

Annual Report 2018-2019





Swasti is the Sanskrit word for well-being and we want to see 100 million well-thy days being a reality for the most poor and marginalized communities across the world. In the year 2018-2019 we focussed on eliminating barriers to well-being and enabling equitable access to care for these vulnerable communities. The year saw the different variations of our flagship Invest for Wellness Model which makes people and their aspirations of well-being core to primary care, rather than the conditions that affect them come alive. This was also a year which saw the deliberate scale up of our collaborative approaches to address the physical, mental, occupational, socio-cultural, environmental and financial aspects of wellbeing, using technology as an enabler, at home, the workplace and in communities. Through this report, the community members, their frontline workers and their programmes speak to you of the year that was.



A letter from Santoshi

Santoshi, our Community Wellness Director in Rehti, was the only girl in her village who completed her school education walking 11 kms to the district headquarters. At 14 she started a girls secondary school in her village and also taught at a night school enabling 300 people to become literate. She joined Samarthan, a non profit, as a field motivator and received the National Youth Award by the Government of India in 2012

#SantoshiSpeaks

Greetings.

My name is Santoshi Tiwari. On September 24, 2018, I got the opportunity to contribute to Swasti's programmes in Rehti.

Rehti is a city municipality in Sehore District of Madhya Pradesh and Budni, which is an administrative block (tehsil) is 80 kms away from it. In Rehti, Swasti's works across 23 villages wherein 3,832 families are reached today. Of these families, 2,653 families are from the indigenous and Dalit community. There are 14,159 people in the area.

There are three key areas where we want to achieve improvement within the community:

1. Agriculture 2. Health 3. Clean Water and Sanitation, better Hygiene. We are trying

to communicate and learn with the community through engaging activities and create avenues for livelihood through social and behaviour change communication. There are 118 Self Help Groups (SHGs) led by women in these villages wherein they have successfully saved Rs 30,18,814/-. To support and enrich these SHGs, their federation, Jagriti Mahila Sangh, has been strengthened and is supporting 1259 women directly.



In the past year, we have not only strengthened the federation and honed the livelihood skills of women but have ensured direct employment for them. Today, women from 62 SHGs have started their own grocery store, and 3 SHGs have started a seed bank. Besides, we have also organized primary health care check-ups where women are diagnosed and treated for common health conditions that can be improved if they adopt good health practices at home.

In the last year, our efforts towards consuming clean drinking water have also been successful. The indigenous community that we are working with today have been living in hilly areas where drinking water has high levels of fluoride and iron. Our communities were deep-rooted in their social norms that have not adapted to the changing environment, causing illness. Our efforts, activities, and cooperation have brought about a positive transformation in their activities. They have adopted the right hygiene practices in their day to day life.

My experience in the past year has been very enriching. Swasti's intervention has been commendable as there is visible transformation among the community. I have observed that Swasti not only works on the progress of the community but their staff too. At Swasti, we ensure that our staff are healthy and ensure their overall development. This is a healthy sign of a trusted organization.

I am a Hindi speaking person. Initially, I thought had made a wrong decision in joining Swasti. The employees used to often speak in English and since I am from a Hindi speaking state, having Hindi medium schooling, the situation was very uncomfortable. But I was wrong. I am invited to all events and activities. I am honoured that the organization and its people strive hard, just like my i4We Rural Lead, Bhoopathy who is not a Hindi speaking person but tries his best to make conversation in Hindi. Today working with Shama and everyone's cooperation and love, I have successfully completed a year that has been very enriching.





In 2018-'19, we directly reached 2,72,881 people with our innovations to improve well-being.

Communities we work with

- Women in Sex Work
- Men who have Sex with Men
- Transgender People
- Women in Factories
- Rural & Urban Poor Families

In 2018-19, with a healthy mix of fresh perspective and experience, an average of 150 employees and consultants, along with 33 fellows, interns, and volunteers, worked together to create well-being. The 17 new staff who joined us in 2018-19 brought with them the experience of working across sectors and domains, and 42% of our staff who have been a part of the our family for three or more years took Swasti's vision forward. 60% of leaders who steered us towards the impact we have reached in 2018-19, were women.

Our fellows, interns and volunteers came from top universities such as IRMA, APU, Christ University, Oxford University, Oregon State University, University of Dundee, University of Melbourne,



Johns Hopkins, London School, Boston University, George Washington Univ, McGill, Columbia University to name a few. Our continued partnerships with organisations such as IDEX Global Fellowship and Crossfields ensured a pipeline of talent.

✦ ***Swasti turned 15 in 2018-2019. Since inception, we have reached communities, governments, and partners across 30 countries.***

Afghanistan, Bangladesh, Bhutan, Cambodia, China, Ethiopia, India, Indonesia, Jordan, Kenya, Lesotho, Lao PDR, Malaysia, Maldives, Myanmar, Nepal, Nigeria, Pakistan, Papua New Guinea, Philippines, Rwanda, South Africa, Sri Lanka, Swaziland, Thailand, Timor Leste, Vietnam, Zanzibar etc



✦ ***In India, we are in 21 States and 3 Union Territories***

States: Andhra Pradesh, Assam, Chattisgarh, Delhi NCR, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, West Bengal

UTs: Andaman, Lakshadeep, Daman



“Invest for Wellness”: Democratizing Well-being

Our flagship programme, i4We specifically delivers well-being services to communities who have the greatest need for healthcare but are least likely to receive it. Delivered in four settings - urban, rural, factories, and within women in sex work collectives, the i4We model is tailored for the setting with further customization possible locally.

In 2018-2019, the i4We programme responded to the epidemiological reality of cancer.

Cancer is the second most common cause of death in India. According to a report from the Indian Council of Medical

Research (ICMR), India had 14 lakh cancer patients in 2016 and this number is expected to increase. More women in India die from cervical cancer than in any other country with one woman dying every 8 minutes. Breast cancer is the most common cancer in women in India with the average age for breast cancer in India is almost a decade lower than that in the west. Cancers of major public health relevance such as breast, oral, cervical, gastric, lung, and colorectal cancer can be cured if detected early and treated adequately.

Swasti in 2018, responded to this powerful epidemiological finding by partnering with Niramai, Humanist and Cytecure Hospitals. Humanist is a non profit that aims to bridge the funding gap for cancer patients who cannot afford the treatment. Humanist also undertakes awareness campaigns and empowers patients with cancer education while promoting best practices in the medical community to aid better diagnosis and treatment for cancer.

Cytecure Hospitals are now the Technical Advisor for Cancer across Swasti's work.

With i4We, we aim to create a self-propelled, viable primary healthcare model that can effectively break the cycle of ill-health and poverty.



35 Sites

(3 Urban, 2 Rural, 4 Factory, 22 in Marginalised Communities, 1 School)



21330 Households

covered (42.11% of target)



32,042 Individuals

(40.5% of target)



22,757 Episodes

of care provided



Team of **213**

full time people on ground

Sharma, D. C. (2016). Cancer data in India show new patterns. *The Lancet Oncology*, 17(7), e272.

Here is a glimpse of each of our model variations.

✦ Urban

The urban model variation sees i4We at urban slums, reaching 13,726 people in Mohammadpur, 8,963 people in Kamakshipalya and 18,997 in Bomanahalli partnered by Marks & Spencer and Levis respectively - with services of social protection, financial inclusion and wellness- a combination of health and wellbeing services in FY2018-2019. The i4We urban model variation is specifically tailored to address urban issues such as poor urban sanitation, issues related to rural-to-urban migration, stagnation and depression, poverty, forced or manipulated ghettoization, planning challenges, social conflicts leading to challenges to health and wellbeing that combined with poverty are major hurdles for individuals and their families to break out of the intergenerational cycle of ill health and poverty.





★ *Rural*

The rural model variation of i4We sees Swasti seamlessly partner with Vrutti's flagship programme, the '3Fold Model' reaching 4316 people in Rehti, Madhya Pradesh and with Vrutti and Green Foundation in Kanakpura, Karnataka reaching 2,052 supported by Social Venture Partners. The Rural model variation of i4We Vrutti's '3Fold Model' addresses the livelihood component for farming families and Swasti's 'Invest for Wellness (i4We)' model is layered to improve the health and well being of those families. Together, the partnership offers farmers and their families from the lowest wealth quintile, wealth creation and well being (i.e. livelihood and health), with the health component layered on the livelihood interventions and strategies. Most farming households do not follow any preventative approach to health and are uninsured. The i4we model combined with the 3Fold model forms a framework for targeting the improvement of both livelihood and health of farmers and their families.

★ *Marginalised Communities*

Marginalised Communities of Women in Sex Work, Transgender People and Men who have Sex with Men in India have been principally reached by Peer Led Targeted Interventions given their vulnerability to HIV infection - irrespective of the epidemic type or local context. This approach does not address the primary health care and well-being needs and also proximal health conditions that can be easily addressed (TB, Cervical cancer, Hep B, etc) nor does it account for the changing nature of community interaction among these groups. The i4We model variation for marginalized communities supported by Ashraya Hastha Trust reached 12,883 people across 5 States in India in FY2018-2019 with the aim to improve the overall well-being of its members through coordinated and integrated care by means



of a cost effective, replicable and scalable wellness model. This model variation supported by Ashraya Hastha Trust achieves this by helping the community members reach their financial goals and increasing their healthy days through free treatment of primary health issues, avoiding re occurrence of treated disease, identifying hidden health problems and supporting for treatment and rendering support in solving issues related to property, health, financial, social and legal that are stressors. The i4We model variation for marginalised communities combines an outreach model led by financial inclusion through linkage - Business Correspondent (BC) / Business Franchisee. Business correspondents play an integrated role (Health, Social Protection, Financial Security & Safety, Security & Justice) and provide - Reliable, Reasonable and Regular Services.

✦ **Factory**

In 2018-2019, Swasti undertook extensive groundwork in Doddaballapura and Karur that involved mapping of industries, meeting industry associations and presenting the i4We model variation for factories. The i4We model variation for factories focuses on three key outcomes - turning health care for factory workers from passive to active, preventive and promotive, increasing access to social protection schemes and improving

uptake of the Employees' State Insurance Scheme. This model variation contributes towards the enhancing of health outcomes among workers and also towards the business outcomes of the factories. Through this model variation, a vision for wellbeing and care is created among the management of factories which goes beyond just compliance and contributes to enhanced adherence to the social and legal compliance. Swasti focussed on building networks with industry associations and health service providers keeping the principle of "work with what works" and building access pathways to affordable Safe Air, Water and Food products. The team also undertook intensive workshops at both locations to discuss the importance of investing for wellness that has led to co- developing the model further with the community.





✦ *School*

In 2018-2019, with the support of Ashraya Hastha Trust that focuses on health and education, Swasti initiated a pilot project in 7 schools in Karnataka kicking it off with a needs assessment. The assessment was conducted to get an idea about WaSH needs, risk the students are in with respect to socio-emotional wellness and physical wellness. The pilot combines two focus areas with the singular vision of leading to fulfilled and resilient adolescents and children in the schools. This model variation of i4We can help children and adolescents learn better and lead holistic better lives that gives them a fair chance to break the poverty and ill health gridlock for themselves and their families. The two focus areas are physical, social and emotional wellness which is the high touch focus area and environmental and intellectual wellness which is the low touch focus area.

Meenakshi's Story

Meenakshi, a young woman aged 20, lives with her family in Mohammadpur village. A highly congested area spread over 7 kms radius, the actual numbers of people living in Mohammadpur are well beyond government estimation and could be upto 50,000 individuals. Mohammadpur struggles with obtaining basic amenities from the government and families like Meenakshi's are barely able to take care of their health needs. Despite financial constraints, Meenakshi has been pursuing her studies determined to do well. At present she is an undergraduate student at MD University. Her days fly by amidst household chores and studies.

6 months back, Saroj, a health facilitator from the i4We Wellness Centre, suspected that Meenakshi is anemic while conducting a risk assessment on Anemia in Mohammadpur. Undiagnosed and untreated Anemia has far reaching consequences and may cause irreversible damage to the human body. On coaxing Meenakshi gently, Saroj found out that Meenakshi had been experiencing frequent bouts of tiredness, headaches and

general fatigue to the extent that even carrying out day to day chores was becoming difficult for her. Meenakshi had not disclosed this to anyone up until then. Upon Saroj's gentle insistence, she got screening done by the Nurse, Sonia at the Wellness Centre. There, it was found to be 8gm, well below the normal range for hemoglobin for women, which is 12.0 to 15.5 grams per deciliter.

Sonia and Saroj sat with Meenakshi, worked out health practices tailored to help her recover and sustain health.

This year 282 vulnerable women have been successfully treated for anemia through the M&S supported ICHW programme.



✦ *A major breakthrough in Coimbatore*

Possibly for the very first time in India, 50 transgender persons from their Community Organisation, Coimbatore Maavatta Thirunangaigal Sangam (CMTNS) received livelihood training (catering and food processing). To meet the costs, National Bank for Agriculture and Rural Development (NABARD) funded Rs.2.4 Lakhs and Rs. 1.5 lakhs were donated by the CSI Diocesan Council in Coimbatore. The CSI Bishop Appasamy catering college, provided the training. Impressed with the initiative, CSI Diocesan Council invited CMTNS to submit a proposal to start a catering unit (Enterprise).

The CSI council has agreed to support CMTNS with Rs 9.5 Lakh to start the catering unit.



Sexual Reproductive Health & Rights

✦ *Taaras Coalition*

In 2016, women in sex work formed the Taaras Coalition. Taaras, meaning rapid progress, is a coalition of women in sex work and their organisations that is a platform for their voices, aspirations and joint actions, rising above ideologies, geography, federations, cultural and language divisions. At present, Swasti, serves as Secretariat to the Taaras Coalition.

Women in sex work and their community organizations formed the Taaras coalition in 2016. Swasti as its secretariat facilitated the involvement into the coalition and existing networks of women in sex work in India such as AINSW, NNSW and others. The Taaras Vision sees every woman in sex work realizing all citizenship rights and living with dignity.

Today, 107 community organizations are members of the Taaras coalition which has a total member strength of 152,100 and counting. 450 community leaders are actively participating in Taaras Coalition activities and have taken up the role of being the voice of the members. The leaders often say

“Earlier the officials would not let us enter their room, now they get us a chair and offer us tea. We are heard, respected and are part of the solutions.”

The coalition works with women in sex work at the community and ecosystem levels to facilitate a shift from beneficiary to change agent and create sustainable, secure lives as citizens of India.

✦ *Support to State AIDS Control Society*

In 2018-2019, we partnered with community leaders to undertake workshops with Telengana, Tamil Nadu and Kerala State AIDS Control Society on Community Organization development. We also undertook the pilot testing of the Taaras App what improves outreach to address risk and vulnerability for HIV/AIDS.





✦ **Malaysian AIDS Control Society**

In July, 2018, Swasti supported the Malaysian AIDS Control Society in assessing and selecting Sub-Recipients and plan for Transition Funding. Based on the extensive experience in working with populations vulnerable to HIV/AIDS and their community organizations coupled with developing transition funding plans, Swasti partnered with Swathi Mahila Sangha, a community organization of women in sex work to help Malaysian AIDS Control Society develop their plans.

✦ **MITHR**

The MITHR model reached 2115 individuals who were at high risk from among the largely left behind and unreached key population (KP) members and their partners with HIV counselling and testing services. It works with trained ancillary healthcare workers to screen people in their own communities for HIV. MITHR will take screening out of the healthcare facilities to the hotspots, houses, brothels, bars, and lodges where KPs live and work. We, along with St.John's Research Institute designed and implemented the model supported by AIDS Fonds.



Suma's Story

There are 2.3 million separated and abandoned women in India.

For women who are financially dependent on their husbands, a breakdown of marriage often sees them being forced to return to their natal homes in the face of social rejection. Many find themselves homeless or subject to abuse, forced to negotiate a lifetime of risk to their bodies and mind.

"They treated me like I was a terrible person. It made me really sad. In reality my husband left me, but they were accusing me of leaving him. This hurt me a lot. I went into depression. At that age I did not know much about the world. I tried to kill myself by consuming nail polish mixed with water.", Suma recalls with a catch in her voice.

Suma was interrupted by a neighbour who had decided to drop in to check on her. Suma's social circle expanded through her friendship with her. With no skills and a pressing need to earn a living Suma began engaging in sex work. Suma also became a member of the community organisation, Navyashree.

Of her early years with Navyashree, she says "I learnt a lot about shaping my life. I came to know whom to approach in times of emergency. They helped me in resolving my issues, get a PAN Card and a bank account. When the government of Telangana introduced the single women pension scheme, they helped me avail it. Navyashree also made me realize the importance of saving money and advised me to get an LIC policy coverage, for a better future. Now I have an LIC policy."

Suma credits her coming out of depression to Navyashree. She says "They removed my loneliness. Whenever I go there, I see many women like me. I feel I am not alone. Navyashree also helped me get a tailoring machine from which I am able to earn and take care of my expenses.

The happiest thing for me is that after I started getting involved with Navyashree, and working for women in distress, the people in my society started respecting me. They are closer to me now, they listen to me, visit me, ask about my needs. Even my family is happy with me. My father, my sister support me.

They say I have changed a lot. I have built my own house. Because of their encouragement I have improved in life. I am very thankful to them. And I thank all the organisations supporting Navyashree. Because of them, Navyashree exists, and because of that, people like me have a future. I am sitting here today because of them. If they were not there, I would have lost myself, might have killed myself..."





Worker Well-Being

In 2018-2019, our Worker Well-Being initiatives enriched the lives of 44,018 workers (25061 women and 18,957 men) through 11 workplace programmes. The total economic value of Social Protection schemes accessed by workers amounted to 29.31 Crores INR. The Social Protection component worked towards not only improving access but also improved worker-management relationships significantly.

3 regional workshops on worker wellbeing were facilitated through FICCI and Walmart partnerships and FY 2018-2019 saw sustained partnerships with Levi's, Inditex, BSR, Walmart, WomenWin,, Debenhams. There were new partnerships with H&M, C&A, VF, M&S, Li & Fung and upcoming partnerships with Bath University, UN Foundation, Tufts University.

A global portal on Worker Well-Being is in development stage - aimed at bringing together the body of learnings, outcomes and tools on wellbeing. The year also saw Swasti as a featured member on the World Benchmark Alliance.

Worker Wellbeing programmes in factories saw strengthened and comprehensive policies and systems towards worker well being. The Sakhi programme supported by Inditex improved the functioning of Internal Complaints Committees and Prevention Of Sexual Harassment at workplaces. The programme made great strides towards an improved gender equitable workplace.

Swasti partnered with the Levis Worker Well-Being India programme to customize it for each factory.

Following a joint needs assessment, factories were provided with a basket of Health, Gender equity, Social protection & Financial Inclusion, Life skills and Workplace Relationships to choose from. A training of trainers approach was undertaken by creating a pool of resources from within the factory.

FY 2018-2019 saw BSR and Swasti's HERHealth programme move into the sustainable system strengthening space & HERrespect programme reaching completion. The LIFE and MyLife programmes continue while the Walmart supported Women in Factories have entered its third phase that involves centralized Training of Trainers expanding to non Walmart factories as well with investment by the factories, creating cross learning and an overall positive influence upon the ecosystem.

A FICCI partnership has enabled Swasti to scale up lifeskills and women empowerment initiatives through multiple sectors.

Swasti continued to expand the life skills programme for women in sex work and their community organizations as well as farmer producer organizations.

Towards a sustainable future, Swasti is developing a worker wellbeing manual that would enable factories implement worker wellbeing initiatives internally.

WaSH

FY 2018-2019 saw Swasti's work around Water, Sanitation and Hygiene address pressing issues such as safe water given the level of pollutants and water conservation given the situation of water scarcity and climate change.

As Swasti works with the most vulnerable, poor and marginalized, our communities are at the first line of crisis when it hits with limited resources that could protect them from harm. It thus becomes imperative to have robust WaSH initiatives and innovations that serve the actual needs of the communities.

We were supported by HDB Financial Services in Rehati Tehsil of Sehore District, Madhya Pradesh to improve WaSh and water security in the region. Through advocacy with the district administration the programme aims to reach a significant

percentage of the district's population of 13,11,332, of which 81 per cent are rural spread across 1,031 inhabited villages. The Narmada Nal Jal Yojna has started supplying water to several villages in the block and district for one hour a day. However, a large percentage of the population remains unserved and use hand pumps, borewells and other sources. Just 37 per cent have improved sanitation facilities and 75 per cent have no drainage connectivity. Around 79% and 8% of children less than 5 years of age are suffering from Acute Respiratory Infections and diarrhoea, respectively. Children often do not wash their hands regularly, rub their eyes, and put their fingers in their mouths, resulting in the spread of viruses. The strategy has been to ensure water security for domestic use, school WASH and the development of life skills for adolescent girls. There are 2827 schools in the district, of which about 500 are in Budni block. A preliminary survey indicated that their WaSH situation is poor. For water security the strategy has been to develop local



water availability through watershed and rainwater harvesting projects in these villages. We found that adolescent girls are unaware of the psychological changes that menarche brings about due to lack of guidance, knowledge and appropriate information on this developmental stage, hence have little or no confidence to manage their body hygiene. This is being addressed through school strategies. We found that 74% of the groundwater resources are already being used and pollution from open defecation and poorly made toilets, lack of sewage systems in urban areas and other sources have significantly deteriorated the water quality.

In FY 2018-2019, this programme included habitat-level water security in five villages, reaching a population of about 7500 people, and a school WaSH program in 22 schools of 10 villages that reached 1751 children who have embraced good WaSH practices and 44 teachers who continue to support the change. Through engaging games and activities, School WaSH sessions, Child Cabinets and Community Awareness Programmes have seen success and continue to inspire change for better WaSH in the villages. Water security plans have been prepared for the five villages of Dhava, Lavapani, Khapa, Bhilpati and Pat Talai and on each village a participatory rural appraisal has been carried out comprising of transect walks, household surveys and mapping of dwellings land use, water bodies, forest lands and common lands. Villagers and the project team have identified the drinking water sources that are perennial and free of contamination that can be rehabilitated. Water quality

tests have been conducted to ascertain that the water is free from contamination and the sources can be rehabilitated. In 11 schools toilets that were broken and unusable were renovated by fitting new taps, doors, tiles and wash basins. Similarly, 5 kitchen areas in the 5 schools were renovated to provide for a dish washing area. Tiles and tubes were replaced and kitchens were repainted. A new motor pump was also installed to provide for running water. In Lawapani a boundary wall was constructed and in Beelpati wire fencing work was done. All this helped to provide easy access to 787 school children of six villages (Khapa, Lawapani, Paattalai, Dhava, Bhaisan, and Beelpati) to functional WaSH facilities.

In Dhava, the model village for water security, a committee has been formed membered by the community to run a new well, with a sand filter work. This was designed and constructed by locals in absolute partnership with the community. This is a working model. An extensive study by two Water Fellows from



Arghyam in 2018, revealed that while most of the water plants established without the partnership of the community are non-functional or have been shut down, the eleven community-led water plants, co-established by Swasti and the community in Chikballapur even as early as 2013, continue to thrive.

In Bangalore, the WaSH programme supported by Levis saw communities in Jigani, Kamakshipalya

and Kenchanahalli areas of Bangalore in the first phase and Bommanahalli, Kamakshiplaya/Kamalanagar areas in the second phase saw a total of 19 WaSH infrastructures with 8 in 2018-2019 come alive. Capacities of a total of 2699 children, 949 women and adolescent girls were built on sanitation especially menstrual and personal hygiene, safe drinking water. 4 innovative products piloted on water testing and filtration backed by national and internationally acclaimed scientist and researchers.

The WaSH in Schools programme saw a total of 6 Rainwater harvesting systems in 6 Schools that have been supplementing existing water supply in the school premises of the existing communities around urban Bengaluru. This water is stored is used for hand washing and in the bathrooms. The excess is recharged into the ground that helps the surrounding community which is partly dependent on groundwater. It combines rainwater harvesting with storage and treatment benefiting around 2500 students directly and communities close by indirectly.

✦ **Water impact is calculated based on total water conserved by installing Rainwater Harvesting (RWH) systems till date.**

Here are some interesting numbers:



Assumptions for calculating total water conserved from 6 Rain Water Harvesting systems installed:



Total approximate rooftop catchment of **6 school** complexes: **1588 SqM**

Number of months the RWH systems are functional: **7 months** (latest) to **20** (earliest) months



Average Rainfall: **929.00 mm** and Runoff Co-eff: 0.85

Total Annual Runoff is **1254 K Litres** i.e 1253964.2



1277 K litres of water was conserved from installing the 6 Rainwater Harvesting (RWH) systems till date.

Our partnership with **Soapy** that was initiated in 2017-2018 continued into 2018-2019 and our partnership with **Chromagar** was deepened.



The Story of 'Mission Swach Mohammadpur'

An eight day Sanitation drive was initiated by Swasti in the i4We location of Mohammadpur, Jharsa from 23rd to 30th June, 2018 with the support of primary stakeholders like the Municipal Corporation of Gurgaon, M&S, Ecogreen, BMRC, Chintan, Youth Clubs and local community leaders. The drive aimed at addressing the poor sanitation condition through a combination of WaSH awareness drive and community action.

The main objectives of the drive included

- To encourage the community, go plastic-free
- Create awareness on sanitation and hygiene among community members
- Awareness of adopting new waste management facilities provided by MCG and Ecogreen
- Advocacy with key stakeholders (Community, MCG, Ecogreen and Local leaders) to improve sanitation issues in Mohammadpur.

The initial days of the drive focused on spreading awareness of the importance of adopting proper waste management systems. For the same, the i4We field team involved community members and trained them as Sanitation Champions (with

the help of sanitation partner Chintan) to create awareness in the community. These Sanitation Champions included school children, youth club members, BMRC's staff, Migrant Centre trainees and SHG members. These Sanitation Champions used different platforms and methods (such as organizing street theatre, organizing sports and painting competition, running community walk & signature campaigns, conducting house to house visits). Nearly 300 community people participated in the campaign and supported the spirit of "MISSION SWACH MOHAMMADPUR."

The last three days of the drive were dedicated to the village clean-up followed by a closing ceremony. Swasti along with community stakeholders such as Youth Club members, BMRC, SHG Members and Solid Waste Management Agency -Eco-green Private Limited aggressively cleaned the streets of Mohammadpur with a visible change. The closing ceremony took place on the last day of the drive (i.e. on 30th June 2018) attended by all the stakeholders including senior representatives from Municipal Corporation-Gurgaon. Mr. Bhopal Singh, Executive Eng.-Sanitation department (MCG) and a Senior representative from M&S felicitated the Sanitation Champions for their zealous efforts to fulfill the objectives of their Mission.

The key outcomes seen as a result of the campaign is increased attention on sanitation and hygiene issues of Mohammadpur by MCG resulting in regular cleaning of community by MCG

workers, increased access to waste management and disposal services of Ecogreen by the community, raised awareness on sanitation and hygiene along with safe waste management practices and reduce plastic use among community members, increased ownership by the community leaders and members towards a cleaner Mohammadpur.

The ceremony ended the drive with a promise to continue with such collective efforts and helping the resident of Mohammadpur to become more responsible in making Mohammadpur a SWACH GAON to live in.





Health System Strengthening

Swasti's work on Health System Strengthening has been all about contributing to the sector of public health and beyond in order to make health systems work for the poor, marginalized and vulnerable. In 2018-2019, Swasti's Learning4impact knowledge collaborative was supported by USAID India Health Office partnered by Catalyst Management Services and Itech Mission. Covering the themes of Monitoring, Evaluation and Learning and serves Public Health Professionals, Government Programs & Partners: Ministry of Health and Family Welfare

The goal of Learning4impact is to build, facilitate and share learning, through evidence and insights, to maximize the positive health impact from health investments. Its objectives are to mobilize thought leadership and need based technical support that could maximize positive health impact; to generate and share insights and evidence within the health

sector towards accelerating impact, shared value and value for money for partner interventions, and identify gaps for future investment decisions; to distil and synthesize key sectoral knowledge.

The Learning4impact (L4i) knowledge collaborative membered by 25+ impact organizations in 2018-2019 provides the platforms to catalyze these results. Operational mechanisms include research, technical support, and facilitation of powerful platforms for dialogue and discussions and sharing experiences and learning.

Cross-Cutting Areas:

✦ Prevention of Gender Based Violence, Social Protection & Financial Inclusion and Technology

Prevention of Gender Based Violence, Social Protection & Financial Inclusion and Technology are cross cutting areas that address vulnerability for all the programmes that are designed at Swasti.

In FY 2018-2019, the Prevention of Gender Based Violence plug in made a significant difference in the lives enriched by i4We across all its model variations and in worker well-being programmes. BSRs HERrespect programme saw the initiation of a legal care service and concerted efforts towards improving

organizational policies and increase of access around Prevention of Sexual Harassment at the workplace in India and in Sri Lanka. Our PGBV work with factories sensitised the workers, supervisors and management on women's rights to ensure a gender-inclusive work environment. It provided linkages with legal and counselling services for violence redressal and prevention at workplace and home, and strengthened or established POSH policies and commitments.

Social Protection and Financial Inclusion services ensure entitlements and benefits that apply to the communities — most of whom are below poverty level - reach them. It includes access to rights and entitlements which may be in areas spanning nutrition, healthcare, shelter, health insurance, legal aid, travel support, pension and so on. Financial inclusion services cover the ambit of savings, pension, insurance and credit - responsibly and fairly undertaken, coupled with financial literacy and delivered with dignity. Social Protection services are included across all of Swasti's programme and in FY2018-2019 reached people among communities in Factories and Farmer Producer Organizations as well as in i4We in Rural, Urban and Marginalized Community model variations. 4948 people were able to avail schemes and 1039 people were issued government IDs. In Factories, INR 29.3 lakhs was raised in the hands of the community.

In 2018-2019 we continued to use technology to drive change and accelerate impact. Our determinants for technology

partnerships were those that increased efficiency, accelerated reach and introduced quality of care.

The Internet Saathi programme, a joint initiative of Tata Trusts and Google India is one such partnership. The programme focused on creating awareness among rural communities about internet and its benefits catering to young, enterprising women in rural areas who are inducted as Internet Saathis. The Internet Saathis are positioned as digital agents of change in the respective rural communities and deliver digital literacy to community women for six months and graduate to become digital entrepreneurs earning sustainable income. In Karnataka through this partnership over 2 phases 8,84,490 women became Internet Saathis across 9 districts (Chikkaballapur, Kolar, Davanagere, Chitradurga Dharwad, Haveri, Gadag, Belgaum and Gulbarga).

The year also saw CISCO support the app OaaS (Outreach As A Service) which was co-developed with WebTrigon. OaaS aims





towards improving community engagement. OaaS is a mobile and web solution that facilitates wider and deeper community engagement. A user-friendly and visually rich application, it works on any android phone, works in offline and online mode, and has multilevel data security. OaaS offers seamless user experience, a brilliant design and superb ease of use. FY 2018-2019 saw OaaS demo-ed across different programmes at Swasti. In FY 2019-2020, it would be the backbone and railing for all future technology products being incubated at Swasti for social impact.

Breast cancer is the leading cause of cancer deaths in women today and. Indian women have only about 50% chance of survival as per a WHO report. Early diagnosis is very critical to decrease mortality rates. Swasti partnered with Niramail to adopt their their technology solution, Thermalytix, to detect

breast cancer at a much earlier stage than current methods or self-examination. Niramai offers a low cost, accurate, automated, portable cancer screening solution that can be operated by a trained user - no special qualification is required. Unlike mammography, the imaging method captures normal body heady, applies artificial intelligence for detection of potential abnormalities, ,radiation free, non-touch, not painful and works for women of all ages.

In the thread of Technology, FY 2018-2019 also saw the partnership with i-calQ, a Salt Lake City, Utah firm that's developed a portable smartphone-based diagnostic technology go into pilot phase to screen for thyroid in i4We. The system integrates a smartphone app, a biosensor, and a disposable test cassette to be able to spot specific compounds in a few drops of blood that helps determine if the individual has thyroid disease. This typically requires a lab and a few spare days to get the results. The i-calQ test, on the other hand, takes about twenty minutes from start to finish and doesn't require any specialists or special lab equipment to perform.

The i4We App incubated in 2017-2018 found support from Fidelity in 2018-2019 thus enabling the i4We App becoming increasingly nuanced for use of the wellness facilitators.

Our Partnerships

Partnerships are central to our success in driving innovations for change and delivering outcomes in each of our programmes. We have always built sustained partnerships with community organisations, donors, and brands; academia, technology firms and venture networks; and media and cross-sectoral experts. Leveraging these collaborations have ensured that donor investments are effective, programmes are evidence-informed and technology-driven, and platforms are built for cross-sectoral convergence.

2018-2019 saw several of our partnerships move from bi-lateral to multi-lateral. Some examples are the partnerships created across the table with Oregon State University, Fu Jen Catholic University, Institute of Rural Management, Anand (IRMA), Patient-Centered Medical Home (PCMH), Swathi Mahila Sangha, Catalyst Management Services, Vrutti and Swasti. Another multilateral partnership that is developing is with UNICEF for the Social Norms Hub.



2018-2019 Financials

Overview

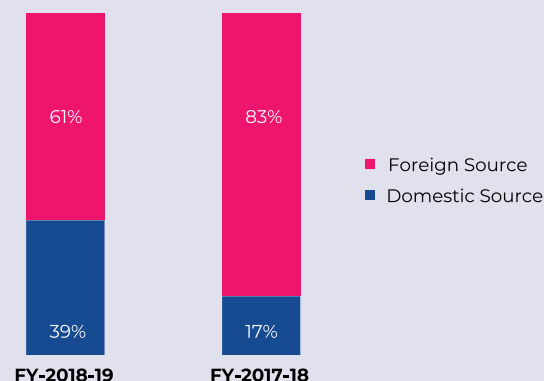
The Financial statements have been prepared in compliance with Generally Accepted Accounting Principles'(GAAP) in India. Accounts have been prepared on going concern' basis under the historical cost convention. The CEO, Treasurer and Finance Lead take responsibility for and vouch for the integrity and objectivity of these financial statements.

INCOME

Total income for the financial year 2018-19 has decreased by 20% (Rs. 22.78 crores to Rs. 18.19 crores) over that of 2017-18. The decrease is due to a) decrease in foreign grants received and completion of work in hand; 6 grants were completed during the period. The Gates Foundation grant ended in Dec 2018 and we entered the final phase of the Walmart-Women-in-Factories programme; b) further aligning work and funding with i4We (which had started in FY 17-18), the focus was on implementation and fund-raising for this programme.

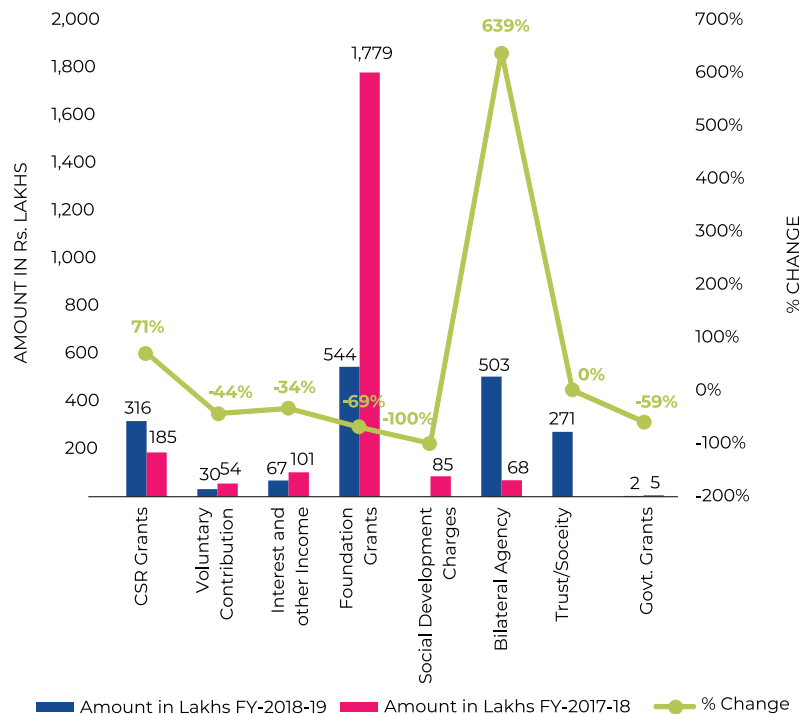
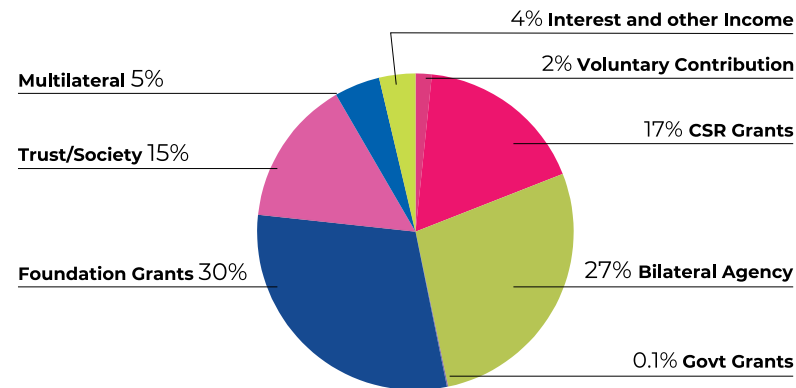
SOURCES OF INCOME

Domestic income formed 39% of total income in FY 2018-2019, as compared to 17% in FY 17-18. Domestic income increased by 83% over FY 17-18 (from Rs. 3.91 crores to Rs. 7.16 crores). 61% of total income for FY 18-19 was from foreign sources and has decreased by 71% from FY 17-18 (from Rs. 18.86 crores to Rs. 11.02 crores).



COMPOSITION OF INCOME FOR FY 2018-19

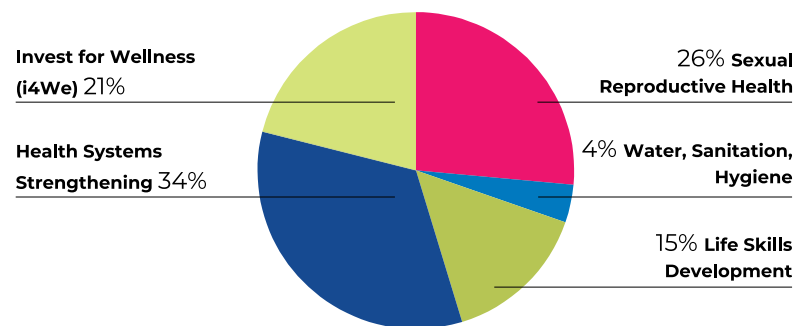
Foundation grants and Bilateral Agency grants together contributed to 57% of the total income. Grants for Invest for Wellness (i4We) increased by 71% (from 185 lakhs to 316 lakhs) in FY 18-19. CSR monies also increased to 17% in FY 18-19 vs FY 17-18. Greater diversity and balance of funding sources can be seen in FY 18-19 as compared to previous years. The most significant increase in funding was for Bilateral Agency funding, specifically USAID.



Voluntary contributions seem to have declined since FY 17-18 and this is because of the Swa-shakt programme (under Avahan III) in FY 16-17 & 17-18 and did not continue subsequently.

DISTRIBUTION OF TOTAL INCOME

21% of the grants received in FY 18-19 (Rs.3.67 crores) were for the Invest for Wellness programme, versus 8% in FY 17-18. 15% were for Life Skills Development (Rs. 2.61 crores), compared to 18% in FY 17-18. Sexual and Reproductive Health work received 26% of grants (Rs.4.61 crores) versus 69% in FY 17-18. Health System Strengthening received 34% of grants (Rs 5.87 crores) as compared to 3% in FY 17-18.



EXPENDITURE

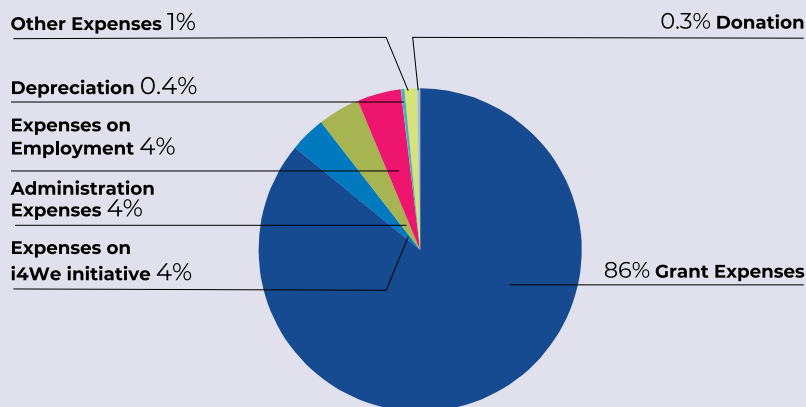
The Strategic Plan for 2017-2022 focuses on the Invest for Wellness (i4We) model. The transition towards this model for all direct community engagement had begun in 2016 but has been accelerated in 18-19. The financials for 18-19 are aligned

with the focus on i4We. All i4We related expenditures were not covered under grants and this is reflected in the deficit of Rs. 68.26 for FY 18-19.

COMPOSITION OF EXPENDITURE

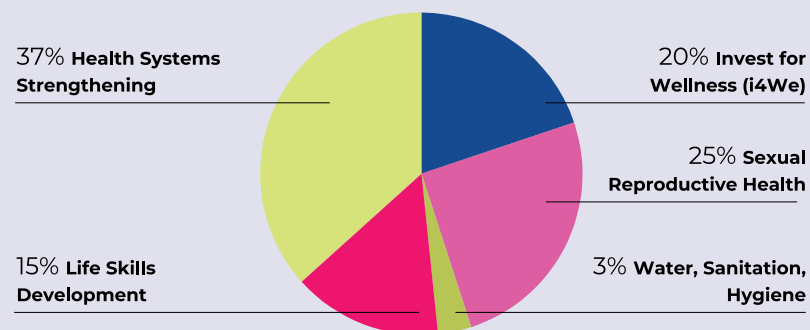
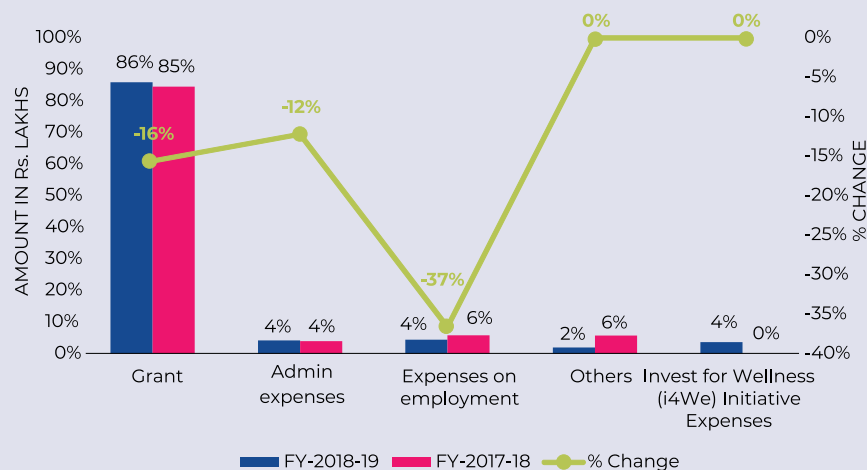
86% of the expenditure in FY 18-19 was directly towards grant programmes compared to 87% in FY 17-18. With a continued focus on efficiency, administration expenditure has remained at 4% of total expenses, the same as in FY 17-18.

Total expenses for the financial year 2018-19 have decreased by 17% (19% in FY 17-18) from Rs.23 crores to Rs.19 crores, in line with the reduced income. Expenses on employment were only 4% (6% in FY 18-19) of the total income.



DISTRIBUTION OF PROGRAM EXPENDITURE

The expenditure distribution is in line with the purpose for which the grants were received.



INCOME AND EXPENDITURE STATEMENT

Abridged Income and Expenditure Statement (INR in Lakhs)		
Particulars	2018-19	2017-18
INCOME		
<i>Earmarked Funds</i>	1743	2038
<i>Social Development Charges</i>	0	85
<i>Donations</i>	9	54
<i>Interest and Other Income</i>	67	101
Total Income (a)	1819	2278
EXPENDITURE		
Grant Expenditures	1621	1921
Social Development Expenses	0	41
Expenses on i4 We initiative	68	0
Administration Expenses	79	90
Expenses on Employment	83	131
Other Expenses	36	89
Total Expenditure (b)	1887	2272
Surplus/(Deficit)- (a-b)	-68	6

A letter from Pankaja

Pankaja has been working as a nurse since 2008 and has worked in both clinic and emergency settings. Her engagement previous to i4We was with the 108 Ambulance service. Pankaja is relied on by the community to the extent that children often walk into the Wellness Centre to meet her when their parents or guardians are at work and they feel unwell or have taken a fall.

#PankajaSpeaks

I am Pankaja. I joined Swasti's i4We programme in Bomanahalli, Karnataka as nurse 2 years back. Although I had worked in hospitals and clinics, it was difficult for me to talk about health issues in absence of a doctor. The community members often came to me with their problems and gradually with the support from Rashmi, our Community Wellness Director and Dr. Anuradha, our Consulting Doctor, I became more confident and able. Also I am learning to talk with members and win their trust. Due to this some members not only share their emotions but also share issues that are personal and sensitive to them.

I have been undergoing training over the last 2 years and now I am adept at providing care for conditions such as Anemia, COPD, Screening

for Breast Cancer, Thyroid disease and more. With my work at the clinic and grounded interaction with the community, I was also able to inform the Health Strategies for i4We that Swasti and its partner Primary Care International was working on. Technological trainings on using the i4We App has helped me get better at patient tracking and guided meaningful interactions with the members.

Looking back, I am astonished at how far we have come as a programme. For the first few months, everyone who came in



would ask for a Doctor and leave. But gradually they began trusting my training and abilities. Some of them confidently said, "We don't need a doctor. You are good at what you do". These words bought more self confidence in me. Also it increased my responsibilities to keep up their trust through performing my duty well. Our work has also made a paradigm shift in how our community members prioritize their wellbeing. While in the first year, they deprioritized health, choosing to focus on money, this year, they have begun to say, "Money is also important but if health is good we can earn money". So whenever they feel unwell, they immediately drop into the wellness centre to be on the safe side and address the root cause, so they can prevent illness.

I really want to share with you about Mrs. Salma. When we started screening for thyroid diseases, Mrs Salma was my very first patient. She had been taking medication since years that were causing her multiple health problems such as issues with her menstrual cycle, difficulty in conception, exhaustion, drowsiness, mood swings, weight variations and more. She kept consulting doctors and taking a battery of pills. When we screened her at our wellness centre, we found out that she was taking a higher dose of medicine than required. Dr. Joel Ehrenkranz of ical-Q who we had partnered with for the screening suggested that Mrs. Salma taper down her medication.. After finally stopping that particular medication, she was able to regain her health and even conceived! At present, she no longer needs medication. She has been

speaking about the i4We wellness centre to everyone she knows in the community. She proudly says, "This is my family clinic".

It is my dream that we at i4We will be able to cater to every need that each and every woman in the community feels- be it for their health, wealth creation, safety and wellbeing through varied activities such as yoga, exercise, self defence, nutrition and more. Our community has many individuals addicted to alcohol and it is important to continue to address the deaddiction needs and ways to support their families as this affects their wellbeing. The women of the community make i4We successful and it is important to meet their needs.







General Body

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

And, that's a wrap for 2018-2019! Thank you for being part of our journey. Follow us on social media and stay connected with our story as it unfolds.

We also thank our founders, Shiv Kumar and N. Raghunathan, who continue to guide us as our chief mentor and mentor, respectively.

Staying true to our belief in the power of partnerships, we have advanced to being a springboard. We are no longer only a programme or service delivery organisation, but also an incubation platform for ideas, that generates and crowdsources high-impact public health and wellness ideas. We innovate on solutions, incubate and aggregate ideas, and support working models inside or outside Swasti.

If you have a creative solution to incubate, or are looking for an innovation partner in health, write to us at hello@swasti.org

Thank you for being part of our journey. Follow us on social media and stay connected with our story as it unfolds.



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Swasti Health Catalyst

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A not-for-profit society, Swasti is registered under the Karnataka Societies Registration Act 1960 (17th Section/ Registration No.134/2004-05). Swasti has the following regulatory approvals - Section 12A and 80G of Income Tax Act, 1961 and the Foreign Contribution (Regulation) Act, 1976 - which allows it to accept and utilise foreign contributions. The FCRA registration has been renewed and is valid till 31 October, 2021.

