated and selected to be the Samiti President. It posed an instant fear inside me that whether I will be able to meet the expectations of leading the Samiti well enough. But the one thing that kept me going was the faith of people who had selected me to manage the workings. I mustered all the courage inside me and decided to take this job seriously and work hard towards fulfilling it. My aim was to contribute towards the management of Samiti’s work with full dedication and prove myself worthy of this position and opportunity.

As told to Ananya Sundarsanam
During the first phase of the pandemic, I worked every day through the devastation and chaos, distributing COVID kits and rations to those in need. I ensured that I was following strict safety protocols to keep my family out of harm’s way. The second wave was much easier since everyone was better prepared to face it.

Today, I have learnt a lot and I am so grateful to my family for their support. While my personal problems only affect me as an individual, the Samiti problems and decisions affect a larger number of people, and that is where I step up to play my role and fulfil my responsibilities.

My association with Swasti has been all about expanding my horizons and learning something new every step of the way. I eagerly await each event or orientation where I discover new health and socio-economic information as well as its applications to my society in terms of government schemes & preventive measures in terms of diet and hygiene and so much more.

Getting out of my home & comfort zone, I have learnt how to communicate effectively for myself and my community. My world was so small. Now I know how large & unexplored the world actually is and how much there is for me to observe and learn. Recognizing my own strengths & weaknesses and most importantly, focusing on growing into a better version of myself every single day has been the biggest gift that I have received on this journey.

First we think we are the biggest fools, then we think we are geniuses until we meet new people and realize we all have our own unique strengths and weaknesses. Strive to keep learning every day until you die.

My dream is to make our Samiti a nationally renowned society, and for people to recognize my little town of Mohammadpur through this cooperative. And yes I want my family to be proud of this legacy.

As told to Ananya Sundarsanam
At Swasti our pathways to impact are embodied in three approaches -

**To demonstrate** - making models work for the communities, exploring what is possible, at a minimum viable scale.

**To take evidence to action** - supporting impact at scale - where we work with local, regional and global organisations to support the achievement of wellbeing, through implementation support, research, monitoring & evaluation, program design, etc.

**To influence the global well-being narrative** - where we work closely with governments/partners within and outside of India, through collaborative action and using evidence for communication, influence policies and their implementation related to primary care.
Our Flagship Program

We 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 Prevention and Promotion.

Invest4Wellness (i4We), a system innovation in primary health which partners poor and marginalized communities in well-being - is our flagship program.
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

32,481 / 43,415 Membership
Cumulative (HH/ Members)
(75% of Planned)

1,30,125 / 1,45,895 Reach
Cumulative (Population)
(89% of Planned)

4 Sub Models

12 Nurses

Screening for Non Communicable Diseases:
50.3 k*

Risk Assessment, Screening, Testing, Treatment:
182,275 **
The value of the co-operatives and the different revenue sources have been highlighted in the pandemic.

Technology deployment for Risk Assessment and Screening has improved the follow-up provided.

Introduction of health products like menstrual cups are finding great acceptance in the communities and has been bringing in revenue for community entrepreneurs.

Telecare has emerged as an alternative/complementary service during the pandemic.

Financial Co-operatives in partnership with BWDA, Swathi Jyoti and Migros are active in 5 locations - Bommanahalli, Kamakshipalya, SMS, Mohammadpur, and Theni and have enabled communities to save 7.9 crores, 44% of which was in the last year.
At the wake of the COVID-19 pandemic and subsequent country-wide lockdown, access to primary healthcare became a challenge for the vulnerable population. In the times of COVID, communities needed contextual, empathetic and culturally appropriate care - that is both affordable and accessible. TeleCare emerged as an essential service during this period, ensuring comprehensive and continuous care for the communities Swasti partners with. Swasti’s TeleCare model - HelloSwasti™ includes not just health, but also emotional support and social protection elements to ensure a holistic service is offered to the communities.

During the first half of FY 2020-2021 (April to September 2020) HelloSwasti™ reached all Swasti’s implementation locations. The Swasti team, especially nurses and counsellors, provided continuous care and support to the community members who were impacted by COVID-19.

In December 2020, HelloSwasti™ was taken to scale in Indore, with the support of SBI Foundation.

By March 2021, HelloSwasti at Indore had reached over 20,000 people from the vulnerable communities in the city.

The SBIF - Swasti partnership helps take the HelloSwasti™ initiative to 1,00,000 individuals from the Urban Poor community in 5 Wards in Indore city.
Community Based Testing for COVID-19

Community-based surveillance and testing for COVID-19 as a solution to the challenge of delayed identification of COVID-19 among vulnerable populations was deployed by Swasti across all locations at the onset of the pandemic.

During the initial months of the COVID-19 pandemic, the Swasti team conducted both door-to-door and telephonic surveillance in the communities they serve to assess risk of infection, possible severity by also screening for predisposed health conditions, exposure and contact tracing.

Given the insights, Swasti launched the Community-Based Testing initiative in one of the most densely populated urban slums of Mumbai: Shivaji Nagar, Govandi in the month of January 2021.

The initiative offered a safe, door-step screening and testing option to the community which had very limited access to the same. The team on the ground not only screen people for symptoms but also able to collect swab samples for Rapid Antigen Test (RAT) and RT-PCR tests with a quick turnaround time.

The initiative also includes pre and post test counseling as well as primary health care services for other non-communicable and high burden co-morbid conditions which affects the severity of COVID-19, along with pre and post-test counseling.

As on 31st March 2021, the team has screened and tested over 30,000 people.

The SBIF - Swasti partnership helps take the Community Based Testing initiative to 1,00,000 individuals from the Urban Poor community in M East Ward (Shivaji Nagar, Govandi), Mumbai.
Support to Scale

**5112 Arogya Groups** - i.e. Self Health Groups formed by Marginalized Community members across **30** Community Organizations have now saved INR **3.7 Crores** (Since Sept 2018)

- **37,370 families and 68,705 community members** are now in improved preventive health pathways through **392 cluster level** daily preventive health processes and health outreach (camps)

- **600+ Taaras Coalition Leaders** owned and pushed agendas for improved agency and well-being including safety of their communities

- Swasti is now a member of the Community Systems Strengthening Core Group by NACO, MOHFW, making Community Ownership real.

- Savings improved by over **30%** for all members of the **30** Community Organizations

- **1549 Women in Sex Work** now have alternate livelihoods

- **70 factories and over 39855 workers and factory staff across** India, Sri Lanka & Lesotho reached through various projects on Workforce health & Wellbeing in Apparel Sector Supply chain. In Lesotho, it is our flagship programme, where i4We has seen a scale up.

- **74% members financially literate**

- **70 factories and over 39855 workers and factory staff across** India, Sri Lanka & Lesotho reached through various projects on Workforce health & Wellbeing in Apparel Sector Supply chain. In Lesotho, it is our flagship programme, where i4We has seen a scale up.

- **Vriddhi, our program with Walmart for MSMEs launched in Panipat and Agra with the Union Cabinet Minister, Haryana Chief Minister and UP Deputy Chief Minister present**
Women In Sex Work continue to struggle in realising their fundamental human rights. In most places, mainstream financial security, a life of safety and access to services is difficult to imagine, let alone live, among the sex worker community (henceforth referred to as community). Facing poverty, violence and discrimination on a daily basis, community women find themselves caught in a web of constant difficulty, making them vulnerable to exploitation and abuse. The community does not have access to safety and quality services. Many are living with HIV further exacerbating their barriers to access. Taaras, meaning rapid progress, is a coalition of women in sex work and their organisations that goes beyond such barriers. It provides a platform for their voices, aspirations and joint actions, rising above ideologies, geography, federations, cultural and language divisions. Swasti serves as the secretariat for the Taaras Coalition.
The COVID-19 pandemic was understandably unexpected for all of us. The leaders of the Taaras Coalition are women in sex work who have very recently begun to drive changes in their community and voicing up against the marginalization they and the community faces. They are not professional social workers and have little to no experience in managing an epidemic. To compound it, the lockdown restrictions meant livelihoods were affected with earnings being completely halted. Many among our community members of women in sex work are persons living with HIV and they are dependent on the life saving Anti Retroviral Treatment (ART) medicines. In the government health centres, community members have access to a month’s stock of ART medicine. The lockdown restrictions meant that they were unable to collect their medicines.

Unfortunately, our community members do not have the long term habit of saving. Even while some are able to save, those savings would not last more than a week. The community members slipped deeper into poverty; many were rendered homeless and entire families went days without food and essential medicines. The leaders of the Taaras Coalition consulted the members of the community and arrived at datasets that surfaced the numbers affected and immediate and long term requirements for them that needed to be met and Swasti rallied around partners to meet the same.

Led by the Taaras Coalition leadership, we focused on reaching out to our networks at Swasti to connect them to COVID-19 aid and support. This ranged across cooked food, dry ration, bank transfers, ART medicines, cash benefits, referrals to the health department for treating health conditions, support to avail different Social Protection schemes and COVID-19 safety kits of masks and sanitisers. This was the plan of action for the first phase of the pandemic. All of this became a reality by the efforts of the Taaras leaders.

During the first wave of COVID-19, there was very little funding available.

Therefore, the leaders started mobilising local donors. That is how the local institutions, organisations and individuals from as small as the neighbourhood kirana store to existing partners such as Ashraya Hastha Trust to large foundations came forward to support the community at the behest of the leaders. As things started rolling down at the field level, Swasti also mobilised resources from partners like Social Venture Partners, Hyderabad and GIVE India. In the financial year of 2020-2021, Rs. **110 crores** worth of materials were provided in the hands of the community members.
I want to tell you a story - in Gulbarga, a small community organization of women in sex work - Jeevana Jyothi Mahila Sangha, borrowed INR 2 lakh from their corpus to distribute ration kits to 300 members who were facing financial and food shortages.

This was covered by the local news media and the staff of Azim Premji Foundation (APF) noticed the same. The Foundation then approached the community organization and offered support for ration kits - distributing ration kits worth INR 1500 to 1500 members. During the second wave, Azim Premji Foundation returned once again distributing ration kits worth INR 1500 to 1500 members. In total, APF supported the community with INR 45 Lakh worth of Ration Kits.

Azim Premji Foundation then picked up on the need of another Community Organization - Swathi Mahila Sangha (SMS) and distributed ration kits worth of INR 2500 for 1000 of it’s community members too. This is a direct relationship between community organizations and the foundation.

Throughout the first wave of the COVID-19 pandemic the focus was on providing relief materials and in parallel explore how to institute alternative livelihoods for the community - where rampant poverty, low literacy levels and a lack of marketable skills mean that the job market is inaccessible to them.

With the second wave hitting in March, 2021 the Taaras Coalition focused on strengthening both community and government facilities in their localities and setting up community care centres; partnering with institutions and foundations in the distribution of oxygen concentrators and cylinders, home quarantine kits, and medicines.

The Coalition partnered with Swasti to run their own TeleCare for those in the community - meeting their health including mental health, social protection, financial inclusion and wellbeing needs. The Coalition ensured that community members were tracking and managing of Non Communicable Disorders to arrest possible severity of COVID-19.

In a shift from relief to recovery. Taaras Coalition in partnership with Swasti and GIVE India, distributed 736 oxygen concentrators to 346 primary healthcare centres and 42 district hospitals. And then moved to vaccination, actively taking up roles in busting myths and misconceptions around the COVID-19 vaccine and anchoring vaccination camps and campaigns in their locations.
If I could leave you with three things to take away from Taaras’ leadership

- It is the community based organisations and local leaders among women in sex work who actively listened to and supported their communities - guiding the response and demonstrating true leadership in crisis, showing up on ground everyday to run relief efforts overcoming fear and deeply entrenched societal stigma to mobilize resources to protect their community and those that needed help in the area.

- The community organizations attuned their systems and processes to be able to represent the community in the bid to gather the resources needed. This required a swift and steep learning curve as well as putting the community first - above and beyond projects.

- The Taaras leaders gave back to the wider community in their locations, honouring stakeholders in the process. To distribute the oxygen concentrators, they went through District Collectors and District Head Officer, which were deployed to the hospitals. The doctors were surprised to see the mobilising capacity of a sex workers organisation.

We hope that someday you meet the Taaras leaders in your city - they have inspired me to no end and I wish the same for you.

Kallan Gowda

As on 31st March, 2021, Taaras leaders have got around 7,272 community members fully vaccinated. In future, we want to support them with alternative livelihood as well.
Influence

We are gearing up for an April 2021 launch of the very first Comprehensive Primary Health Care Alliance (CPHC Alliance). FY 2020-2021 has been about working out roadmaps to shape the Alliance and onboarding partners.

Anchored critical conversations on challenges faced by Women Health Workers reaching 2,87,000 impressions and 31000 engagements. [Infographic here]

The report uses an analysis of district-wise analysis of key health and demographic indicators, to identify high-vulnerability districts for COVID-19. [Read here]

COVID Microsite is now the home for risk communication and community engagement (RCCE) materials

We contributed towards - forming India’s HIV/AIDS Key Population Network; mobilizing an additional 10 million USD for COVID Relief to KPs and Direct Bank Transfers and Dry Ration Relief from GOI.

We supported USAID with sectoral factsheets and reports to guide investments in public health.

Our Monitoring Evaluation and Learning platform designs have been adopted by USAID for their internal platform.

We are picking up pace in Indore on Healthy Cities and have just wrapped up a landscape study on PHC models & a white paper!

75+ instances of Swasti - our work, concepts and thoughts in the PRESS, reaching over 91 million in circulation.
On the eve of World Health Day, India will witness the coming together of an Alliance for Comprehensive Primary Health Care (CPHC). USAID with support from Learning4Impact – Swasti will spearhead the Alliance with partner organizations - the Asian Development Bank, the Bill and Melinda Gates Foundation, and LGT Venture Philanthropy.

The pandemic has reinforced the belief that the transition from selective primary care approach to continuum of preventive, promotive, curative, rehabilitative and palliative care approach can no longer wait. The launch of an Alliance for CPHC will be a culmination of an extensive consultative process. Different stakeholders will be brought together, and their values will be aligned to develop a collective vision. This will create the forging of a common and neutral platform for transforming CPHC in India.

Based on principles of equity, quality, and affordability, CPHC will be an approach to health and wellbeing that will centre on the needs and preferences of individuals, families, and communities. Alliance members will use their collective expertise to ensure norms and standards for CPHC will be developed and established, adequate financing will be available for primary health care, and there will be an increase in the availability of quality CPHC that meets the needs of diverse populations.

Dr. Ranjani Gopinath
Senior Public Health Specialist
Lead for the Comprehensive Primary Health Care Alliance
Our Partnerships
We are grateful to our partners who made our impact in FY **2020-2021** possible with their support for our communities. We would also like to express our gratitude to our partners across the world who contributed with ideas and collaboration; who held space for us and helped us co-create opportunities that protected our communities and helped us raise evidence for sectoral learning - amidst the COVID-19 world of volatility, uncertainty, complexity, and ambiguity.
Financial
Dear Colleague and Well-wisher,

Despite deep personal challenges and profound losses this year, our team has not only survived but risen up to the challenge and thrived. We have learnt important lessons in collaborations, made mistakes, made amends and consciously and deliberately gone above and beyond our call of duty.

Communities taught us what they needed, and we found ways to work together across all sectors and respond in their hours of need. We adapted, we adopted, we “made-do” with resources we had.

From addressing vaccine hesitancy, to scaling up primary health to the last mile using digital technologies, to ensuring food rations and life saving medicines and oxygen concentrators - we innovated, demonstrated, scaled and influenced.

From ensuring last mile delivery to the most marginalised to strengthening public and private health systems and structures, we’ve worked together to meet our goals to protect the lives of the most marginalized and more. We have sorely missed hosting global health fellows and interns in person this year - at our offices and field locations. But we have been humbled by people from across the globe joining hands remotely to protect the communities we work with.

I cannot begin to describe the gratitude I feel to our existing partners who backed us up and new partners who stepped up to the challenge. I hope next year continues to bring us learning nurtured by meaningful partnerships that make everyday well being a reality for the most vulnerable.

-Angela Chaudhuri
Dr. Angela Chaudhuri

Angela has over 21 years of experience in Public Health in India and internationally. She is a Partner, leading the Health Practice in the Catalyst Group of organizations and the Health Lead and Partner at Swasti, The Health Catalyst.

From evaluation of several countries’ national HIV programs, to research, capacity building and knowledge management, Angela works closely with governments, civil society, community groups and corporates. She has led teams to help countries raise close to a billion dollars towards HIV, TB, Malaria, Health Systems Strengthening and Community Systems Strengthening; and she continues to support governments with poor health outcomes, to help strengthen their systems of information, human resource management, program design and planning. She has globally co-designed interventions and helped raise more than 1.3 Billion USD for TB, HIV, Malaria for 12 countries.

She serves as the Co-Chair of the NGO Constituency at the Board of Directors for The Partnership for Maternal, Newborn & Child Health (PMNCH) - a multi-constituency partnership hosted by the World Health Organization.

angela@swasti.org
/angelachaudhuri
Our General Body

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