This report covers the period of 1st April 2014 to 31st March 2015

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We are an International Health Resource Centre focusing on achieving public health outcomes for socially marginalised people and communities. Established in 2002, we are part of The Catalyst Group of Organisations comprising of Catalyst Management Services, Swasti, Vrutti and Fuzhio.

A niche service provider, we combine research and practice to provide cutting edge solutions, specialising in the social and management aspects of health. With communities always at the centre of our interventions, we believe in building an ecosystem to bridge civil society, government and the private sector, together moving towards a world of healthy people.

Our team is agile and multi-disciplinary, with the ability to work and deliver in diverse situations across the development spectrum through integration of community needs, programs and policies. Our team comprises of more than 90 professionals and a pool of over 100 consultants from India and abroad, all of whom add value to our work.

Three aspects – behaviours, systems and social determinants

Innovative Models for Impact (IMI)
To design and demonstrate effective, replicable and sustainable program models to address key challenges in public health.

Partnership for Results (P4R)
To work closely with development partners and understand their aspirations, challenges etc. and provide timely, need based, quality support to achieve the desired results for the partners.

Knowledge Management and Policy Shaping (KPS)
To make Swasti a knowledge leader in niche areas and contribute to public health knowledge and policies.

Strategic Framework

Message from President

It was another busy year for Swasti! The 12th year saw several strategic contributions at the policy and program level, both in India and abroad. It was also a year where we took stock of the last three years’ progress, strategies, challenges and weaknesses, which helped shape the strategic plan for the next three years from 2014-17. The Strategy to Results team led this process in redefining the priorities, and relooking at the approaches. A renewed focus around key communities that we seek to work with, and thematic areas, was one of the ways the new strategic plan has developed, building on the successes of the past 12 years, while addressing both the challenges and opportunity for the next three years.

Better evidence, monitoring, evaluation, learning and increased human resources were identified as key internal action areas. Swasti will now move forward, retaining its key focus around poor and marginalised communities through seven thematic areas - Sexual and Reproductive Health including Prevention of HIV (SRHR), Social Protection (SP), Human Resources for Health (HRH), Life Skills Development (LSD), Gender Based Violence (GBV), Water, Sanitation and Hygiene (WASH) and Technology in Public Health (TIP).

The internal strategies of Innovative Models for Impact (IMI), Partners for Results (P4R) and Knowledge Management and Policy Shaping (KPS) continue. However the ‘Innovative Models for Impact’ unit will now be subsumed within each of the thematic areas rather than as a separate unit. New thematic areas where Swasti is beginning work afresh or building from earlier work include GBV and WASH. The exciting new thematic areas where Swasti would like to do some pioneering work include Technology in Public Health, and Integrated Community Health Models.

This is also a year of great excitement because Bill and Melinda Gates Foundation (BMGF) and Swasti have decided to work together in implementing the Avahan III program across India in 5 states through 87 CBOs. Swasti is supported by its sister organisations - Vrutti and Catalyst Management Services (CMS) in this program.

I call upon you to engage with us in whatever way possible, to support Swasti as well as the sector, in positively changing lives.

Shiv Kumar
President, Swasti Health Resource Centre

About Swasti

During the last year, we worked with the following communities to address their needs and challenges:

- Women in sex work
- MSM (Men who have Sex with Men) and Transgenders
- Women in factory settings
- Health workers
- Young and vulnerable children and adolescents
- Rural communities with unsafe drinking water
- Communities with poor sanitation facilities
- Trafficked women and children
**Quick Statistics (Avahan III)**

- **No. of organisations**: 87
- **No. of states in India**: 5 (Maharashtra, Karnataka, Tamil Nadu, Telangana and Andhra Pradesh)
- **No. of districts**: 50
- **No. of people reached**: 166,000
- **No. of field staff**: 700+

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**Program Concept**

**COMMUNITY-LEVEL PROCESSES**

- **Pillar I**: Continued crisis response and advocacy
  - Crisis response systems
  - Advocacy capacity and practice
  - Community participation in TI service delivery

- **Pillar II**: Promoting good governance and democracy in COs
  - COs are financially sustainable
  - Democratic processes
  - Devolution of power and decision making

- **Pillar III**: Promoting financial security
  - Increased access to formal financial institutions
  - Increased ownership of earnings
  - Reduced dependency on informal credit

- **Pillar IV**: Facilitating access to social entitlements/ protection
  - Increased access to formal identification (individual and collective)
  - Increased access to social entitlements, schemes and legal services

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**Key Outcomes**

- **9,350** crisis incidents reported in 2014-15 and 72% of cases responded within 24 hours
- **72,570** applications for civic identities filed, 57,837 received
- **6,332** applications filed and 5,878 benefits availed from other schemes (insurance, deposits, etc).
- **22,358** Jan Dhan accounts created, 1,069 deposit accounts facilitated under Sukanya Samriddhi Scheme
- **1,778** Aam Admi Bhima Yojana (AAB) insurance accounts facilitated
- **734** national pension accounts facilitated
- **1,470** medical insurance accounts facilitated
- **Community Ownership and Preparedness Index (COPI)** - a self-reflection tool completed across all COs
- **Rs. 33 Lakhs** raised by the Community Organisations locally, using the planning tool under “standing on your feet” concept
- **Rs. 33 lakhs** was raised by the Community Organizations locally using the planning tool under “standing on your own feet” concept.
Technology in Public Health (TIP)

TIP is a relatively new thematic area for us. We understand the potential of leveraging technology to improve quality of and access to primary health care and endeavour to use technology across our thematic areas. 2014-15 saw a whirlwind of activities from partnerships and collaborations to testing technology products and building community models using technology.

Our thematic advisory group

- Dr. Marc Mitchell - Harvard School of Public Health
- Mr. Rangarajan Narayanan - Founder of Exilant
- Mr. Shiv Kumar - Catalyst group
- Dr. Joel Ethrenkranz - Chief Medical Officer and Co-founder of i-calQ LLC

Key Highlights:

- We reached out to 31 Auxiliary Nurse Midwives in 4 districts in Karnataka, India through a mobile based decision support application developed by D-tree International. The pilot rolled out with the support of Karuna Trust also was one among the 21 finalists for the 'Vodafone Mobile for good' awards.
- We started the health component of the integrated community model. This is being implemented in Chikkaballapura district, Karnataka, India.
- Building a health ecosystem for stakeholders to come together and leverage technology for better health outcomes is important. Technology round table conducted by us in March 2015 was an initial step towards this goal. Conversations on building a technology forum are on with partners.
- 2014-15 saw a whirlwind of activities from partnerships and collaborations to testing technology products and building community models using technology.

Human Resources for Health (HRH)

We have been pursuing the agenda of addressing issues of health workforce in India. During the reporting period, we participated in various forums on Human Resources for Health, provided technical support to international organisations and have been actively seeking to raise resources for HRH for the country. Overall, the focus was on networking, partnerships, technical advice and resource mobilisation.

Key Highlights:

- We reached out to 31 Auxiliary Nurse Midwives in 4 districts in Karnataka, India through a mobile based decision support application developed by D-tree International. The pilot rolled out with the support of Karuna Trust also was one among the 21 finalists for the ‘Vodafone Mobile for good’ awards.
- We started the health component of the integrated community model. This is being implemented in Chikkaballapura district, Karnataka, India.
- Building a health ecosystem for stakeholders to come together and leverage technology for better health outcomes is important. Technology round table conducted by us in March 2015 was an initial step towards this goal. Conversations on building a technology forum are on with partners.

Life Skills Development (LSD)

We believe that in order to sustain development efforts, it is essential to build capacities of individuals and institutions to sustain impact in the long run. We aim to build capacities of women by giving them lessons on life skills that would help them attain their full potential in their personal and professional spheres.

Through the GAP Inc. funded P.A.C.E. program and the Walmart funded Women in Factories (WIF) program, we have been building the capacities of women in factory and community settings.

During the reporting period, our life skills initiatives reached new heights with the expansion of the ongoing programs and increased visibility that has opened new opportunities for us to take forward the life skills program to new stakeholders and their communities.

Key Highlights:

- The second phase of the Women in Factories (WIF), supported by Walmart Foundation, was initiated and is currently being implemented in 33 factories across the four states of Karnataka, Gujarat, Tamil Nadu, Punjab and Union territory of Daman. The program reached a total of 16,278 workforce in the reporting period.
- The P.A.C.E program reached 36,000 workforce globally through capacity building and module development. P.A.C.E. in Community (PIC) program strengthened capacities of 216 women in rural settings.

Quick Statistics

- Total No. of workers reached through LSI programs - 57,994
- No. of projects - 6
- No. of factories covered - 36
- No. of countries - 6 (India, Bangladesh, China, Pakistan, Sri Lanka, Vietnam)
- No. of states and union territories in India - 7 (Karnataka, Tamil Nadu, Gujarat, Odisha, Uttar Pradesh, Haryana, Delhi and Daman)

Here are some voices of the women trained under the life skills initiatives:

- “Before the training, I was planning to demand dowry for my son’s marriage. The session on gender made me realise that it does not matter if it is a boy or girl. I am now happy that I have a daughter”. Vasanji, Welspun India Ltd.
- “I was blessed with a girl child. When my daughter was born, I wished I had a son. The training has made me realise that it does not matter if it is a boy or girl. I am now happy that I have a daughter”. Illa, Banswara Garments
Our work within this area is expanding through innovative approaches and partnerships. Communities being our central focus, we have over the last one year, planned, developed and executed a number of need based impactful projects to address the WASH challenge in both rural and urban settings in India.

Some of our projects including supply of clean drinking water, ground water recharge, urban sanitation, WASH training and advocacy, integrated water resource management and assessments of WASH facilities in institutions, reflect our comprehensive approach towards tackling the problem.

Key Highlights:

Three new community water plants by GAP International Sourcing (India) Private Limited and us were established in the rural district of Chikkaballapur, Karnataka. Fluoride free clean drinking water was supplied to 4,162 households covering a population of 17,888 in 30 villages which includes 29 schools, 32 Anganwadis and 1 Primary Health Centre (PHC).

About 2,000 men and women in Karnataka, Andhra Pradesh and Gujarat were trained on WASH as part of the Integrated Water Resource Management Program in partnership with European Union.

Global curriculum on WASH was developed and circulated to all country partners for Gap Inc.’s P.A.C.E. program. We built capacities of 35 WASH trainers and master trainers for facilitation of the module across India.

WASH assessment of 76 health care facilities was carried out in Madhya Pradesh covering Sub Centres, Primary Health Centres, Community Health Centres and District Hospitals across 4 districts of Bhopal, Sehore, Panna and Tikamgarh.

Recommendations were made at the WASH Summit organised by WaterAid in partnership with The Ministry of Drinking Water and Sanitation and The Ministry of Urban Development.

Credits: We were part of the expert panel at the conference on ‘Fluoride and Fluorosis issues in Madhya Pradesh’ hosted by the Fluoride and Fluorosis Action Network.
Gender Based Violence (GBV)

Our years of collective learning and experience has led us to recognise that preventing violence is difficult but important; while we continue to work on redressal and justice, our current efforts to address GBV include designing and advocating for a comprehensive response at the city level, a 24 X7 redressal mechanism to respond to issues related to violence and sexual harassment for women in sex work, developing an anti sexual harassment policy and systems at the workplace, legal literacy and gender sensitisation for women workforce in factories. Swasti’s HIV prevention efforts also include a significant component of Gender Based Violence prevention.

Key Highlights:

- We made an advocacy effort for a comprehensive plan and ecosystem approach against gender based violence in cities. A number of good practices from cities such as Bengaluru, Delhi, Mumbai, Vadodara and Ahmedabad were recorded and a strategic plan developed for Bengaluru. We also participated in a dialogue with Mr. Naniah, Head of the Naniah Commission, set up by Government of Karnataka to recommend changes to laws and policies for Women’s Safety in Karnataka.

- We developed and finalised a global curriculum framework on legal literacy for female garment workers, focusing on GBV and Violence Against Women and Girls (VAWG).

- We started the 24 X7 violence redressal work in 2005 to address issues of violence and harassment experienced by women in sex work in Bengaluru and as of March 31, 2015, approximately 7,000+ cases have been addressed by the GBV team [which consists of CBO officers from the five zones of Swathi Mahila Sangha (SMS)] on an average about 70-80 cases a month. 95% of these cases have been resolved.

Anti-Sexual Harassment Support:

We continued our commitment to prevention of sexual harassment at the workplace by providing support to the following partners:

- We facilitated capacity building sessions for PACE Technology (a chip-design company) in the areas of strengthening systems to prevent sexual harassment at the workplace.

- We reviewed and revised our Prevention of Sexual Harassment Policy for the Catalyst group, of which Swasti is a part.

- We strengthened internal mechanisms within Swasti, by facilitating a capacity building session on Sexual Harassment at the workplace for the Redressal Committee members of the Catalyst Group.

Events to increase visibility, network and build internal capacities:

We participated and lent our voices through various events and forums during the last year to establish our presence as a key enabler in creating a safe environment for women at workplace.

- Teacher’s Foundation Seminar on Guidelines issued by the Government of Karnataka for the safety of children in schools.

- Workshop on sexual harassment at the workplace by Fox and Mandal in Bengaluru.

- International Symposium on engaging men and boys to address GBV and the regional workshop of men engage in Delhi and Madurai.

- Regional symposium of IT 4 Change and a workshop on Women’s Empowerment and Technological Solution by Dimagi in Delhi.

- Round Table Discussion on efforts and issues of violence against women and girls by the Australian High Commission in Delhi.

- Submission of abstracts on our comprehensive city wide planning efforts to various international organisations such as UN Women, South Asia and American Sociological Association.
Social Protection (SP)

Social Protection plays a fundamental role in creating an inclusive and sustainable development environment. We work with development partners, civil society and the government to create awareness among communities on social protection schemes and entitlements and generate demand. During the reporting period, we advocated with the government to facilitate access to Social Protection schemes and we are working on scaling up the Social Protection platform at a national level.

Key Highlights:
We contributed to building the model and preparation of the guidelines for HIV Sensitive Social Protection within the National AIDS Control Program IV (NACP IV).

We conceptualised and managed the social protection learning site (Single Window Model) in partnership with UNDP - that will support the process of national scale-up, through capacity building. The same learning site will be a platform to train the participants of the South 2 South (S2S) sharing platform.

During the reporting period, we formed a strategic partnership with Centre For Advocacy and Research (CFAR) to improve the access of Key Population Groups (KPGs) to social protection schemes and services, and build and strengthen sustainable models for facilitating social protection access for the marginalised communities. The partnership has resulted in specific recommendations to improve reach and identification of 169 key champions within the government departments to further the cause of the program.

The Social Protection team also supported development of an operational strategy for Avahan III program (SP component).

Social Protection Portal
We have developed a Social Protection Portal with support from UNDP, which will improve access to information on various social protection schemes available in the country for the Key Population Groups that are affected or infected by HIV. This portal is being leveraged extensively in the Avahan III program.

Information on 237 Government Social Protection Schemes are already available on the Portal at socialprotection.in

Social Protection Platform
The Social Protection Platform will be an integrated space, bringing together the Social Protection Portal information and the program information related to social protection services being accessed by the Key Population Groups within the National AIDS Control program (NACP IV). The broad mandate is to customise DHIS (an open-source software platform for reporting, analysis and dissemination of data for all health programs) for NACP requirements, integrate DHIS and the SP portal built by Swasti, test it in pilot sites and hand over the complete package to NACO for scale-up in 180 districts. Work has begun on the platform and will shortly be piloted in 4 sites in Bengaluru and, in either Bihar or Uttar Pradesh, and eventually be scaled up to 180 districts in the country through NACO.

Quick Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of community members who were able to access entitlements</th>
<th>No. of states</th>
<th>No. of applications logged</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP</td>
<td>72,943 for civic identities and 39,466 accessed social protection schemes</td>
<td>5 (Tamil Nadu, Karnataka, Andhra Pradesh, Telangana, Maharashtra)</td>
<td>72,570 for civic identities and 6,332 for various schemes</td>
</tr>
</tbody>
</table>

Global Platforms and Partnerships

CENTRE FOR HEALTH MARKET INNOVATIONS:
We were co-leads of the Centre for Health Market Innovations (CHMI) platform in India from 2013 to 2015, along with ACCESS Health International. CHMI is a global platform that promotes programs, policies and practices that make quality health care delivered by private organisations affordable and accessible to the world’s poor. Over 1400 innovative health enterprises, nonprofits, public-private partnerships, and policies are part of the network. We helped build the network in India which includes 252 programs.

Key Highlights:
We facilitated over 160 connections between programs, funders, research institutes and corporates.

Three Chai and Chat (Networking Meetings) were facilitated in three different states in India, among stakeholders to provide opportunities to influence the work of the government and facilitate partnerships between stakeholders.

Strategic and advisory support was provided to six programs and Knowledge Sharing was done through building platforms for cross learnings for the programs and stakeholders.

EUROLEVERAGE:
The Euroleverage Project seeks to leverage funds from the European Union to make Reproductive Health (RH) and Family Planning (FP) services accessible to the poor across East Africa, parts of West Africa and South Asia. We are the implementing partner for DSW (Deutsche Stiftung Weltbevoelkerung) in South Asia and are responsible for building capacities of NGOs and CSOs in South Asia to access resources for Reproductive Health and Family Planning.

Key Highlights:
We provided information to 373 CSOs across South Asia on donors and funding opportunities from the European Union and other European donors.

We provided direct technical assistance to 19 CSOs across the countries of Bangladesh, Bhutan, India, Nepal and Sri Lanka through the South Asia Resource Mobilisation Workshop that we organised with support from DSW in Delhi in July 2014. We also conducted a funding clinic in person in Colombo, Sri Lanka and two online for CSOs in India and Bangladesh to build their capacities for EU proposal development. Technical assistance is currently ongoing to 88 CSOs across the Eight South Asian countries and will continue till the end of the project period in October 2015.
INDEPENDENT AUDITOR’S REPORT

To,
The Members of Governing Body of Swasti

1. Report on the Financial Statements

We have audited the accompanying Financial Statements of Swasti, No 19, 1st Main, 1st Cross, Ashwathnagar, Bangalore – 560 094 which comprise the Balance Sheet as at 31st March, 2015, the Statement of Income & Expenditure Account for the year then ended, the Receipts and Payments Account for the year then ended and a summary of significant accounting policies and other explanatory information.

2. Management’s Responsibility for the Financial Statements

Management is responsible for the preparation of these Financial Statements that give a true and fair view of the financial position. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material mis-statement, whether due to fraud or error.

3. Auditor’s Responsibility

3.1 Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the standards on auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material mis-statement.
3.2 An audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the institution's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting principles used and reasonableness of the accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements.

3.3 We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

4. Opinion.
In our opinion and to the best of our information and according to the explanations given to us, the financial statements give the information required by the act in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

(a) in the case of the Balance Sheet, of the state of the institution as at 31st March 2015; and
(b) in the case of the Statement of Income & Expenditure, of the Excess of Income over Expenditure for the year ended on that date.
(c) in the case of Receipts and Payment Accounts, of the cash flows for the year ended on that date.

5. We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of our audit.

6. In our opinion, proper books of accounts have been maintained by the said organization as required by law so far as it appears from our examination of those books.
SWASTI
No. 19, 1st Main, 1st Cross, Ashwath Nagar, Bangalore - 560 094
Receipts & Payments a/c for the year ended 31st March, 2015

<table>
<thead>
<tr>
<th>Parculars</th>
<th>Amount (In Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance:</td>
<td>A</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>172,314</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>39,072,114</td>
</tr>
<tr>
<td>Fixed Deposits</td>
<td>20,070,457</td>
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<tr>
<td></td>
<td><strong>59,314,885</strong></td>
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<tr>
<td>Add: Receipts</td>
<td></td>
</tr>
<tr>
<td>Donations &amp; Grants</td>
<td>169,617,698</td>
</tr>
<tr>
<td>Social Development Charges</td>
<td>10,564,543</td>
</tr>
<tr>
<td>Other Receipts</td>
<td>4,707,941</td>
</tr>
<tr>
<td>Interest</td>
<td>8,491,057</td>
</tr>
<tr>
<td></td>
<td><strong>B 193,881,239</strong></td>
</tr>
<tr>
<td>Less: Payments</td>
<td></td>
</tr>
<tr>
<td>Net Movement In Current Assets &amp; Liabilities</td>
<td>(6,508,160)</td>
</tr>
<tr>
<td>Purchase of fixed assets</td>
<td>(733,427)</td>
</tr>
<tr>
<td>Repayment of Bank Loan</td>
<td>(3,980,622)</td>
</tr>
<tr>
<td>Expenses for the year and other utilities</td>
<td>(184,767,318)</td>
</tr>
<tr>
<td></td>
<td><strong>C 175,989,527</strong></td>
</tr>
<tr>
<td>Closing Balance</td>
<td></td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>(A + B - C) 76,706,598</td>
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<tr>
<td>Cash at Bank</td>
<td>56,161,865</td>
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<tr>
<td>Fixed Deposits</td>
<td>20,544,933</td>
</tr>
<tr>
<td></td>
<td><strong>76,706,598</strong></td>
</tr>
</tbody>
</table>

This is the Receipts and Payments a/c referred to in our report of even date

For MSSV & Co., Chartered Accountants
FRN:0013875
D.R.Venkatesh
Partner
Membership No.: 25087
Place: Bangalore
Date: 15th September, 2015

For Swasti,
Nandial Narayan
Chairperson
R.Mohan
Treasurer

D.D Murthy
Honorary Secretary

SWASTI
No. 19, 1st Main, 1st Cross, Ashwath Nagar, Bangalore - 560 094
Income and Expenditure account for the year ended 31st March, 2015

<table>
<thead>
<tr>
<th>Parculars</th>
<th>Note</th>
<th>Amount in Rupees For the year ended 31 Mar 2015</th>
<th>Amount in Rupees For the year ended 31 Mar 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td>10</td>
<td>154,512,039</td>
<td>53,302,033</td>
</tr>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Development Charges</td>
<td>11</td>
<td>10,564,543</td>
<td>14,923,460</td>
</tr>
<tr>
<td>Interest</td>
<td>12</td>
<td>1,727,266</td>
<td>1,928,018</td>
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<tr>
<td>Other Income</td>
<td>13</td>
<td>7,598,875</td>
<td>346,963</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total Income 174,402,723</strong></td>
<td><strong>70,500,473</strong></td>
</tr>
<tr>
<td>Expenditure:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Expenditure</td>
<td>10</td>
<td>150,336,143</td>
<td>52,928,142</td>
</tr>
<tr>
<td>Administration Expenses</td>
<td>14</td>
<td>5,793,305</td>
<td>3,413,559</td>
</tr>
<tr>
<td>Expenses on employment</td>
<td>15</td>
<td>5,976,312</td>
<td>6,026,800</td>
</tr>
<tr>
<td>Depreciation</td>
<td>5</td>
<td>166,630</td>
<td>103,653</td>
</tr>
<tr>
<td>Social Development expenses</td>
<td>16</td>
<td>3,416,152</td>
<td>6,557,387</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total Expenditure 167,654,542</strong></td>
<td><strong>69,029,541</strong></td>
</tr>
<tr>
<td>Excess of Income over Expenditure</td>
<td></td>
<td>6,748,181</td>
<td>1,470,932</td>
</tr>
<tr>
<td>Less: Transferred to Staff Welfare Fund</td>
<td>4,671,825</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance transferred to General Fund</td>
<td></td>
<td>2,076,356</td>
<td>1,470,932</td>
</tr>
</tbody>
</table>

Significant Accounting Policies, Notes referred to above form an integral part of Statement of Income and Expenditure

This is the Statement of Income and Expenditure referred to in our report of even date

For MSSV & Co., Chartered Accountants
FRN:0013875
D.R.Venkatesh
Partner
Membership No.: 25087
Place: Bangalore
Date: 15th September, 2015

For Swasti,
Nandial Narayan
Chairperson
R.Mohan
Treasurer

D.D Murthy
Honorary Secretary
## Balance Sheet as at 31st March, 2015

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Note</th>
<th>Amount in Rupees As at 31 Mar 15</th>
<th>Amount in Rupees As at 31 Mar 14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCE OF FUNDS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrestricted Funds:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td>1</td>
<td>8,347,958</td>
<td>6,271,602</td>
</tr>
<tr>
<td><strong>Restricted Funds:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earmarked Funds</td>
<td>2</td>
<td>65,784,882</td>
<td>44,150,358</td>
</tr>
<tr>
<td><strong>Designated Funds:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earmarked Funds</td>
<td>3</td>
<td>4,671,825</td>
<td></td>
</tr>
<tr>
<td>Secured Loans</td>
<td>4</td>
<td></td>
<td>3,980,622</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>78,804,665</td>
<td>54,402,582</td>
</tr>
<tr>
<td><strong>APPLICATION OF FUNDS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>5</td>
<td>1,499,673</td>
<td>932,876</td>
</tr>
<tr>
<td>Deferred Revenue Expenditure</td>
<td>6</td>
<td>562,865</td>
<td>844,297</td>
</tr>
<tr>
<td>Investments</td>
<td>7</td>
<td>20,737,715</td>
<td>20,097,525</td>
</tr>
<tr>
<td>Current Assets, Loans and Advances</td>
<td>8</td>
<td>79,005,907</td>
<td>63,423,866</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>(A)</td>
<td>101,806,160</td>
<td>85,298,564</td>
</tr>
<tr>
<td>Current liabilities and Provisions</td>
<td>9</td>
<td>23,001,496</td>
<td>30,895,982</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>(B)</td>
<td>23,001,496</td>
<td>30,895,982</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>78,804,665</td>
<td>54,402,582</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(A) - (B)</td>
<td>78,804,665</td>
<td>54,402,582</td>
</tr>
</tbody>
</table>

Significant Accounting Policies, Notes referred to above form an integral part of Balance Sheet.

This is the Balance Sheet referred to in our report of even date.

For Swasti,

For MSSV & Co.,
Chartered Accountants
FRN: 0019875
Chairperson
Treasurer

D.R. Venkatesh
Partner
Membership No.: 125087

Place: Bangalore
Date: 15th September, 2015