Registered in 2004 under the Societies Act, 1860

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In memory of Dr. Prabhu S., who left us on 26 April 2010.

This report covers the period 1 April 2009 to 31 March 2010.
Letter from the Chair of Swasti Board

Dear Partners, Colleagues and Friends,

I am happy to present Swasti’s 2009-2010 Annual Report. Swasti was established eight years ago as a health resource centre to improve health and well-being, particularly of the marginalised through innovation. With each year that passes, we continue to demonstrate our strong commitment to this goal. 2009-2010 was no exception, with the team taking on a variety of different assignments in India and overseas.

The year that past was marked with many achievements, and all three divisions of Swasti, Action Research and Implementation, Technical and Management Support, and Learning Systems, have made significant strides towards enhancing health outcomes.

I would like to congratulate the team on the great successes of 2009-2010 and urge them to keep up their efforts in making a difference in social development. On behalf of the Board of Directors, I thank all who have been a part of Swasti’s journey and helped us reach where we are. I thank you for believing in us, supporting us and giving us the opportunity to learn and look forward to the same in the year ahead.

Nandlal Narayanan

Chairperson, Swasti Board
(from March 2010)
## Swasti Board Members

<table>
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<tr>
<th>Name</th>
<th>Designation on the Board</th>
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<tr>
<td>Mr. M.R.C Ravi</td>
<td>Chairperson (till March 2010)</td>
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<td>Ms. Siddhi Mankad</td>
<td>Secretary</td>
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<td>Mr. R. Mohan</td>
<td>Treasurer</td>
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<td>Mr. P. Rajarethinam</td>
<td>Member</td>
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<td>Dr. Revathi Narayanan</td>
<td>Member</td>
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<td>Mr. N. Shiv Kumar</td>
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<td>Mr. N. Raghunathan</td>
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<td>Dr. Jacob John</td>
<td>Member</td>
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<td>Mr. Nandalal Narayanan</td>
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Abbreviations

AIDS  Acquired Immunodeficiency Syndrome  
CBO  Community-based Organisation  
CIFF  Children’s Investment Fund Foundation  
CMS  Catalyst Management Services  
COE  Community of Evaluators  
DNS  Durjoy Nari Shangha  
DSW  German Foundation for World Population  
EU  European Union  
FGW  Female Garment Workers  
HIV  Human Immunodeficiency Virus  
IBBA  Integrated Biological and Behavioural Assessment  
ICRW  International Centre for Research on Women  
ICTC  Integrated Counselling and Testing Centre  
IPPC  Integrated Positive Prevention Care Centre  
KHPT  Karnataka Health Promotion Trust  
KIT  Koninklijk Instituut voor de Tropen (The Royal Tropical Institute)  
M&E  Monitoring & Evaluation  
MSM  Men who have Sex with Men  
NACO  National AIDS Control Organisation  
NACP III  National AIDS Control Programme III  
NGO  Non-governmental Organisation  
PLHIV  People Living with HIV  
RASP  Reach Access Services and Products  
SMS  Swathi Mahila Sangha  
STI  Sexually Transmitted Infections  
TB  Tuberculosis  
TSF  Technical Support Facility  
UNAIDS  Joint United Nations Programme on HIV/AIDS  
UNDP  United Nations Development Program  
UNGASS  United Nations General Assembly Special Session  
UNICEF  United Nations Children Fund  
UNODC  United Nations Office on Drugs and Crime  
USAID  United States Agency for International Development  
WSW  Women in Sex Work
1. Introduction

Swasti was established in 2002, as a centre of excellence that enhances health and well-being through innovation, particularly for the marginalised. Working closely with communities and development partners, we strive to improve health outcomes, through action research and implementation of projects, provision of consulting services and knowledge management.

The past year has seen Swasti consolidate and strengthen its work in public health, nationally and internationally. It has supported several non-governmental organisations (NGOs), state and national governments and international agencies in the areas of planning, programme design, evaluation, monitoring systems, research and organisation development.

Our commitment to marginalised communities was strengthened during a strategic planning exercise in December 2009 and a long term action plan developed. In addition, knowledge accretion and learning application is now a strategic intent of the organisation.
**Organisational framework**

- **Learning Systems**
  - Knowledge accretion and application of learning through a variety of forums. Activities include:
    - Capture and communicate *knowledge and learning* acquired (both internally and externally)
    - Engage and contribute to *policies* that enable communities and institutions work on improving health outcomes

- **Action Research and Implementation**
  - Action research and implementation seeks to:
    - Develop, test and prove innovative models to benefit communities
    - Scale up proven models by self and through others

- **Technical and Management support**
  - Improve effectiveness and efficiency of organisations, programmes and projects, to achieve scale and quality through the following key services:
    - Planning (Strategic and Operational)
    - Research
    - Capacity building & facilitation
    - Review & evaluation
    - Monitoring
    - Financial management
    - Documentation & communication
    - Human resource management
    - Organisational development
2. Learning Systems

Over the last year, Swasti strengthened its work in the sector through quality enhancing tools for project implementation, capacity building, publications and presentations in conferences. Through these activities we were not only able to increase our knowledge but also translate it into a consumable form for others to use and adapt.

Our association and support of Karnataka Network of Positive People continued over the past year, with the recent focus being on structural support for organisational building. These efforts were appreciated and facilitated the development of a stronger partnership. Swasti assisted the M.S.Chellamuthu Trust and Research Foundation based in Madurai to develop a grant proposal on disability rights for submission to the Disability Rights Fund.

In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), Swasti initiated the creation of AIDSta.org, an online portal to bring providers and buyers of technical assistance as well as capacity building agencies together. The goal is to connect the various players in the technical assistance market, using online tools and partnerships with a view to improve the efficiency of the market to deliver better services and be accountable to stakeholders. Swasti also provided technical support to the initial development of the marketplace section of the UNAIDS AIDSspace portal.

In 2009-10, Swasti was also privileged to support National AIDS Control Organisation (NACO) in the finalisation of the operational guidelines for the Link Worker Programme, which is a scheme to address the rural epidemic in India, with part financing from the Round 7 grant of the Global Fund to fight AIDS, TB and Malaria. Having been involved in the development of the Link Worker Programme and the Round 7 proposal in 2007, Swasti was well placed to provide further guidance on programme implementation as well.

In celebration of International Women’s day, Swasti and Swathi Mahila Sangha participated in a discussion with Mr. Vidyashankar of All India Radio on 8 March 2010. The discussion focused on the role of men in women’s empowerment, especially in the context of HIV and touched on issues related to people living with HIV (PLHIV) and social entitlements. This was the first time that Swasti had the opportunity to participate in a radio discussion and it resulted in an increased interest in utilisation of this medium in the future.

In April 2009, the Technical Support Facility (TSF), South East Asia and the Pacific sponsored a member of the Swasti team to participate in Writeshop in Kuala Lumpur, Malaysia. The Writeshop brought together organisations working on HIV to develop print-ready documents based on their own work, with support provided by onsite editors and content experts.

Swasti also participated in the 9th International Conference on AIDS in Asia and the Pacific held in Bali, Indonesia in August 2009. Swasti displayed three poster presentations and participated in a panel discussion on “Data sources, Data Uses - Identify Gaps In HIV Data For Decision Making in the Asia-Pacific region”. In addition, it set up a stall at the conference which
provided an opportunity to network and share experiences with others. A skill building session on “Building Skill in Assessing and Designing Programme for HIV Vulnerabilities after a Natural Disaster” was conducted and copies of a guide on addressing HIV in Humanitarian Emergencies based on its involvement in a research study after the 2004 Tsunami.

Along with Catalyst Management Services (one of its sister organisations), Swasti was a co-organiser of the South Asia meeting of the Community of Evaluators (COE) in August 2009. This allowed for dialogue and discussion with an international audience on evaluation in the health sector.

In November 2009, Swasti, in conjunction with Snehadaan, co-organised a national workshop on “Convergence for HIV Care” which brought together best practices in HIV care. Organisations working on HIV from across the country and important key personnel from the National AIDS Control Organisation and its Technical Working Group on Care and Support attended the workshop.

In March 2010, Swasti conducted a study tour of Bangalore and Mysore for the Deputy National Director of UNAIDS-Ghana. The tour gave an overview of how India’s National AIDS Control Programme (NACP) is being implemented. The tour included visits to two learning sites for sex worker HIV interventions - Pragati in Bangalore and Ashodaya in Mysore.

With the support of project teams, over the past 12 months, Swasti conducted sensitisation sessions related to stigma and discrimination faced by PLHIV. These were conducted in Bangalore, India for nursing students of Kempegowda Institute of Medical Sciences, students of Acharya College and Christ University as well as for the staff of Citizens Alliance for Rural Development and Training Society (CARDTS), an NGO working in South Karnataka. A session on resource mobilisation was also conducted for the students of Archarya College.

Swasti also contributed to knowledge management and learning through two major grant supported projects, Euroleverage and Samastha Learning Systems. Key activities under these projects are described below.

**Euroleverage**

Swasti co-facilitated the training conducted by the German Foundation for World Population (DSW) on “Accessing European Union (EU) funding for Reproductive Health”. Held in April 2009, the workshop provided information on available EU funding and helped to
create partnerships among the organisations present.

This workshop allowed for Swasti and DSW to become acquainted and led to a partnership for providing short term technical support to the organisations who had attended. Subsequently, India was included for implementation of the Euroleverage project for the 2009-2012 time period, with Swasti as the country partner.

The project is a unique blend of “real-time” advocacy targeting European donors including the European Commission and developing country decision-makers to increase funding for reproductive health and family planning combined with enabling NGOs to access the funding through providing technical assistance and advice on resource mobilisation. During the year, an introductory meeting with the EU delegation to India was conducted and a database of NGOs working on Reproductive Health issues was compiled.

Samastha Learning Systems

The Learning Systems project aims to improve quality, efficiency and effectiveness of programmes by developing and maintaining systems for facilitating learning among organisations working in the domain of HIV/AIDS. Started in October 2007, it is a joint initiative of Swasti and the Karnataka Health Promotion Trust and is funded by the United States Agency for International Development (USAID) under its Samastha project. The main strategies of the project include hosting learning sites, research and documentation and knowledge sharing through workshops, forums and a Desktop Information System (a user-friendly interface for storing and accessing information). Through these components, the project seeks to provide a wide range of learning opportunities for organisations, both on and off site.

Currently, Swasti is managing two learning sites in Bangalore, one at Swasti’s Pragati project and the other at Snehadaan, a care and support centre for PLHIV.
During the year, both the learning sites hosted a number of learning sessions and trained 1,840 people from various organisations. These included Save the Children, Bangladesh; University of British Colombia; Tamil Nadu State AIDS Prevention Society; Gates Foundation (Avahan programme); Family Health International, Nepal; University of Manitoba and USAID. The major areas of learning included orientation to the projects, outreach planning, developing effective partnerships between NGOs and community-based organisation (CBO), encouraging community involvement in project activities, programme management, sequence of care, literature development, and capacity building. Knowledge products on experiences and best practices were developed, while some existing material was translated from English to Hindi.

As part of the project, a research study on new female entrants to sex work was conducted during the year. This study to be released in the coming year will provide better understanding of the community needs of new entrants to sex work and guide current prevention programming.

Both learning sites have created an environment and opportunity for people from different places and organisations involved in similar work to understand and learn about targeted interventions and care and support for PLHIV.
3. Action Research and Implementation

Six projects were undertaken by Swasti during 2009-2010 to fulfill its aim of building replicable, scalable, and innovative models of learning that contribute towards innovation in approaches and strategies. The key activities and achievements of these projects over the past 12 months are described below.

**Pragati**

Pragati (meaning progress) is implemented in partnership with Swathi Mahila Sangha (SMS), a CBO, with support from the Karnataka Health Promotion Trust (KHPT) and funded by the Bill and Melinda Gates Foundation. Initiated in April 2005, Pragati’s goal is to improve wellbeing and reduce transmission of HIV and other sexually transmitted infections (STIs) among women in sex work (WSW).

Pragati is an empowerment project for WSW and aims to address their needs holistically to improve their quality of life. It focuses on prevention and care issues with regards to HIV and AIDS, but also responds to, and protects from key threats that impact on the women’s lives and livelihoods. The project is being implemented in four urban zones of Bangalore, covering 542 sex work sites and approximately 10,000 sex workers. The sex work community is an active partner in its implementation, with decreasing levels of technical support required from Swasti as each year passes. The vision is to fully transfer project implementation to the community in the future.

To meet the community’s needs, Pragati adopted several new and successful approaches in 2009-2010. These included:

- **Mainstreaming of stigma and discrimination reduction in general and those who are living with HIV and AIDS.**

- **Introduction of a Rapid Induction Module – a cost effective and simple approach to induct all staff under one roof.**

- **Inclusion of new indicators in Reach Access Services and Products (RASP), one of the project’s monitoring and planning tools.**

- **Identifying and reaching young, new and high volume sex workers who are at high risk of HIV infection through using peers of similar profiles.**

**Swathi Jyothi**

Mahila Vividodesha Souharda Sahakari Niyamita (hereinafter Swathi Jyothi), a financial inclusion initiative supported through the project, also implemented new strategies for loan disbursement and recovery in 2009-10. In previous years, loan recovery was an issue but as a result of the new strategies, loan repayment rates have improved.
A team building exercise for SMS and Swathi Jyothi board members was also conducted during the year which helped strengthen teamwork skills, enabled bonding, and reflection on the organisation’s strategic development plans.

In addition, an Integrated Biological and Behavioural Assessment (IBBA) by KHPT was undertaken in 2008 (findings released in 2009) which highlighted some of the project’s emerging impacts.\(^1\) It showed:

- a reduction in HIV prevalence from 22% in 2006 to 4.7% in 2009 among WSW in the zones covered under Pragati project in Bangalore (see figure 1 & 2).
- increased condom usage by WSW with clients resulting in reduction in new HIV infections (see figure 3).

\(1\) University of Manitoba and Karnataka Health Promotion Trust, *Integrated Biological and Behavioural Assessment Among Female Sex Workers in Bangalore Urban*, Karnataka, 2009.
Baduku

Baduku, was a year-long project implemented in 2009-10, designed to empower and build capacity of women in sex work (WSW) to challenge stigma and discrimination that they face. The project also aimed to sensitisise secondary stakeholders of the sex work industry, such as police and health care workers, and partners, family members and neighbours of WSW. The project was led by WSW, most of who were living with HIV. The project was jointly
implemented by three CBOs, Swathi Mahila Sangha, Jyothi Mahila Sangha and Vijaya Mahila Sangha, with technical support provided by Swasti and Bhoruka Charitable Trust.

Several campaigns were conducted to raise awareness among the target populations on the issues affecting WSW and PLHIV. The campaigns sought to help change the attitudes and biases in society, while actively engaging in capacity building of women in sex work living with HIV. Examples include a signature campaign to encourage individuals to pledge not to stigmatise or discriminate against WSW and a Rose Campaign to sensitise police and other secondary stakeholders.

Key achievements of the project were:

- 221 campaigns conducted throughout Bangalore, reaching over 2,150 secondary stakeholders.
- A signature campaign in which 1,132,000 individuals including the state Health Minister signed their name and pledged not to stigmatise or discriminate against WSW and PLHIV.
- Trained over 400 staff from the three implementing organisations on stigma and discrimination.
- HIV positive WSW regularly seeking care and treatment services at ART centres in Bangalore increased from 30% to 60%.
- Number of cases of stigma and discrimination reported by WSW increased from nil to 11 and as a result of the Rose Campaign which focused on sensitising the police, the police actively responded to and resolved each of the reported cases.

On the whole, the project boosted the confidence of many of the women and gave them confidence to confront the stigma and discrimination in their own lives and become advocates for the rights of others. The project ended on 31 March 2010.

**Chetana Samastha**

Chetana is a HIV intervention programme targeting WSW, their clients, PLHIV and orphan and vulnerable children in 110 high prevalent villages of five talukas in Chikkaballapur district. It is a three year project which started from October 2008, and is supported by Karnataka Health Promotion Trust and funded by USAID under its Samastha project.

The key objectives of the project are:

- To promote adoption of safe sex practices among WSW and their clients, through prevention and treatment services.
To facilitate improved access to care and support services for PLHIV.

To strengthen capacities of local key stakeholders to ensure greater community participation and ownership.

Significant achievements of the projects in 2009-10 were:

- An additional 196 WSW were identified and provided basic information on HIV/AIDS, other STIs and condom usage, bringing the total of WSWs being reaching regularly by the project to 1,226 – more than the project’s estimated target of 1,148 WSW.

- Total 455 men and 367 women were contacted by project link workers and oriented on the basics of HIV/AIDS.

- Condom distribution reached a high at 48,000 per month, largely due to the 238 condoms outlets set up in the villages and 119 key persons nominated to distribute condoms to the WSW and their clients.

- 933 WSW underwent HIV testing at their nearest Integrated Counselling and Testing Centre (ICTC).

- More than 762 clients of WSW were reached by the project link workers and provide information on STIs and condom usage. The link workers helped to clarify their doubts and misconceptions about condoms and STIs.

- Using local facilities and resources, two perspective building sessions were conducted for WSW and 51 women participated in these sessions.

- 119 key community members were identified and sensitised about the programme. These individuals are now supporting the field staff and the project activities in the villages.

- HIV awareness campaigns were conducted in 26 villages, which were attended by more than 3,500 individuals. These campaigns were conducted with the involvement of Anganwadi and ASHA workers and members of the Gram Panchayats and Village Health and Sanitation Committees).

- Coordinated with the doctors and ICTC counselors in the district for service linkages. 14 doctors were oriented on project activities, STIs and opportunistic infection management by KHPT.
Effective coordination and linkages with likeminded organisations like MYRADA (Urban Target Intervention), Aaraike (Community Care Centre), Chandana (District Level Network) and the District AIDS Control and Prevention Unit.

Spandana

Initiated in October 2009, Spandana is a comprehensive HIV Prevention Programme in Raichur, one of the poorest districts in Karnataka. The programme was designed along with United Nations Children Fund (UNICEF) based on the link worker scheme proposed under the National AIDS Control Programme (NACP) III. It is a rural based programme targeting the general population in addition to women in sex work, men who have sex with men, injecting drug users, truck drivers/cleaners, migrant workers, and HIV positive individuals. The programme aims to builds community understanding and provides education in the rural districts on key issues related to HIV prevention and management.

Key achievements of the programme over the past year were:

- 100% of the high risk population was identified during the mapping and revalidation process and provided information on HIV and other STIs and available prevention services.
- 90% of high risk groups, 70% of the most at risk adults and 50% of the bridge population (migrants and truckers) were informed about the corrects mode of transmission of HIV and other STIs and available prevention services.
- 80% of high risk groups, 40% of most at risk adults and 30% of the bridge population were taught correct use of condoms.
- Decreased incidence, relapse and reinfection of STIs among rural high risk groups, bridge populations and the youth.
- Increased demand for HIV testing services and adherence to HIV medications (ART) among children.
- A decrease in incidents of stigma and discrimination against PLHIV and children affected by AIDS when they accessed needed services.
- Increased number of PLHIV, children affected by AIDS and their families accessing social welfare schemes or livelihood support schemes.
4. Technical and Management Support

In 2009-10, Swasti provided technical assistance through several key assignments in and outside India which contributed to enhancing the sectoral response to HIV and health systems. While providing technical and management support in the areas of planning, research, monitoring and evaluation (M&E), capacity building and documentation, Swasti has worked with key players such as governments (both national and provincial), bilateral and multilateral agencies, as well as foundations and other international donors within the development sector. More specifically this past year, Swasti has worked with UNAIDS Headquarters (Geneva) and Regional Support Teams for Asia Pacific (RST-AP), United Nations Office on Drugs and Crime (UNODC) Regional Office for South Asia, United Nations Development Programme (UNDP) India, UNICEF India, NACO, Indian Ministry of Health and Family Welfare, several Indian State AIDS Control Societies, Global Fund to Fight AIDS, Tuberculosis and Malaria, Technical Support Facilities in South East Asia, Southern Africa and Eastern Africa, Swathi Mahila Sangha and Karnataka Health Promotion Trust. Through these efforts, Swasti contributed to its vision of improving health outcomes and enhancing the quality of life of disadvantaged communities.

A brief description of the technical and management support provided by Swasti during 2009-2010 is given below:

Planning

UNAIDS commissioned Swasti to prepare the HIV component of the country’s proposal for Round 9 funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter the Global Fund), on behalf of India’s Country Coordinating Mechanism. It was a comprehensive work, which included writing the technical component, preparing detailed budgets and developing M&E and capacity building systems.

Swasti was also commissioned by UNAIDS Regional Support Team –Asia Pacific to prepare nine country fact sheets which consisted of status of the epidemic, trends, drivers etc, as well as national response and gaps and key priority areas to aid the Global Fund Technical Review Plan in decision making for country proposals.

In collaboration with UNAIDS and other UN partners, Swasti offered support in finalising the North East Joint UN Plan to strengthen National AIDS Control Programme (NACP) III implementation in North Eastern states by providing clear cut implementation plans, including coordination and monitoring mechanisms. The project aims to scale up HIV prevention and care programme in Northeast Eastern States which are considered HIV high risk zones.

Swasti was commissioned by UNAIDS Headquarters to provide logistical and documentation support for Technical Support Focal Points Meeting involving individuals from six different regions of the world. The meeting focused developing strategies and actions for efficient delivery of technical support for HIV programmes.
Swasti has been a part of an external team that reviewed the operations of the Technical Support Facility of Eastern Africa (TSF-EA). In 2009-10, Swasti conducted a detailed study on systems requirement for TSF-EA and mapping for development of a software which integrated TSF-EA’s operations (technical assistance and capacity development), finance and administration. Using the software, TSF-EA will be able to access real time data and information, generate monitoring reports, search for consultants with ease, maintain a central repository of files, and manage finances of TSF-EA related operations, facilitating review and decisions making. Swasti assisted in developing and deploying the software and training its users.

During the year, Swasti was also commissioned by NACO and UNDP to develop a national programme framework for migration and HIV. This framework was designed for stakeholders working in related fields to develop evidence based planning and implementation practices.

Swasti developed a business case for UNAIDS and its co-sponsors to recognise young people as a priority area for health programs, especially related to HIV. The target of this will be to address better design and planning of programs for stakeholders working with young people on health issues. As a result, empowering young people to protect themselves against HIV was listed as one of nine key priority focus areas for UNAIDS under its 2009-11 Outcome Framework.
Research

In 2009-2010, Swasti was involved in two geographic mapping studies of high risk groups and migrants in 23 districts of Andhra Pradesh and 3 districts (Aurangabad, Nagpur, and Solapur) in Maharashtra. The mapping exercises provided authenticated and reliable data to help NGOs and other organisations to design and implement interventions that ensure optimum coverage of high risk groups in those areas.

Swasti was also commissioned by the Children’s Investment Fund Foundation (CIFF) in partnership with The Royal Tropical Institute (KIT) to conduct an impact evaluation of Balasahyoga Programme, a comprehensive care and support programme for children infected and affected by HIV and AIDS in Andhra Pradesh. We followed more than two thousand infected and affected children over a period of time and measured their quality of life vis-a-vis their access to the programme. The lessons are slated to feed into national strategy modelling for comprehensive care and support for children affected by children.

During the year, Swasti also conducted a baseline study on stigma and discrimination among religious leaders, NGO heads and PLHIV. This work was commissioned by INSA India and it explored the extent to which fear is being translated into stigmatisation and discrimination of PLHIV. These findings helped address the issues related PLHIV and facilitated dialogue to create enabling environments for these individuals.

To further support implementation of the Link Worker Scheme, Swasti with support from UNICEF India, provided technical support to NGOs completing district situational assessment and high risk group mapping in six districts spread across five states of India.

Monitoring and Evaluation

In 2009-10, Swasti continued to provide M&E advice and conduct capacity building workshops at the regional and national level in the South Asia Association for Regional Cooperation (SAARC) countries on M&E systems for UNODC-funded H-13 project. The H-13 project is led by UNODC’s Regional Office for South Asia and aims to prevent HIV transmission among drug users in the region. During the year, Swasti held workshops in Nepal, Bhutan and Colombo and facilitated the regional steering committee meeting. Swasti also provided technical support in finalising M&E frameworks, work plan and monitoring indicators at the regional and country level. The national level workshops provided clarity to the implementing NGOs and their mentor agencies (most of whom were national drug control boards) on M&E basics and familiarity with the application of M&E tools for all key stakeholders of the project at the country level.

In collaboration with Grant Management Solutions, Swasti provided technical assistance to Durjoy Nari Shangha (DNS), a lead sub recipient of Global Fund’s HIV/AIDS grant in Bangladesh. Swasti assisted in strengthening M&E systems and standardising data management methods. Swasti also assisted in organisational development of DNS including enhancing its strategic framework and standardizing data management methods.
Swasti is the Zonal agency for south India on the concurrent evaluation of National Rural Health Mission, commissioned by the Ministry of Health and Family Welfare of India in 2008. Swasti’s role includes training of Field agencies on various data collection tools, supportive supervision and monitoring of sampling and data collection process, ensuring coordination with concerned state governments, overseeing data entry process and analysis, and facilitating preparation of State level reports. In 2009-10, Swasti focused on providing assistance on generation of state level fact-sheets.

In 2009-10, Swasti was also contracted by UNAIDS to facilitate civil society consultation workshops to encourage participation of NGOs and CBOs in the preparation of the United Nations General Assembly Special Session 10 (UNGASS) country report for India. Participation of civil society brings greater transparency to the reporting process. The workshop provided education on the importance and role of civil society in the reporting processes and assessed key gaps and challenges faced during the 2008 UNGASS report preparation. During the year, Swasti also prepared the UNGASS country report for Afghanistan and assisted in the preparation of the UNGASS report for Bangladesh.

**Capacity Building**

Swasti provides capacity building support in a number of areas. These include capacity building needs assessment, developing capacity building systems, training modules and methodologies, and implementation of capacity building programmes.

In June 2009, Swasti conducted a national level consultation with public companies in India to understand issues related to HIV mainstreaming within companies and to solicit collaboration on additional projects related to this issue. A tool developed by Swasti was used to facilitate capacity building of five participating companies. With UNDP support, Swasti also facilitated a national consultation with private sector companies to develop and implement capacity building strategies regarding HIV.

During the year, Swasti continued to support implementation of the Link Worker Scheme, a rural HIV prevention programme developed under NACP III. The programme strives to reach high risk groups and vulnerable populations in rural areas through introducing ‘link workers’ at the village level who can provide information on safe sex practices and HIV prevention, care
and support services. Swasti was involved designing training which provided clarity on the roles and responsibilities for effective and efficient project management. This training method has since been adopted by UNDP (one of the funding partners of the Scheme) to normalize training across its partners. To further support implementation of the Link Worker Scheme, Swasti was commissioned by UNICEF (another funding partner) to provide technical support to NGOs completing district situational assessment and high risk group mapping in six districts spread across five states of India. In addition to this Swasti took the lead, along with other national stakeholders to finalize the Link worker Program Guidelines.

**Documentation**

UNAIDS commissioned Swasti to identify and prepare an inventory of organisational development tools and best practices in eight countries, Angola, Malawi, Democratic Republic of Congo, Cambodia, Uganda, Ukraine, Mozambique and Ethiopia, to support strengthening of national co-ordination of HIV programmes. The organisational development inventory helped develop a basic understanding on approaches used in different countries and identified information essential for organisational development interventions to be effective.

During the year, Swasti also developed a guide on addressing HIV in Humanitarian Emergencies based on its involvement in a research study after the 2004 Tsunami. The guide, developed in collaboration with Oxfam International, was published and launched along with the research report in May 2009. The findings of the research study were disseminated during the International Conference on AIDS in the Asia and Pacific (ICAAP) 2009, held in Bali, Indonesia.

During the year, the Global Fund commissioned Swasti to conduct a case study in Swaziland to gather information on best practices of community level M&E systems. This case study, completed in March 2010 and focused on tools, indicators and data collection methods used at the community level to strengthen health systems performance. Swasti is a part of the Technical Working Group of M and E frameworks for Community Systems Strengthening, and inputs from this case study and Swasti’s experience went into the toolkit to be published by the Global Fund.
5. Resources

Human Resources

In 2009-2010, Swasti retained a total of 103 professionals from diverse backgrounds working full-time. Their dedication and commitment to their work enabled successful delivery of the wide range of work that was possible through the year. This year was one of growth and development of the staff with 80 new individuals joining the organisation. Majority of which joined the North Karnataka office in Raichur, expanding Swasti’s presence in the state. A detailed list of staff is provided in annex 1.

Swasti runs an internship program, whereby interns support different initiatives and conduct exploratory or operational research within the projects in a bid to generate new knowledge. Interns are also taken to support the Technical and Management Support Unit. They form an integral part of the team, with the focus being on building their capacities in consulting. We had two interns in the past year, Shuchi Kapoor from Boston University School of Public Health and Florence Elizabeth from SRM University, Chennai.

During the year, 10 students of social work also interned in the Pragati project as part of their course requirements. These students came from five colleges in Bangalore - Archaya Institute of Management Studies, Anupama College of Management Studies, KristuJayanti College, Christ
University, St. George College of Management Sciences, and from two outside the city - Hemadri Institute of Management Studies, Tumkur and Lorven Educational Centre, Anekal.

**Organisation Structure**

The organisation structure was modified subsequent to the strategic reflection of Dec 2009 and is as described in the diagram below.

![Organisation Structure Diagram]

**Capacity Building**

Continuous learning and improvement contributes to the quality of our work and providing the necessary space for such capacity building remains a priority. Apart from learning reflections conducted after completion of assignments and key project activities, there were several forums and activities during the year which gave team members an opportunity to reflect and build their knowledge and skills. These are listed below:
- Advocacy Training, May 2009
- Basics of documentation, June 2009
- Exposure visit to Usha Cooperative Society, June 2009
- Writing for print workshop, July 2009
- Basics of Mental Health, Sep 2009
- Using Enterprise Resource Planning (ERP) tools, June 2009
- Reproductive Health in the context of HIV, Oct 2009
- Using Excel, Nov 2009
- Qualitative Research Methodologies, Dec 2009
- Understanding Mental Health, Dec 2009
- Team building exercise through outbound programme, Dec 2009 & Mar 2010
- Home Based Care, Dec 2009
- Orientation to mapping, Feb 2010

Momentum for Swasti’s Leadership Development Programme also grew in 2009-10 with seven members from the Swasti team participating in it. This programme, which commenced in 2008, is a systematic and planned effort by the organisation to build capacities and competencies of potential leaders to take up leadership positions and achieve higher productivity. It seeks to identify potential leaders and their developmental needs, provides for sustained mechanisms to build core competencies and measure their leadership performance over a period of time. There is an effort to integrate the programme within the organisation’s existing systems and processes.

**Infrastructure**

May 2009 marked the completion of Swasti’s first year in a new office, co-located with CMS and Vrutti. This change has proven effective in creating a cross-learning experience for those in Swasti as well as the other two organisations.

A new office was set up in Raichur during the 2009-2010 year. This location was created to facilitate the expansion of work within the State along with implementation of the Spandana project. In addition to the office in Bangalore, Swasti is represented through the regional offices located in Delhi, Bhubaneshwar, Bhopal, Hyderabad and Cambodia.
Partnerships

It is our belief is that success is only possible through meaningful partnerships and developing such relationships remains our constant endeavour. Our association with Swathi Mahila Sangha (SMS) has grown from year to year. In the past year, Swasti coordinated and supported organisational development activities for SMS and some of its board members.

A new partnership with the German Foundation with World Population (DSW) and the Public Health Foundation of India has been initiated in the past year and we look to strengthening them in the years ahead. Preliminary discussions on working together have taken place with the ACCESS Health initiative and Neurosynaptic Private Limited and efforts are underway to convert these discussions into concrete activities.

We have also continued to derive support and work in a mutually beneficial way with Swasti’s sister organisations - Catalyst Management Services and Vrutti, Livelihood Resource Centre.
6. Fiscal health

**Turnover**

Swasti has two streams of turnover:

a. Grants
b. Technical support

Swasti’s turnover stood at Rs 5.03 crores for the year 2009-10. The turnover dipped by 15% in the year 2009-10 in comparison to the previous year. The decrease is primarily due to reduced grant funding in 2009-10. Swasti’s urban sex worker intervention received grant funding of Rs 2.09 crores in 2009-10 in comparison to the previous year of 2008-09, when it received Rs 2.62 crores. The Learning Systems project saw a reduction in its budget as a result of changes in strategies and scope of the project.

The technical support stream saw a dip of 6% in turnover. This is mainly because three large assignments were executed over two financial years and in accordance with Swasti’s accounting policy, only income for the extent of work carried out in 2009-10 as agreed by the clients was recognised.

In the year 2009-10, 75% of Swasti’s total turnover was derived through the grant stream and 25% of the total turnover came in from technical support stream. There were no significant changes in the % of distribution from the previous financial year.
The grant stream saw an 18% decrease in turnover in comparison with the turnover generated through grants in the previous year. Despite an additional grant for a rural intervention received in 2009-10, the decrease in turnover was attributable to reduced funding for the urban intervention and the learning systems project. The urban sex worker intervention funding was reduced due to changes in the budget and the costing method applied. The Learning system project budget was reduced due to changes in approach adopted for the project.

In spite of the 6% decrease in turnover experienced by the technical support stream, it benefited from improved efficiencies and as a result increased margins through the team’s focus on executing assignments which were strategic and long term.

Through the grant stream, Swasti implemented five grant projects in 2009-10; one urban intervention focused on empowerment of sex workers, two rural HIV prevention programmes, one project establishing a learning system for HIV programming and one corporate programme for empowerment of female garment workers. The urban programme contributed 56% of the total grant turnover for 2009-10. The technical support turnover largely came from multilateral organisations (43%) and execution of government contracts (42%).
Surplus

Rs 27 lakhs was the net surplus for the year 2009-10. This was 23% higher than the surplus generated in the year 2008-09. The increased margin despite of reduction in turnover was due to increased efficiency and realisation of staff from the technical support stream and a 28% reduction in the operational costs from previous years.

The grant stream brought in 5% margin (% to the total grant turnover) which was 2% lower than the previous year. The reduced grant funding and the decline in percentage of overheads were the main reasons for the dip.

The technical support yielded 26% gross margin (% to the turnover of technical support stream) in comparison to 16% in the year 2008-09. This was due to concentrated efforts in improving efficiencies, improved realisations and savings in expenses for lump sum or bulk assignments.
Operational Costs

The operational costs for Swasti in the year 2009-10 were 5% of the total turnover in comparison to 6% in the year 2008-09. Swasti spent Rs 14.22 Lakhs in capacity building of the team members in comparison with Rs 9.72 lakhs spent the previous year. The maintenance of similar percentages of operational cost to turnover were controlled through various cost leverages and cost reduction efforts at the Catalyst Group level.
## Audited Financial Statement 2009-10

### SWASTI

19, 1st main, 1st Cross, Ashwath Nagar, Bangalore - 560094

### BALANCE SHEET AS AT 31st MARCH 2010

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Sch</th>
<th>Amount (in Rs.) 31-Mar-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCES OF FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance</td>
<td></td>
<td>6,653,111</td>
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<tr>
<td>Surplus for the year</td>
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<td>2,741,946</td>
</tr>
<tr>
<td>Secured Loan from BOI</td>
<td></td>
<td>1,360,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10,745,057</strong></td>
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<tr>
<td><strong>APPLICATION OF FUNDS</strong></td>
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<td></td>
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<td>Fixed Assets</td>
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<tr>
<td>Current Assets, Loans and Advances</td>
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<td>Less: Current liabilities and Provisions</td>
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<td><strong>Net working capital (2-3)</strong></td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10,745,057</strong></td>
</tr>
</tbody>
</table>

Schedules 1 to 12 forming part of financial statements

For Swasti

Siddhi Mankad
Secretary

R. Mohan
Treasurer

Dato: 20.09.2010
Place: Bangalore.

Refer to Our report of even date

for AITHAL ASSOCIATES
CHARTERED ACCOUNTANTS

CA CHANDRA SHEKHAR AITHAL B
Proprietor
M NO. 205102
## SWASTI
19,1st main, 1st Cross, Ashwath Nagar, Bangalore- 560094

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2010

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Sch</th>
<th>Amount (in Rs.) 31-Mar-10</th>
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<tbody>
<tr>
<td>Work Implementation Receipts</td>
<td>4</td>
<td>18,328,130</td>
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<tr>
<td>Grant Received</td>
<td>5</td>
<td>18,964,970</td>
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<td>Social Development Charges</td>
<td>6</td>
<td>12,726,850</td>
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<td>Other Income</td>
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<tr>
<td><strong>Total Income</strong></td>
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<td><strong>50,292,977</strong></td>
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<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Sch</th>
<th>Amount (in Rs.) 31-Mar-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Implementation Project Expenses</td>
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<td>17,082,946</td>
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<tr>
<td>Grant Project Expenses</td>
<td>9</td>
<td>18,409,028</td>
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<tr>
<td>Administrative Expenses</td>
<td>10</td>
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<td>Social Development Expenses</td>
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<td>9,450,641</td>
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<tr>
<td>Depreciation</td>
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<td><strong>Total Expenditure</strong></td>
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<td><strong>47,551,031</strong></td>
</tr>
</tbody>
</table>

**Excess of Income Over Expenditure (Surplus)**

2,741,946

Schedules 1 to 12 forming part of financial statements

For Swasti

Siddhi Mankad
Secretary

R. Mohan
Treasurer

Date: 20.09.2010
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 Details

N. Shiv Kumar                   Chief Executive Officer
Dr. Angela Chaudhuri         Manager, Technical & Management Support Unit
Chandrashekhar Gowda          Manager, Action Research and Implementation Unit
Shama Karkal                   Senior Technical Specialist
Joseph Julian                 Senior Technical Specialist
Dr. Mahesh Srinivas          Senior Technical Specialist
Vandana Nair                   Senior Consultant
Dr. Rajani Wadwa              Senior Consultant
Rima Kashyap                  Documentation & Communication Manager
Deepthi Sutapalli             Technical Specialist
Angaja Phalguni               Technical Specialist
Prahlad Rao                   Consultant
Dr. Prabhu S                  Consultant
Nitin Rao                     Finance Manager
Lavina Cardoza                Manager, Corporate Programme, Bangalore
Shaonli Chakraborty           Manager, Corporate Programme, Delhi
M.K. Ali                      M&E Coordinator, Corporate Programme
Rupesh Mittal                 Field Coordinator, Corporate Programme
Anil Kumar T S                Accounts Officer, Corporate Programme
Deepika Sagar                 Program Officer, Corporate Programme
Vinay K.N.                    Accounts Officer, Corporate Programme
Jayaram                      Office Assistant, Corporate Programme
Seema.P                      Training Coordinator, Corporate Programme
Asmath Bee                    Peer Educator, Chetana
Ambika                        Peer Educator, Chetana
Bhagya S.                     Link Worker, Chetana
Gangarathna                   Peer Educator, Chetana
Geetha                        Peer Educator, Chetana
Jayamma                      Peer Educator, Chetana
Laxmi                         Peer Educator, Chetana
Lamxidevamma                  Peer Educator, Chetana
Malini                        Peer Educator, Chetana
Manjula                      Peer Educator, Chetana
Manjunath                    M&E Officer, Chetana
Munirathna                   Link Worker, Chetana
Nirmala                      Peer Educator, Chetana
Parvathy                     Peer Educator, Chetana
Pushpavathi                  Link Worker, Chetana
Sathvamma                    Peer Educator, Chetana
Shameera                     Peer Educator, Chetana
Ramalaxmamma                 Peer Educator, Chetana
Shashi, Peer Educator, Chetana
Rukmini Peer Educator, Chetana
Yashodamma Peer Educator, Chetana
Varalakshmi Peer Educator, Chetana
Venugopalachar Link Worker, Chetana
Mr. B.M Nagraj Zonal Manager, Pragati
Mr. Shankar Prasad Zonal Manager, Pragati
Hareesha Assistant Zonal Manager, Pragati
Mr. Prakash Zonal Manager, Pragati
Rajendra R Zonal Manager, Pragati/District Resource Person, Spandana
Mr. Krishna Murthy D.C Finance Officer, Pragati
Mr. Jayanand Patil Admin Officer, Pragati
Kantha Nurse, Pragati
Ms. Parvathamma Nurse, Pragati
Ramamani Nurse, Pragati
Shashekala D Nurse, Pragati
Shadakshariyya M&E Coordinator, Pragati
Prabhakar Capacity Building Officer, Pragati
Shivappa Link Worker Supervisor, Spandana
Basavaraj,C Link Worker Supervisor, Spandana
Moin Pasha Link Worker Supervisor, Spandana
Sharanabasappa Bhovi Link Worker Supervisor, Spandana
Veeresh Nagalikar Link Worker Supervisor, Spandana
Anitha Accounts Officer, Spandana
Bhuvanesh Link Worker, Spandana
Niveditha Link Worker, Spandana
Umadevi Link Worker, Spandana
Mahadev Link Worker, Spandana
Zhakheer Usen Link Worker, Spandana
Salaha Begum Link Worker, Spandana
Shankrappa Link Worker, Spandana
Devanna Nayak Link Worker, Spandana
Neelamma Link Worker, Spandana
Shivanna Doddamani Link Worker, Spandana
Ranganna Yadav Link Worker, Spandana
Lakshmi Link Worker, Spandana
Rachanna Kattimani Link Worker, Spandana
Anjinamma Link Worker, Spandana
Guruligaiah Link Worker, Spandana
Lalitha Link Worker, Spandana
Channamma Link Worker, Spandana
Ramesh Link Worker, Spandana
Shivanechappa Link Worker, Spandana
Yasodha Link Worker, Spandana
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<tr>
<td>Mukkanna</td>
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<td>Vijayalakshmi</td>
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<td>Ravikumar</td>
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<td>Thayamma</td>
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<td>Amaresh</td>
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<td>Gangamma</td>
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<td>Marisiddappa</td>
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<td>Gowramma</td>
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<tr>
<td>Muthanna</td>
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<td>Basanna</td>
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<tr>
<td>Shahira Banu</td>
<td>Link Worker, Spandana</td>
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<td>Eramma</td>
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<td>Rachappa</td>
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<td>Bheemanna</td>
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<td>Usen Bee</td>
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<td>Indudara</td>
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<td>Shobha</td>
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<td>Shivaraj</td>
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<td>Kavitha</td>
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<td>Rathnamma</td>
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<td>Sridevi</td>
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<td>Shobha</td>
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<td>Sujatha</td>
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<tr>
<td>Saroja</td>
<td>Link Worker, Spandana</td>
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</tbody>
</table>
Annex 2: List of organisations worked with in 2009-10

In 2009-10, our work was possible due to the support and collaboration of different organisations and we would like to acknowledge them.

Catalyst Management Services
Vrutti Livelihood Resource Centre
Swathi Mahila Sangha
Swathi Mahila Vividodesha Souharda Sahakari Niyamita
Karnataka Health Promotion Trust
Karnataka Network of Positive People
Karnataka State AIDS Prevention Society
Snehadaan
International Centre for Research on Women
University of Manitoba
The Bill & Melinda Gates Foundation
GAP Inc.
Shahi Export Private Limited
Ministry of Health and Family Welfare, Government of India
National AIDS Control Organisation, India
United States Agency for International Development
Joint United Nations Programme on HIV/AIDS (UNAIDS)
UNAIDS Regional Support Team for Asia Pacific
Technical Support Facility Eastern Africa
Technical Support Facility South East Asia Pacific
United Nations Development Programme, India
United Nations Children’s Fund, India
United Nations Office on Drugs and Crime Regional Office for South Asia
Global Fund to Fight AIDS, Tuberculosis, and Malaria
German Foundation for World Population (DSW)
Oxfam International
Plan India
Public Health Foundation of India
Koninklijk Instituut voor de Tropen (The Royal Tropical Institute), Amsterdam
Children’s Investment Fund Foundation
Grant Management Solutions
Durjoy Nari Shangha
INSA, India
MAMTA Health Institute for Mother & Child
M.S.Chellamuthu Trust and Research Foundation, Madurai
Multiple Action Research Group