

SWASTI HEALTH RESOURCE CENTRE



Swasti Health Resource Centre,
19, 1st Main, 1st Cross, Ashwathnagar
Bangalore – 560094

Registered in 2004 under the Societies Act, 1860.

Swasti Health Resource Centre,
19, 1st Main, 1st Cross, Ashwathnagar
Bangalore – 560094
Ph: + 91 – 80 – 23517241
E-mail: contactus@swasti.org
Web: www.swasti.org

This report covers the period of 1st April 2012 to 31st March 2013.

Table of Contents

<i>Abbreviations</i>	4
<i>Message From the Chairperson</i>	6
<i>Swasti the Organization</i>	7
<i>The Year In Review</i>	9
1. Centre of Excellence for Market Based Solutions in Health	9
2. Innovative Models for Impact	10
2.1 Pragati.....	10
2.2 Stigma Buster:	13
2.3 Health, Education and Livelihood Outcomes (HELO):	15
2.4 Community Water Plant (CWP):	15
2.5 Social Protection:	16
2.6 Wal-Mart: Global Women's Economic Empowerment Initiative.....	17
2.7 P.A.C.E. - Personal Advancement and Career Enhancement Programme	19
3. Partnership for Results	20
3.1 Policies and Programs Influenced:	21
3.2 Contribution to Evidence and Research Methodologies:	21
3.3 Institutional and Individual Capacities Developed:.....	21
3.4 Resource Mobilization:	22
4. Knowledge Management and Policy Shaping	22
4.1 Knowledge Contribution.....	23
4.2 Policy Contributions	23
4.3 People for Health Project	24
<i>Swasti Human Resources:</i>	26
<i>Governance and Accountability</i>	27
<i>Financials:</i>	29
<i>Annex – 1: Staff List</i>	31
<i>Annex - 2: List of Organizations worked with in 2012 - 13.</i>	33

Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Therapy
BMGF	Bill and Melinda Gates Foundation
BPL	Below Poverty Line
CBO	Community Based Organization
CEO	Chief Executive Officer
CHMI	Centre for Health Market Innovations
CIG	Common Interest Group
CMS	Catalyst Management Services
CoE	Centre of Excellence
CWP	Community Water Plant
DFID	Department for International Development
DSW	German Foundation for World Population
FD	Fixed Deposit
FHI 360	Family Health International 360
FSW	Female Sex Worker
GSNP+	Gujarat State Network of Positive People
HELO	Health, Education and Livelihood Outcomes
HIV	Human Immunodeficiency Virus
HR	Human Resource
HRH	Human Resources for Health
HRMIS	Human Resource Management Information System
IDU	Injecting Drug Users
IIFM	Indian Institute of Financial Management
IIM	Indian Institute of Management
IMI	Innovative Models for Impact
IPPF	International Planned Parenthood Federation
KHPT	Karnataka Health Promotion Trust
KIT	Koninklijk Instituut voor de Tropen (The Royal Tropical Institute)
KMPS	Knowledge Management and Policy Shaping
M&E	Monitoring and Evaluation
MARPs	Most At-Risk Populations
MBPH	Market Based Partnerships for Health
MBSH	Market Based Solutions for Health
MCH	Maternal and Child Health
MSM	Men who have Sex with Men
NACP IV	National AIDS Control Programme IV

NCDs	Non-Communicable Diseases
NGO	Non Governmental Organization
NRHM	National Rural Health Mission
OBC	Other Backward Class
P.A.C.E.	Personal Advancement and Career Enhancement
PHFI	Public Health Foundation of India
PIP	Program Implementation Plan
PLHIV	Persons Living With HIV
PPTCT	Prevention of Parent to Child Transmission
QRM	Quarterly Review Meeting
RD	Recurring Deposit
S2R	Strategy to Results Team
SB	Savings Bank
SC	Scheduled Caste
SEPL	Shahi Exports Private Limited
SMS	Swathi Mahila Sangha
SNS	Swathi Nyaya Sanjeevani
SP	Social Protection
SRHR	Sexual and Reproductive Health Rights
ST	Scheduled Tribe
STI	Sexually Transmitted Infections
TG	Transgender
TI	Targeted Intervention
TOR	Terms of Reference
ToT	Training of Trainers
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WCD	Women and Child Development Department
WDF	Women's Development Fund
WEEI	Women's Economic Empowerment Initiative
WSW	Women in Sex Work

Message From the Chairperson

Dear Partners, Colleagues and Friends,

It gives me great pleasure to present to you, another successful year of Swasti, in this report. Swasti has grown tremendously in the last decade, becoming a brand in itself in the development sector. Swasti has blossomed as an organization, being able to work with other grassroots organizations, as well as becoming a technical support provider to Governments, bilateral and multi-lateral partners. We have also been able to establish ourselves as a model-building organization, developing innovative models each year to improve the lives of the communities that we work with.

The year 2012 - 13 saw Swasti ushering in a new strategy approach to address health issues in a integrated manner, with rewarding outcomes in all its endeavors. Our efforts to help marginalized communities access Social Protection has seen excellent results and is being considered for implementation at the national level. Our three strategies - Innovative Models for Impact, Partners for Results and Knowledge Management and Policy Shaping have had remarkable outcomes in their efforts in improving the lives of the marginalized communities.

I would like to congratulate the team for a successful year in 2012 – 13 and urge them to keep looking forward and contribute to 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 colorful and successful as the last and I look forward to continuing this journey with you.

Nandlal Narayan
Chairperson

Swasti the Organization

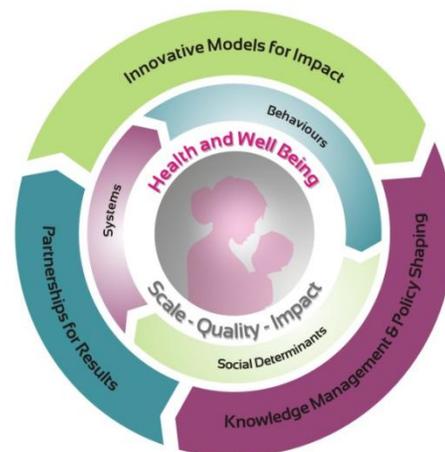
Swasti is an International Health Resource Centre that specializes in the social and management aspects of public health. Swasti focuses on enhancing the well being of especially the marginalized communities. Swasti's core areas of expertise include health systems strengthening, market-based solutions, e-health, work place interventions and social protection for the marginalized. The thematic areas of focus include primary health, sexual and reproductive health and rights including HIV, communicable and non-communicable diseases, water, sanitation & hygiene, health workforce management and gender based violence.

Swasti, aims to improve health outcomes for the communities that it works with, to make a difference in the lives of vulnerable children and adolescents, marginalized rural and urban communities, HIV infected and affected populations, migrant and mobile populations and women workforce in factories (low wage earning, from poor families).

Swasti's has a team, which is passionate, agile, and multi-disciplinary, that works and delivers in diverse situations across the development spectrum while seamlessly integrating community needs, programmes and policies. Swasti has established itself in providing cutting edge solutions with an unrelenting focus on quality. The strong and committed partnerships fostered by Swasti have helped to bridge civil society, government and the private sector. Swasti has a team of over 30 professionals who are committed and result oriented and a pool of over 100 consultants from India and abroad who add value to the work of Swasti.

Swasti's Strategic Framework

Swasti's strategic plan for the period April 2012 to March 2014 was evolved based on the belief that health and well-being is best addressed when three aspects – **behaviors, systems and social determinants** are addressed together. Swasti acknowledges that challenges to well being are not only limited to health. Therefore there is a need to address the key enablers in an integrated way and focus on the outcomes and scale with high quality. This vision requires a multitude of approaches and financing streams ranging from grant based support to market based models. Swasti's strategic framework looks at addressing this belief.



Swasti's new approach led to evolution of three focused and integrated strategies for the period 2012 – 2014 – *Innovative Models for Impact, Partnership for Results and Knowledge Management and Policy Shaping*. These strategies focus on collaborative engagement with communities and development partners.

- 1. *Innovative Models for Impact*** – This strategy aims to design and demonstrate effective, replicable and sustainable programme models to address complex public health challenges. It ideates, incubates, validates and productises models and advocates and supports scaleup. The strategy works with funding through grants which are self-funded and market –based models.
- 2. *Partnership for Results*** – The main focus of this strategy is to work closely with development partners and understand their aspirations, challenges and provide timely, need based, quality support to achieve the desired results for the partners. Support through this strategy includes strategic planning, programme design, advisory and mentoring support, resource mobilization, strengthening management systems, institutional and individual capacity development, review and evaluation, impact assessment, research and documentation. In the last five years, the Partners for Results team has successfully delivered more than 150 assignments in over 20 countries.
- 3. *Knowledge Management and Policy Shaping*** – This strategy aims at making Swasti a knowledge leader in niche areas and contributes to public health knowledge and policies. The Knowledge Management and Policy Shaping team is part of many strategic international public health advocacy alliances including Global Health Workforce Alliance (GHWA), Asia Pacific Alliance for Sexual and Reproductive Health and Rights, Global Partnership for Maternal and New Born Child Health (PMNCH). The team is also party to the Global Civil Society pledge “A Promise Renewed” committing to Child Survival Call to Action 2012.

Partnerships and Collaborations–Swasti has adopted a partnership approach in all its work from practice to policy through all its strategies. Swasti works with grassroots organizations, NGOs, bilateral and multilateral donors, government, academic and corporate bodies. Swasti has had many successful partnerships which have been long term and mutually rewarding. Some of the organizations with which Swasti has and is currently partnering with are UNDP India, UNICEF, Department of Health and Family Welfare, Kerala, GAP Inc., APCASO, AIDS Data Hub, UNAIDS India, Boston University School of Public Health, Public Health Foundation of India, Swathi Mahila Sangha and others.

The Year In Review

The year 2012 – 13 saw Swasti engage with communities to propel forward its agenda of bettering health outcomes through its various strategies. Through its various thematic areas, Swasti sought to disseminate learning, provide technical support and create new models for further replication and scale up.

1. Centre of Excellence for Market Based Solutions in Health

The year 2012 -13 saw the Centre of Excellence witness a change in funding. The year marked the transition from the Centre of Excellence (CoE) being funded partly by the United States Agency for International Development (USAID) to being funded in entirety by Swasti. By May 2012, the Centre of Excellence also concluded its association with Market Based Partnerships for Health (MBPH) and USAID. All reports were finalized and submitted to USAID. As part of the wrap up, CoE participated in a Health Confluence that was organized under the MBPH project in May 2012. The conclave brought together all MBPH projects including CoE and shared learnings on market-based approaches in health.

In its second year of operation CoE for MBPH was renamed to CoE for Market Based Solutions for Health (MBSH) to reflect its wider scope of interest and activities, which is not restricted to working only with partnership.

During the last year, significant effort has been made to raise resources for CoE. To this effect:

- Several proposals have been prepared and shared with different funders.
- CoE also managed to raise grants.
- Results for Development selected Swasti along with Access Health to be the regional innovation hub in India for Centre for Health Market Innovations (CHMI).

Work on Centre for Health Market Innovations (CHMI) will be carried out under the CoE platform. CHMI will focus on building knowledge and facilitating networks and partnerships. CoE has participated in several conferences to represent CoE and Swasti and promote the area of MBSH.

Dimagi:

Under the CoE platform, Swasti worked with Dimagi Communications Care to implement a health application to improve health outcomes for developing countries. Swasti won three proposals to work with Dimagi on the following projects:

- Pragati Outreach
- Swathijyothi

- Syndicated Distribution Channel

D-Tree:

The last year has seen CoE deepen its partnership with D-Tree and helped develop an India centric model to implement their mHealth application in India. CoE facilitated and built a partnership between D-Tree, Karuna Trust and Swasti. D-Tree has raised a Bill and Melinda Gates Foundation (BMGF) grant to pilot test their application in India. This application will be implemented in rural Karnataka and will work towards improving institutional delivery in partnership with Karuna Trust.

2. Innovative Models for Impact

To address issues in health and other areas, of the communities that it works with, Swasti always looks at developing innovations that can help improve quality of life of communities and contribute to overall social development.

The last year saw the Innovative Models for Impact (IMI) implement their strategy effectively to develop innovative, replicable and sustainable models to solve complex public health challenges. IMI has been successful in conceptualizing, building and implementing new models like Model 99 (Life skill training module for youth, school dropouts, women in communities etc), HR Cell (Kerala), Community Water Plant and Prevention of Gender Based Violence (GBV).

IMI also gained lot of recognition in development of Life Skills program through the Personal Advancement and Career Enhancement (P.A.C.E.) Social Protection gained recognition at national level as well as Human Resource in health models through HR cells within the government health department in Kerala and MP. A total of 9 models are developed and are in different stages of implementation.

During the reporting period, key achievements across various themes under IMI are listed below:

2.1 Pragati

Pragati (meaning progress) is Swasti's intervention for women in sex work (hereafter WSW) implemented in partnership with the SwathiMahilaSangha, a collective for WSW and funded by the Avahan Programme in Bangalore. Pragati has gained recognition as a successful intervention model in HIV and has seen tremendous progress since it was first launched in 2005. It has been recognized as the largest intervention for women in sex work (street based) in South Asia. Swasti has been providing support to SMS in its organizational and management areas in helping them to achieve their vision.

Project Pragati has enabled Key Populations (KP) to gain access to Social Protection schemes and entitlements. The model has also provided key insights for national programming, namely the National Aids Control Program.

The year 2012 -13 has been a significant year for Swasti with Pragati being completely transitioned to the SwathiMahilaSangha. This transition was something that Swasti had envisioned at the very beginning of the project and this vision has been successfully achieved through a meaningful and mutually beneficial partnership with the SwathiMahilaSangha.

Some of the other key achievements of the project are:

- Pragati, has helped position SwathiMahilaSangha within the State AIDS Control Societies.
- SwathiMahilaSangha has been completely leading the project in all aspects, tirelessly striving to make a positive impact in the lives of WSW.
- Swasti has been able to mentor leaders in Project Management, contributing to the growth of SwathiMahilaSangha as an organization.
- Swasti's focus has also been to deepen its quality of work in the area of HIV prevention.

Some of the key highlights of Pragati for the period of 2012 – 13 are as follows:

- The programme has seen an increase in the number of women undergoing treatment for STI.

- **SwathiJyothi:**

Swathi Jyoti Mahila Vividoddesha Souharda Shakari Niyamita or Swathi Jyoti is a community managed cooperative that provides sustainable access to financial services for women in sex work. SwathiJyothi aims to promote the empowerment of women sex workers, particularly street based sex workers by providing them access to financial inclusion and social services. It was formed in September 2007 in Bangalore, Karnataka and is registered under the Karnataka Souhadra Sahakari Act, 1997 (KSSA).

SwathiJyothi has been a boon for WSW as it has helped them to access credits and savings with ease, as this was not easily accessible to them earlier. The greatest challenge in starting SwathiJyothi was that there were no existing models for Microfinance Institutions for women in sex work . Regular microfinance institutions are not keen to serve this group as they are a street based population, there is stigma attached to their occupation, there is difficulty to serve these clients along with the regular clients and institutions lack the skills and attitude to interact with WSW.

As on 31st March 2013, Swathi Jyothi has 6,430 women as shareholders out of which 5,193 women have recurring or savings accounts with the institution. During the period

2012-13, 1,218 women have become shareholders and 1,221 women have recurring or saving accounts with SwathiJyothi.

SwathiJyothi has been a profitable cooperative since 2008 and successfully completed 5 years on . The net profit for the period 2012-13 is Rs.9,54,522. SwathiJyothi disbursed loans amounting to Rs.43,564,450 during this period. In January 2012, SwathiJyothi received its first external investment of UDS 27272 from NABFINS (NABARD Financial Services).

SwathiJyothi's impact has been acknowledged and recognized by two awards, a proud achievement for the team:

1. ***"Best Co-operative of the Year – 2012"*** for women empowerment by the Karnataka state Federal Co-operative in Bangalore, received on 30th August 2012.
2. ***"BEST URBAN COMMUNITY MICRO ENTERPRISE – CITI MICROENTERPRISE AWARDS 2012"*** – CITI Foundation, received on 12th January 2012.

- **Swathi Innovations:**

Swathi Innovations is an innovative small scale enterprise that was conceptualized by the women of SwathiMahilaSangha with support from Swasti to support the livelihoods of the members of the SwathiMahilaSangha and build up the common fund of the organization. Swathi Innovations, registered under the Karnataka Societies Act, 1960 was started in 2007 as a retail business that provides essential items required on a daily basis to women at competitive rates. Swathi Innovations has 7 Board Members, out of which 6 are senior members of SwathiMahilaSangha. One person from Swasti has been taken on board to provide technical support and advice. The Board meets once a month to review development of the business and discuss strategies for further growth of the business.

Some of the products that are being retailed under Swathi Innovations are Stationery items, toiletries, cleaning detergents and phenyl, cosmetics, sarees, dress materials and readymade clothing and nutritious food for PLHIV. The products are sourced at their lowest prices and sold at Market Retail Price (MRP) to the women, and the profits arising out of the business is utilized to build the common fund of SwathiMahilaSangha for sustainability in the long run. Nutritious food for PLHIV is prepared by the women of SMS themselves and sold at nominal rates to PLHIV.

Swathi Innovations was started with an initial capital of Rs.72,000 from the SwathiMahilaSangha. Over a period of 5 years, there has been a steady rise in profits. During the period of 2012-13, Swathi Innovations had a turnover of Rs.216,137 from its retail business.

- **SwathiNyayaSanjeevani**, the Crisis response team has responded to 514 cases during the year 2012 - 13.
- 450 WSW were referred for alcohol de-addiction and underwent treatment for the same.
- 452 WSW gained access to Social Entitlement Services.

2.2 Stigma Buster:



Swasti, in partnership with Nandi Gram Panchayat, with support from UNDP and ICRW (International Centre for Research on Women) piloted an innovative project that aimed at creating an enabling and empowering environment that would be free of HIV related stigma and discrimination by working in partnership with Panchayat Raj Institutions. Swasti's approach to this initiative was that Panchayat Raj Institutions can play a key role in influencing community perceptions and responses around HIV related stigma. This project was successful in training and mobilizing Gram Panchayat members who led stigma reduction efforts in 5 communities and created a platform for ongoing dialogue between the Panchayat members and PLHIV. This initiative was part of a larger effort to adapt and pilot test a global stigma reduction framework to the Indian context.

The following are the highlights of the project with respect to efforts in stigma reduction:

- It was the first program in India to target and engage the Gram Panchayat as a partner in stigma reduction efforts in rural communities.
- The Panchayat passed a resolution against stigma and resolved to make Nandi Gram Panchayat a stigma free Gram Panchayat.

Passing of the Resolution

The Grama Panchayat passed a resolution on HIV related stigma and discrimination stating that “Nandi Gram Panchayat would not stigmatize or discriminate any person, including persons living with HIV, but instead would provide them all support needed to improve their life; and any person violating this would be liable for action from the Panchayat. The Panchayat would give necessary support to the victims of Stigma and Discrimination”.

The resolution was passed with full majority and the same was disseminated in all villages of the Panchayat by putting up hoardings and through wall paintings in public places.

Thus, Swasti reached an important milestone of building a successful and sustainable model with Panchayat Raj Institutions by persuading and convincing the Nandi Panchayat to pass this resolution.

- The Panchayat adopted a “Formal Agenda” to initiate action against stigma and discrimination of PLHIV.
- The program helped create a sustainable space and time in the existing Gram Panchayat platforms for discussion between Panchayat members and people living with HIV.
- The key focus of the project was transformation of the Panchayat members and also to build a cadre of community members to ‘monitor’ the actions and to enable the Gram Panchayat members to perform their role.
 - 44 Panchayat members, staff and other stakeholders were provided training on Stigma and Discrimination.
 - 14 PLHIV were provided trained to lead their group and also to tackle issues of stigma and discrimination.
 - 12 community members were provided training on community monitoring methods.
- The District AIDS Prevention Control Unit (DAPCU) and the District Administration expressed interest in replicating the model in other Panchayats.

The project was implemented in 5 villages of Nandi Gram Panchayat, Chikkaballapura district, Karnataka.

Key Outcomes:

- Pre and post surveys with Panchayat members and other community leaders showed improvements in knowledge, awareness and attitudes. There was also an increased awareness among other stakeholders from 30% to 94%. There were also substantial reductions in blaming different groups for spreading HIV, misconceptions on HIV reduced from 64% to 19%.

2.3 Health, Education and Livelihood Outcomes (HELO):

HELO initiative is a graduation pathway for families to move from one state of development to an improved state of development. Swasti is implementing the HELO model to ensure positive outcomes for the families of Gram Panchayat in areas of health, education and livelihood.

This model has shown sustainable outputs in the last year like facilitating better access to social entitlements, access to markets and information and services related to maternal and child health. Swasti has inducted members of the village development committees on the project. Also, during the reporting period, the project helped 200 families with access to purified water through the community water plant. Swasti is also looking at implementing programs in schools for adolescent girls and school dropouts.

2.4 Community Water Plant (CWP):

Swasti, in its quest to achieve positive health outcomes for the Thimmampally Gram Panchayat, set up the Community Water Plant to provide potable drinking water to the villages. Thimmampally Gram Panchayat had no access to potable drinking water, as the water bodies in the village were contaminated with high levels of fluoride content. This would have a negative impact on the community as excessive fluoride content leads to joint pains, body aches, tooth problems and so on. Ultimately it would impair their ability to work in the fields, affecting their quality of life.

Swasti set up the water plant through a Public Private Partnership, in partnership with the local Gram Panchayat. The Gram Panchayat expressed interest in the water plant and provided land, water and electricity for the plant. Swasti invested on capital for machinery and human resources. Swasti also provided technical support and worked to generate demand for the water plant.

Swasti's community water plant is a self – sustaining model. During the year 2012 – 13, the water plant was set up to be fully functional, providing about 200 households with access to pure drinking water. Efforts were made to ensure that the revenue generated through the water plant covers part of its maintenance and operational costs. The model is now able to generate revenue through sale of water at the point of purification and also through supply to distributors.

The cost of water at the point of purification is Rs.4 per 20 litres of water. Cost of water from the distributors varies according to the cost of transportation, in order to allow the distributors to make a livelihood. The maximum price of water from distributors has been fixed at Rs.12 to maintain affordability. Swasti is eventually looking at handing over the project to the community.

2.5 Social Protection:

The year 2012- 13 was very significant for Swasti team as the Social Protection initiative was successfully launched and implemented. Swasti with support from UNDP implemented provision of comprehensive social protection schemes to people living with HIV (PLHIV) and most at risk populations (MARPs) – FSW, MSM, TG and IDUs.

Swasti implemented Two models – *Single Window Model (facilitated by DAPCU/NGO/Network)* and a model for Facilitating access to Social Protection for the Key Population Groups and PLHIVs. While the Single Window model was successfully implemented in Karnataka and Gujarat; SP Facilitation model was implemented in UP.

About the Models:

1) *Single Window model*

The key feature of this model was to provide a single window approach for facilitating access to social entitlements for Key Population (KP) Groups and PLHIVs. It also looked at generating demand for social protection among KPs and PLHIVs through Social Protection Help Desks. KPs and PLHIVs were fully assisted by the Help Desk in generating demand for the scheme, in filling applications, in submitting applications to various departments, and in following up. The Single Window model was implemented through the following channels:

a. DAPCU led model

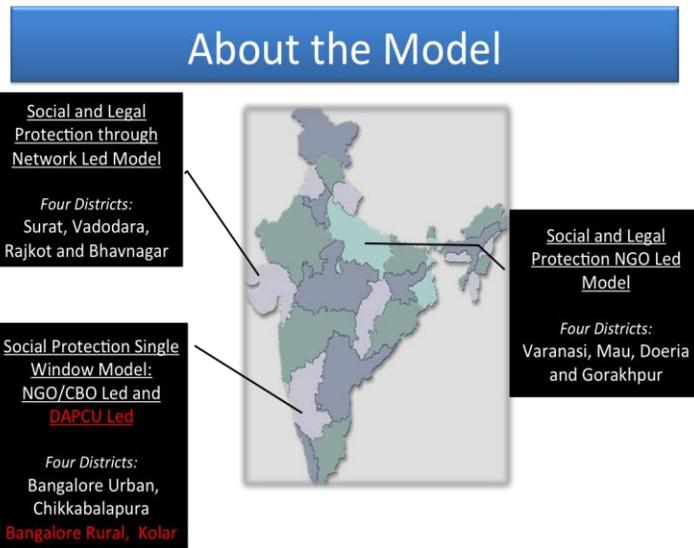
In the DAPCU led Model, the DAPCU acted as the single window responsible for all decision and coordination for providing access to social protection schemes for marginalized communities.

b. NGO and CBO led model

NGO/CBO led model is where NGOs and CBOs acted as single window for generating demand and providing access to social protection schemes for marginalized communities.

2) *Social Protection Facilitation Model (NGO/Network)*

NGO led: This model was implemented in Uttar Pradesh. The model involved close collaboration with the State AIDS Control Societies, community groups, State Legal Services



Authorities and other service providers. Swasti, with the support of NGOs and CBOs implemented activities and facilitated collection and logging in of applications within the district Government departments.

The Network led Model: This was implemented in the state of Gujarat in the districts of Surat, Vadodara, Rajkot and Bhavnagar. In this model, Swasti provided technical assistance to the Gujarat State Network of Positive People (GSNP+) and the State Level Network which facilitated access to social protection schemes for both PLHIVs and KPs. Swasti provided assistance in the areas of coordination, advocacy, capacity building and information management within various departments that were providing social protection services to PLHIV and KPs.

Key Results:

Through systematic outreach plans, community events and TOT, the project helped to reach a total of 19,139 community members in 3 states. The three models that were implemented in 3 states helped to submit a total of 7696 applications with various departments. Samples of key schemes that were accessed by the community through this project included insurance schemes, Pension, Ration Card, housing scheme etc.

The project helped create awareness about available schemes and provided support in logging in applications and following up with departments. The project sensitized department personnel and created advocacy for Social Protection within departments. It helped mitigate stigma and discrimination faced by marginalized communities and provided legal support to the marginalized communities.

The Social Protection model has shown to the sector, how one can approach Social Protection with respect to Key Population Groups (KP) by two key methods. The DAPCU led model has been the most beneficial. The model has also provided insights on creating awareness and knowledge building on schemes from a rights perspective.

2.6 Walmart: Global Women's Economic Empowerment Initiative

Swasti has been implementing the Global Women's Economic Empowerment Initiative (WEEI) in India since 2011 with the support of Walmart Foundation as part of its quest to empower women workforce in factories and build their capacities. WEEI is being implemented in India in factories in Karnataka, Tamilnadu and Gujarat.

The project aims at empowering women workforce in factories to obtain knowledge and skills necessary for career advancement and to improve one's earning potential, empower factory management and suppliers to identify and develop talent within the factory. The project also aims at facilitating sustainability of projects and to create an enabling environment to empower stakeholders to identify barriers and build capacities of the women workforce.

The program was launched in India on 17th November 2011. After the initial meetings with Walmart and all stakeholders, the Foundational Training started in December 2011 in Tirupur and Bangalore. Currently, the Global Women's Economic Empowerment Initiative is being implemented in 15 factories across three states namely, Karnataka, Gujarat and Tamil Nadu. Since January 2013, the programme has been scaled up in Gujarat.

Key Results:

The key outputs for the Global Women's Economic Empowerment Initiative during the year 2012 – 13 are:

Phase I (2011 – 2013): Swasti provided training to a total target workforce of 14,208 factory workers through this program during Phase 1, consisting of 11034 women and 3174 men. So far, Swasti staff has trained 6421 workers, consisting of 5670 women and 1017 men.

Phase II (2014 – 2016): Swasti will provide training under Phase II to about 65 women in the current program. Swasti will conduct the first round of training, after which the factories will implement the training program for their workforce.

Training of Trainers (TOT): Swasti has been providing intensive Training of Trainers (TOT) to factory trainers with the aim of providing quality support to replicate this program. This advanced training program aims to reach a target workforce of 1950 women workers from 15 factories. So far Swasti has been able to reach 202 women from five factories.

Some of the other key outputs of the WEEI are: Swasti translated and shared the Advanced Training module with partners. Swasti led and conducted the Round Table meet for stakeholders and supported World Vision in Central America to initiate WEEI. The year also marked scaling up of the initiative in Gujarat and Swasti handed over the program to the factories for sustainability. Swasti also developed innovative learning aids like tools and concept notes for various components of the program.



A team of Senior Leaders and Directors from Ethical Sourcing and Logistics Departments, Walmart from the US, China and Bangladesh visited the WEEI program in India this year. The purpose of their visit, was to assess the impact of the program on the factory workforce, in terms of changes in the attitudes of the women and men and on the productiveness of the workforce.

2.7 P.A.C.E. - Personal Advancement and Career Enhancement Programme

Swasti is the global partner of Gap Inc., for the P.A.C.E. program in India. Swasti has had a long partnership with Gap Inc., since 2007 and has been providing technical support on capacity building and quality assurance. Swasti's role has been to build capacities of new sets of trainers across the different country programmes and to provide focused support to the existing implementing partners on capacity strengthening and quality assurance.

During the reporting period, Swasti successfully conducted five regional Training of Trainers (TOT) workshops and built capacities of 58 trainers from five countries, namely, India, Indonesia, Sri Lanka, China and Bangladesh. These trainers were vendor and NGO partners of Swasti from the above five countries.

Swasti facilitated five international Training of Trainers (ToT) workshops on life skill based modules, including gender and on operational guidelines for quality assurance for different vendors in the respective countries.

In the month of December 2012, Swasti held a three day joint refresher training for two of the major vendor implementing partners namely Shahi Exports Private Limited (SEPL) and K. Mohan. The topics covered included skills in facilitation, gender, and supplementary topics like Health and Quality Assurance. Together with Gap Inc, Swasti facilitated orientation of quality assurance guidelines to India and Sri Lanka implementing partners from K. Mohan and Brandix group. In SEPL and K. Mohan, joint support visits have been conducted to assure quality in each of the implementing units.

Various products and documents were developed during the last year, namely Quality assurance support visit toolkit, adult literacy assessment toolkit, best practice documentation of K. Mohan programme implementation, contextualized learning package for male garment workers and a comprehensive annual report.

3. Partnership for Results

During the last year, the Partnership for Results team focused on providing a range of services to organizations that include local implementing partners, government agencies at the national and international level, and bilateral and multi-lateral organizations. Swasti provided technical support to organizations and government departments in the following countries –India, Sri Lanka, Afghanistan and Malaysia. Swasti took part in two regional workshops last year to develop the SAARC HIV strategy and M&E support for IPPF SARO. The strategy envisioned by the Partnership for Results team for the reporting year was to:

Support development partners achieve their stated results through a variety of need-based support.

The team provided a wide variety of support to its partners, collaborators and clients resulting in a variety of technical support that was provided. The following are the Partners, Collaborators and Clients that Swasti worked with during the year.

- SwathiMahilaSangha
- UNDP India
- Department of Health and Family Welfare, Kerala
- UNICEF – India
- FHI - MPTAST
- AIDS Data Hub
- SwathiJyothi
- ICRW
- UNAIDS – Sri Lanka, Afghanistan
- Technical Support Facility
- IPPF - SARO
- Walmart
- APASCO
- PHFI
- GAP PACE
- NRHM, Kerala
- University of East London
- Grant Management Solutions
- PWN Plus
- UNDP, APRN

3.1 Policies and Programs Influenced:

Swasti provided valuable inputs through strategic and advisory support, reviews and evaluation and program design and helped to influence programs and formulation of policies through technical support.

Some examples include developing a proposal to pilot Universal Health Coverage Model for Thiruvananthapuram district in Kerala. Swasti, through technical support helped formulate the National Strategic Plan and the National Monitoring and Evaluation plan for HIV in Sri Lanka. Swasti documented the Lessons learnt from the HIV sector in India and learnings for other sectors like Water Sanitation and Hygiene (WASH), Non-communicable Diseases (NCDs), Maternal and Child Health (MCH). Swasti also developed the Regional HIV SAARC strategy.

One of the major events for Swasti in influencing program and policy was the support provided in planning and co-ordination of the Inter-Ministerial Conference on Mainstreaming HIV for NACO and UNDP. 21 Ministries, Government of India, attended the conference and several of the ministries are already moving ahead to sign a MoU with NACO for collaboration. The team also helped design an outcome based Human Resources for Health (HRH) plan for Kerala health department. Swasti helped develop the Human Resource policy for the Department of Health Services in MP and was actively involved in setting up of the Human Resource Cell in Kerala and MP. In Kerala, Swasti team provided support to incorporate the need for an HR cell within the health department in the state.

3.2 Contribution to Evidence and Research Methodologies:

Another area that saw interesting outcomes last year for the Partnership for Results team was the synthesis of evidence for research methodologies under various themes. Some relevant examples are listed below:

- Swasti completed a three-year cohort study of the Balasahayoga program for children affected by AIDS in Andhra Pradesh in partnership with the Royal Tropical Institute (KIT), Netherlands.
- A Vulnerability framework for Adolescents and Young People was also developed.
- Swasti did a size estimation of vulnerable adolescents in the three states of Karnataka, Chhattisgarh and Madhya Pradesh.
- The Swasti team did research on Human Resource Management in Planning, Capacity Building and Performance Management.

3.3 Institutional and Individual Capacities Developed:

Swasti, during the period 2012-13, was involved in institutional as well as individual capacity building in the areas of SRH and HIV integration, governance, program management, needs

assessment, monitoring and evaluation and resource mobilization. Some prominent works done during the year are:

- Monitoring and Evaluation (M and E) framework and design of system for IPPF SRHR.
- Helped World Vision to initiate the Global Women's Economic Empowerment Initiative in Central America and also contextualized and shared training modules with partners.
- Network Facilitation and Governance Support to SwathiMahilaSangha (SMS), Karnataka Network of Positive People (KNP+) and SwathiJyothi
- Swasti worked closely with the Department of Health in Kerala and Madhya Pradesh to build the capacity of the state to set up HR cell within the health department.
 - a. Kerala - Capacity Building Needs Assessment was conducted at the district and state levels to assess Capacity Building Needs to plan for health managers capacity building course through the People for Health project.
 - b. Madhya Pradesh - In collaboration with Family Health International (FHI) 360, Catalyst Management Services (CMS), Swasti staff worked to focus on Human Resources for Health issues in Madhya Pradesh and with the Women and Child Development department (WCD).
 - Swasti helped to set up the HR Cell.
 - The team was involved in planning and resource mobilization for the HR Cell through the NRHM Project Implementation Plan Proposal.
 - Swasti was involved in Capacity Building of the HR Cell.
 - An online database - HRMIS (Human Resource Management Information System) was developed to keep evidence and data at the fingertips of the key state level managers for important decision making and monitoring.
 - Swasti team provided support in review and assessment of the 900-bed Hamidia Hospital to pave the way for hospital reforms in the state.

3.4 Resource Mobilization:

Swasti provided support to the Malaysian AIDS Council, supported by the Grant Management Services, to develop the budget and financial management system for the Phase 2 of the Round 10 GFATM grant.

4. Knowledge Management and Policy Shaping

One of the critical strategies of Swasti is to contribute to public health knowledge and policies by being a knowledge leader in critical niche areas. Major achievements for the KMPS unit during the reporting period include the following:

4.1 Knowledge Contribution

- More than 40 knowledge products (Approach Paper, Case studies, Journal publications, Think Pieces, Fact Sheets, Training Modules, IEC materials etc) have been completed or are in the process of completion.
- There has been significant sectoral contribution through knowledge generation.
 1. Six approach notes to influence social protection schemes in favour of PLHIV and MARPs and one approach paper on understanding trends in India's Health Budget.
 2. One Case Study Documentation – access to social protection schemes for PLHIV.
 3. Eight fact sheets related to Health System and Market Based Solutions.
 4. Started the work on 4 HIV related articles for Journal publications.
 5. Work on eight HIV and Health system related tools and guidelines has been initiated and in the process of completion. Focus is to improve program effectiveness in the areas of HIV, Workers Education and Adolescent Vulnerabilities.
 6. Six Think pieces have been generated on informing national strategies (HIV).
 7. Two Regional Advocacy Publications in the area of RHFP.
 8. Three Research Studies, documenting impact and good practices of social protection model project, HRH related research contributing to HRH advocacy, CBNA of health administrators in Kerala Health Department have been done in the area of HRH and HIV.
 9. Six training module related to HIV, social protection and Market Based Solutions in Health
 10. Mailing lists and List Servers:
 - a) Social Protection – there has been 12 postings on different themes.
 - b) HRH – 23 Postings (queries posted for discussion, articles, information, newspaper clippings etc) 397 members as on March 31st, 2013.

4.2 Policy Contributions

1. Social Protection for PLHIV and MARPs – contributed to program design and policy inclusion in NACP IV significantly through think piece, design documents and successful model implementation.
2. Human Resources for Health
 - a) HR policy influencing in MP and Kerala.
 - b) Developed an HRH policy framework in partnership with UNICEF FHI. This work was first of its kind.
3. WASH – Inclusion of zinc formulations for diarrhea management as part of Schedule K – Government of India.

4. Influencing Alcohol and Tobacco Policy – Swasti attended two workshops and Swasti’s recommendations on Alcohol have been developed.
5. New theme on Gender Based Violence added – the framework on GBV has been shared with Swasti’s development partner.

4.3 People for Health Project

The People for Health project is an initiative for advancing Human Resources in Health (HRH) in India. The purpose of this initiative is to improve human resource policies, strategies and practices in the health sector in India, through partnership between Government, Civil Society and Private sectors. The initiative is funded by the European Union for the period of 2011 - 2014. Swasti is leading this initiative in partnership with the Public Health Foundation of India. The initiative encourages participation of Civil Society Organizations and other non -State actors (including the private sector) and networks to strengthen national health workforce policies, strategies and practices through effective knowledge management and capacity building. The objective of the initiative is to offer solutions for health workforce issues that are critical at the national level and in the two states of Kerala and Madhya Pradesh.

Objectives of the People for Health Initiative:

- 1) Constructing a comprehensive knowledge base on key health human resource issues.
- 2) Building capacities of key stakeholders to advocate, absorb and learn from each other.
- 3) Building and operating across learning platforms.

Creating a Knowledge Base:

The need for actively building and making available a knowledge base of HRH solutions came up because, in a diverse country like India, one solution will not work across the different geographies. There is a need for different approaches across the various geographies and stakeholders. For building a knowledge base, Swasti undertook the following activities during the reporting period:

1. A nationwide research to document HRM practices.
2. Four fact sheets on key subjects.
3. A directory of HRH reforms in India.

Certain priority areas had been chosen for exhaustive analysis, research and best documentation practices. They are:

- HR Planning
- Recruitment Process
- Motivation, compensation and retention

- Performance management and work culture
- Capacity building methods and tools
- Equity and Gender in health workforce
- HR policy development and practices

These themes have emerged out of the work of Swasti in the several HRH work that it has implemented across various sectors in India.

Key Outcomes during the year 2012 - 13:

Managing Human Resources for Health (HRH) has been a major challenge for the health system in India, and the primary reason is that the country has achieved only moderate to average health outcomes. Some of the major challenges that have interfered with effective HR management are numbers, capacity, productivity and motivation. After studying gaps and challenges that exist in the Governments administrative functions that primarily provide employment to the lower income groups, this program provided some insight for effective HR practices for the country. The program was able to build an evidence base of good HR practices and systems, across different sectors, including good examples from different states in workforce management. This knowledge was used to build capacities of health managers and advocate at national and state levels for better management practices and systems.

The key achievements of the project during the reporting period 2012 - 13 is setting up of the HR cell within the states of Madhya Pradesh and Kerala to address the specific issues of HRH and building capacities of the staffs of the HR cell to take forward the process of change. The Terms of Reference (TOR) for the proposed HR Cell in Kerala was signed by the Principal Secretary, Health. In Madhya Pradesh, the HR cell has been accepted for funding support by DFID (Department for International Development) under the Madhya Pradesh Health Sector Support Program. Within these two states, draft HR policies (for National Rural Health Mission in Kerala and Directorate of Health Services in Madhya Pradesh) have been developed to demonstrate how systemic change can be brought about. The project also leveraged its resources to provide strategic technical assistance in the area of Human Resource Management and Organizational Development. This was done in response to a request from the Health and Family Welfare Department, Government of Kerala and Madhya Pradesh. From developing a comprehensive online HR database, to a chapter on better management of human resources for including in the Program Implementation Plan (PIP) of NRHM for 2013-14 and a policy chapter on HR within the public health policy of Kerala, the project has provided essential support and services to optimize the effort in both states.

Swasti Human Resources:

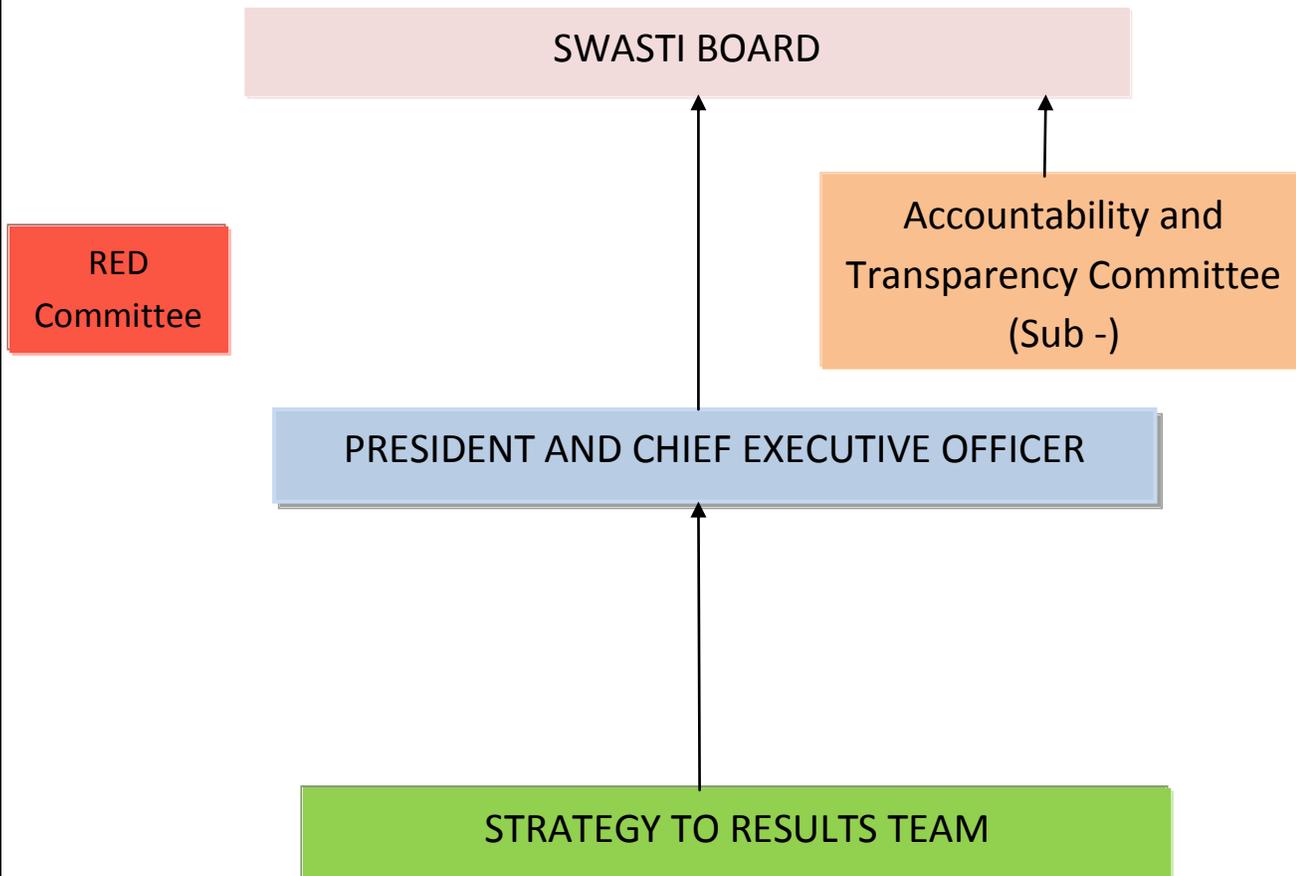
During the year 2012 - 13, Swasti retained 57 professionals who contributed to the growth of the organization and achieving targets. The professionals were mostly from a background of social work, public health and management. These professionals went beyond their calling and through their dedication and commitment made it possible for Swasti to expand its horizons in terms of what it wanted to achieve for the communities that it worked with as well as for the growth of the organization. The Swasti family welcomed 25 new staff into its group, who contributed to achieving the targets that Swasti has set for itself in terms of model building, technical support and knowledge management. The 25 new staff added strength in terms of human resources for the organization, though the number was smaller than that seen for the year 2011 - 12. During the year, there was also some closure of projects due to which there was some attrition.

At Swasti, there is an internship program that helps interns from various backgrounds step on board at Swasti and become 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 Three Strategies and its implementation. They become an integral part of the team and work towards building their capacities in public health. Interns as human resources have added value to Swasti's work during the year in the areas of research, field study, data analysis, and projection material from social work.

This year saw nine interns adding value to Swasti's work from various institutions and backgrounds. Shailesh Acharya was an Intern from the Indian Institute of Financial Management (IIFM). Three interns, Rama Shankar, Kumar Vivek and Neeraj were from the Indian Institute of Management (IIM), Bangalore. Hannah Renton interned for the Partners for Results Unit. Three Interns, Tanvi Joshi, Jazmyn Scott and Amanda Huffman were public health interns from Boston University.

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.



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 endeavors 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 President and Chief Executive Officer (CEO) is responsible for setting policies, strategies, and steering the organization. He is accountable to the Board for implementation of the Strategic Plan, the Board's decisions and ensuring the organization adheres to established policies and systems.

Strategy to Results (S2R) Team was established in 2010 to monitor and reflect on the organization'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	Organizational 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

Financials:

SWASTI



SWASTI			
<i>No. 19,1st Main, 1st Cross, Ashwath Nagar, Bangalore- 560094</i>			
BALANCE SHEET AS AT 31st MARCH 2013			
Particulars	Sch	Amount in ₹	
		As at 31-Mar-13	As at 31-Mar-12
SOURCES OF FUNDS			
General Reserve			
Opening Balance		8,500,626	9,675,065
Surplus / (Deficit) for the year		(3,699,956)	(1,174,439)
Secured Loan			
From Bank of India (Against Security of Fixed Deposits)		6,000,000	6,000,000
Total		10,800,670	14,500,626
APPLICATION OF FUNDS			
Fixed Assets	1	441,292	485,442
Deferred Revenue Expenses (Net)	2	1,125,729	-
Current Assets, Loans and Advances	3	74,329,427	71,371,625
Less : Current liabilities and Provisions	4	65,095,778	57,356,441
Net working capital (2-3)		9,233,649	14,015,184
Total		10,800,670	14,500,626

Schedules 1 to 12 forming part of financial statements

For Swasti

Nandlal Narayanan
Chairperson

Siddhi Mankad
Honorable Secretary

R. Mohan
Treasurer

Date: 16th September 2013
Place : Bangalore.



Refer to Our report of even date

for AITHAL ASSOCIATES
CHARTERED ACCOUNTANTS

CA CHANDRA SHEKHAR AITHAL B
Proprietor
M NO.205102



SWASTI



SWASTI			
No. 19,1st Main, 1st Cross, Ashwath Nagar, Bangalore- 560094			
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2013			
REVENUE	Sch	Amount in ₹	
		For the Year Ended 31-03-2013	For the Year Ended 31-03-2012
Grant Received	5	64,874,699	63,743,611
Social Development Charges	6	8,493,886	6,380,376
Other Income	7	2,736,523	1,785,303
Total Income		76,105,108	71,909,290
EXPENDITURE		For the Year Ended 31-03-2013	For the Year Ended 31-03-2012
Grant Project Expenses	8	67,510,736	61,685,147
Administrative Expenses	9	4,352,232	3,709,864
Social Development Expenses	10	7,822,426	6,436,555
Expenses on Employment	11	70,636	1,198,226
Depreciation	1	49,032	53,938
Total Expenditure		79,805,062	73,083,729
Excess of Expenditure Over Income - Surplus / (Deficit)		(3,699,956)	(1,174,439)

Schedules 1 to 12 forming part of financial statements

For Swasti


Nandlal Narayanan
Chairperson


Siddhi Mankad
Honorable Secretary


R. Mohan
Treasurer

Date: 16th September 2013
Place : Bangalore.



Refer to Our report of even date
for AITHAL ASSOCIATES
CHARTERED ACCOUNTANTS



CA CHANDRA SHEKHAR AITHAL B
Proprietor
M NO.205102



Annex – 1: Staff List

1. N.Shiv Kumar	President and Chief Executive Officer
2. Dr. Angela Chaudhuri	Director, Partners for Results
3. Chandrashekhar Gowda	Director, Innovative Models for Impact
4. Dr.R.K.Pal	Director, Health Systems Management
5. Joseph Julian K.G.	Senior Technical Specialist
6. Annapoorni.S	Documentation Officer
7. Benoy Peter	Coordinator, KMPS
8. Nitin Rao	Manager, Group Finance
9. Shaonli Chakraborty	Manager, Corporate Programme, Delhi
10. Dr. Anindita Bhowmik	Technical Specialist
11. Dr. Indrani Sharma	Program Manager, Human Resources for Health
12. Rajendra. R	Capacity Building Officer
13. Diana Divya Crasta	Program Manager, Social Protection
14. Hareesh.B.S	Cluster Capacity Building Officer
15. Deepika Sagar	PACE
16. Seema.P	Project Staff
17. Kumaraswamy.C	Program Officer
18. Prakash.S.H	Operations Head – SJ
19. Shruti Veenam	Social Enterprise
20. Srinivasalu	Program Manager
21. V.Ashoka	Capacity Building Officer
22. Thangakani.S	Capacity Building Officer
23. Shankar.A.G	Cluster CB Officer
24. Venkatesh	Entitlement Facilitator
25. R.Latha	Capacity Building Officer
26. Sanjeev.G.Pujari	Entitlement Facilitator
27. Ganesha.J	Entitlement Facilitator
28. Usha Rani. H.S	Program Manager
29. P.Bhoopathy	Program Officer
30. Kanhae Tiwari	Program Officer
31. Nidhi Saxena	Program Officer
32. J.Meera Devi	Program Manager
33. Padmavathi	Capacity Building Officer
34. Sushma.S.B	Capacity Building Officer
35. Vimala.P	Capacity Building Officer
36. Sukanya.R	Capacity Building Officer
37. Sarugan.B	Capacity Building Officer
38. Venkatesh Govindappa	Entitlement Facilitator
39. Jeevan Shavali Mulloli	District Program Coordinator
40. Jayanand Patil	Administrative Officer

41. Satish.K.N	Capacity Building Officer
42. Arvind Kumar Das	Capacity Building Officer
43. Vijay Lakshmi.S	Capacity Building Officer
44. Manisha Sarkar Juneja	Capacity Building Officer
45. Gaurav Gopinath	Strategic Information Coordinator
46. Hiral Parmar	Capacity Building Officer
47. Arpita.R.Dave	Capacity Building Officer
48. Thangavelu	PMO
49. Manjula Malagi	Accounts Officer
50. Geeta.C.Chitroda	Social Protection
51. Mary Stella K	Project Staff
52. Prameela	Social Protection
53. Syed Fareed Uddin	Senior Technical Specialist
54. Rayappa J Badiger	Entitlement Facilitator
55. K Murthy	Project
56. Asha	Help Desk Facilitator
57. Col.Goswami	Project

Annex - 2: List of Organizations worked with in 2012 - 13.

1. Catalyst Management Services
2. Vrutti Livelihood Resource Centre
3. 365/6
4. AIDS Data Hub
5. Asia Pacific Council of AIDS Service Organizations
6. Dasra
7. Department of Health and Family Welfare, Kerala
8. Department of Health, Kerala
9. Department of Health, Madhya Pradesh
10. Dimagi
11. D-Tree
12. Family Health International (FHI 360) - Madhya Pradesh Technical Assistance Support Team (MPTAST)
13. GAP inc.,
14. Grant Management Solutions
15. International Center For Research on Women
16. International Planned Parenthood Federation - South Asia Region
17. Joint United Nations Programme on HIV/AIDS (UNAIDS)
18. Jyothi Mahila Sangha
19. Karnataka Network of Positive People (KNP+)
20. Koninklijk Instituut voor de Tropen (The Royal Tropical Institute), Amsterdam
21. Malaysian AIDS Council
22. National Rural Health Mission (NRHM), Kerala
23. Pointec Pens Private Limited
24. Positive Womens Network (PWN+)
25. Public Health Foundation of India
26. Shahi Exports Private Limited
27. Swathi Mahila Sangha
28. Swathi Mahila Vividodesha Souhadra Sahakari Niyamita
29. Technical Support Facility South Asia
30. Technical Support Facility South East Asia Pacific
31. United Nations Childrens Fund, India
32. United Nations Development Programme, India
33. University of East London
34. Vijaya Mahila Sangha
35. Wal-Mart
36. World Vision