Registered in 2004 under the Societies Act, 1860

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This report covers the period 1 April 2010 to 31 March 2011.
Abbreviations

AIDS  Acquired Immunodeficiency Syndrome
ART  Antiretroviral Therapy
BOP  Base of Pyramid
CBO  Community-based Organisation
CABA  Children Affected by AIDS
CLHIV  Children living with HIV
CSO  Civil Society Organisation
DSW  German Foundation for World Population
EU  European Union
FBO  Faith-based Organisations
FP  Family Planning
HIV  Human Immunodeficiency Virus
ICRW  International Centre for Research on Women
ICTC  Integrated Counselling and Testing Centre
IDU  Injecting Drug User
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
NSASC  National Centre for AIDS and STD Centre
PHFI  Public Health Foundation of India
PLHIV  People Living with HIV
PMTCT  Prevention of Mother to Child Transmission of HIV
RH  Reproductive Health
SAARC  South Asian Association for Regional Cooperation
SMS  Swathi Mahila Sangha
STD  Sexually Transmitted Disease
STI  Sexually Transmitted Infections
TB  Tuberculosis
TSF  Technical Support Facility
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNDP  United Nations Development Program
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
About Swasti

Swasti is a health resource centre established in 2002 to improve health outcomes of those who are socially excluded and poor. We work with communities to better address their healthcare priorities, and help enhance the efficiency and effectiveness of health service organisations. With a team of 116 people, we have a presence in several states of India and are recognised for our work in HIV and health both within India and across Asia. We work at the grassroots as well as the state, national and regional levels and collaborate with a range of organisations – non-governmental organisations (NGOs) and community-based organisations (CBOs), state and national government agencies, bilateral and multilateral donors and private foundations.

Our vision is to be a centre of excellence that enhances health and well-being, particularly of the marginalised.

Our mission is to work closely with communities and development partners to improve health outcomes.

Our value proposition lies in our ability to empower and act as a catalyst for innovation and action. We develop and implement pilot models that can be replicated and scaled up. We bridge worlds - social and technological, policy and practice, and corporate and development.

Our core team consists of 27 qualified and committed professionals who bring different perspectives to our work and share their knowledge and ideas to leverage the best outcomes for our clients and the communities we work with. We also have a team of 89 field staff who support the implementation of our various Action Research and Implementation projects. Additionally, we are supported through the year by a cadre of interns and volunteers from India and overseas.
Our head office is in Bangalore and we have regional offices in Chikkaballapur and Raichur districts of Karnataka, New Delhi, Bhubaneshwar, Hyderabad and Bhopal, some of which we share with the other organisations that form part of the Catalyst Group.

**Our Approach**

Our approach is framed by our commitment to vulnerable and marginalised communities. In collaboration with these communities, we design and implement innovative projects and replicate existing models that serve their needs. We provide technical support to improve the effectiveness and efficiencies of organisations and programmes seeking to benefit these communities. We aim to create evidence and influence policies that directly or indirectly benefit disadvantaged people. We work in India as well as provide technical support to organisations overseas, particularly in Asia Pacific. Swasti takes a holistic approach to development, contributing to building stronger and healthier communities in India and other parts of the world.

Our 2010-13 Strategic Plan sets outs three key outcomes:

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

The Strategic Plan sets out seven core strategies, which help us achieve these three outcomes and our overall goal to enhance health outcomes of marginalised communities:

1. Identify key challenges
2. Develop & test models
3. Scale up models
4. Improve organisations working with communities
5. Key management services to programmes & projects
6. Contribute to policy
7. Capture and communicate knowledge

This report captures the progress made by Swasti in 2010-11 towards achieving its stated objectives as per the strategic plan.
Message from the Chairman

Swasti turned eight years old in April 2010. Since the day it was established, Swasti has been working with and for marginalised communities to enhance their health and well-being and 2010-11 was no exception. Swasti began the year with a new and improved strategic plan which reaffirmed our goal to improve health outcomes of marginalised people. This Annual Report highlights the work and achievements of 2010-11 and the progress made towards achieving the stated objectives as per the Strategic Plan.

We are happy to report an increased reach of, and improved service access for marginalised communities, particularly of new, young and high volume sex workers and children affected by AIDS over the past year. Working in collaboration with our community-based partner, Swathi Mahila Sangha, we established a night shelter for women in sex work living on the streets of Bangalore.

We contributed to policies and programmes at the national, regional and global levels. We developed an HIV intervention policy, strategy and action plan for migrants in India to reduce their risk of acquiring HIV. We advocated for increased funding for reproductive health and family planning in India by participating in policy forums and meeting with Members of Parliament.

Swasti contributed to improving the efficiency and effectiveness of various programmes and organisations. Swasti strengthened the delivery of HIV interventions in Nepal and Thailand and built capacity of various organisations to manage grants from The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Over the past year, we continued to explore new areas and sought out mutually beneficial partnerships with like-minded organisations both in India and overseas. One such partnership was forged with the Public Health Foundation of India, with whom we are now implementing a new initiative to strengthen human resources for health in India.

The successes of 2010-11 have only been secured due to the solid efforts of a dedicated Swasti team and the myriad of individuals and organisations that we have collaborated with through the year. I would like to acknowledge the organisations and individuals who have worked with us over the past year, and I look forward to your continued support in 2011 and beyond. Finally, thank you to the Swasti team without whom much of what was achieved in 2010-11 would not have been possible.

Nandlal Narayanan
Chairperson, Swasti’s Governing Board
The Year in Review

Swasti’s three work streams—Action Research and Implementation, Technical and Management Support and Learning Systems — began the year earnestly looking for ways to deliver the outcomes outlined in Swasti’s new Strategic Plan. While HIV and health systems strengthening and capacity building remained a key focus for the year, there was diversification into areas such as market-based partnerships for health and strengthening human resources for health. We worked extensively across India, as well as provided support to organisations in Nepal, Sri Lanka, Afghanistan, Bangladesh and Thailand.

Action Research and Implementation

The Action Research and Implementation (ARI) unit aims to innovate, incubate, scale-up and replicate models that achieve improved health outcomes and directly benefit communities. Swasti identifies key challenges and gaps in realisation of health outcomes for communities and through its ARI projects works towards innovating processes, strategies and approaches to address these challenges and gaps.

Recognising and believing that communities have the capacity to resolve their own problems, the ARI unit aims to build this capacity through a variety of means. We adopt a holistic and integrated approach to programming, for example, we address HIV risk among women in sex work through addressing related issues such as gender violence and alcohol de-addiction. In 2010-11, the ARI team continued to work with marginalised communities to implement projects that met their needs while simultaneously building the capacities of these communities to improve their own health and well-being.

Overview of ARI projects

Pragati

Established in 2005, Pragati is an empowerment initiative for women in sex work in Bangalore, Karnataka. It aims to build capacities of women to respond to threats and challenges which impinge on their rights, dignity and quality of life. Pragati is implemented in close collaboration with Swathi Mahila Sangha (SMS), a collective of women in sex work, and is primarily financed by the Bill and Melinda Gates Foundation. The project reaches thousands of women in sex work, empowering them to gain control over resources and decision making platforms. It provides access to a range of services: counselling on sexual health and HIV prevention, health services, alcohol de-addiction services, a crisis helpline and response team, nutrition support for HIV-positive women and savings and credit facilities through the project’s financial inclusion initiative, Swathi Jyothi Mahila Vividodesha Souharda Sahakari Niyamita which is implemented in collaboration with
Vrutti Livelihoods Resource Centre.

Chetana

Initiated in October 2007, Chetana is a rural HIV intervention project for women in sex work and their clients. It operates in one-hundred high priority villages of Chickaballapur district in Karnataka and is supported by KHPT, with funding from the United States Agency for International Development’s (USAID) Samastha programme. The project encourages the adoption of safe sex practices among the sex worker community in the district and supports people living with HIV (PLHIV) to access antiretroviral therapy (ART), including following up with those who dropped out of taking treatment.

Spandana

Founded in October 2009, Spandana is the first ever comprehensive rural HIV prevention programme in Raichur District of Karnataka, India. This region has a high HIV prevalence considering its location on the border of Karnataka and Andhra Pradesh and is a rail and road transit hub to major cities like Hyderabad, Bangalore and Mumbai. Funded by the United Nations Children’s Fund (UNICEF), Spandana is based on the Link Worker model developed under National AIDS Control Programme (NACP) III. Village specific Link Workers are designated to provide care, support, and health services to community members in need. The program focuses on servicing those most at risk from HIV—women in sex work, men who have sex with men (MSM), truck drivers and young people.

Technical and Management Support

Swasti through its Technical Management and Support Unit provides support to a variety of organisations both in and outside of India, contributed to improving the effectiveness and efficiency of health programmes for marginalised communities. In 2010-11, Swasti undertook technical assistance assignments in the areas of planning, research, monitoring and evaluation (M&E), documentation, financial management, organisational development and capacity building. Among its clients were Technical Support Facilities (TSF) for Southeast Asia and the Pacific and South Asia; Children’s Investment Fund Foundation, The Royal Tropical Institute (KIT), Netherlands; United Nations Development Programme (UNDP), India; United Nations Office for Drugs and Crime (UNODC) and National AIDS Control Organisation, India; Joint United Nations Programme on HIV/AIDS, Nepal; and the National Centre of AIDS & STD Control, Nepal.

Snapshot of technical support provided in 2010-11

Impact evaluation of Balasahyoga Programme - In collaboration with the Royal Tropical Institute (KIT), Netherlands, Swasti has been commissioned by the Children’s Investment Fund Foundation to undertake an impact evaluation of the Balasahyoga programme which
provides high-quality and comprehensive prevention, treatment, care and support services to children infected with or affected by HIV in Andhra Pradesh, India. In 2010-11, a reference group covering a group of children in one district was created and used to reconstruct a baseline for quality of life measurements for children infected with or affected by HIV. This will enable stronger inferences about the programme’s impact on quality of life of children to be drawn. Final findings from the evaluations are expected next year.

**Review of Universal Access Targets** - During the year, Swasti was involved in reviewing progress against targets for universal access to HIV treatment, care and prevention by 2010 in both India and Nepal. In Nepal, Swasti worked with UNAIDS to carry out a review of the country’s progress against Universal Access Targets as part of the review of Nepal’s National Strategy Plan on HIV/AIDS (2006-11). In India, Swasti, in close collaboration with Asia Pacific Council of AIDS Service Organizations (APCASO) and the Indian Network for People Living with HIV/AIDS (INP+) reviewed the current status of achieving Universal Access Targets using a participatory approach.

**M&E support for UNODC’s H-13 project** – In May 2010, Swasti conducted a South Asia regional M&E training workshop for implementing NGOs of UNODC’s 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 across the South Asia Association for Regional Cooperation (SAARC) countries.

**Support to the National Link Worker Scheme, India** – part of the National AIDS Control Programme III and funded through Round 7 of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter the Global Fund), the national link worker scheme is aimed at reaching HIV related services to high risk groups in rural parts of India. In 2010-11, Swasti supported the National AIDS Control Organisation in projecting the scheme to Global Fund’s Country Coordinating Mechanism and developed a proposal for the second phase of the Scheme. Swasti also assisted UNICEF (who is partly funding and implementing the Scheme) in the areas of planning, mapping and situational assessment to help identify priority villages and high risk groups. Currently, on behalf of UNICEF, Swasti is conducting a rural mapping in 61 districts of 11 states in India. The mapping is expected to provide an estimation of high risk populations in these districts, their geographical locale and extent of vulnerability.

**Global Fund related support** – Through the year, Swasti provided training and capacity building to various organisations on the development of Global Fund proposals and management of Global Fund grants. Swasti assisted India and Thailand with the development of technical and financial components of proposal to Global Fund’s Round 10. In India, Swasti team was involved in facilitation of the process of proposal development, writing the technical components of the proposal and putting together the entire proposal for submission to the Global Fund. Thailand support included developing the budget template and methods and preparing the budget for the principal and sub-recipients.
Swasti also provided training on financial management and accounting requirements for Global Fund’s Round 7 to staff of Nepal’s National Centre of AIDS & STD Control. Swasti was also commissioned by TSF South Asia to support and facilitate a capacity building workshop for sub-recipients and sub-sub recipients of Round 9 Global Fund Regional Project in collaboration with the principal recipient, Population Service International (Nepal). Swasti supported in designing and facilitating the workshop.

**Learning Systems**

Swasti recognises that to continue to be a niche provider in the public health and development sphere, it must be a knowledge leader. Swasti’s Learning Systems Unit facilitates learning within the organisation itself and among its partners. It supports learning sites, coordinates Swasti’s participation at various workshops and seminars and produces various knowledge products. The Learning Systems unit drives secondary research to help identify key challenges that affect communities in realising health outcomes. Based on this research combined with the evidence from Swasti’s ARI projects, the Learning Systems Unit develops knowledge products and better enables Swasti to engage in, and contribute to policies that benefit communities and institutions working on improving health outcomes.

**Overview of Learning Systems projects**

**Samastha Learning Systems Project**

Started in October 2007, the 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. The project coordinates two learning sites - one within Swasti’s own Pragati project and one at Snehadaan, a care and support centre for PLHIV. The project is a joint initiative of Swasti and KHPT and is funded by USAID under its Samastha programme. This initiative is in addition to the earlier mentioned initiative, Chetana, a field intervention, also funded under USAID’s Samastha programme.

**Euroleverage**

This project is implemented by Swasti in partnership with the German Foundation for World Population (DSW). The project aims to leverage increase funds for reproductive health (RH) and family planning (FP) from the European Union using a two-pronged approach which targets both the supply side and demand side. It advocates for increased funding from the European Union and to generate demand for these funds, the project aims to build the capacity of NGOs to access to available EU funds for RH/FP.
Swasti staff participated in various trainings and workshops through the year which contributed to building their own knowledge and capacity and helped Swasti build new partnerships. Through participating in the International Conference on Health Systems Strengthening in May 2010 and the launch of the Lancet series, ‘Towards Universal Health Coverage’, Swasti gained useful insights into the emerging health challenges facing India and the case for universal health coverage.

These workshops also provided an opportunity for Swasti to share its experiences and learnings. For example, at the International AIDS Conference in Vienna in July 2010, Swasti gave two poster presentations - one on Supportive Supervision and the other on Crisis Response system for women in sex work. At the conference, Swasti also gave an oral presentation on ‘Ensuring dignity and rights: A community-led advocacy campaign to reduce stigma and discrimination’, on behalf of its CBO partners, Swathi Mahila Sangha, Vijay Mahila Sangha and Jyothi Mahila Sangha.

To further its knowledge on grant processes and systems of Global Fund, members of the Swasti team attended various trainings on management and administration of Global Fund grants. These trainings were delivered by Grant Management Solutions (GMS), an organisation that provides technical support on effective implementation of Global Fund projects. The training contributed to building the capacity of Swasti staff in the areas of financial management, governance and M&E related to Global Fund projects and helped the team to understand the new Global Fund grant architecture and the grant consolidation process. In addition, Swasti staff attended a regional workshop on Global Fund Grant Consolidation in Johannesburg in March 2011, which further built Swasti’s knowledge of grant consolidation/single stream funding process.
New Initiatives and Partnerships

Centre of Excellence on Market-Based Partnerships for Health

Swasti, in partnership with Catalyst Management Services and Vrutti Livelihood Resource Centre has been awarded a grant to establish with a Centre of Excellence to promote effective and sustainable Market-based Partnerships for Health to address the public health needs of Base of Pyramid (BOP) households in India. This Centre will be the first of its kind in India and is supported by Abt Associates and USAID. Swasti will initially support seven models developed under USAID’s Market Based Partnerships for Health project, with the intention of scaling up these partnerships to benefit BOP households.

Strategic Partnership with Public Health Foundation of India

In 2010-11, Swasti signed a Memorandum of Understanding with Public Health Foundation of India (PHFI) to share knowledge and ideas and collaborate on areas of mutual interest.

Advancing Human Resources for Public Health in India

The partnership between Swasti and PHFI soon led to the two organisations collaborating on initiative funded by the European Union to improve human resources for health policies, strategies and practices in India. Swasti and PHFI will seek to engage with national and state governments as well as private and public actors to shape human resource policies and practices in the public health care system in India. Towards this, research, documentation, advocacy at the national Level and piloting within two states will be taken up.

Achieving Health, Education and Livelihood Outcomes – The HELO Model

In 2011, Swasti, together with Catalyst Management Services and Vrutti Livelihoods Resource Centre, conceptualised the ‘HELO Model’ which provides an integrated, comprehensive and cost-effective approach to improving health, education and livelihood outcomes of poorest and marginalised families. The project will help ensure that the different products, schemes and programmes meant for poor reach them through a demand led process which focuses on graduating families across different levels of progression out of poverty.
Key Achievements and Outcomes

Swasti made significant progress towards achieving each of its priority outcomes and its overall goal of enhancing health and well-being of the marginalised in 2010-11.

Outcome 1: Reaching more marginalised people and improving their access to services

Increasing our reach of marginalised communities and improving their access to quality health, education and other services is crucial to the work we do. In 2010-11, Swasti continued to increase its reach of communities particularly vulnerable to HIV - women in sex work and their clients, MSMs, migrants, truck drivers, and young people. Swasti, through its various projects, generated awareness of HIV and other sexually transmitted infections (STIs) among these communities and linked them to prevention and treatment services. More importantly, our field staff continued to help build the capacity of these communities to improve their health and well-being.

As part of the Pragati project, Swasti supported Swathi Mahila Sangha to regularly reach just over 13,600 women in sex work in Bangalore in 2010-11 - not only exceeding the programme’s target of reaching 10,000 women but also reaching 750 more women this year than last year. Through the outreach efforts of the project’s peer educators and outreach workers, approximately 11,650 women visited the project’s drop-in and referral clinics for regular health-checks as well as symptomatic treatment through the year.

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<th>Reaching Young, New and High Volume Sex Workers</th>
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<td>In 2010-11, the Pragati team intensified its efforts to reach young, new and high volume sex workers. Young and new sex workers tend to be particularly vulnerable to HIV. They are usually trafficked or semi-trafficked into sex work and at the control of pimps and brothel owners, with no support system of their own. They service high volumes of clients and are not always paid for their services. The Pragati team used a number of innovative strategies to reach this more invisible and marginalised sub group of the sex worker community. These included identifying sites such as bus and train stations, where the likelihood of young and new sex workers operating is high; seeking the help of other sex workers, pimps, police, brothel-owners to identify new and young sex workers and providing financial incentives to sex workers who identify, orient and bring new and young sex workers to Pragati’s drop-in centres. These strategies proved to be highly effective with a total of 8,456 young, new and high volume sex workers being reached between April 2010 and March 2011.</td>
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Close to 300 women accessed the alcohol de-addication program facilitated through *Pragati*. Meanwhile, *Pragati’s* Crisis response team, *Swathi Nyaya Sanjeevini*, responded and resolved almost 700 cases of violence and harassment against women in sex work in Bangalore. Women in sex work face violence and harassment from multiple fronts - their clients and partners, the police, pimps and madams, rowdies on the streets, their families and neighbours.

In 2010-11, Swasti in collaboration with Swathi Mahila Sangha continued to expand the services and support provided through *Pragati* to women in sex work in Bangalore. In February 2011, Swathi Mahila Sangha, with the support of Swasti, opened a night shelter for women who are living on the streets of Bangalore to take refuge at night. The shelter is open from 6pm to 7am and 10 to 15 women on average seek shelter there each night. This shelter is intended to operate as a social enterprise whereby during the day, the shelter is used as a training centre, which helps mobilise revenue to cover the shelter’s operating costs.

In the rural districts of Chickaballapur and Raichur in Karnataka, through its *Chetana* and *Spandana* projects respectively, Swasti has made significant gains in reaching difficult-to-reach sub populations that are especially vulnerable to HIV such as women in sex work and their clients, MSMs, and the youth. In Chickaballapur, our field staff maintained regular contact with all known women in sex work in the target areas, which is at total of 1,293 women.

In the case of Raichur, the *Spandana* link workers reached 274 women in sex work and 64 MSMs. The *Spandana* team were also highly effective in reaching young people in Raichur and providing them much needed sexual health and HIV education. In addition, over the past 12 months, they have established 18 voluntary youth clubs, aptly known as Red Ribbon Clubs. Members of the Red Ribbon Clubs provide HIV and sexual health information to their local communities and help link people to health services.
The Spandana team also established village information centres in 27 villages over the past year. Villagers can visit these centres to obtain information on HIV and other health related issues.

In both Raichur and Chickaballapur, Swasti has been highly successful in working with local health service providers to ensure services reach those in need and generated demand for health services among the local population, through creating awareness about the health services available and helping people to access them. In Chickaballapur, 1,154 women in sex work underwent HIV testing in 2010-11, almost 220 more than the previous year. In Raichur, local health officials report that there has been increased utilisation of health services such as Integrated Counselling Testing Centres that conduct HIV/STI tests and Directly Observable Treatment Short course (DOTS) for Tuberculosis. In fact, in Raichur in 2010 alone, Spandana link workers facilitated HIV testing of 3,666 people.

In addition to women in sex work and MSMs, Swasti also improved reach of other groups at risk of HIV in Karnataka. It conducted a mapping of IDUs and migrants which provided information on the present situation of the IDU and migrant community in the state and helped KHPT and the Karnataka State AIDS Prevention Society take the decision to initiate an HIV and AIDS prevention programme for these communities.

Swasti also facilitated improved access to care and support services for PLHIV. In Bangalore, Pragati’s project staff referred 98 women living with HIV to state ART centres. Moreover, these women are supported by Swathi Spoorthi – a network for women in sex work living with HIV. These women are also provided nutrition at a subsidised cost through one of Swathi Mahila Sangha’s income generation activities, Swathi Savi.

Similarly, field staff in Chickaballapur and Raichur districts facilitated access to ART for 134 and 81 PLHIV respectively. They have also been effective in following up with those who may have dropped out of taking treatment and counselling them into returning to the ART centre to recommence treatment. Furthermore, they helped connect PLHIV to services such as the District Network for PLHIV and community care centres.

In 2010-11, Swasti also facilitated improved interactions between faith-based organisations (FBOs) and PLHIV in Karnataka through assisting the International Service Association of India in conducting a baseline and endline study for a project aimed at reducing stigma and discrimination against PLHIV from FBOs. As part of this study, Swasti met with 29 religious leaders, 20 FBO representatives and 27 PLHIV across Karnataka.

During the year, Swasti directly and indirectly helped reach out to children affected by AIDS. In Chickaballapur district of Karnataka, Swasti staff linked 56 children (many of whom were orphaned) to social entitlements. In Raichur, Spandana staff assisted 31 orphaned and
vulnerable children – helping them access health services, education, hostels and social entitlement schemes.

In the absence of information about the estimated number of Children Affected by AIDS (CABA), it is difficult to address the needs of these children. In Nepal, Swasti developed methodologies and generated national level estimates of CABA, which were used to inform a national policy aimed to address their needs.

Preventing transmission of HIV from mother to child

Swasti contributed to preventing mother to child transmission of HIV both in and outside of India. In Raichur district of Karnataka, India, link workers from Swasti’s Spandana intervention encouraged pregnant women to undergo HIV testing and helped those who tested positive to minimise the risk of HIV transmission onto the child during pregnancy, labour and delivery, or breastfeeding.

Outside of India, Swasti helped raise funds to prevent mother to child transmission (PMTCT) of HIV in Thailand. Swasti assisted the Government of Thailand with costing and budgeting for the HIV component of the Global Fund Round 10 country proposal. Thailand received a $55 million grant through Round 10 which was directed towards the country’s HIV PMTCT programme in an effort to reach more pregnant mothers and children.

Case Study

Gangana who lives in Raichur, Karnataka tested positive for HIV during an ANC visit. A female link worker counselled her and provided advice on nutrition during and after pregnancy. She also taught Gangana to breastfeed in a way that minimises the risk of HIV transmission. Swasti also helped her access various social welfare benefits such as the Yashashwini scheme (medical benefit in government hospital), delivery kit and Poustikahar (a nutrition scheme). With these efforts, Gangana now has a healthy baby who is living free from HIV.

*Name has been changed to protect identity.*
Outcome 2: Policy influence and change

The policies and programmes in place in a given country have a huge impact on developmental outcomes of its people. Over the past year, Swasti succeeded in directly and indirectly influencing policy and programmatic change both in India and overseas. Swasti developed policies and guidelines for various governments (at state and national levels), developed, tested and shared good practice models and participated in various policy forums. Through its efforts, Swasti provided a voice to marginalised communities and helped policy-makers to put their needs first.

Contributing to national policies, strategies and plans

In 2010-11, Swasti’s technical support team developed a HIV Intervention policy, strategy and action plan for migrants in India to reduce their risk of acquiring HIV. Swasti also helped to mobilise funding for the national migrants programme through Round 10 of Global Fund. To feed into India’s Round 10 proposal, Swasti developed a concept note on “Addressing the Vulnerability of Migrants Comprehensively” which looked at comprehensive programming for covering migrants at source, during transit and at destination.

Swasti, in consultation with a number of sex worker collectives, also developed a concept notes on “sustaining the quality of sex worker interventions in the high prevalent southern states” which also fed into the overall policy framework for India’s submission for Global Fund Round 10. Swasti also facilitated the preparation and submission of the HIV component of India’s country proposal to Round 10 of Global Fund.

In April 2010, Swasti developed guidelines and standard operating procedures for implementing target interventions for most-at-risk populations in Nepal. These guidelines and procedures were developed based on a review and evaluation to ascertain the most effective interventions for sex workers, MSMs, IDUs and migrants.

Swasti contributed to various policies and strategies over the course of the year. Inputs were provided to India’s Planning Commission on issues related to reproductive and child health to feed into the country’s 12th Five Year Plan. In September, Swasti provided inputs to the World Health Organisation’s Global Health strategy for HIV 2011-2015. Meanwhile, at the Partnership for Maternal, Neonatal and Child Health (PMNCH) Partners Forum and Meeting held in New Delhi, Swasti contributed to the development of a NGO constituency statement.

Developing and promoting good practice models

The spread of HIV in India is not limited to urban areas and rural populations also require information and access to preventive and treatment services. However, the challenges of working in rural areas are quite different from urban locales and require specific strategies.
Swasti’s *Chetana* project in Chickaballapur, Karnataka is a model for a low-cost, effective rural HIV intervention for reaching high risks groups, especially women in sex work. It has been recognised as good practice model project in South Karnataka under USAID’s *Samastha* programme.

Similarly, Swasti’s *Pragati* project continued to provide a model for an urban intervention for sex workers. Between April 2010 and March 2011, *Pragati* hosted a total of 217 visitors, including South Africa’s Minister of Health and the Director General of India’s National AIDS Control Organisation – all of whom came to learn about *Pragati*, and how a target intervention is implemented comprehensively in a large urban context with such community ownership and participation.

Swasti, through its learning site at *Snehadaan*, a care and support facility for PLHIV, demonstrated a model for provision high quality care and support within the Hospice environment for PLHIV. In 2010-11, 2,162 people visited *Snehadaan*.

**Knowledge generation, evidence & advocacy for policy change and better programming**

In 2010, Swasti reviewed India’s progress against targets for universal access to HIV treatment, care and prevention. It identified the gaps and barriers inhibiting achievement of Universal Access Targets and provided recommendations for achieving the targets by 2015. Similarly, Swasti reviewed the current status of achieving Universal Access Targets in Nepal and provided recommendations for reaching universal access targets by 2015 which fed into Nepal’s next National Strategy Plan on HIV/AIDS 2011-2016.

"I would like to send and embed members of my team to India for 2 – 3 months to learn directly from Pragati so that we can scale up fast”
Minister of Health, South Africa during his visit to Pragati in Nov 2010, signing on a banner of "Action against Stigma and Discrimination"
Investing in sexual and reproductive healthcare services, information and education is crucial if we are to save lives of the thousands of women who die every minute from complications in pregnancy and childbirth. As part of its advocacy efforts under the Euroleverage project aimed at leveraging increased funding for reproductive health (RH) and family planning (FP), Swasti undertook a detailed budget analysis to better understand funding and disbursement of RH/FP in India. This allowed us to have informed discussions with two Members of Parliament on the issue. In November 2010, Swasti participated in an awareness event for Parliamentarians on ending child marriage and disseminated a note on child marriages and its linkages to maternal and child mortality rates.

Addressing intimate partner violence faced by women in sex work is a major challenge. In 2010-11, Swasti, in collaboration with the International Centre for Research on Women developed a toolkit on how sex workers can better handle intimate partner violence and how the community can help respond to the issue. Swasti undertook a situation assessment and field tested the toolkit with two community-based organisations in Karnataka, India. Through which, Swasti gained an in-depth understanding of issues surrounding intimate partner violence and contribute to the dialogue on the issue at the national level.

In 2010, Swasti released a study on new entrants into sex work and mobility of sex workers in Bangalore, Karnataka. The study found that approximately between 3,800 to 6,500 women enter into sex work in Bangalore every year and 70% of them are in the age group of 20-25 years. The study highlighted that sex workers are likely to be more vulnerable to HIV during the window between when they commence sex work and when are reached by an HIV intervention. This study contributed to not only influencing a specific strategy to reach new and young sex workers within Swasti’s own Pragati project but also influenced thinking at the national level about the need to reach out to this sub-group.

In March 2011, under Swasti’s Samastha Learning System project, a workshop on comprehensive care for children living with HIV (CLHIV) was held at Snehadaan (a care and support facility for those living with HIV). The workshop was aimed at enhancing the quality of services offered to CLHIV within institutionalised care programmes. It brought together all organisations involved in HIV Child Care Programmes in Karnataka and Andhra Pradesh and facilitated mutual sharing and learning from experiences. Specific outcomes from the workshop included NGOs working on care for HIV affected children to jointly develop a common minimum standard of comprehensive care for affected children and an agreement to submit a proposal to the Ministry of Women and Child Development to develop a database of children infected and affected by AIDS in all districts.

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1 Swasti and Karnataka Health Promotion Trust, *Understanding New Female Entrants to Sex Work, Bangalore Urban*. 2010.
Outcome 3: Improved efficiency and effectiveness of programmes for marginalised communities

Effective and efficient delivery of health programmes and services is essential to improve health outcomes. In 2010-11, Swasti provided technical support to a range of organisations to improve the effectiveness and efficiency of the programmes they deliver. This included organisations and programmes at the state, national and regional level. Swasti helped in programme planning, design and reach, strengthening of delivery systems and monitoring and evaluation and reducing of implementation costs. Swasti also supported organisational development, governance, resource mobilisation and management.

Swasti strengthened the reach and effectiveness of national programmes in various countries in the region through improving programme designs, planning, systems strengthening and capacity building. Within India, it helped redesign the HIV service delivery system for migrants and improved targeting of migrants through expanding the definition of migrants to include female migrants – an important group that were excluded from the previous design of the programme. Most importantly, Swasti facilitated migrants’ access to national health insurance through promoting a convergence between the migrants’ scheme and the national health insurance scheme, Rashtriya Swasthya Bima Yojana.

Swasti also helped ensure that the National Link Worker scheme reached those segments of the rural population that require it the most. Swasti conducted situational assessments for six districts which provided a comprehensive picture of the district including the demographic profile, an understanding of the reproductive health and HIV and AIDS trends, issues, challenges and access and availability of health services including HIV and AIDS services in each district. These assessments also broadly mapped out the high risk groups and vulnerable villages and identified the drivers of HIV and AIDS in each district. In some districts of Rajasthan and Orissa, these district situational assessments picked some vulnerable villages that had been omitted and other villages that should not have been included in the list of 100 priority villages already identified by the programme’s implementing agencies. These assessments will be used to develop district specific comprehensive HIV/AIDS response plans.

Similarly, in Andhra Pradesh, Swasti undertook a review of already prioritised vulnerable villages for implementation of the Link Worker Scheme. This review highlighted that even villages with low population register high risk behaviour and require HIV interventions and resulted in the re-prioritisation of villages to be included in the Scheme in three districts of Andhra Pradesh (Medak, Karimnagar and Guntur) – helping again to ensure optimum targeting of the Scheme.

Improving HIV outcomes in rural India through better targeting
In Nepal, Swasti contributed to improving the effectiveness and efficiency of implementation of the second phase of Global Fund Round 7. It helped build capacity of staff of the Nepal’s National Centre for AIDS and STD Centre (NCASC) in financial and programme management which enabled it to take up the role of Principle Recipient for the Global Fund grant. Swasti developed guidelines and operational procedures for management of the grant and trained the NCASC in targeted interventions and management of Global Fund projects.

At the regional level, Swasti helped improve the efficiency and effectiveness of a $47 million Global Fund Regional Project for South Asia financed through Round 9. This is a multi-country programme covering seven countries in South Asia (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka). Swasti, in collaboration with TSF-South Asia and Population Services International, Nepal (the Principal Recipient) delivered a capacity building workshop aimed at supporting and strengthening the capacity of sub and sub-sub recipients in preparing their systems for the successful roll out of the project. The workshop helped bring clarity on Global Fund procedures and processes and helped established a collective understanding of the project itself and the roles of the different partners. The partners through the workshop highlighted some of the implementation risks and a risk mitigation plan initiated.

Swasti also contributed to improving the effectiveness of UNODC’s H-13 project aimed at preventing HIV transmission among drug users in South Asia. Over the past three years, Swasti has been building capacities of implementing NGOs of the project in M&E. Swasti’s efforts culminated with a Regional M&E Workshop held in May 2011 which brought all the implementing partners from all South Asian countries together and provided a great opportunity for learning and took NGO led South to South cooperation to a new level.

In 2010-11, Swasti also helped improved the efficiency of TSF South Asia’s operations and facilitate more informed review and decision-making. Swasti, working in collaboration with Exilant, developed a customised software that enables TSF to access real time data and information, generate monitoring reports, search for consultants with ease, maintain a central repository of files, and manage finances.

Swasti also improved the effectiveness and reach of various targeted interventions at the state level. In August 2010, Swasti conducted evaluations of HIV interventions for women in sex work and MSM in Ahmedabad, India. This evaluation were commissioned by the National AIDS Control Organisation and provided recommendations which sought to improve delivery of the two targeted interventions for the next phase of implementation and suggested the developing these interventions into learning sites. In Andhra Pradesh, Swasti undertook mapping of high risk groups which led to better design and coverage of the state’s targeted interventions.
Swasti also facilitated an exposure visit for 40 staff and partners of Family Planning Association of Nepal, one of the Principal Recipients implementing the Global Fund Round 7 grant in Nepal. The visit provided the staff first hand exposure to implementation of good practice models for MSM and Transgenders and labour migrant interventions in India and contributed to building their capacity to better implement targeted interventions in Nepal.

Moreover, Swasti, through its Pragati Learning Site, continued to demonstrate how targeted interventions can be delivered holistically, with priority given to the needs of the target community and how management can transition to a CBO over time. Many organisations who visited the Pragati learning site, have gone back and integrated elements such as the drop-in centres, crisis response mechanisms and financial inclusion programme into their own target interventions. Meanwhile, visitors from target communities reported that after seeing the success of Swathi Mahila Sangha, they too have been motivated to start their own CBOs and play a greater role in implementation of their respective targeted interventions.

**Strengthening civil society organisations to deliver quality programmes and services**

Over the past year, Swasti contributed to institutional strengthening of Swathi Mahila Sangha (SMS) and Karnataka Network of Positive People. Swasti contributed to the efforts of SMS to hold their fourth elections in December 2010 for membership on its Board of Directors. With Swasti’s support, SMS was able to ensure that appropriate protocols were followed and that the election was carried out in a fair, transparent and credible manner. Of the 15 members elected onto SMS’s central governance board through this election, eight were re-elected and seven new members were elected. This illustrates a line of new leaders from the community emerging and Swasti supported the transition in leadership, ensuring the previous board members supported the new members, in the organisational interest.

Swasti also supported SMS to organise its Annual General Board Meeting where newly elected board members were introduced and SMS presented its work and key achievements of the past 12 months. More than 3,200 women attended the meeting. Swasti also guided SMS in establishing a business, *Swathi Innovations*, to help generate alternative sources of income for the organisation and provide some viable employment opportunities to women in sex work in Bangalore.

Swasti also contributed to institutional strengthening of Vijay Mahila Sangha, a CBO of women in sex work in Bangalore. Swasti provided technical support in areas such as managing outreach activities, microfinance, promotion of livelihood activities and crisis management.

Swasti also continued to contribute to the organisational development of Karnataka Network of Positive People – providing support to the President and board members in
management of resources, and connected the organisation with other organisations such as the Network for Women’s Equality and Equity in Bangalore and Karnataka State AIDS Prevention Society.

### Helping NGOs access funding

Development assistance funding channels are complex and it can be difficult for many civil society organisations (CSO) to navigate them and successfully mobilise funds. In 2010-11, Swasti intensified its efforts to build capacity of civil society organisations to mobilise and use funding more effectively. As part of the Euroleverage project, a workshop was held in New Delhi, India in March 2011 on resource mobilisation for CSOs, with a specific aim of improving participants’ awareness of available EU funds for Reproductive Health and Family Planning projects, and how to access these funds. The workshop was attended by participants from 10 organisations from across the country and helped build their capacity to develop high quality proposals for funding, thereby increasing their likelihood of being accepted as potential recipients of funding.

More than 10 organisations are also receiving technical support from Swasti in developing and submitting proposal to accessing European donor funding and some of whom have applied and successfully gained funding.

In addition, Swasti compiled and disseminated a publication on the different funding programmes available to non-profit organisations working on reproductive health and family planning in South Asia, mainly Nepal, Pakistan and India. The publication titled ‘Tips & Tricks South-Asia Edition’ provides detailed information on funding priorities, eligibility criteria and application procedures.
Governance and Accountability

Swasti has structures and policies in place to enable it to maintain a high degree of governance, public accountability and financial management.

Our governance structure

Ultimate responsibility for governance of Swasti rests with the Board which provides overall oversight of Swasti, advice and recommendations, especially on the future directions of the organisation. The Board meets twice a year and consists of nine professionals with extensive expertise and experience in development, health and a range of other disciplines.

The Accountability and Transparency Committee is a subcommittee of the Swasti Board consisting of three members and is responsible for ensuring that Swasti in all its work is transparent and accountable to its clients, partners, staff and most importantly, to the communities that it works with and seeks to benefit.

The Chief Executive Officer (CEO) is responsible for setting policies, strategies, and steering the organisation. He is accountable to the Board for implementation of the Strategic Plan, the Board’s decisions and ensuring the organisation adheres to established policies and systems.
**Strategy to Results (S2R) Team** established in 2010 consists of five senior staff members including the CEO. The S2R team meets once a month and is responsible for monitoring and reflecting on the organisation’s progress towards implementing its strategies and achieving the outcomes it has set out to achieve.

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

**Members of the Swasti Board**

<table>
<thead>
<tr>
<th>Name &amp; Position</th>
<th>Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Nandlal Narayanan <em>Chairperson</em></td>
<td>Mr. Narayanan is an expert in Human Resource (HR) Management, Organisational Development (OD) and Change Management. He applies theories and practices, largely employed within a corporate context, to social sector settings.</td>
</tr>
<tr>
<td>Mr. R. Mohan <em>Treasurer</em></td>
<td>Mr. Mohan is a Chartered Accountant with expertise in statutory and internal audits of large, medium and small business enterprises; analysis of internal control systems and development of manuals; indirect tax areas of VAT and Service tax, taxation of trusts and non for profit societies.</td>
</tr>
<tr>
<td>Ms. Siddhi Mankad <em>Secretary</em></td>
<td>Ms. Mankad has over 14 years of experience in social development in India, working in programmes related to health, livelihoods, disaster risk reduction and education. Her expertise is in knowledge management, documentation and communication and research.</td>
</tr>
<tr>
<td>Mr. Shiv Kumar <em>Member &amp; CEO</em></td>
<td>Mr Shiv Kumar is the CEO and co-founder of the Catalyst Group which comprises of Swasti, Vrutti Livelihoods Resource Centre and Catalyst Management Services. He has worked in social development for over 19 years and has experience in health, HIV, governance, natural resource management, education, human resources and organisational development.</td>
</tr>
<tr>
<td>Mr. N. Raghunathan <em>Member</em></td>
<td>Mr. N. Raghunathan is a co-founder of the Catalyst Group which comprises of Swasti Health Resource Centre, Vrutti Livelihoods Resource Centre and Catalyst Management Services. He has over 19 years’ experience in social development, with expertise in impact evaluations, program support, research and documentation in livelihoods, health, education, natural resource management and local self-governance and corporate governance domains.</td>
</tr>
<tr>
<td>Mr. P. Rajarethinam <em>Member</em></td>
<td>Mr. Rajarethinam has over 30 years of experience in development in India – both at the funding and programme management level. He has expertise in planning, implementation, monitoring, evaluation and learning (MEAL), with a focus on child rights.</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Dr. Revathi Narayanan</td>
<td>Member</td>
</tr>
<tr>
<td>Mr. M.R.C. Ravi</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Jacob John</td>
<td>Member</td>
</tr>
</tbody>
</table>
## Financials

**Audited Financial Statement 2010-11**

![Balance Sheet Image]

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

### BALANCE SHEET AS AT 31st MARCH 2011

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Sch</th>
<th>Amount (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>31-Mar-11</td>
</tr>
<tr>
<td><strong>SOURCES OF FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Reserve</td>
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<td></td>
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<tr>
<td>Opening Balance</td>
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<td>9,395,057</td>
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<tr>
<td>Surplus for the year</td>
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<td>280,008</td>
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<tr>
<td>Secured Loan from BOI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>9,675,065</td>
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<tr>
<td><strong>APPLICATION OF FUNDS</strong></td>
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<td></td>
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<tr>
<td>Fixed Assets</td>
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<td>485,674</td>
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<tr>
<td>Current Assets, Loans and Advances</td>
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<td>57,386,594</td>
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<tr>
<td>Less: Current liabilities and Provisions</td>
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<td>48,197,202</td>
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<tr>
<td>Net working capital (2-3)</td>
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<td>9,189,391</td>
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<tr>
<td>Total</td>
<td></td>
<td>9,675,065</td>
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Schedules 1 to 11 forming part of financial statements

For Swasti

Siddhi Mankad
Secretary

R. Mohan
Treasurer

Date: 20th September 2011
Place: Bangalore.

Refer to Our report of even date

for AITHAL ASSOCIATES
CHARTERED ACCOUNTANTS

CA CHANDRA SHEKHAR AITHAL B
Proprietor
M NO. 205102
# Income and Expenditure Account for the Year Ended 31st March 2011

<table>
<thead>
<tr>
<th></th>
<th>Sch</th>
<th>Amount (in Rs.) 31-Mar-11</th>
<th>Amount (in Rs.) 31-Mar-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Work Implementation Receipts</td>
<td>4</td>
<td>58,071,275</td>
<td>18,964,970</td>
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<tr>
<td>Grant Received</td>
<td>5</td>
<td>7,479,051</td>
<td>12,726,850</td>
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<tr>
<td>Social Development Charges</td>
<td>6</td>
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<td>273,027</td>
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<td>Total Income</td>
<td></td>
<td>66,483,898</td>
<td>50,292,977</td>
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<tr>
<td><strong>EXPENDITURE</strong></td>
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<td></td>
</tr>
<tr>
<td>Work Implementation Project Expenses</td>
<td>7</td>
<td>55,369,038</td>
<td>18,409,028</td>
</tr>
<tr>
<td>Grant Project Expenses</td>
<td>8</td>
<td>1,667,524</td>
<td>2,548,457</td>
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<tr>
<td>Administrative expenses</td>
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<td>1,764,617</td>
<td>1,489,642</td>
</tr>
<tr>
<td>Expenses on Employment</td>
<td>10</td>
<td>7,348,747</td>
<td>7,960,999</td>
</tr>
<tr>
<td>Social Development Expenses</td>
<td>1</td>
<td>53,964</td>
<td>59,960</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td></td>
<td>66,203,890</td>
<td>47,551,032</td>
</tr>
<tr>
<td>Excess of Income Over Expenditure (Surplus)</td>
<td></td>
<td>280,008</td>
<td>2,741,945</td>
</tr>
</tbody>
</table>

Schedules 1 to 11 forming part of financial statements

For Swasti

Siddhi Mankad
Secretary

Refer to Our report of even date

R.Mohan

AITHAL ASSOCIATES
CHARtered ACCOUNTANTS

Bangalore
Annex 1: Staff Details
(as at Mar 31, 2011)

Management Team
Shiv N. Kumar  Chief Executive Officer
Dr. Angela Chaudhuri  Manager, Technical and Management Support Unit
Chandrashekhar Gowda  Manager, Action Research and Implementation Unit
Shama Karkal  Manager, Learning Systems Unit

Technical Support and Management Team
Joseph Julian K.G  Senior Consultant and Management Support
Deepthi Sutapalli  Consultant and Management Support

Learning Systems Unit
Diana Picardo  Coordinator, Learning Systems project

Finance and Administrative Staff
Nitin Rao  Finance, HR and Admin Manager
Srinivas T.  Accounts Manager
Manjula Malagi  Accounts Officer
Ramesh Parida  Office Assistant

Action Research & Implementation

Corporate Programme (P.A.C.E)
Shaonli Chakraborty  Project Manager, Delhi
Deepika Sagar  Program officer
Vinay K.N.  Accountant
Seema P.  Training Coordinator
Kumaraswamy  Program Officer

Pragati
Shankar Prasad M.B.  Zonal Manager
Hareesh B.S.  Assistant Field Zonal Manager
Prakash S.H.  Zonal manager
Rajendra R.                       Zonal manager
Krishna Murthy D.C.            Finance Officer
Jayanand Patil                 Admin Officer
Kantha                         Nurse
Parvathamma                    Nurse
Ramamani                      Nurse
Shashikala D.                  Nurse

**Chetana**
Pavana Murthy                    Project Manager
Sanjeev G. Pujar                Taluka Coordinator
Gopal Reddy                     Admin Assistant
Umavathy                        M.E.A.L. Coordinator
H. A. Narasimha Murthy         Field supervisor
Aruna                           Field supervisor
Anjaneyappa                     Field supervisor
Mahesh Hosamani                 Field supervisor

**Link Workers**
Anjinamma                      Krishnappa
Gangarathna                     Krishnappa H.V.
Bhagya S.

**Peer Educators**
Jayamma                         Yashodamma
Asha                            Manjula
Varalaxmi                       Ramalaxmamma
Lamxidevamma                    Shashi
Geetha                          Venkatalashmi
Nirmala                         Laxmi
Malini                          Ambika
Parvathy                        Pramela
Sathyamma                       Shoba
Shameera                        Sandya
Rukmini

**Spandana**
Govind Dandin                   District Resource Person

**Link Supervisors**
Shivappa                         Basappa
Moin Pasha                      Suresh Kumar
Veeresh Nagalikar               Basavaraj C.
Link Workers

Neelamma Gangamma
Lakshmi Govindamma
Basanna Niveditha
Lalitha Mahadev
Shivanechappa Zhakheer Usen
Yasodha Salaha Begum
Mukkanna Shankrappa
Vijayalakshmi Bheemanna
Ravikumar Shanthamurthayya G.
Thayamma Sarvamangala
Amaresh M.S. Channabasava.H
Husen Bee Rathnamma
Sridevi Udayakumar
Basaveshwari Molali
Nagappa Sangeeta
Kajapasha Basamma
Neelakanta Veerabandra
Hanumanthappa Narasamma
Huligemma Vijayalaxmi C.
Laxman Kariyappa
Anand Shivashankarappa
Thikkamma Uma
Shakeel Ahmed Adaappa
Basavaraj Thikkamma
Bhuvanesh

Interns

Florence SRM university, Chennai
Shuchi Kapoor Boston University School of Public Health
Anna Steenrod Boston University School of Public Health
Annex 2: Organisations we worked with in 2010-11

In 2010-11, 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 Jyothi Mahila Vividodesha Souharda Sahakari Niyamita
Public Health Foundation of India (PHFI)
Karnataka Health Promotion Trust
University of Manitoba
Snehadaan, community care centre for people living with HIV
Vijaya Mahila Sangha
Jyothi Mahila Sangha
Gap Inc, USA
Shahi Exports Private Limited
International Centre for Research on Women (ICRW)
United States Agency for International Development (USAID)
United Nations Children's Fund (UNICEF)
German Foundation for World Population (DSW)
The Bill & Melinda Gates Foundation
Abt Associates
Delegation of the European Union to India
Karnataka Network of Positive People
Ministry of Health and Family Welfare, Government of India
National AIDS Control Organisation, India
United States Agency for International Development
World Bank
Joint United Nations Programme on HIV/AIDS (UNAIDS)
UNAIDS Regional Support Team for Asia Pacific
Technical Support Facility South East Asia Pacific
United Nations Office on Drugs and Crime Regional Office for South Asia
United Nations Development Programme, India
International Planned Parenthood Federation
Karnataka State AIDS Prevention Society
Andhra Pradesh State AIDS Control Society
Koninklijk Instituut voor de Tropen (The Royal Tropical Institute), Amsterdam
Management Sciences for Health
Grant Management Solutions
INSA, India
Asia Pacific Council of AIDS Service Organizations (APCASO)
Indian Network for People Living with HIV/AIDS (INP+)
Ahmedabad Municipal Corporation AIDS Control Society
Nepal National Centre for AIDS and STD Control (NCASC)
Family Planning Association of Nepal
Children’s Investment Fund Foundation (CIFF)
Exilant Consulting Pvt. Ltd.