

Swasti Health Resource Centre

Annual Report

2011-12



Registered in 2004 under the Societies Act, 1860

Swasti Health Resource Centre, part of the Catalyst Group

#19, 1st Main, 1st Cross, Ashwathnagar

Bangalore – 560094

Ph: +91-80-23419616

Web: www.swasti.org

E-mail: contactus@swasti.org

This report covers the period of 1 April 2011 to 31 March 2012.

Table of Contents

<i>Swasti Health Resource Centre Annual Report 2011 - 12</i>	1
<i>Abbreviations</i>	4
<i>About Swasti</i>	6
<i>Message From the Chairman</i>	8
<i>The Year In Review</i>	9
<i>Strategy 1 – Identify gaps and challenges that affect communities in realising health outcomes.</i>	9
<i>Strategy 2 – Develop, test and prove innovative models to benefit communities.</i>	11
<i>Special Project -Centre of Excellence (CoE):</i>	19
<i>Strategy 3 – Scale up of proven Models , Self and Others</i>	22
<i>Strategy 4 – Improve the effectiveness and efficiencies of organizations working directly with communities.</i>	27
<i>Strategy 5 –Provide key services to programmes, projects and other key institutions to achieve scale and quality.</i>	29
<i>Strategy 6 – Contribute to policies that enable communities and institutions working on improving health outcomes.</i>	32
<i>Strategy 7 – Capture and communicate knowledge and learning acquired – both internally and externally</i>	36
<i>Financials:</i>	39
<i>Human Resources</i>	42
<i>Governance and Accountability</i>	43
<i>Annex -1: Staff Details</i>	47
<i>Annex – 2: List of Organizations worked with in 2011 – 12</i>	49

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
APSACS	Andhra Pradesh State AIDS Control Society
AR & I	Action Research and Implementation
BMGF	Bill & Melinda Gates Foundation
BoP	Bottom of the Pyramid
CBO	Community – based Organisation
CEHAT	Centre for Enquiry into Health and Allied Themes
CEO	Chief Executive Officer
CLHIV	Children living with HIV
CLRA	Centre for Legislative Research and Advocacy
CoE	Centre of Excellence
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
CWP	Community Water Plant
DCGI	Drugs Controller General (India)
DFID	Department for International Development
DSW	German Foundation for World Population
DWCD	Department of Women and Child Development
ERP	Enterprise Resource Planning
EU	European Union
FSW	Female Sex Workers
GARPR	Global AIDS Response Progress Report
GFATM	Global Fund for AIDS Tuberculosis and Malaria
HELO	Health, Education and Livelihood Outcomes
HIV	Human Immunodeficiency Virus
HRG	High Risk Groups
HRH	Human Resources for Health
ICAAP	International Congress on AIDS in Asia and the Pacific
ICDS	Integrated Child Development Services
ICRW	International Centre for Research on Women
IDF	Integrated Development Foundation
IDU	Injecting Drug Users
IIFM	Indian Institute of Financial Management
IIM	Indian Institute of Management
INSA	International Service Association
IPPF	International Planned Parenthood Federation
ITC	India Tobacco Company
JMS	Jyothi Mahila Sangha
JSY	Janani Suraksha Yojana
KHPT	Karnataka Health Promotion Trust
KIT	Koninklijk Instituut voor de Tropen (The Royal Tropical Institute)
KNP+	Karnataka Network of Positive People
LAMP	Learning Application Matrix for Progress
LS	Learning Systems
M&E	Monitoring and Evaluation

MARPs	Most At Risk Populations
MBPH	Market based Partnerships for Health
MDG	Millennium Development Goal
MESST	Monitoring & Evaluation Systems Strengthening Tool
MoHFW	Ministry of Health and Family Welfare
MSD	Merck Sharp & Dohme
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NGO	Non-governmental Organisation
NHSRC	National Health Systems Resource Centre
NIHFW	National Institute of Health and Family Welfare
NRHM	National Rural Health Mission
NWEE	Network for Womens Equity and Equality
P.A.C.E.	Personal Advancement and Career Enhancement
PHFI	Public Health Foundation of India
PLHIV	People living with HIV
PWN+	Positive Women's Network
RCH	Reproductive and Child Health
RH/FP	Reproductive Health/Family Planning
S2R	Strategy to Results
SAARC	South Asian Association for Regional Cooperation
SACS	State AIDS Control Societies
SE – MCH	Solution Exchange – Maternal and Child Health
SHRMU	State Human Resources Management Unit
SMS	Swathi Mahila Sangha
SP	Social Protection
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TFM	Transitional Funding Mechanism
TG	Transgender
TI	Targeted Interventions
TISS	Tata Institute of Social Sciences
TSF – EA	Technical Support Facility – East Asia
TSF	Technical Support Facility
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFP	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Childrens Fund
UoM	University of Manitoba
USAID	United States Agency for International Development
VMS	Vijaya Mahila Sangha
WASH	Water, Sanitation and Hygiene
WDF	Women's Development Fund
WLHIV	Women Living with HIV
WSW	Women in Sex Work
YNH	Young, New and High Volume Sex Workers

About Swasti

Swasti, an International Health Resource Centre was established in 2002 with a vision to enhance the wellbeing of the marginalised communities. Swasti's endeavours are based on improving health outcomes by working closely with communities and development partners ranging from grassroots organisations to NGOs, bilateral, multilateral, government, academic and corporate institutions. Swasti, a part of the Catalyst Group of Institutions has completed 9 years of operation. Swasti's innovative solutions entrepreneurial skills, coupled with a commitment for affecting improvement in health outcomes for the communities has gathered momentum over the years.

Swasti's value proposition lies in its ability to work and deliver in diverse situations across the development spectrum by integrating community needs, programmes and policies. Swasti has delivered innovative and cutting edge solutions that are sustainable for communities without compromising on quality; while bridging civil society, governments and the corporate world through strong partnerships, policy and programming in HIV/AIDS and other health issues. Swasti's expertise also lies in the areas of Health Systems Strengthening, Market Based Solutions for Health and Work place Interventions. Other sectoral areas that Swasti has made its presence felt include - Sexual and Reproductive Health, Primary Health Care, Non-communicable Diseases, Water, Sanitation and Hygiene, De-addiction, Gender based Violence, Human Resources in Health and broader public health reforms – working across continuum of Prevention-Treatment-Care.

Vision:

To be a centre of excellence that enhances the health and well-being of the marginalised.

Mission

To improve health outcomes in collaboration with communities and development partners.

Our Approach

Swasti is committed in its work with vulnerable and marginalised communities. In collaboration with these communities, Swasti focuses on design and implementation of innovative projects and also scale-up and replication of these models to serve their needs. Swasti provides technical support to organisations to improve their effectiveness and efficiency in providing solutions to target communities. It also aims to build evidence through research and influence policies that directly and indirectly influence disadvantaged people.

Swasti also believes in partnerships and multi-sectoral approaches for addressing public health issues. Swasti believes in a holistic approach to development, thereby contributing to build stronger and healthier communities in India and other parts of the world.

Swasti's 2010 – 13 Strategic Plan looks at three key outcomes:

- Increased reach of marginalised communities and improved quality of programme delivery.
- Improved efficiency and effectiveness of programmes for marginalised communities. Strengthened policy environment for marginalised communities.

The seven core strategies of the Strategic Plan which aims to achieve these outcomes to enhance the health outcomes of the marginalised communities are:

1. Identify key challenges that affect communities in realising health outcomes.
2. Develop, test and prove innovative models to benefit communities.
3. Scale up proven models
4. Improve effectiveness and efficiency of organisations working directly with communities.
5. Provide key services to programmes, projects and other key institutions to achieve scale and quality.
6. Engage and contribute to policies that enable communities and institutions working on improving health outcomes.
7. Capture and communicate knowledge acquired, both internally and externally.

This report looks at the progress made and objectives achieved by Swasti as per the Strategic Plan.

Message From the Chairman

Dear Partners, Colleagues and Friends,

I am happy to present yet another successful year of Swasti in this report. What started out as a resource centre to improve the health and well being, particularly of the marginalised communities, has grown to be a successful name in the development sector. With each passing year, we have strengthened our presence in the field of health and HIV, and done well in all areas that we endeavoured to work in. The past year has been one of varied hues with Swasti working on different aspects of enhancing health outcomes in India and overseas.

The year 2011 - 12 has been one of many achievements and for Swasti it marked a new beginning with the establishment of the Centre for Excellence, which was a platform set up to improve the well being of the poorest households, another feather in the cap for Swasti. Our three units – Action Research and Implementation, Technical and Management Support and Learning Systems have had significant achievements to improve health outcomes for the marginalised.

I would like to congratulate the team for a successful year in 2011 – 12 and urge them to keep the flame burning in their efforts for social development. On behalf of the Swasti Board, I thank everyone who has been instrumental in propelling us forward. I wish the year ahead is as colourful and successful as the last and I look forward to continuing this journey with you.

Nandlal Narayan

Chairperson

Swasti Board

The Year In Review

During the year 2011 –12, the three units of Swasti – Action Research and Implementation (AR&I), Technical and Management Support (TMS) and Learning Systems (LS) set out to achieve what Swasti had envisioned in the Strategic Plan. This report focuses on achievements of key deliverables within the seven strategies and outcomes as per the Strategic Plan. Swasti's first strategy focused on identifying the gaps that existed in programmes and strategies in realising health outcomes for the marginalized communities. Identifying these gaps and challenges provided Swasti to look at developing, testing and proving programme models that benefitted the communities. It not only developed appropriate public health models, but also provided technical and management support to organizations (regional, national and sub national levels).It also provided key technical support to programmes, projects and other key institutions to achieve scale and quality by influencing policy changes for national and sub-national programmes in India and also public health programmes in other countries in South Asia, South East Asia region. Last and most critical strategy of Swasti was in consolidating knowledge from these varied experiences and disseminating the same for wider impact on programmes. Each strategy of Swasti is linked to one another, and together contributes larger health outcomes.

Strategy 1 – Identify gaps and challenges that affect communities in realising health outcomes.

This strategy is at the heart of Swasti's focus on marginalized communities and the desire to remain focussed on their health issues. As a learning organisation, Swasti works hard to keep its ears to the ground and tuned to the latest developments by

- Conducting desk reviews of published articles and research reports
- Conducting study tours to good practice centres
- Attending Conferences and workshops
- Consulting with key leaders like health secretaries and health activists and organisations.

Key Achievements:

- Swasti attended 37 workshops in areas that ranged from health systems strengthening, advocacy for oral contraceptive pills to mental health aspects of HIV.
- Through 10 study tours and field trips, Swasti identified models for replication and scale up.
- Consultations were done by Swasti with numerous key leaders and organisations to gain insights into the challenges and innovative solutions in planning, capacity building and management of human resources in the public health systems in India.
- There were some key lessons learnt on development and implementation of market based health products.
- Gaps were identified between policy intention and implementation on the ground.

All these activities were undertaken by Swasti at the state, national and international level.

Challenges:

- Despite careful planning and significant, implementation of planned activities is often at the task level, leading to loss of the big-picture and inability to connect with their day to day work.
- A dedicated resource to support all employees with documentation and synthesis has been difficult to procure. Existing resources have been over-stretched.

Lessons Learnt:

- A robust system, with dedicated resources, is required to enable capture, distillation and share information from different activities.
- Keeping the link between all the strategies “on-top of mind” for all staff, so that the task and big-picture do not become isolated.

Strategy 2 – Develop, test and prove innovative models to benefit communities.

It is common knowledge at Swasti that gaps and challenges in achieving health outcomes for the marginalised can be achieved only through constant innovation. Innovations are achieved by Swasti through ideation of models that will benefit the communities that Swasti works with in the long run. Developing models and testing whether they are beneficial and serve the purpose is an area that Swasti constantly works on. During the year, Swasti ideated and developed several models to improve the life of the communities that Swasti works with. The last year saw Swasti:

1. Innovating intervention models to improve the quality of life of communities.
2. Calibrating those models for effective outcomes, Swasti has been able to achieve scale and replicate models in most contexts.
3. Documenting processes, collating learnings, and also dissemination and scale – up.

The three I's that help to achieve Strategy – 2 are Inspiration, Ideation and Implementation. The inspiration comes from the unit; the ideation has resulted in models like HELO, Community Water Plant, WDF, Community Diabetic Intervention, Social protection and Sex Workers Livelihood and implementation of these models at ground level has also been done.

Overview of Strategy 2:

Pragati:

Pragati (meaning progress) is an empowerment initiative of Swasti for women in sex work. It is implemented in partnership with the Swathi Mahila Sangha – a community based organisation (CBO) for women in sex work with support from the Karnataka Health Promotion Trust (KHPT). The initiative started in April 2005 and is funded by the Bill and Melinda Gates foundation. Pragati's focus is on improving wellbeing and reducing transmission of HIV and other sexually transmitted infections (STIs) among women in sex work (WSW).

Pragati seeks to holistically address the needs of WSW to improve the quality of their life. It focuses on not only issues of prevention and care of HIV but also strives to empower them to address issues of violence, trafficking, alcohol de-addiction. It also provides access to financial services, promotes livelihoods, focuses on positive prevention and living, sex workers' children's education and vocational training and capacity building of individuals, groups and institutions. The project has been recognised as one of the largest targeted interventions for WSW in Asia and is implemented in four urban zones of Bangalore and has helped to reach out to about 18,000 sex workers. There have been interventions in 100 villages in Raichur and Chikballapur districts.

The last year saw a total of 11,054 sex workers regularly accessing services available at Pragati in all the four zones in Bangalore, supported by the Swathi Mahila Sangha. The efforts of peer educators and outreach workers resulted in 24,011 clinical visits being recorded during the reporting period and about 6255 women came forward for HIV testing. 10,809 women individually visited clinics for regular health check-ups and symptomatic treatment.

Some of the highlights of Pragati for the year 2011 – 12 are as follows:

HIV Prevention

- *Outreach* – The primary objective of the outreach program at Pragati is to reach FSW on a regular basis to create awareness of their risk and vulnerability to HIV and STIs, availability of condoms and other services at the hubs and access to social entitlements. The focus is on identifying areas where FSWs operate, setting an agenda for interacting with them and providing quality services to enhance effectiveness of the outreach programme. During the last year, the peer educators and outreach workers were able to regularly reach a total of 11,054 High – Risk Groups per month. The plan of the outreach programme is updated once in six months.
- *Condom Distribution* – Pragati, through its outreach programme aims to create a demand for condoms. Condoms are promoted as an essential means to arrest the spread of HIV. Outreach workers play an important role in distribution of condoms, though condoms are also available through condom outlets. They are distributed free of cost. In the last year a total of 45,04,222 condoms were distributed directly at the hubs and 16,72,750 condoms were distributed to HRGs through sex workers and outreach workers.
- *Clinic Visits* – Access to proper health care services is part of Pragati's strategy in reducing incidence of HIV. The service delivery mechanisms that are available are in the form of Project Linked Clinics that are available at the hubs for WSW, Referral Clinics that may be Government Hospitals or Private Clinics where women can access services for STIs, TB, Syphilis, ART, PPTCT, CD4, Hepatitis B and other STIs. Health camps are conducted to provide WSW access to health care services. The last year saw a total of 10,809 High Risk Groups visiting the clinics for treatment of STIs.
- *HIV Counselling, Testing, Linkage for Care and Support* – Pragati has two ICTC labs that provide counselling and testing for HIV. The lab functions with support from KSAPS and there has been an increase in access to HIV testing, counselling and linkage services mainly due to the efforts of the outreach workers at Pragati. The centre also has access to updated IEC materials developed by NACO and KSAPS.

- *Positive Prevention* – Pragati has been implementing a Positive Prevention programme to address stigma and discrimination faced by WSW and PLHIV and to facilitate access to information, services and products. WLHIV are also benefitted by this intervention. As part of Pragati's strategy, WSW are encouraged to visit the ICTC once every six months. They are counselled prior to and after testing positive for HIV, counselling is also provided on other health issues like STIs, de-addiction and access to social entitlements. Pragati also co-ordinates with district networks and has helped WSW and PLHIV gain access to health services provided by the Government. A nutrition supplement under Swati Savi is also made available at a 50% subsidised rate. During the reporting period, a total of 6255 HRGs tested positive for HIV out of which 47 were identified as PLHIV. 57 HRGs underwent pre-ART registration during this period.

Vulnerability Reduction

- *Gender – based Violence* – WSW are vulnerable to violence from their clients, the police and sometimes their own family. Pragati has a crisis response mechanism – Swathi Nyaya Sanjeevani to respond to gender based violence and harassment faced by WSW. It comprises of a violence watch committee with the aim of strengthening the existing response systems using strategic information for advocacy. Pragati believes that making WSW aware of their rights, providing them legal information and sensitizing secondary stakeholders will go a long way in reducing incidences of violence. Collecting information for analysis and dissemination among key stakeholders is the main strategy that Pragati is implementing in this domain.
- *De –addiction* – WSW are more vulnerable to HIV infections, violence and harassment if they are addicted to alcohol or other substances. The rationale is to have control over one self in order to lead a life of dignity. Pragati, from its past experiences has been looking to strengthen the following areas:
 - a. Each community mobilizer will take care of and make sure that WSW have access to services. The coordinator will regularly meet the FSW and provide necessary referral services for de-addiction. Regular follow-up at the centre is also a primary focus.
 - b. Strengthening of network for De-addiction is necessary for project sustainability.
 - c. There is necessity for broadening referral centre services to include private partners and provide choices of treatment for WSW.
 - d. Efforts are on to secure additional resources for scaling up of services.

- *Entitlements – Children’s Education* – what makes Pragati different from other projects for WSW is that Pragati believes in providing equal opportunity to the marginalised communities. This includes their rights to access entitlements like Caste & Income Certificates, Proof of Residence (wherever possible) and Ration Card for the vulnerable groups. The responsibility of implementation, monitoring and evaluation of the entitlement schemes is vested in the issue based coordinator. The Social Entitlement Action Group also provides for education of the children of WSW. It takes on the responsibility of enrolling the children in hostels and also looks at providing livelihood opportunities to children of WSW.
- *Swathi Jyothi – Micro Finance Institution* - Swathi Jyothi is a community led Cooperative Society that looks at providing financial assistance to WSW. There are four options for saving, namely, Swathi Sarala SB – Savings Bank, Swathi RD – Recurring Deposit, Swathi FD – Fixed Deposit and Swathi Swabhimana – Credit Facility to access loans. This has enabled members of the community to open bank accounts and have savings and they are also able to access loans by forming a group of 3 to 5 members of common interest (CIG).

HELO – Health, Education and Livelihood

This is a comprehensive intervention model implemented by Swasti at the family level with a whatever it takes approach to ensure outcomes for communities in terms of health, education and livelihoods. HELO has shown some sustainable outputs like providing communities better access to social entitlements, access to markets and access to information and services related to maternal and child health. This model implemented by Swasti has resulted in 468 households gaining access to health insurance worth Rs. 1.4 crores. Also, 11 households have received individual housing schemes worth Rs. 5 lakhs.

Community Water Plant



Swasti, as per its Strategy 2 to improve health outcomes for communities has implemented a model community water plant, the first of its kind in Chikkaballapura district in Karnataka. This model is a self sustainable community potable water project that has been implemented by Swasti in partnership with the Thimmapally Gram Panchayat, Eureka Forbes and the Catalyst Group. During the year 2011 – 12, the Gram Panchayat allocated land to Swasti to set up the plant and Swasti saw a confirmed demand for potable water.

Sex Workers Livelihoods:



Swasti has implemented an intervention model to provide diversified and alternative livelihoods for women in sex work in Bangalore, Karnataka. As part of project Pragati, in Bangalore, Karnataka, the sex workers livelihood model has been implemented collectively with three community based organisations and two vocational training institutes. About two hundred sex workers enrolled for this programme and 80% of them were able to obtain jobs. Swasti has documented this model for the Karnataka State Womens Development Corporation, Government of Karnataka for scale-up and replication. Swasti has been able to generate interest for this model at the National Level in the background of the orders of the Supreme Court with respect to livelihoods of women in sex work.

Women's Development Fund

Swasti has implemented yet another innovative model called the Women's Development Fund that focuses on tapping the resources available in the market and the society at large in raising funds for initiating developmental programmes among sex workers. This model is being tested in one of Swastis project sites and is in the design and testing phase. Swasti is looking at the feasibility of the project in the long run in terms of efficacy and uptake of the project for future scale up.

Social Protection

Swasti, with the support of UNDP is looking at providing comprehensive social protection to people living with HIV (PLHIV) and most at risk populations (MARPs) – FSWs, MSMs, TGs, and IDUs. This initiative looks at providing this population with increased access to livelihoods and social entitlements as they face a lot of stigma and discrimination in society.

They also have to meet expenses for healthcare and are at risk of losing employment due to deteriorating health conditions. Swasti with support from UNDP is developing and testing an intervention model that will provide comprehensive social protection to PLHIV and MARPs. This single window approach will give PLHIV and MARPs increased access to livelihoods and social entitlements and will be accessible through existing government schemes and other donor programmes. The model will be implemented in close collaboration with State Aids Control Societies, community groups and State and District Legal Service Authorities.

Swasti has adopted a differential modelling approach. It focuses on facilitating services through community mobilization in the states of UP, Bihar, Gujarat, Delhi and Chhattisgarh. A single window approach for addressing issues and providing access to services will be implemented in four districts of Karnataka. During this year, the AR & I unit focussed on recruiting teams and training them. The needs assessment for the project was also completed during this period.

Challenges:

- Bandwidth and capacities of HR – few people doing too many things without expertise.
Under estimation of time for model building leads to reduced investment projection and higher expectation.
- Finding partners with shared vision and ethos.
- Time taken by partners to understand social enterprise models.

Opportunities:

- Availability of social innovation funds to try cutting edge models.
- Centre of Excellence, as platform to model building - explanation.

Lessons Learnt:

1. Model building needs dedicated leadership, resources, continuous follow-up and guidance.
2. Vision building and transference by top leaders.
3. Model building needs at least minimum of 2 – 3 years to be ready for scale-up and replication.
4. Models that are social enterprise in nature need different attitudes, skills and knowledge. Need adequate capacity and bandwidth, prioritize on models.

5. Participation of other units and organisations within. Robust coordinating system between all Catalyst Group organizations essential before proceeding.

Special Project -Centre of Excellence (CoE):

The Centre of Excellence came into being at Swasti in May 2011. It was set up with a vision to improve the health and well being of the poorest households. This objective is achieved by promoting effective and sustainable MBPH to address public health needs of the poorest households. The CoE was funded by the United States Agency for International Development (USAID) and Swasti during the reporting period. It is a special project as it cuts across all strategies of Swasti to achieve its end of improving health outcomes for the poorest households.

The COE focus is primarily on preventive, promotive and primary health domains. For the period of 2011 -12 the COE has been able to achieve success in these areas by working with partners based on the following strategic framework.

Strategic and Advisory Support:

COE has worked with CARE India in Chhattisgarh by helping them identify a suitable social enterprise that would provide health benefits to the target population, helped ITC by reviewing and recommending methods to make their Rural Village Health Champion initiative financially sustainable and replicable, helped pharmaceutical major MSD develop an Urban distribution model for their mid-price oral contraceptive pills through “Social Health Entrepreneur”, and developed a low cost innovative primary health care delivery eco system.

Enterprise Incubation

Swasti designed a business plan for a rural distribution channel that allows for syndication of various products. This was done keeping in mind that distribution systems that reach the BoP are critical to developing the BOP market. This model will help provide a better choice to consumers and help in building a financially viable model of delivering products.

Knowledge Management

The COE has documented various aspects of its work. Some of them until date are Financial Sustainability of Family Planning (FP) help lines, Lessons Learnt on Partnership and Alliance Building and it has built five databases – Models, Products, Organisations, Eco Systems and People that capture innovations about health and social enterprises about health.

Network Support

CoE has partnered with organizations like D-Tree, a US based non – profit organization that develops clinical algorithms for health workers in low income countries. Swasti was a network facilitator during the reporting period and helped D-Tree to meet potential partners in India. The CoE has also partnered with organizations that have been advocating

with the Government of India like the Drugs Controller General (DCG) to lift the restriction on sale of Zinc Sulphate which is important in controlling childhood diarrhoea.

Strategy 3 – Scale up of proven Models, Self and Others

The success of an innovation is enhanced by a further replication and scale-up. Swasti has always believed in replication and scale-up of its own models and others, as part of its commitment to enhance health outcomes of the marginalised communities. During the year 2011 – 12, Swasti set out to fulfil its target of scaling up of models, self and others to achieve Strategy 3.

Swasti looked at replication of its own models like Pragati, wherein the focus is on building capacities of women to help them address threats and challenges which impinge on their rights, dignity, quality of life and livelihoods. It helps them respond to violence, HIV, alcohol addiction, lack of housing and financial insecurity. Since its inception in 2005, Pragati has reached out to about 18,000 women in sex work in Bangalore alone and has proven itself as a model for empowerment of women in sex work. During the period 2011 – 12, Swasti looked at scaling up components of Pragati in other regions.

Pragati and other project scale up in other regions

- Swasti prioritized Delhi and Hyderabad to scale up its projects as Pragati is a Metro model.
- Demand was generated for metro intervention – Swasti did the orientation for Project Directors and Joint Directors of State AIDS Control Societies (SACS) about Targeted Interventions.
- **Engagement and Transference** – Swasti was able to generate interest to adopt some of its programme components like Swathi Jyothi (A microfinance enterprise for women in sex work), Positive prevention and Crisis Response.
- **Scale – up** Swasti's P.A.C.E (Personal Advancement and Career Enhancement) model is an empowerment programme that builds on recognising capacities of women and encouraging self-management for positive change. The programme is especially designed for the women workforce in factories. Swasti co-created and contributed to design testing proof of concept for scale up in Vietnam, Cambodia, China, Bangladesh and Sri Lanka
- Some of the strategies of Pragati that have also been scaled up and recognised as good practices are Community Crisis Response, Micro-finance services, Female condom promotion, alcohol de-addiction model, stigma reduction and innovative model on community based monitoring tools.

Reaching Young New High Volume Sex Workers:

Since January 2010, Swasti has been implementing an outreach programme for young, new and high volume sex workers. Young and new sex workers are particularly more vulnerable to HIV since they are trafficked or semi trafficked into sex work, they have no support

system of their own and are under the control of pimps and brothel owners. They service high volume of clients but may not be paid for their services and are also subjected to violence.

Their knowledge on HIV, modes of transmission and prevention methods including correct condom usage is often low or absent and they may be forced into unsafe sex practices because though they may insist on condom usage, they lack the confidence, techniques and social backing that is required for safe sex practices. Also the demand for young and new sex workers is higher by clients who fear being infected by HIV from sex workers who are in the profession for a long time and also by clients who believe that their STIs will be cured by having sex with a new sex worker. All these factors make it crucial and necessary to implement an outreach programme for young and new sex workers.

The need for having an outreach programme for YNH sex workers came when Swasti undertook a study in partnership with KHPT which was funded under the USAID Learning Systems Project. The study showed that between 3,794 and 6,477 women enter into sex work in Bangalore alone every year and 70% are between the age group of 20 – 25 years. Also the IBBA study in 2008 showed that 7.7% of women became infected with HIV within two years of starting sex work. This accentuated the need for reaching the young and new sex workers at the earliest point after they have entered sex work.

To ensure an effective outreach, Swasti along with the sex worker community and KHPT categorised the YNH sex workers into three groups:

- *Young Sex Workers* – between the age of 18 to 25 years as most new entrants of sex work fall in the age group of 20 to 25 years.
- *New Sex Workers* – who have been in sex work for less than six months, the focus is on reaching them at the earliest, preferably within 30 days of entry into sex work.
- *High Volume Sex Workers* – who service more than 10 clients per week.

Swasti set out four objectives for its YNH outreach programme

1. Identify and reach out to YNH sex workers.
2. Develop a tailored outreach and service package for YNH workers.
3. Reach regular partners of YNH sex workers.
4. Sensitise and build capacity of the Pragati team and broader sex work community to reach YNH sex workers.

The program saw the following outcomes for the year 2011 – 12.

The YNH programme saw 1843 Young SW come in for regular checkups and treatment. 2169 Young SW regularly visited clinics which is a good substantial number showing the effectiveness of Pragati's outreach programme. A total of 364 New SW were reached and advised regular checkups and 423 clinical visits were recorded for new SW during the year.

When it came to high volume SW, 3635 SW were reached and the number of clinical visits stood at 4178. Pragati through its peer educators and outreach workers was able to successfully and effectively reach out to the YNH sex workers as part of its strategy to reduce vulnerability to HIV.

Mental Health Intervention: Alcohol De – addiction

Swasti works earnestly towards providing quality life to the marginalised communities that it works with. Project Pragati provides extensive support to its beneficiaries in helping them lead healthy lives. Many of the women in sex work that Pragati works with face problems of alcohol addiction. More often than not, exploitation and pitiable living conditions and problems on the personal front drive women to drink. Such women are subjected to violence and harassment on the streets, and some are also isolated from their families because of their addiction.

Pragati has an exclusive alcohol de-addiction programme, Swathi Chetana to help women overcome e addiction to alcohol. Women seeking help are counselled and referred for treatment. Counselling is provided during treatment with constant follow up to keep women motivated to overcome their addiction and be mentally fit.

Pragati has incorporated mental health awareness as part of its regular work. There is constant capacity building of staff and counsellors to identify and provide support to women seeking help. Pragati also has an effectively functioning referral network in this regard.

Challenges:

- Reduced grants for HIV Prevention.
- Template project design, i.e., project is designed by a source at a destination while the implementation is done by someone else. with little scope for innovation.
- High costs to retain best talents at field level.
- Growing polarization among community and NGO groups.

Opportunities:

- NACP IV presents opportunities to influence learnings.
- Greater focus on Donor on urban health RCH and NCDS.
- Social Enterprise model and social innovation.
- Increasing multi-sectoral approach, Catalyst Group Enterprise.
- Market based health solutions.

Lessons Learnt:

1. Scaling up internal projects in other regions requires intense follow up.
2. Documentation of key processes, strategies and learning is critical for advocating the efficiency of the model.
3. Cross learning between projects help in resolving common issues and build capacities and provide opportunities.
4. Scaling up and replicating mini models / components are more feasible than replicating the entire models.

Strategy 4 – Improve the effectiveness and efficiencies of organizations working directly with communities

Swasti believes that improved efficiencies and effectiveness are essential tools to propel forward the momentum of improving health outcomes for the marginalised. Swasti provided technical support to organizations working directly with communities to improve their effectiveness and efficiencies to help them serve communities better. It proved to be an interesting year with Swasti providing a range of support to various organisations in different domains based on the needs expressed by organisations that Swasti worked with. Some of the domains which Swasti supported are Network Building, Resource Mobilization, Organisational Development, Crisis Resolution, Community Crisis Response, Project Management, Governance Elections, and Financial Inclusions. Swasti provided support to these organisations through its project staff and also the Learning Systems and Technical and Management Support Unit.

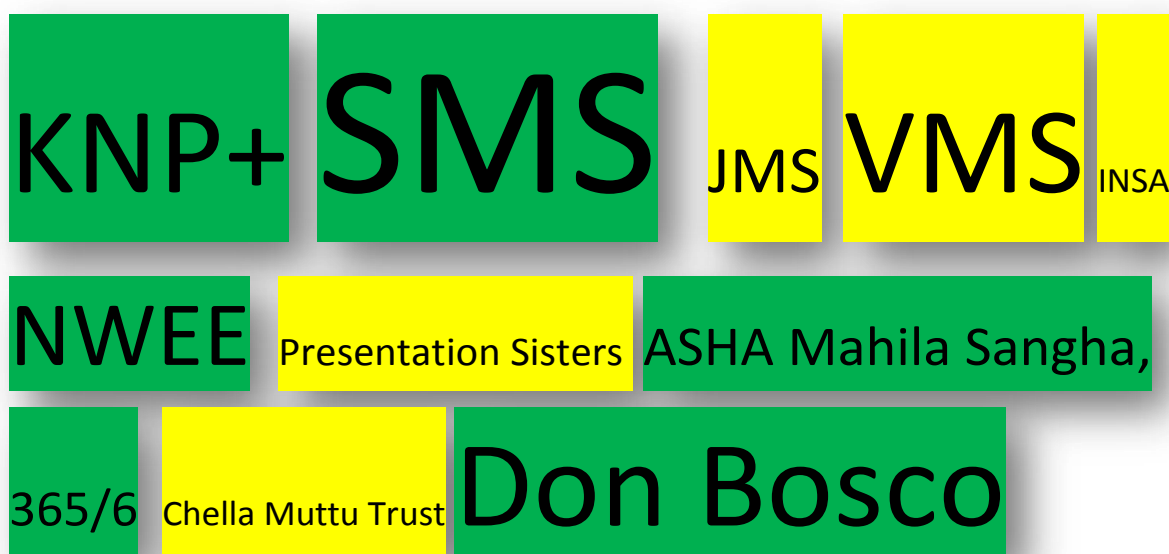
Needs expressed and services provided to CBOs and NGOs.



- Swasti looked at providing high quality technical and management support to small CBOs, NGOs and other organizations, through low cost or no cost models.
- It also helped to build cohesion among organizations and facilitate networking.
- Swasti focused on leveraging existing specialized expertise in implementation science to provide technical support to communities.

The needs expressed by organisations were in the area of resource mobilization and network building. Support was mostly provided to Bangalore based entities in project management training, capacity building, and impact assessment studies etc. Swasti also supported sex workers to stay together through network and improved their positioning.

Organizations supported by Swasti during the year 2011 – 12



Challenges:

- Bandwidth and capacities to support the emerging needs.
- Internal pressures of delivery (AR & I) supersede supporting partners.
- Dynamics and power struggle at Partners pose challenges to meaningful support.

Opportunities:

- Provides social spaces and exposure to different contexts. It helps to understand how different organizations work in terms of expertise, kind of partners and provides scope for imbibing new ideas.
- Provides spaces for model building.

Lessons Learnt:

- Short term technical support works best versus long term plan.
- Local politics and dynamics pose challenges for continuous CB and engagement.
- Need to set aside dedicated bandwidth to address emerging emergency needs expressed by NGOs.
- Providing technical support to specific CBOs may cause Swasti to be perceived as being associated with certain camps, and may reduce scope of engagement.

Strategy 5 –Provide key services to programmes, projects and other key institutions to achieve scale and quality.

One of the key strategies that link Swasti's experiences and expertise from the communities and field to influencing program and policy is through demand based technical and management support. Swasti provides services to organisations from local implementation partners, government agencies at the different levels, and different countries as well as bilateral and multi-lateral organisations. This past year, Swasti has had a colourful and varied range of services provided by a core team of five consultants, along with the support of various network consultants, project staff and partners. Swasti covered countries like Sri Lanka, Philippines, Timor Leste, Afghanistan, Pakistan, Nepal and Malaysia and a range of subjects like Social protection, social entitlements and employment facilitation, Social enterprises in health, Orphans and Vulnerable Children and Adolescents, Health Systems Management and Sector Reforms, De-addiction programmes, Migration, Primary health and universal access, Intimate partner violence, AYUSH, Implementation Science on Womens Advancement, Sex work and Livelihood, MSM and IDU programming, Governance and Accountability, and emerging areas like Water, Sanitation and Hygiene and Health Communication. Over this year, Swasti also produced critical think pieces and frameworks that guided program design and to some extent national policies.

Policy and Programmes Influenced

During this year, Swasti, through its inputs in strategic and advisory support, reviews and evaluation and program design was able to influence programs and to a certain degree policy.

Some examples include Metro City Intervention design for targeted intervention for key affected populations in Sexual health services in Manila, Cebu and Davao in Philippines; completion of the end line study of the impact evaluation on Balasahayoga program directed towards comprehensive care for children affected by AIDS in Andhra Pradesh, India, Design of various models that would deliver social protection schemes, entitlements, enterprise and employment opportunities to the key affected populations (women in sex work, men who have sex with me , transgenders, and people who inject drugs). This year Swasti was part of three technical working groups that contributed to the development of National AIDS Control Program IV, the areas were on targeted intervention, rural response and mainstreaming. Swasti influenced thinking that the Link Worker program alone should not be considered for Rural Intervention. The focus was directed towards prevention with respect to each locality and creating an epidemic focussed Rural Response Plan. In our efforts to reduce vulnerabilities of people living with AIDS , we designed and developed a livelihood strategy to people living with HIV (PLHIV). During this reporting period, the rolling

out of the Social protection models was initiated. As part of the Centre for Excellence on Market based Partnerships in Health, Swasti supported Care, India to identify potential enterprise models that can help improve public health outcomes in Chhattisgarh and develop a business plan for a model of their choice. During this year, Swasti provided technical support in planning to enhance the MSM and IDU programming through the Technical Assistance Team supported by DFID.

Contributing to evidence and research methodologies

It was an interesting year for Swasti, as we synthesized evidence for Universal Access Reports (HIV) for both India and Nepal- these were used for Global Reporting towards the Millennium Development Goals as well as in-country advocacy to increase allocations and spending on HIV services. Our estimation exercise in 61 districts, aided in program planning and implementation of the Link Worker Scheme for rural intervention of HIV program of the National Program. The team developed various methodologies which has short timelines and not resource intensive, to estimate key HIV affected populations. We also developed a unique methodology to estimate migrants, first of its kind in India. Continuing our growing relationship with the Afghanistan AIDS program, Swasti helped in drafting the Global AIDS Response Progress Report (GARPR) in keeping its commitment to Global reporting. Through our partnership with Positive Women's network, we helped established the baseline

Institutional and Individual Capacities Development

During this year, Swasti was involved in both institutional capacity building as well as individual capacity building. These were in the areas of resource mobilisation, SRH and HIV integration, program management, and strategic information. Examples are:

- Population Sciences International – Regional Principal Recipient on MSM interventions and country partners on the project and program management
- Regional (SAARC) NGOs in monitoring and evaluation of prevention projects sexually transmitted infections including HIV among injecting drug users as part of UNODC H13 program
- International Planned Parenthood Federation and their member Family Planning Associations from the South Asian Region, on SRH and HIV integration, Global Fund grant architecture, program management and financial management.
- Monitoring Evaluations Systems study and strengthening (MESST) for all of Timor Leste's Global Fund HIV and Malaria grant program partners.
- Two sub regional training programs on Global Fund Round 10 grant writing (South Asia and South East Asia)
- Supporting Malaysian AIDS Council on enhancing their systems, HR management, program management, Monitoring and evaluation, financial management etc.

Resource mobilisation

Swasti supported Afghanistan in preparing the Transitional Funding Mechanism (TFM). This proposal was to be submitted to the Global Fund. Swasti provided technical support with financial support from UNAIDS. Swasti helped Ministry of Public Health raise 3.7 million dollars for their HIV program. Swasti also provided support to various country partners in both South Asia and South East Asia to help raise funds from various donors in the area of sexual and reproductive health.

Clients during the year 2011 - 12

Swasti worked with organizations such as:

- Corporates like GAP, PACE (Personal Advancement and Career Enhancement), Wal-Mart,
- Department of Women and Child Development (DWCD) – Karnataka, UP, Gujarat, Bihar, Delhi and Chhattisgarh
- INSA
- International and Local NGOs,
- Malaysian AIDS Council
- Ministry of Health and Family Welfare (MoHFW) – Sri Lanka
- Ministry of Health and Family Welfare (MoHFW),
- Narcotics and Drugs Bureau – Pakistan, Sri Lanka
- National AIDS Control Organisation (NACO)
- National HIV Programs – Philippines, Timor Leste, Afghanistan, Nepal
- Technical Support Facilities (TSF) for South East Asia and the Pacific and South Asia
- The Royal Tropical Institute (KIT), Netherlands
- UNAIDS
- UNGASS
- United Nations Development Programme (UNDP) India
- UoM (University of Manitoba).

Strategy 6 – Contribute to policies that enable communities and institutions working on improving health outcomes

Working closely with communities and other organisations, Swasti recognises that for long-term and large scale impact, it is important to engage at the policy level. The focus has been on

- Policies that are linked to the challenges identified
- Participation in policy forums
- Research to support policy development/change

Key achievements

- Swasti participated in several technical groups to feed into policy development such as NACP IV Working Groups, Planning Commission's Working Group on HIV, UNFP TRG on intimate partner protection and the Core Group on Global Women's Empowerment Initiative (Wal-Mart)
- Swasti provided inputs into key policy processes such as Planning Commission's Consultation on the draft 12th Five Year Plan approach paper and Karnataka State Health Policy.
- Significant technical inputs were provided by Swasti into the NACP IV development process in the areas of rural programming, intervention for young, new and high volume sex workers, Social Protection, Big City Intervention, Livelihoods and Mainstreaming.
- Swasti lead and participated in advocacy efforts on areas such as increased funding for RH/FP, HIV/AIDS Bill and inclusion of zinc formulations for diarrhoea management.
- Swasti participated in several policy forums, including on key issues such as alcohol policy and global health aid effectiveness.

Challenges:

- In the past, specific work has had policy implications which have been highlighted by Swasti, but there is limited internal capacity with regards to policy influencing and related advocacy.
- Proactive identification of policy issues to influence has been difficult to achieve. Influence is easier to achieve where our domain expertise is acknowledged and

opportunities exist for engagement. Issues of interest to us are not always open for influence or involve energy and efforts that aren't immediately possible.

- Given the nature of policy engagement, significant time and investment is required from senior management, consistently over a period of time.

Opportunities:

- Technical skills and experience from the field have leveraged to inform policy development as in the development of the Social Protection programme or development of the policy on HIV and Migration.
- Participation in policy development gives Swasti an edge during the implementation of the same policies.

Lessons Learnt:

1. Policy engagement and influencing requires specialised skills and effort. Though opportunities exist for contribution and influence in the current scenario, building internal capacity and allocation of resources are necessary to make engagement more systematic.

Swasti has had the opportunity to leverage policy dialogue through grant-funded projects. Highlights of 2 projects that have a strong policy focus and hence aligning with this strategy are shared here.

A. Euroleverage

The Euroleverage project seeks to leverage resources for reproductive health and family planning by applying a two-pronged, targeting both the supply and demand side of EU funds. A range of advocacy activities targeting decision makers both in Europe and in developing countries, in order to increase EU funding for RH/FP programmes. Simultaneously, resource mobilisation activities empower NGOs to gain access to EU funds available for RH/FP initiatives. In India, the German Foundation for World Population (DSW) has partnered with Swasti for implementation of the project since 2009. The project is currently in its last year of implementation.

Key highlights of the year:

- A paper was developed highlighting the need to increase allocations for Reproductive Health and Family Planning (RH/FP) in the 12th Five Year Plan and sent to 62 MPs, from both houses of Parliament, who are either members of the Parliamentary Standing Committee for Health or the Parliamentary Standing Committee on Finance.
- 2 advocacy papers, one on the importance of education and empowerment of women to achieve MDG 4 & 5 in South Asia and the second on the cost-effectiveness

of investing in RH/FP have been developed.

- Swasti partnered with the Centre for Legislative Research and Advocacy (CLRA), to step up the advocacy efforts to influence budget allocations for RH/FP. Swasti also had discussions with two other research and advocacy organizations, CEHAT and Centre for Budget and Governance Accountability on potential advocacy collaboration.
- Technical assistance to all NGOs interested in accessing funds has been available and has been provided on 26 occasions.
- Regular screening of funding opportunities is being done and 38 funding alerts have been issued about funding opportunities, both in country and for other EL partners.

B. Human Resources for Health

The issues of human resources within the health system have been a focus in recent years, given the national and international focus on Universal Access to Health. Swasti partnered with PHFI in 2010 and was able to receive a grant from the European Union to engage civil society organisations to support national health workforce policies, strategies, capacity building and skills transfer. This three year project began in February 2011.

Workshops with all stakeholders (including the Government) and prolonged consultation on various aspects of the project have achieved the necessary basic visibility and buy in of the purpose and strategy of the project. Consensus has been evolved for identification of priority issues and needs regarding HRH which will guide selection of research studies, fact sheets, focus areas for HRH cells in selected states and also for advocacy and capacity building measures. The interest of key stakeholders working on HRH issues and identifying opportunities for advocacy to go forward has also been understood.

Key highlights of the year:

- An extensive desk review was conducted to identify human resource issues as well as solutions/recommendations, followed by specific interactions at in two States. The desk review report compiled all the information collected.
- 4 Regional Workshops were held in four zones of the country to gain an insight on the issues that concern human resources in health, specifically Planning, Capacity Building and Performance.
- Meetings were held with key stakeholders like to share with them the objectives of having Human resources for Health and also understanding their perspective on opportunities on the way forward with this project.
- A seminar was also held on recruitment processes in HRH. The seminar highlighted key issues in HRH with respect to research, advocacy and capacity building.
- A talk was conducted by the Public Health Foundation of India (PHFI) which was attended by around 30 participants. The aim was to share knowledge and key learning that will contribute to strengthening the capacity of human resources to improve management of health programmes on the ground.

- A rapid review of 85 documents containing current literature, reports and scientific papers on HRH was done to understand policies and practices in key areas of HRH and also to highlight steps that need to be taken to strengthen advocacy and develop capacity building initiatives for stakeholders to move forward.
- PHFI undertook a review of courses or curricula that focussed on building capacities (exclusively or partially) of the health workforce to compile information on the programs that are available with a focus on HRH.
- Discussions were held with several key people in Odisha to collaborate with the Government of Odisha, and to provide technical support to strengthen HR practices and policies.
- Regular Project Advisory Committee meetings helped the project team to look into major initiatives and recognise important issues.
The project team also met key leaders to explore the possibility of collaboration and co-financing for the HRH project.

Strategy 7 – Capture and communicate knowledge and learning acquired – both internally and externally

Swasti recognises that to continue to be a niche provider in the public health and development sphere, it must be a knowledge leader. This strategy is focused on accumulating and sharing learning and knowledge, within the organisation and with others, by

- Developing and implementing learning systems
- Productising processes
- Improving communication through website, ERP, Facebook etc.
- Increase demand generation for knowledge.

Key Achievements:

- Swasti conducted an evaluation of the AR & I projects, which involved all staff of the organisation. This provided staff an opportunity to understand different projects (other than their own) and helped identify key areas for improvement.
- Documentation of the *Chetana* and *Spandana* projects was taken up and completed. Prior to this, documentation of the projects' key phases and achievements were not available.
- Skill or thematic-based learning sessions were conducted at least monthly towards capacity building of Swasti and other Catalyst Group staff
- Swasti facilitated external sharing and learning by hosting exposure visits, technical and management support and conducting workshops.
- There was improved projection of Swasti and its work through participation in expos, creation of new website, increased usage of social media, and finalisation of all Annual Reports up to 2010 – 11.
- Swasti has taken steps towards developing an HRH (Human Resources for Health) knowledge sharing platform.
- Development of a repository of organizations, products, models, ecosystems and people working in the MBPH (Market Based Partnerships for Health) area has also been done.

Challenges:

- Availability of human resources with varied skills to support the range of different activities has led to less than optimal results
- Resource allocation for learning/exposure visits is a constraint especially since the current grant available for learning facilitation has ended.

Opportunities:

- There limited knowledge of social enterprises and this provides an opportunity for Swasti to fill this gap.

Lessons Learnt:

1. Swasti must build documentation, communication and projection into project budgets as much as possible.
2. Swasti needs to be more proactive. Swasti needs to approach programmes/ donors to invest in building capacity of their implementing partners rather than only directly approaching partners.

Swasti has been implementing a grant-funded project with a focus on learning facilitation which is in-sync with this strategy.

Learning Systems

The Learning Systems project was initiated with the aim of improving quality, efficiency and effectiveness of programmes by developing systems for facilitating learning among organizations working in the field of HIV/AIDS. A joint initiative of Swasti with the Karnataka Health Promotion Trust, it has funded by the United States Agency for International Development (USAID) under its Samastha project since Oct 2007. Development of learning sites, research and documentation and knowledge sharing through workshops have been the key components of this project.

Pragati project and Snehadaan have been the two learning sites developed and supported by the project. 2011-2012 has been the last year of the grant and the focus has been limited to exploring sustainability of the learning sites and documentation.

Key achievements of the year

- Facilitation of 151 participants at 17 sessions conducted at Pragati Learning Site and 1441 participants at sessions conducted at Snehadaan Learning Site
- Documentation of case studies of *Chetana*, the Samastha Project in Chikballapur and documentation of strategies used by *Baduku* project,

- Development of the Swathi Mahila Sangha web-site
- Compilation of 8 case studies on innovations in the Pragati project, including Swathi Jyothi and Swathi Innovations.

Financials:

Swasti has two streams of turnover:

1. Grants
2. Technical Support

Grant Analysis:

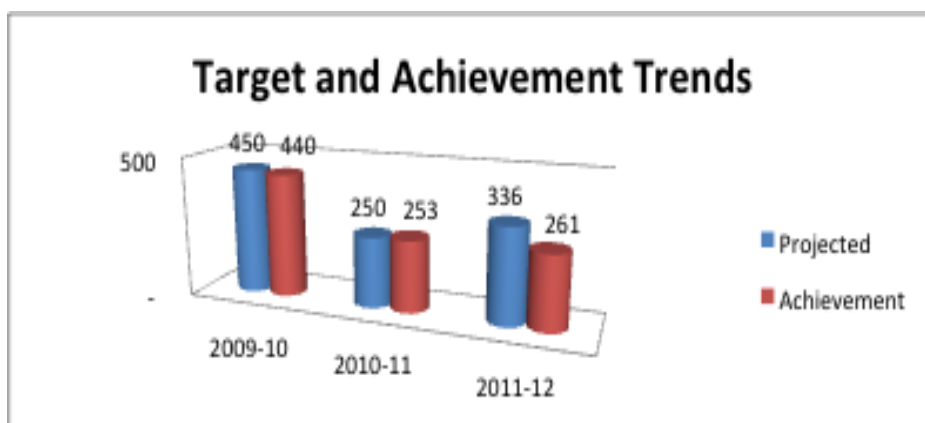
TARGET AND ACHIEVEMENT			
			In Lakh
Particulars	2009-10	2010-11	2011-12
Projected	350	550	512
Achievement	337	547	342
% of Achievement	96%	99%	67%

For the year 2010 – 11, the Action Research and Implementation unit achieved 67% of its targets and continued with its big projects , Pragati, and P.A.C.E – Personal Advancement and Career Enhancement, a program implemented by GAP Inc., for factories in India that supply goods to Wal-Mart in partnership with Swasti. This program is designed to impart life skills to the women workforce that form a part of the production units of these factories. The grants, however, were reduced as compared to the previous years.

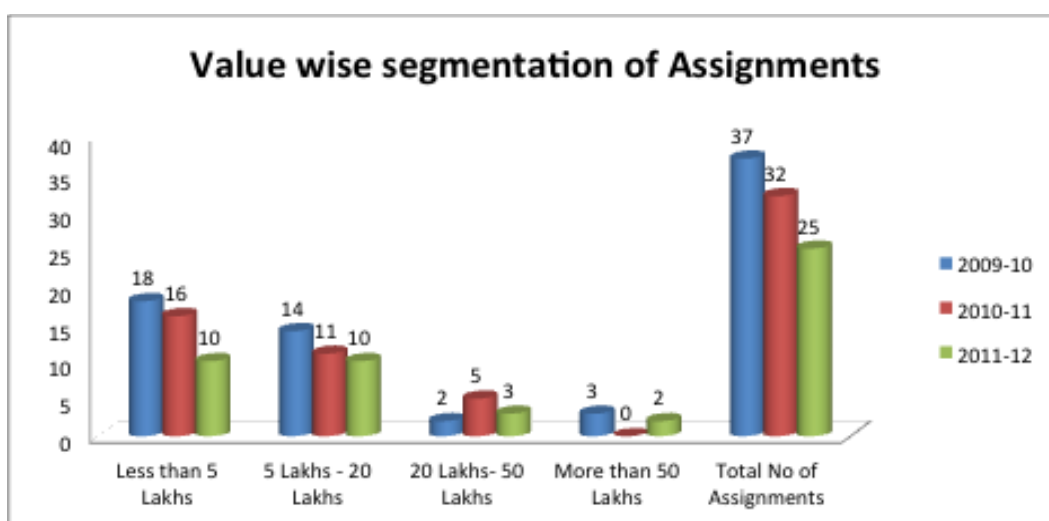
In 2011 – 12, Project Chetana Samastha, an HIV intervention programme that targeted WSW, their clients, PLHIV and orphan and vulnerable children in high prevalent villages of Chikkaballapura district came to a close. Project Pragati also saw a reduced grant.

There has been a surplus of Rs. 15 lakhs, with a total surplus of Rs.55 lakhs for the last 3 years.

TARGET AND ACHIEVEMENT					
			In Lakh		
Particulars	Target	Till feb 12	Projected till Mar-12	% of Ach	PY- 2010-11
Turnover	336	232	261	75%	253
Net Margin	82	25	38	36%	39
Net Margin % to Turnover	24%	9%	12%		15%



During the year 2011 – 12, the Technical and Management Support unit achieved 75% of its targets. The turnover was stable in comparison to the previous year. In 2009 – 10, however, the turnover was 439 lakhs due to two large assignments APSACS (Andhra Pradesh State AIDS Control Societies) – Mapping and KIT – CIF Evaluation, NACO – Capacity Building – HIV and TSF – EA systems. For the year 2011 – 12, resources were used to provide technical support to internal projects – HRH and AR & I – evaluation. Moreover, the focus was on securing large proposals and strategic work pieces. The uneven work load distribution and low realisation from two unit members were also reasons for reduction in the budget.

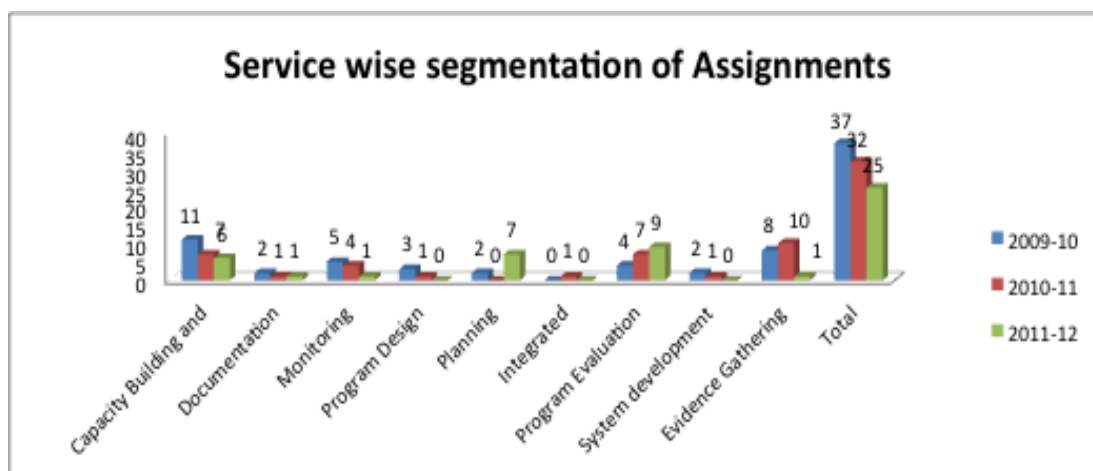


As compared to the previous years, there was a decrease of 28% in the number of assignments. This was however compensated by two large assignments for retaining the same turnover.



As compared to 2010 – 11, Swasti did well in providing consultancy to National assignments. Overall, there was an increase in consultancy services provided as compared to the previous year. However, two staff were assigned to HRH and one staff worked full time for the KIT – CIF evaluation. Hence, the Technical and Management Support unit had only two staff for other assignments for six months.

The following is the service wise segmentation of assignments for the Technical and Management Support unit for the last three years.



Leverages and Synergies:

Swasti streamlined its systems for meaningful interaction and contribution through fortnightly reviews of project learnings and S2R (Strategy to Results) meetings.

All units at Swasti worked together and leveraged experiences in expertise through the following projects - Pragati Ver. 2, AR & I Evaluations, YNH Strategies, Nepal SOP for Targeted Intervention, HELO Health Assessment, Philippines National Programme, Community Water Projects and Social Enterprise.

Human Resources

For the period of 2011- 12, Swasti retained a total of 99 professionals from diverse backgrounds who added more value to the outcomes that Swasti set out to achieve for the year. These professionals mostly had a background in social work, public health and management. Their dedication and commitment resulted in a wide range of outcomes for the many communities that they worked with. During the year, Swasti recruited about 41 new staff, thus adding strength in terms of human resources to the organization. This year also saw the closure of some projects as a result of which there was some attrition. A detailed list of the staff is given in Annexe 1.

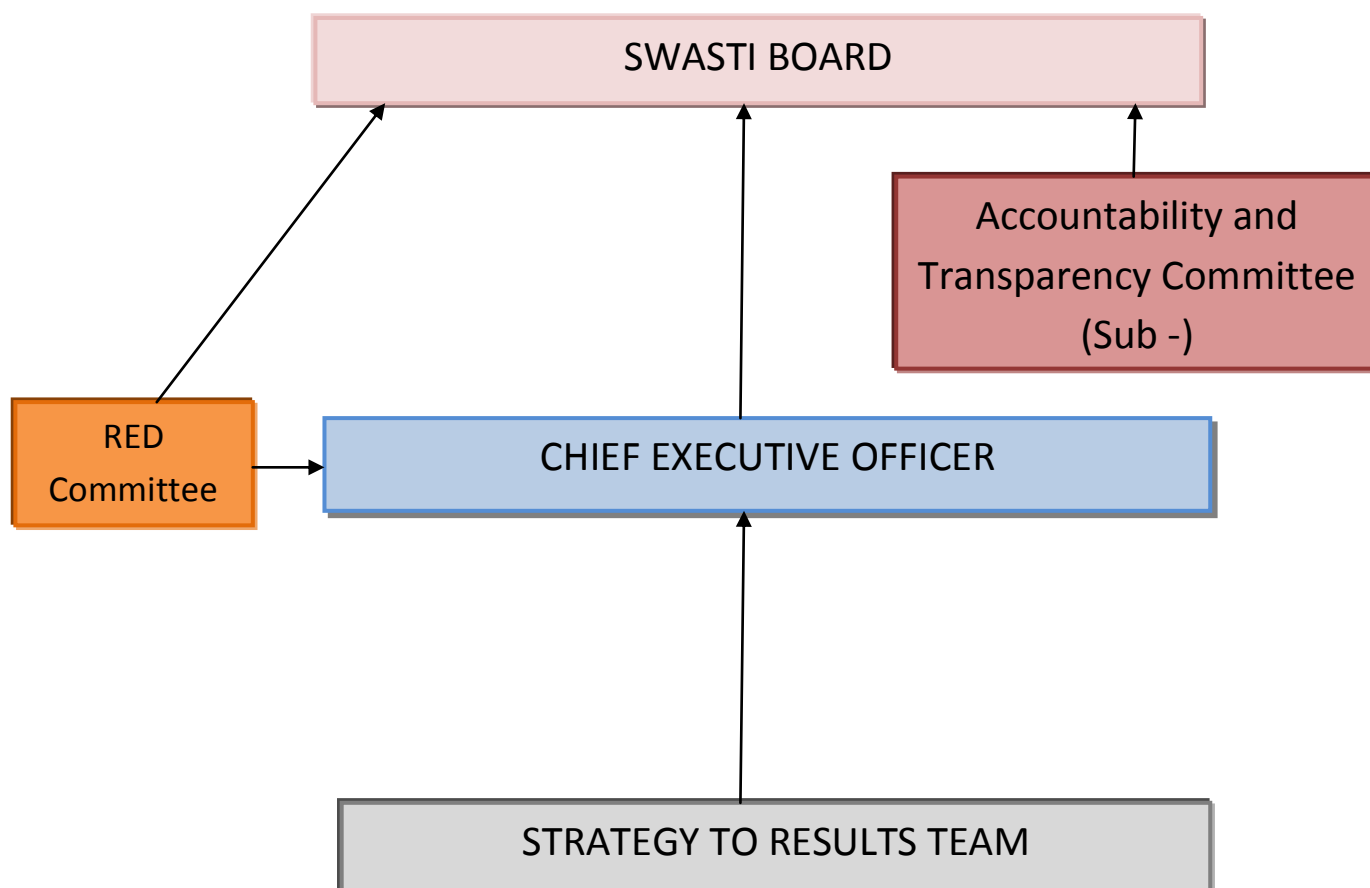
Swasti has an internship programme which results in interns from various backgrounds becoming a part of the various initiatives. Interns provide support by conducting exploratory or operational research within projects to generate new knowledge. Interns also lend support to the Technical and Management Support Unit. They become an integral part of the team and work towards building their capacities in consulting. Interns as human resources have added value to Swastis work during the year in the areas of research, field study, data analysis, and projection material from social work. Two interns, Alat and Nandini Jeyraj were from the Boston University School of Public Health and Dr.Navya was an intern from the Asian Institute of Public Health. Prashant Urmaliay interned from Institute of Rural Management, Jaipur. Swasti also saw interns from the Indian Institute of Management (IIM), Indian Institute of Financial Management (IIFM) and Delhi University

Swasti also thought of a program for freshers out of college and had put its strategies into place. During the year two people were recruited from the Tata Institute of Social Sciences (TISS). The idea was to take in freshers and mould them in the area of public health which in turn would benefit them and the organization.

Governance and Accountability

Swasti has certain structures and policies in place that have made it possible to maintain a high degree of governance, public accountability and financial management.

Swasti's Governance Structure



Ultimate responsibility for governance of Swasti is invested with the Board of Swasti which provides Swasti with the overall oversight, advice and recommendations on the future directions of the organization. The board meets twice a year and consists of nine professionals who provide expertise to Swasti in its various endeavours in the development sector.

The **Accountability and Transparency Committee** is a subcommittee of the Swasti board. It consists of three members and is responsible for ensuring that Swasti is transparent and accountable to all its clients, partners, staff and the communities that it works with.

The **Chief Executive Officer (CEO)** is responsible for setting policies, strategies, and steering the organisation. He is accountable to the Board for implementation of the Strategic Plan,

the Board's decisions and ensuring the organisation adheres to established policies and systems.

Strategy to Results (S2R) Team was established in 2010 to monitor and reflect on the organisation's progress towards achieving its goals as per its strategic plan and achieving the outcomes for the communities that it works with. The S2R team meets once a month and consists of five senior staff members including the CEO.

"RED" Committee short for the redressal committee is responsible for investigating any reported incidents of sexual harassment in the workplace and providing appropriate remedies for the affected employee(s).

Members of the Swasti Board

Name	Designation	Occupation
Mr. Nandlal Narayanan	Chairperson	Organisational Development Specialist
Ms. Siddhi Mankad	Secretary	Development Professional
Mr. R. Mohan	Treasurer	Chartered Accountant
Mr. N. Shiv Kumar	Member	Development Professional
Mr. N. Raghunathan	Member	Development Professional
Mr.P.Rajarethinam	Member	Development Professional
Mr. M.R.C. Ravi	Member	Advocate
Dr.Revathi Narayanan	Member	Development Professional
Dr.Jacob John	Member	Professor of Psychiatry

SWASTI



SWASTI				
No. 19,1st Main, 1st Cross, Ashwath Nagar, Bangalore- 560094				
BALANCE SHEET AS AT 31st MARCH 2012				
Particulars	Sch	Amount (in Rs.)		Amount (in Rs)
		31-Mar-12		31-Mar-11
SOURCES OF FUNDS				
General Reserve				
Opening Balance			9,675,065	9,395,057
Surplus / (Deficit) for the year			(1,174,439)	280,008
Secured Loan				
From Bank of India			6,000,000	-
(Against Security of Fixed Deposits)				
Total			14,500,626	9,675,065
APPLICATION OF FUNDS				
Fixed Assets	1		485,442	485,674
Current Assets, Loans and Advances	2		71,371,625	57,386,594
Less : Current liabilities and Provisions	3		57,356,441	48,197,202
Net working capital (2-3)			14,015,184	9,189,391
Total			14,500,626	9,675,065

Schedules 1 to 11 forming part of financial statements

For Swasti

Nandlal Narayanan
Chairperson

Siddhi Mankad
Honorable Secretary

R.Mohan
Treasurer



Refer to Our report of even date

for AITHAL ASSOCIATES
CHARTERED ACCOUNTANTS



CA CHANDRA SHEKHAR AITHAL B
Proprietor
M NO.205102

Date: 08th September 2012
Place : Bangalore.

SWASTI			
No. 19,1st Main, 1st Cross, Ashwath Nagar, Bangalore- 560094			
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2012			
REVENUE	Sch	Amount (in Rs.) 31-Mar-12	Amount (in Rs.) 31-Mar-11
Grant Received	4	63,743,611	58,071,275
Social Development Charges	5	6,380,376	7,479,051
Other Income:	6	1,785,303	933,572
Total Income		71,909,290	66,483,898
EXPENDITURE	Sch	Amount (in Rs.) 31-Mar-12	Amount (in Rs.) 31-Mar-11
Grant Project Expenses	7	61,685,147	55,960,899
Administrative expenses	8	2,397,811	1,667,524
Social Development Expenses	9	6,436,555	7,348,747
Expenses on Employment	10	2,510,279	1,172,756
Depreciation	1	53,938	53,964
Total Expenditure		73,083,729	66,203,890
Excess of Income Over Expenditure - Surplus / (Deficit)		(1,174,439)	280,008

Schedules 1 to 11 forming part of financial statements

For Swasti


 Nandlal Narayanan
 Chairperson

 Siddhi Mankad
 Honorable Secretary

 R. Mohan
 Treasurer



Refer to Our report of even date

for AITHAL ASSOCIATES
CHARTERED ACCOUNTANTS


 CA CHANDRA SHEKHAR AITHAL B
 Proprietor
 M NO.205102



Date: 08th September 2012
 Place : Bangalore.

Annex -1: Staff Details

N.Shiv Kumar	Chief Executive Officer
Dr.Angela Chaudhuri	Director, Technical and Management Support Unit
Chandrashekhar Gowda	Director, Action Research and Implementation Unit
Dr.R.K.Pal	Director, Health Systems Management
Joseph Julian K.G.	Senior Technical Specialist
Benoy Peter	Coordinator, Learning Systems Unit
Nitin Rao	Manager, Group - Finance
Shaonli Chakraborty	Manager, Corporate Programme, Delhi
Dr.Anindita Bhowmik	Technical Specialist
Dr. Indrani Sharma	Program Manager, Human Resources for Health
Syed Fareed Uddin	Senior Technical Specialist
Jeevan Shavali Mulloli	District Program Coordinator
Venkatesh Govindappa	Entitlement Facilitator
Venkatesh	Entitlement Facilitator
Shruti Veenam	Technical Specialist
Prakash S.H.	Operations Head – SJ
S.Deepti	Consultant
Hareesh B.S.	Cluster Capacity Building Officer
Diana Divya Crasta	Consultant
Rajendra R	Capacity Building Officer
Vijay Lakshmi S	Capacity Building Officer
Arvind Kumar Das	Capacity Building Officer
Satish K.N.	Capacity Building Officer
Asha	Help Desk Facilitator
Rayappa J Badiger	Entitlement Facilitator
Prameela	Office Assistant
Mary Stella K	Capacity Building Officer
Jayanand Patil	Administrative Officer
Sarugan. B	Capacity Building Officer
Sukanya .R	Capacity Building Officer
Vimala.P	Capacity Building Officer
Sushma S.B.	Capacity Building Officer
Kavya.N.	Office Assistant
Padmavathi	Capacity Building Officer
J. Meera Devi	Program Manager
Nidhi Saxena	Program Officer
Kanhae Tiwari	Program Officer
P.Bhoopathy	Program Officer
Usha Rani H.S.	Program Manager
Gopal Reddy	Office Assistant
K.V.Narayana Gowda	Program Manager
Ganesha.J	Entitlement Facilitator
Sanjeev G Pujari	Entitlement Facilitator
V.Venkatesh	Entitlement Facilitator

R.Latha	Capacity Building Officer
Saroja Puthran	Program Manager
Shankar A.G.	Cluster CB Officer
Gangamma	Capacity Building Officer
Thangakani.S	Capacity Building Officer
V.Ashoka	Capacity Building Officer
Srinivasalu	Program Manager
Kumaraswamy C	Program Officer
Seema.P	Training Coordinator
Vinay.K.N.	Accountant
Deepika Sagar	Program Officer
Ramesh Parida	Office Assistant
Srinivas.T	Accounts Manager
Manjula Malagi	Accounts Officer

Annex – 2: List of Organizations worked with in 2011 – 12

Catalyst Management Services
Vrutti Livelihood Resource Centre
Swathi Mahila Sangha
Swathi Mahila Vividodesha Souhadra Sahakari Niyamita
365/6
ASHA Mahila Sangha
CARE International
ChellaMuttu Trust
Department for International Development (DFID)
Department of Women and Child Development –Karnataka, Gujarat, Uttar Pradesh, Bihar,
Delhi & Chhattisgarh
Don Bosco
GAP Inc, USA
International Service Association
International Planned Parenthood Federation
Joint United Nations Programme on HIV/AIDS (UNAIDS)
Jyothi Mahila Sangha
Karnataka Network of Positive People
Malaysian AIDS Council
Ministry of Health and Family Welfare
Narcotics and Drugs Bureau – Pakistan, Sri Lanka
National AIDS Control Organization
Network for Womens Equity and Equality
Pointec Pens Private Limited
Positive Women's Network
Koninklijk Instituut voor de Tropen (The Royal Tropical Institute), Amsterdam
Presentation Sisters
Shahi Exports Private Limited
Technical Support Facility South Asia
Technical Support Facility South East Asia Pacific
United Nations Children's Fund, India
United Nations Development Programme, India
University of Manitoba
Vijaya Mahila Sangha
Wal-Mart

