



# ANNUAL REPORT 2015-2016

ASHISH GRAM RACHNA TRUST • INSTITUTE OF HEALTH MANAGEMENT PACHOD

*Ashish Gram Rachna Trust, (Regn. No. E-249-  
Aurangabad) Pachod P.O. Pachod (431121),*

*Taluka: Paithan Dist. Aurangabad (Maharashtra)*



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## **About Ashish Gram Rachna Trust, Pachod**

Ashish Gram Rachna Trust, Institute of Health Management, Pachod (AGRT/IHMP) undertakes programmes with the aim of innovating concepts, strategies and methodologies for implementing health and development programmes in rural areas and urban slums. AGRT/IHMP has been working in the underdeveloped Marathwada region of Maharashtra for the past 35 years. During this period, it has implemented innovations in the field of community health, Behavior Change Communication (BCC), water and sanitation, child development and nutrition, empowerment of adolescent girls and women. These innovations have provided policy options at the state and national levels. AGRT/IHMP's innovations are disseminated to the NGO sector through training programmes and to the government sector through policy analysis, research and advocacy.

## **Mission and Goal**

AGRT/IHMP strives for the health and development of communities through implementation of innovations, training, research and policy advocacy. The Institute aims at the holistic development of the individual, family and community and is deeply committed to the development of marginalised groups. Within the broad mandate of reaching the most disadvantaged groups, it is committed to the health and development of women, adolescent girls and children. AGRT/IHMP's basic commitment has been to reduce gender inequities intrinsic in Indian society.

The Institute implements its programmes by mobilising communities toward self-reliance and sustainability. Organising and mobilizing children and adolescents to achieve a sustainable, inter-generational change is a part of this mandate, which has been operationalised as health and development programmes for children, implemented through them.

AGRT/IHMP is an integral part of the larger NGO sector. AGRT/IHMP has provided training to several thousand NGOs. It aims to strengthen this sector through training, resource material and linkages with other NGOs. Over the years, AGRT/IHMP has successfully collaborated with NGOs having expertise in development of training curricula, non-formal education, drinking water supply, agricultural development, vocational training, etc.

## Relationship between AGRT and IHMP

Ashish Gram Rachna Trust (AGRT) is a Public Trust, registered under the Bombay Public Trust Act, 1950. In order to implement its programmes of health and development in rural areas and urban slums, AGRT has established the Institute of Health Management, Pachod (IHMP). All programmes and activities of AGRT are implemented through this executive body.

AGRT/IHMP headquarters are located in Pachod, District Aurangabad. Facilities consist of two conference halls, hostel for 32 trainees, mess, residential facilities for external faculty, computer laboratory, library, documentation centre with photocopying facilities & audio - visual library. The Pune centre constitutes the AGRT/IHMP's urban branch.

<b>Organizational Profile:</b>	
Legal Status	Registered Trust
Registration No.	E-249 (Aurangabad)
Income Tax Registration No. (Under Section 12A)	No. Nsk/Tech/12A (a)/79-80-81/4854
Income Tax Exemption (Under Section 80G)	ABD/CIT/TECH/80G/AGRT//144/38/2008-2009
FCRA Registration No.	083750005
Permanent Account No.	AAATA 3276G
Registered Office Address	Ashish Gram Rachna Trust Institute of Health Management, Pachod P.O. Pachod – 431 121 Tal. Paithan, Dist. Aurangabad, Maharashtra

Head Office Address	Ashish Gram Rachna Trust Institute of Health Management, Pachod P.O. Pachod – 431 121 Tal. Paithan, Dist. Aurangabad Maharashtra
Auditors	Mr. C. B. Kshirsagar, Chartered Accountant Partner, C G A S & Co. Flat No. 2, Plot No. 19, Adwait Apartment Vasant Baug Society, Bibwewadi, Pune - 411037
Bankers	Bank of Maharashtra, Pachod Branch P.O. Pachod – 431 121 Tal. Paithan Dist. Aurangabad

### **Key programmes implemented by AGRT/IHMP**

**(Starting with most recent)**

1. Integrated project for adolescent health and development
2. Innovations in National Rural Health Mission with a focus on Maternal & Child Health
3. Reproductive and Child Health – in rural and urban slums settings
4. Mainstreaming HIV AIDS into Reproductive and Child Health
5. Capacity building of Non-Government Organisations (NGOs) working in urban slum setting
6. Capacity building of NGOs working in rural setting
7. Research in community health with a focus on maternal and neonatal health
8. Scaling up maternal and neonatal health with a focus on married adolescent girls
9. Maternal and neonatal health with a focus on married adolescent girls
10. Life Skills education for unmarried adolescent girls
11. Relief and disaster management following Latur earthquake in 11 villages
12. Complete reconstruction of one village following Latur earthquake
13. Behaviour change communication
14. Child centered development through Bal Panchayats
15. Safe drinking water and sanitation – Beed and Aurangabad District
16. Prevention of Malnutrition in children below 5 years
17. Maternal and neonatal health care through Traditional Birth Attendants

## Training Institute

The training Institute was established in 1986. The Institute offers training to other NGOs in the following areas:

- Community needs assessment / Community diagnosis, high risk assessment
- Basic epidemiology for field managers and coordinators
- Basic biostatistics for field managers and coordinators
- Participatory planning and management of health and development programmes
- Decentralized micro-planning
- District level management of health services
- Effective supervision of health and development programmes
- Community based management information systems
- Behaviour change communication
- Reproductive and sexual health
- Health and development of adolescent girls

### **Projects implemented during the period**

- 1. 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015**
- 2. Integrated project for the empowerment of adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence**
  - a. Activity Report 2015-2016**
- 3. Delaying age of marriage in Marathwada Region of Maharashtra**
- 4. Initiation of Scaling up for the Project on Preventing Child Marriage and Early Pregnancy in India, in Jalna District**
  - a. Scaling up and advocacy of a model primary health care programme for the urban poor in the slums of Pune city**
- 5. Integrated reproductive and sexual health and family planning project for young married women in urban slums of Pune City**
- 6. Training Report**

**Integrated project for the empowerment of adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence**

**Activity Report 2015-2016**

**Introduction:**

This project was initiated in April 2014 in the villages of Adul PHC in Aurangabad District of Maharashtra. This project has three components – empowerment of unmarried adolescent girls and delaying age at marriage, protecting married adolescent girls from the adverse outcomes of early pregnancy and violence and gender sensitization of youth to reduce sexual and domestic violence. The justification for the continuation was to have the activities of three components in place for at least a period of three years and after which to be able to measure whether there is synergistic impact of these activities or not.

This report describes activities undertaken for the three project components during the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016.

**Part 1: Empowerment of unmarried adolescent girls through life skills education**

**Introduction:**

Empowerment of unmarried adolescent girls through life skills education facilitated by ASHAs. ASHAs updated lists of adolescent girls through household visits in May and June 2015. After that girls were enrolled for the third round in July 2015. For the third round, a decision was taken to enroll married adolescent girls for ‘Life Skills Education’ (LSE) course in those hamlets in which the number of unmarried adolescent girls to be covered was less than 15. In the second round of LSE course, 412 adolescent girls were enrolled and these girls completed the LSE course of six-month duration in March 2016

**Specific Objectives of this intervention were:**

1. To demonstrate a measurable increase in cognitive and practical skills.
2. To validate a scale for self-esteem and self-efficacy and demonstrate a measurable improvement in the self-esteem and self-efficacy of adolescent girls.
3. To increase the duration of formal school education.
4. To delay age at marriage

### **Activities implemented during the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016:**

No. of ASHAs - 20

No. of Kishori Mandals (Girl's Collectives) – 20

#### **Reproductive and Sexual Health Workshops:**

After six-month Life Skills Education (LSE) course was over, older adolescent girls in the age group of 15-19 years were invited to Pachod for a 3-day workshop on Reproductive and Sexual Health (RSH).

Prior to starting the workshops, mother's meetings were conducted at the community level in March 2015 to obtain verbal consent of mothers to send their daughters for the RSH workshop at Pachod, which was attended by 297 mothers. This was followed up with an individual consent letter for the workshop sent to each girl. Each girl was requested to bring the letter signed by her parents while coming for the workshop.

In May / July 2015, a total of 190 adolescent girls were covered through four workshops.

#### **Objectives of the Reproductive and Sexual Health Workshop:**

- Adolescent girls would be able to describe the physical, mental and emotional changes taking place in their body.
- Adolescent girls would acquire correct scientific knowledge about Reproductive and Sexual Health.
- Adolescent girls would feel comfortable talking about Reproductive and Sexual Health issues.

#### **Refresher Training of ASHAs:**

A three-day refresher course for ASHAs on 25 sessions covered in the first three months of the LSE course was organized in July 2015 at Pachod, which was attended by 18 ASHAs. Second three-day refresher training was organized in December 2015 on the next 25 sessions of the LSE course, which was attended by all 20 ASHAs.

For both the refresher trainings, ASHAs were divided into five groups and each group had to select three representatives of their group, who took the responsibility of conducting one session on each day of the training. Thus, five sessions per day were conducted by one ASHA from each group. ASHAs and field coordinators gave feedback to ASHA taking the session regarding the content and methodology of taking the session. On the third day, best performing ASHA and group was given a prize.

**Life Skills Course:**

Before enrollment of girls for the next batch, mother's meetings were conducted in the area of 20 ASHAs, 338 mothers attended these meetings. A total of 450 adolescent girls were enrolled for the third cycle. Out of which 120 were married adolescent girls from 12 villages. Each ASHA conducted two sessions per week and facilitated one activity per week for the Kishori Mandals.

On an average for each ASHA 21 adolescent girls were present for each class and 20 girls were present for Kishori Mandal activity facilitated by ASHA every month.

**Supervision:**

Field coordinators visited each ASHA once a week to supervise the classes conducted by ASHAs and LSE classes and training on use of tablet conducted by peer educators. During these visits, field coordinators used to give feedback on the session taken and if necessary used to demonstrate the skills of taking a session in a participatory manner.

From January 2016, it was decided to initiate classes in those villages where there is no ASHA and to reduce supervision visits to once a fortnight in the old area. Field coordinators started visiting villages without ASHAs once a fortnight to undertake listing of adolescent girls through household visits. Field coordinators also conducted meetings with parents and adolescent girls to explain objectives and content of the LSE course. There were 19 meetings conducted with adolescent girls, which were attended by 502 girls and 19 meetings conducted with parents, which were attended by 398 parents. As a result of these community mobilization activities undertaken, 411 adolescent girls have been enrolled for the Life Skills Education from these villages.

**Life Skills Education by Field Coordinators:**

Four ASHAs had left work in the second year due to personal reasons. In these villages, field coordinators conducted classes for girls once a week. On an average 12 girls were present for each session.

Since there was a demand from one of these villages (Gharegaon) from the first batch of girls wanting to complete their LSE course, five-day training was organized at the village level, which was attended by 16 girls.

**Distribution of Tablets and Cycles:**

Community meetings were organized in all 16 villages to hand over one cycle and tablet to each ASHA. The main purpose of these meetings was to let as many people as possible in the village know that one cycle and tablet is given to ASHA for adolescent girls to learn how to use these. ASHAs were given responsibility for maintaining the cycle and tablet and also make these available to peer educators for teaching other girls how to ride a cycle and use a tablet. Resources for the purchase of cycles and tablets were mobilized by IHMP from the Canada Fund for Local Initiative and GlobalGiving, UK.

**Peer Led Education:**

Two peer educators per ASHA who had completed basic training in use of tablet and had shown ability and skills to teach other girls were again invited for three-day training. These girls were given additional inputs on how to conduct sessions with other girls. A total of 37 girls and 18 ASHAs attended the training.

**a. Use of Tablet:**

Each peer educator was expected to adopt five girls and teach them skills of using tablets. A total of 29 peer educators trained 169 girls in use of tablet at the community level from June to August 2015. Field coordinators assessed skills acquired by the girls in November 2015.

**b. Life Skills Education by Peer Educators:**

Peer educators were trained in conducting additional 20 sessions of Life Skills Education. Each peer educator was expected to conduct sessions for five peers. In July and August 2015, 43 peer educators covered 258 girls. Field coordinators assessed their skills through a post-test in October 2015.

**Distribution of Cycles to Girls from the Needy Family:**

Sixty girls from 12 villages who traveled daily by walking to a high-school in the nearby village were given cycles with the aim of encouraging these girls to attend high-school regularly and not to drop out. Agreement was signed with parents on stamp paper before handing over the cycle just to ensure that cycles are used only by the girls.

**Training of Peer Educators:**

Three-day training on leadership development and team building was organized for the new peer educators from the third round of LSE. This training was attended by 35 peer educators and 18 ASHAs.

**Workshop on Street Play:**

A workshop on how to perform in a street play was attended by 107 peer educators and 11 ASHAs. Dr. (Mrs.) Jayashree Godase from Aurangabad was invited as a resource person. Girls were divided in six groups and given the script of the street play to practice. After lunch break, each group performed and resource person and other groups gave feedback on how to improve their performance. The workshop ended with requesting all peer educators to practice street play with other girls from their Kishori Mandal and organize the street play in their own village.

**Activities Undertaken by Kishori Mandals:****a. Rally:**

In the month of October and November 2015, 20 Kishori Mandals organized two rallies in their own village. One rally focused on the importance of education for girls and another rally focused on preventing child marriage. Number of girls who participated in the first rally was 1134 and in the second rally was 1220 girls.

**b. Street play:**

In the month of November 2015, street plays were organized by Kishori Mandals in their own villages. It was organized in 15 villages and 1865 villagers were present for the street play. Street play (Gudghyala Bashing) messages highlighted the risk of early pregnancy which could also result in the death of a young girl and her baby.

**c. Visit to Police Station:**

Kishori Mandals from the area of 13 ASHAs organized a visit to a police station at Pachod. A total of 123 girls visited police station and the girls were given information regarding when they can take help from police by Police Sub Inspector at Pachod. Girls also asked several questions.

**d. Elocution competition:**

Each Kishori Mandal organized an elocution competition in their village. Adolescent girls spoke about 'My dream'. A total of 3058 girls and parents were present at the elocution competition.

**e. Debate competition:**

Kishori Mandals from nine villages organized debate on whether a girl should be educated or not. A total of 155 girls participated in the debate competition.

**f. Rangoli:**

Members of Kishori Mandals from eight villages did rangoli around the flag post on 26<sup>th</sup> January 2016. Teachers and villagers appreciated the 'Rangoli' done by adolescent girls.

**International Women's Day:**

Adolescent girls, women and ASHAs were invited from 16 villages for a one-day programme on 'International Women's Day'. More than 150 women participated in the programme. The Kishori Mandal from Adul did a street play emphasizing the importance of education for girls. The audience appreciated the performance of the girls and liked messages in the street play. The chief-guest for the programme in her speech gave guidance to women regarding how they can reduce stress and cope with stress in life.

**Pre and Post-Tests for the Life Skills Course:**

- **For the girls enrolled in the second round:**

Posttest for cognitive skills based on the session from second three months of the LSE course and assessment of self-esteem and efficacy was conducted for 410 girls.

- **For the girls enrolled in the third round:**

Pre-test for cognitive skills based on the sessions from first three months and second three months of the LSE course was conducted for 450 girls enrolled. Pre-test for assessing self-esteem and efficacy was also conducted for these 450 girls.

In the month of December 2015, post-test for cognitive skills based on the sessions from first three months of the course was conducted for 450 girls enrolled.

- **For the girls enrolled in the villages without ASHAs:**

Pre-test for cognitive skills based on sessions from the first three months of the course was conducted for 411 girls.

**Additional Inputs for Girls with Low Self-esteem:**

Field coordinators conducted third session on ‘Setting My Goals and Aspirations’ for girls with low self-esteem. A total of 65 girls attended the session. Inputs given in the session have encouraged girls to start thinking about what they want to do in the future.

**Case Study: 1**

Saima Bilal Shaikh is a peer educator from Bramhangaon. She is studying in 9<sup>th</sup> standard. Her mother and father both are illiterate. They work on their fields, which are non-irrigated. She has three brothers.

She completed the ‘Life Skills Education’ course in the first batch in 2013 - 2014. She used to attend classes regularly and also encouraged her friends to attend classes regularly. She was selected as a peer leader by other girls in her Kishori Mandal in her village since she helps them with their studies and also explains them the LSE session. She actively participated in the peer educator training organized at Pachod. After going back, she took the initiative and organized visits to the anganwadi, gram panchayat and ration shop for other girls from her Kishori Mandal.

Saima mentioned that after completing LSE and leadership training, “now I have stage daring”. I can give a speech and be a master of ceremony for any programme organised in the school.

As a peer educator, she learnt the skills for using a tablet and after that she taught these skills to five other girls. She helped other girls to see their results of the Board Exam through internet using a tablet. She also showed them how to get information to apply for different courses. Saima learnt stitching through the USHA-Silai school in her village. Now she can stitch clothes such as dresses and blouses independently.

She encouraged other girls from her group to take part in the street plays/ skits. Saima’s group has organized four skits in their village up till now. Messages given by these skits were importance of education for girls, risks of early marriage and pregnancy and impact of sex selective abortion.

Marriage was fixed for a girl studying in 8<sup>th</sup> standard from her Kishori Mandal. The girl shared this information with her friends and told them that she does not want to get married before she completes 12<sup>th</sup> standard. Saima and other girls from the Kishori Mandal went to her house and explained to her

parents about the adverse consequences of early marriage and in case of child marriage under law what punishments people who are responsible for arranging the child marriage can get.

After several rounds of discussions, finally the parents of that girl were convinced and decided not to get their daughter married till she completes 18 years. Saima and other girls were happy that they could prevent the child marriage of their friend.

Saima wants to study beyond 12<sup>th</sup> standard and be self-reliant.

### **Case Study: 2**

Komal Wagh is a resident of village Georai Kh. She is 15 years old and studying in 10<sup>th</sup> standard. Her both parents have studied up to 9<sup>th</sup> standard. They work on their farm, which is non-irrigated. She has one sister and a brother. She is youngest in the family.

Komal completed LSE course from the 2<sup>nd</sup> batch in her village. When she started attending the LSE classes, she was shy, quiet and hardly used to speak in the class. When asked do you see any change in you since you started attending the LSE class? Komal said that “now I am more particular about my personal looks and hygiene, my self-esteem has improved. Now I do not get scared while talking to elders. I can express my feelings and thoughts freely in the house. I have started taking part in cultural activities in the school and in the village”.

When asked how she will use information and skills learnt in the LSE class in future? Komal said “I have learnt how to cope with stress and now I know what to do if someone is teasing/ harassing me. I feel confident, I will be able to face any situation in the future. For further education, I will be able to stay alone away from my family”.

Komal is one of the adolescent girls who have received a cycle. When asked what do you feel after receiving a cycle? Komal said – “I am very happy. Earlier it used to take one-hour for me to walk to school and one-hour to walk back from school. Now I can reach within 15-20 minutes. I am able to reach school in time. I have time to play with other girls before school starts. I do not feel very tired and I am able to put in extra efforts for my study. My performance in the school has improved. My height has also increased. Girls from my village and from the neighbouring village, we cycle to school as a group and enjoy. Our teachers were also happy when they saw us cycling to school in a group. I want to do B.Sc. and become an officer”.

### Case Study: 3

Anjali Arjun Pawar lives in Bramhangaon with her grandmother. Her parents have migrated to Mumbai in search of work. Her father works as a mason. She has two sisters and one brother.

She attended LSE course in the third batch – 2015 to 2016. Anjali said that from the LSE course she learnt about importance of personal hygiene, how to handle gas and stove, what papers are required for applying for the gas connection and opening a bank account. She also said that the LSE course has improved her self-esteem and communication and negotiation skills.

Earlier she used start speaking in the class while teacher is still explaining the lesson. Now in the school, she listens to what teacher is explaining and then asks questions. Her teacher noticed this change in her and found it welcoming. Earlier when her grandmother used ask her to do something, she used to get irritated. But now she listens to what grandmother has to say and does accordingly.

During the visit to police station, she asked several questions confidently - What is FIR? What should girls do if anyone is teasing/harassing them? What are the legal rights of a woman? After going back to her village, she shared this information with other girls who could not visit police station”.

Anjali along with other girls organized a street play – ‘Gudghyala Bashing’ in her village. This street play emphasized the message about the adverse consequences of early marriage. Anjali also encouraged other girls to participate in the rally. Girls wrote slogans on the placard and shouted slogans about the importance of education for girls. This has created a conducive environment in her village for supporting education of girls.

Thus, Anjali has started the process of change with herself and made a small beginning to change girl’s status in her village. She wants to be a police-woman in the future.

### **Part 2: Attitudinal change in unmarried and young married men, thereby demonstrating a measurable change in the prevalence of sexual and domestic violence and gender inequitable behaviors**

#### **Introduction:**

Institute of Health Management, Pachod (IHMP) /Ashish Gram Rachna Trust, (AGRT) Pachod is implementing an integrated project for Unmarried and Married Adolescent Girls 11 to 19 years and Young Men 15 to 25 years in the villages under the jurisdiction of Adul PHC. This part of the report describes interventions undertaken for youth:

I. BCC group meetings with unmarried and married youth

## II. Village level clinics for unmarried and married youth

### I. BCC Group Meetings With Unmarried and Married Youth:

In each area under an ASHA i.e. about 200 households, one youth group has been established. There are a total of 24 youth groups in Adul PHC. A pre-test was conducted with 486 members of youth groups before starting BCC group meetings. From April to July 2015 once a month and from August 2015 to March 2016, once in a fortnight BCC group meetings were organized with these youth groups. The objectives of conducting these BCC group meetings were to improve knowledge, change attitudes and practices related to reproductive and sexual health and gender issues.

**Table: 1 No. Of BCC Group Meetings Conducted with Youth – April 2015 to March 2016:**

Sr. No.	Subject(s) Discussed	Month	Group meetings			Attendance in the meetings		
			Expected	Held	%	Expected	Attended	%
1.	Advantages and disadvantages of using mobile phone	Apr. 2015	24	24	100	480	369	77
2.	Male reproductive system and its functions	May 2015	24	24	100	480	343	71
3.	Reproductive and Sexually transmitted diseases	June 2015	24	24	100	480	392	82
4.	Use of family planning methods	July 2015	24	24	100	480	396	83
5.	Physiology of conception	Aug. 2015	48	48	100	960	705	73
6.	Addictions	Sept. 2015	48	48	100	960	736	77
7.	Age of marriage and first conception	Oct. 2015	48	48	100	960	838	87
8.	Domestic violence	Nov. 2015	48	48	100	960	866	90
9.	HIV/AIDS	Dec. 2015	48	48	100	960	855	89
10.	Gender and Gender discrimination	Jan. 2016	48	48	100	960	845	88
11.	Masculinity	Feb. 2016	48	48	100	960	836	87
12.	Patriarchal system and its impact on women	Mar. 2016	48	48	100	960	790	82
<b>Total:</b>			480	480	100	9600	7971	83
<b>Average:</b>			<b>40</b>	<b>40</b>	<b>100</b>	<b>800</b>	<b>664</b>	<b>83</b>

**Table: 1** indicates that during the reporting period, a total of 480 BCC group meetings were organized with 24 youth groups and 7971 youth were present for these meetings. On an average 40 BCC group meeting were organized every month and on an average 664 youth (83% of the expected number) attended each BCC group meeting.

### **Information Disseminated by Peer Educators:**

From each youth group, two volunteers were selected as peer educators. Hence, 48 peer educators were selected and invited for a one-day workshop to discuss the strategy of disseminating information with their friends. Each peer educator was expected to adopt five friends who are not part of the youth group and share information learnt through workshops organized for peer educators at Pachod with their peers. The peer led strategy was initiated from July 2015.

### **Workshops Organised for Peer Educators at Pachod:**

A total of four two-day workshops were organized for peer educators at Pachod. External resource persons were invited to facilitate the workshops.

- II. A workshop on Gender and Gender Discrimination was organized on 15<sup>th</sup> and 16<sup>th</sup> June 2015 at Ashish Gram Rachna Trust (AGRT), Pachod for 48 volunteers from 24 youth groups under Adul PHC. Mr. Harish Sadani and Mr. Amol Kale from '*Men Against Violence and Abuse*' (MAVA) were invited as resource persons for this workshop. Out of 48 peer educators 34 participated in the workshop. Participatory techniques and games were used to sensitize peer educators about gender discrimination occurring at home and in their villages.
- III. For the remaining 14 peer educators who could not participate in earlier workshops, a workshop was organized on 12<sup>th</sup> and 13<sup>th</sup> August 2015. Mr. Amol Kale and Mr. Suraj from MAVA came as resource persons. In this workshop gender discrimination occurring in the family, media, religious institutions, educational institutions and political system was discussed. A session on violence against women was also taken.
- IV. A workshop on 'Love, Feelings, Attraction and Friendship' was organized at AGRT, Pachod on 26<sup>th</sup> October 2015. Dr. (Mrs.) Jayshree Godse facilitated sessions for this workshop. A total of 17 peer educators participated in this workshop.
- V. A workshop on Gender, Masculinity, Patriarchal System, Male Dominance and Violence against Women was organized on 16<sup>th</sup> and 17<sup>th</sup> December 2015. Mr. Milind Chavan from '*Masum*' organization was invited as a resource person. A total of 37 peer leaders participated in this workshop.

VI. Since there was a demand from youth, a one-day workshop for giving guidance to youth on how to prepare for the government competitive exams was organized. Resource persons from a Coaching Institute in Aurangabad were invited.

Proportion of peer educators who attended all four workshops was 54.2 percent.

**Table: 2 No. of Youth Covered by Peer Educators:**

Sr. No.	Month	Total No. of Peer Educators	Expected No. of Youth to be Covered by Peer Educators	Actual No. of Youth Covered by Peer Educators	Percentage
1	July 2015	48	240	191	79.6
2	Aug. 2015	48	240	200	83.3
3	Sept. 2015	48	240	201	83.6
4	Oct. 2015	48	240	194	80.8
5	Nov. 2015	48	240	196	81.7
6	Dec. 2015	48	240	206	85.8
7	Jan. 2016	48	240	214	89.2
8	Feb. 2016	48	240	194	80.8
9	March 2016	48	240	205	85.4
Total		432	2160	1801	83.4
<b>Average</b>		<b>48</b>	<b>240</b>	<b>200</b>	<b>83.3</b>

Table: 2 indicates that a total of 1801 youth were covered through the peer led strategy. On an average 200 youth (83.3% of the expected number of youth) were reached every month through peer educators.

## II. Village Level Clinics for Unmarried and Married Youth:

A team of male doctor and counselor from IHMP conducted village level reproductive and sexual health clinics every month. These are conducted at any suitable place with privacy and easy access to youth.

**Table: 3 Details of Male Clinic – April 2015 to March 2016:**

Sr. No.	Month	No. of clinics conducted	No. of patients treated				
			Fungal infection	Sexual health problems	RTI/STI	General	Total
1.	April 2015	17	04	2	1	34	41
2.	May 2015	18	05	0	0	30	35
3.	June 2015	19	13	1	0	51	65
4.	July 2015	11	05	0	1	25	31
5.	Aug. 2015	18	07	0	3	54	64
6.	Sept. 2015	18	05	0	1	50	56
7.	Oct. 2015	20	07	0	1	75	83
8.	Nov. 2015	19	23	3	2	106	134
9.	Dec. 2015	20	14	0	0	82	96
10.	Jan. 2016	16	05	0	0	81	86
11.	Feb. 2016	04	01	0	6	06	13
12.	March 2016	17	11	1	0	46	58
13.	<b>Total:</b>	<b>197</b>	<b>100</b>	<b>7</b>	<b>15</b>	<b>640</b>	<b>762</b>
14.	<b>Average:</b>	<b>16</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>53</b>	<b>63</b>

During April 2015 to March 2016, on an average 16 male clinics were organized every month. On average 8 cases of fungal infection, 1 case of sexual health problem, 1 case of RTI/STI and 53 cases of general health problems were treated in the clinics. A total of 762 cases were treated through male clinics in the year.

### Case Study 1:

Nandu (Name changed) is 23 years old and has studied up to M.A. He is resident of *Ekatuni* village. He is a barber by profession and therefore he is in contact with most of the youth from his village. Some of his friends used to chew tobacco. Nandu also got into the habit of chewing tobacco when he was in the first year of college. His parents tried to convince him to give up chewing tobacco but it did not work.

When the youth group was established in *Ekatuni*, Nandu was selected as a peer leader of youth group. His overall performance as a peer leader is good. He actively participates in and also motivates other

youth from his village to attend meetings/workshops organized by IHMP. In the month of September, a BCC group meeting on ‘Addictions and Substance Abuse’ was organized by IHMP. Discussions after this BCC group meeting left a deep impression on Nandu’s mind and he started thinking about giving up chewing tobacco. He was further encouraged by his friends and field supervisors from IHMP to give up tobacco. Finally, he took the decision of giving up the habit of chewing tobacco on 22<sup>nd</sup> October 2015 and till date he has not touched tobacco.

Nandu has become an ideal example by showing his determination for other youth in his village.

### **Case Study 2:**

Ashok (Name changed) is a 23 years old young man and resident of Abdullapur. He has studied up to 7<sup>th</sup> standard, He cultivates his own land and part of the year he has to work as a labourer on another people’s land. Considering his age, his parents started searching for a bride for him and they liked one girl. She was studying in 9<sup>th</sup> standard and she was only 15 years old. Parents of that girl and the girl herself also liked Ashok.

Ashok is a member of youth group and he regularly attends village level meetings organized by IHMP. He has remained present in all workshops and BCC group meetings conducted till date in his village. He had learnt about adverse consequences of early marriage and pregnancy for a girl through these meetings. When this marriage proposal came and Ashok learnt that the girl was only 15 years old. He decided to reject this marriage proposal on the grounds that girl is young / less than 18 years of age. He also convinced his parents about consequences of early marriage. IHMP field supervisors were happy that Ashok took this stand.

Ashok is one such example out of several, in which early marriage was prevented in the community through the efforts of IHMP. If Ashok can do it, why can’t you?

### **Case study 3:**

A 38-year-old patient came to Doctor during Male RTI/STI clinic in Georai Khurd asking for medications for itching in the groin region. Doctor took complete history of the illness and examined patient. Patient told doctor that he had itching in groin on and off since last four years and itching increases in summer. Patient also told that he had taken treatment from many places but he did not get cured.

Doctor asked the patient about his occupation and daily lifestyle. Patient explained that he is a farmer and have to work hard in the farm. Doctor asked the patient whether he takes bath every day. Patient told that he takes bath on alternate day. Doctor further asked the patient whether he washes his underwear every day. He told that he doesn't use soap and uses only water to wash his underwear.

Doctor explained the patient that he works in the farm and in summer there is increased sweating in the groin. Due to sweat he is having fungal infection in the groin. Doctor asked patient to have bath daily. Twice a day, wash at least inguinal area with soap and water, if bathing daily is not possible. Wash the underwear with soap and dry it in sunlight. Do not wear tight clothes like jeans. Doctor gave him prescription for antifungal dusting powder and explained how to use the powder.

During next visit to the clinic patient told doctor that he had used antifungal powder and got relief within two days. Patient also told that now he doesn't have itching in groin. He takes care of his personal hygiene.

Doctor asked the patient to use the dusting powder if he has same complaint in future and follow the instructions for personal hygiene.

#### **Case Study: 4**

A 35-year-old patient came to Doctor during male RTI/STI camp in Brahamangaon. Patient had complaint of swelling over left chest below the nipple. The swelling was present since 4 to 5 years. There was no growth of the swelling in the last 6 months. Size of the swelling was 4 to 5cm. On examination, the swelling was freely movable and non-tender.

Doctor asked the patient whether he had shown the swelling to any doctor. Patient told doctor that he had not shown to any doctor since he has fear of hospital and doctors.

After looking at the swelling doctor diagnosed the swelling as lipoma, but there could be possibility of benign tumour of breast. So, doctor explained the nature of swelling and advised to do the Fine Needle Aspiration Cytology (FNAC) of the swelling. Doctor also explained to patient that FNAC is advised to rule out the tumour. Doctor told the name of the hospital where FNAC is done and also told the cost of the test.

Doctor had gained the confidence of the patient due to repeated visits to the village. Doctor also explained to patient that there is no harm in doing the FNAC of the swelling and the procedure is simple

and safe and if patient does the FNAC the diagnosis of the swelling will be confirmed. Patient understood the advice and agreed to do the FNAC of the swelling.

In next visit to village patient came to doctor with reports. The FNAC reports were suggestive of lipoma. After seeing the reports Doctor explained to the patient that the swelling is of fat, non-cancerous and is harmless.

Doctor asked the patient whether he drinks alcohol or not. Patient agreed that he was taking alcohol since ten years. Doctor explained patient that the swelling is due to drinking alcohol. Alcohol drinking has caused the fat deposition in the chest. Many peoples in the village have such swelling in their body. The swelling is harmless.

Doctor advised patient to not to take any medications for it and there is no need of surgical removal of swelling. Doctor also advised to have control over drinking alcohol. Patient understood that there is nothing to worry about the swelling Patient also understood that the swelling is due to the deposition of fat in the chest which is due to his habit of drinking alcohol. If he controls his habit of drinking alcohol swelling will not increase in size. Finally, patient told doctor that he has got mental relief.

### **Part 3: Protection of young married women from the adverse consequences of early conception and sexual and domestic violence.**

#### **Introduction:**

Institute of Health Management, Pachod initiated activities and interventions for protection of young married women from the adverse consequences of early conception and sexual and domestic violence from April 2013.

#### **Specific Objectives**

1. To demonstrate an increase in the proportion of women having 1<sup>st</sup> child birth after 18 years of age
2. To increase the proportion of women registering for ANC before 12 weeks of pregnancy
3. To increase the proportion of women receiving minimal, standard, antenatal and postnatal care
4. To increase the proportion of women taking treatment for maternal complications
5. To demonstrate a measurable reduction in maternal complications (ante, intra and post-natal morbidity) in married adolescent girls.
6. To reduce the proportion of LBW babies

In April 2013, twenty-four ASHAs from Adul PHC were oriented and trained in doing surveillance and giving needs specific Behaviour Change Communication (BCC). Thereafter, five processes were established with the objective of achieving universal coverage and improving quality of coverage.

1. Surveillance – ASHAs conducted a comprehensive assessment of health needs of all households with the Married Adolescent Girls (MAGs) on a monthly basis during household visits
2. Monthly Micro-planning – On the basis of the needs assessed during monthly house visits, ASHAs prepared a list of beneficiaries and clients that needed BCC and health services.
3. Primary Level Care – ASHAs actively linked clients to the ANM on the monthly Village Health and Nutrition Day (VHND) in the village, or at the SC and PHC.
4. Behavior Change Communication (BCC) – ASHAs provided need specific BCC based on information needs identified and behavioral diagnosis made during household visits. BCC was implemented with the aim to increase demand for health services and modify key health utilization behaviors among all the households with MAGs
5. Village Health Nutrition Water Supply and Sanitation Committees – Monthly review meetings were held in the villages. In the meetings health needs identified by ASHAs were compared with the services provided by the ANM. The committees monitored service utilization and generated demand by motivating resistant families



### Activities implemented during 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016:

#### Refresher Training for ASHAs:

From second year, only 20 ASHAs are doing surveillance and need specific BCC and four ASHs left the work because of personal reasons.

ASHAs were called for one-day in April 2015 to transfer the information about Married Adolescent Girls (MAGs) from old to new surveillance registers. After checking information transferred, each ASHA was given feedback.

#### Surveillance Coverage:

The project has established a community-based surveillance system for early detection of health needs and provision of primary health care services. The surveillance undertakes detection of reproductive tract infections, family planning needs, menstrual surveillance, pregnancy status and information needs.

**Table 1: Monthly Surveillance Coverage by ASHAs, April 2015 to March 2016**

Month of Reporting	Reporting for No. of ASHA areas	Number of MAGs registered with ASHAs	Number of MAGs visited	Percent MAGs Visited
April 2015	19	566	498	88.0
May 2015	18	568	498	87.7
June 2015	20	639	579	90.6
July 2015	19	617	559	90.6
August 2015	20	658	584	88.8
September 2015	20	656	596	90.9
October 2015	19	632	560	88.6
November 2015	20	661	574	86.8
December 2015	20	664	540	81.3
January 2016	20	668	519	77.7
February 2016	20	673	574	85.3
March 2016	20	636	566	89.0
Total	235	7638	6647	87.0
<b>Average</b>	<b>19.6</b>	<b>636.5</b>	<b>553.9</b>	<b>87.0</b>

Table 1 indicates that 20 ASHAs did monthly surveillance during household visits. During the reporting period, on an average 87 percent MAGs were visited during monthly surveillance visits by the ASHAs.



#### **BCC Group Meetings Conducted by ANMs:**

The project area has been divided into 43 geographical units. In each area, BCC group meetings were conducted for MAGs every month. Topics for BCC were finalized in consultation with the MAGs. A session plan was prepared for each topic and in the session plan; participatory techniques were included for conducting BCC group meetings. Every month during in-service training at Pachod, ANMs were asked to demonstrate how they would conduct BCC group meetings at the village level.

**Table 2: BCC group meetings conducted by ANMs and Coverage of MAGs**

Subject(s) Discussed	Month	Group Meetings			Attendance in the Meetings		
		Plan- ned	Held	%	Expec- ted	Atte- nded	%
1. Adverse consequences of child marriage and early pregnancy	April 15	43	43	100	645	342	53.0
2. Care during pregnancy and importance of antenatal care	May 15	43	43	100	645	435	67.4
3. Danger signs during pregnancy and importance of HIV testing during pregnancy	June 15	43	42	97.7	630	325	51.6
4. Abortion and Post abortion care	July 15	43	42	97.7	630	389	61.8
5. Birth preparedness, danger signs during delivery and importance of why a delivery should be conducted in the hospital	Aug. 15	43	43	100	645	403	62.5
6. Postnatal care of mother	Sept. 15	43	43	100	645	485	75.2
7. Care of newborn	Oct. 15	43	42	97.7	630	406	64.4
8. Special care of low birth weight baby and vaccination	Nov. 15	43	43	100	645	467	72.4
9. Family planning and methods of Family Planning	Dec. 15	43	43	100	645	391	60.6
10. Temporary methods of contraception	Jan. 16	43	43	100	645	457	70.9
11. Anemia	Feb. 16	43	42	97.7	630	420	66.7
12. Reproductive Tract Infections	Mar. 16	43	43	100	645	535	83.0
Total		516	512	99.2	7680	5055	65.8
Average		<b>43</b>	<b>42.7</b>	<b>99.3</b>	<b>640</b>	<b>421.3</b>	<b>65.8</b>

Table 2 indicates that 99 percent of the planned BCC group meetings were held. On an average 421 married adolescent girls i.e., 65.8 percent of the expected number attended BCC group meetings every month. This section of the report is for the area of 20 ASHAs in 30 villages.

**Table 3: New Registrations during last one - year - April 2015 to March 2016:**

Sr. No.	Month	No. of MAGs Registered for Antenatal Care		
		<12 weeks of preg.	>=12 weeks of preg.	Total
1	April 2015	08	2	10
2	May 2015	10	7	17
3	June 2015	20	6	26
4	July 2015	16	3	19
5	Aug. 2015	13	1	14
6	Sept. 2015	13	3	16
7	Oct. 2015	13	2	15
8	Nov. 2015	11	0	11
9	Dec. 2015	22	3	25
10	Jan. 2016	17	6	23
11	Feb. 2016	08	4	12
12	Mar. 2016	12	6	18
	<b>Total</b>	<b>163</b>	<b>43</b>	<b>206</b>

Table 3 indicates that during the reporting period, 163 MAGs (79.1%) out of a total of 206 new pregnant MAGs detected were registered within 12 weeks of pregnancy for antenatal services.

**Table 4: Reported abortion rate among MAGs**

<b>MONTH</b>	<b>No. of MAGs visited</b>	<b>No. of MAGs with pregnancy outcome</b>	<b>No. of MAGs who had abortion</b>	<b>Percent MAGs who had abortion</b>
April 2015	498	15	0	00.0
May 2015	498	20	1	05.0
June 2015	579	13	2	15.4
July 2015	559	16	2	12.5
August 2015	584	20	2	10.0
September 2015	596	15	1	06.7
October 2015	560	11	0	00.0
November 2015	574	15	1	06.7
December 2015	540	21	2	09.5
January 2016	519	13	1	07.7
February 2016	574	17	2	11.8
March 2016	566	16	2	12.5
<b>Total</b>	6647	192	16	08.3
<b>Average</b>	<b>553.9</b>	<b>16.0</b>	<b>1.3</b>	<b>08.1</b>

Table 4 indicates that a total of 16 women reported abortion as the outcome of pregnancy i.e. miscarriage rate of 8.1 There was not a single woman who reported complications after miscarriage.

**Table 5: Reported use of family planning methods**

<b>MONTH</b>	<b>No. of MAGs visited</b>	<b>Currently non- pregnant MAGs</b>	<b>MAGs using any FP method</b>	<b>Percent MAGs using any FP method</b>	<b>MAGs using any spacing method</b>	<b>Percent MAGs using spacing method</b>
April 2015	498	389	104	26.7	101	26.0
May 2015	498	385	096	24.9	096	24.9
June 2015	579	447	099	22.2	094	21.0
July 2015	559	436	106	24.3	105	24.1
August 2015	584	460	121	26.3	121	26.3
September 2015	596	468	126	26.9	122	26.1
October 2015	560	429	127	29.6	127	29.6
November 2015	574	441	118	26.8	118	26.8
December 2015	540	414	103	24.9	103	24.9
January 2016	519	390	109	27.9	109	27.9
February 20156	574	439	118	26.9	115	26.2
March 2016	566	460	145	31.5	139	30.2
<b>Total</b>	6647	5158	1372	26.6	1350	26.2
<b>Average</b>	<b>553.9</b>	<b>429.8</b>	<b>114.3</b>	<b>26.6</b>	<b>112.5</b>	<b>26.2</b>

Table 5 indicates that on an average there were 430 non-pregnant MAGs every month. Out of these, on an average 114 couple used any family planning method. Prevalence of current use of any temporary family planning method was 26.2 percent.

**Table 6: Reported use of any spacing methods by type of method**

MONTH	Currently non-pregnant MAGs	MAGs using any spacing method	Number of MAGs currently using following type of spacing method					
			Condom	%	Pills	%	Cu - T	%
April 2015	389	101	67	66.3	18	17.8	16	15.8
May 2015	385	96	59	61.5	22	22.9	15	15.6
June 2015	447	94	61	64.9	19	20.2	14	14.9
July 2015	436	105	74	70.5	18	17.1	13	12.4
August 2015	460	121	75	62.0	29	24.0	17	14.1
September 2015	468	122	74	60.7	28	23.0	20	16.4
October 2015	429	127	79	62.2	32	25.2	16	12.6
November 2015	441	118	73	61.9	31	26.3	16	13.6
December 2015	414	103	59	57.3	25	24.3	19	18.5
January 2016	390	109	68	62.4	21	19.3	20	18.4
February 2016	439	115	77	67.0	18	15.7	20	17.4
March 2016	460	139	89	64.0	35	25.2	15	10.8
<b>Total</b>	5158	1350	855	63.3	296	21.9	201	14.9
<b>Average</b>	<b>429.8</b>	<b>112.5</b>	<b>71.3</b>	<b>63.3</b>	<b>24.7</b>	<b>21.9</b>	<b>16.8</b>	<b>14.9</b>

Table 6 indicates that 63.3 percent spouses of MAGs used condoms, 21.9 percent MAGs used oral pills and 14.9 percent were using Copper T.

**Table 7: Reported proportion of low birth weight babies**

<b>Month</b>	<b>No. of MAGs*</b> <b>visited</b>	<b>No. of Newborns</b> <b>weighed at birth</b>	<b>No. of newborns</b> <b>were LBW</b>	<b>Percent LBW</b> <b>newborns to</b> <b>MAGs</b>
April 2015	498	15	2	13.3
May 2015	498	20	0	00.0
June 2015	579	13	0	00.0
July 2015	559	16	2	12.5
August 2015	584	20	0	00.0
September 2015	596	15	4	26.7
October 2015	560	11	0	00.0
November 2015	574	15	1	06.7
December 2015	540	21	3	14.3
January 2016	519	13	1	07.7
February 2016	574	17	2	11.8
March 2016	566	16	1	06.3
<b>Total</b>	<b>6647</b>	<b>192</b>	<b>16</b>	<b>08.3</b>

\*Number of MAGs delivered from the area of 20 ASHAs in 16 villages

During the reporting period 192 women delivered from the area of 20 ASHAs and all the newborns were weighed at birth. Only 16 (8.3 %) out of the total newborns weighed were with low birth weight i.e. weight less than 2.5 Kg.

**Table 8: Detection of Reproductive Tract Infections (RTIs)**

<b>MONTH</b>	<b>No. of MAGs visited</b>	<b>No. of MAGs with symptoms of RTIs</b>	<b>Percent MAGs with symptoms of RTIs</b>
April 2015	498	11	2.2
May 2015	498	03	0.6
June 2015	579	26	4.5
July 2015	559	22	3.9
August 2015	584	15	2.6
September 2015	596	10	1.7
October 2015	560	09	1.6
November 2015	574	08	1.4
December 2015	540	12	2.2
January 2016	519	09	1.7
February 2016	574	15	2.6
March 2016	566	19	3.4
<b>Total</b>	6647	159	2.4
<b>Average</b>	<b>553.9</b>	<b>13.3</b>	<b>2.4</b>

Table 8 indicates that on an average 13 MAGs (2.4%) reported any one symptom of RTIs during surveillance every month.

**Table 9: Reported treatment seeking for RTIs**

<b>Month</b>	<b>Number of MAGs visited</b>	<b>Number of MAGs with symptoms of RTIs</b>	<b>Number of MAGs sought treatment for RTIs</b>	<b>Percent MAGs sought treatment for RTIs</b>
April 2015	498	11	08	72.7
May 2015	498	03	02	66.7
June 2015	579	26	19	73.1
July 2015	559	22	17	77.3
August 2015	584	15	09	60.0
September 2015	596	10	05	50.0
October 2015	560	09	07	77.8
November 2015	574	08	06	75.0
December 2015	540	12	11	91.7
January 2016	519	09	08	88.9
February 2016	574	15	14	93.3
March 2016	566	19	14	73.7
<b>Total</b>	<b>6647</b>	<b>159</b>	<b>120</b>	<b>75.5</b>

Table 9 indicates that during the reporting period 120 (75.5%) out of a total of 159 detected cases of RTIs sought treatment.





**Table 10: Reported prevalence of post-natal complications**

<b>MONTH</b>	<b>No. of MAGs visited</b>	<b>No. of postnatal MAGs*</b>	<b>No. of MAGs reported post-natal complications</b>	<b>% MAGs with post-natal complications</b>
April 2015	498	1	0	00.0
May 2015	498	1	1	100
June 2015	579	5	0	00.0
July 2015	559	6	0	00.0
August 2015	584	1	0	00.0
September 2015	596	6	0	00.0
October 2015	560	5	0	00.0
November 2015	574	8	0	00.0
December 2015	540	2	0	00.0
January 2016	519	8	1	12.5
February 2016	574	7	2	28.6
March 2016	566	4	0	00.0
<b>Total</b>	<b>6647</b>	<b>54</b>	<b>4</b>	<b>07.4</b>

\* MAGs-delivered two months prior to the reporting month at in law's place

Table 10 indicates that 4 MAGs reported post-natal complications out of a total of 54 post-natal MAGs delivered at in-law's house. None of the 4 MAGs sought treatment for the post-natal complication. ANMs from IHMP conduct antenatal clinic every month in each village and hamlet. On the day of Village Health and Nutrition Day (VHND), ANMs from the sub-centre are expected to visit the village and provide primary level health care. ANMs from IHMP also visited each village on the day of VHND for conducting antenatal clinic, which makes it easier to coordinate with the government ANM for provision of services. This section of the report is for the services provided by the ANMs. In addition to-

#### **Maternal Health Care:**

these antenatal clinics, monthly RTI / STI clinics are also conducted for young women by a visiting mobile team from IHMP.

### Provision of antenatal and postnatal services:

Antenatal services are provided at the 'Anganwadi' centre in every village on the day of VHND by Government ANMs from the sub-centre and ANMs from IHMP. The ASHA of that village identifies the pregnant women during household visits and brings them for a check up to the 'Anganwadi' centre where the antenatal clinic is conducted.

During these clinics the ANM from IHMP conducts a systematic head to toe examination and records all necessary information of each pregnant woman. If she detects any high-risk cases she refers them to appropriate hospital. Government ANMs provides iron folic acid tablets and TT injections.

**Table 11: New antenatal registration during April 2015 – March 2016:**

Sr. No.	Month	Married Adolescent Girls			Women ≥ 19 years		
		≤ 12	>12	Total	<12	>12	Total
1	Apr. 2015	06	09	15	01	11	12
2	May 2015	15	17	32	02	12	14
3	June 2015	15	16	31	11	17	28
4	July 2015	10	20	30	07	13	20
5	Aug. 2015	17	12	29	10	10	20
6	Sept. 2015	27	07	34	04	05	09
7	Oct. 2015	26	27	53	06	14	20
8	Nov. 2015	02	22	24	03	17	20
9	Dec. 2015	19	20	39	02	08	10
10	Jan. 2016	19	14	33	04	13	17
11	Feb. 2016	17	15	32	06	07	13
12	Mar. 2016	17	15	32	09	10	19
	<b>Total</b>	<b>190</b>	<b>194</b>	<b>384</b>	<b>65</b>	<b>137</b>	<b>202</b>

Table 11 indicates that during the reporting period, a total of 384 new pregnant MAGs were registered, out of which 190 (49.5%) were registered ≤ 12 weeks of pregnancy and 194 (51.5%) were registered >12 weeks of pregnancy.

Similarly, a total of 202 new pregnant women more than 19 years were registered, out of which 65 (32.2%) were registered  $\leq$  12 weeks of pregnancy and 137 (67.8%) were registered  $>$ 12 weeks of pregnancy.

**Table No. 12: Antenatal Clinic:**

Month	Planned clinics	Actual clinics held	% clinics held	Expected no. of pregnant women to be examined	Actual no. of pregnant women examined	%
Apr. 2014	33	31	93.9	172	122	70.9
May 2014	48	48	100	232	184	79.3
June 2014	40	38	95.0	203	137	67.5
July 2014	47	46	97.8	258	163	63.2
Aug. 2014	44	44	100	240	157	65.4
Sept. 2014	52	48	92.3	230	225	97.8
Oct. 2014	38	38	100	276	190	68.8
Nov. 2014	52	49	94.2	318	205	64.5
Dec. 2014	50	47	94.0	282	196	69.5
Jan. 2015	45	44	97.8	455	318	69.9
Feb. 2015	43	38	88.4	320	233	72.8
Mar. 2015	45	44	97.8	344	242	70.4
<b>Total</b>	537	515	95.9	3330	2372	71.2
<b>Average</b>	<b>44.7</b>	<b>42.9</b>	<b>95.9</b>	<b>277.5</b>	<b>197.7</b>	<b>71.2</b>

Table 12 indicates that on average 43 antenatal clinics were conducted and 198 (71.2%) pregnant women were examined every month.

**Table 13: Deliveries and Post-natal visits**

Beneficiaries	Deliveries			Abortions	PNC visit			
	Total	Maheri	Sasari		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Total
MAG	384	311	73	31	81	72	132	285
Women >19 years	180	139	41	12	39	27	65	131
<b>Total</b>	<b>564</b>	<b>450</b>	<b>114</b>	<b>33</b>	<b>120</b>	<b>99</b>	<b>197</b>	<b>416</b>

Table 13 indicates that during the reporting period 384 MAGs delivered and 31 abortions were recorded. Out of a total of 285 post-natal visits, 81 mothers received one post-natal visit, 72 mothers received two post-natal visits, and 132 mothers received three or more post-natal visits.

Similarly, 180 women >19 years delivered and 12 abortions were recorded. Out of a total of 131 post-natal visits, 39 mothers received one post-natal visit, 27 mothers received two post-natal visits, and 65 mothers received three or more post-natal visits.

**Table 14: Maternal health services utilized during the period April 2015 to March 2016**

Beneficiaries	Total Deliveries	Antenatal check up				T.T. injection			Place of delivery		Who conducted delivery		
		0	1	2	3+	0	1	2 and B	Hos pit.	Home	TD	Hos pi.	Other -s
MAG	384	0	0	27	357	0	1	383	375	9	1	375	8
Women >19 years	180	0	0	34	146	0	0	180	175	5	1	175	4
<b>Total</b>	<b>564</b>	<b>0</b>	<b>0</b>	<b>61</b>	<b>503</b>	<b>0</b>	<b>1</b>	<b>563</b>	<b>550</b>	<b>14</b>	<b>2</b>	<b>550</b>	<b>12</b>

Table 14 indicates that during the reporting period out of 384 MAGs that delivered, 357 (93%) women were examined three or more times during pregnancy and 383 (99.7%) women received two T.T. injections or a booster dose. Out of 384 MAGs that delivered, 375 (97.7%) were delivered in a hospital.

Similarly, out of 180 pregnant women >19 years that delivered, 146 (81.1%) women were examined three or more times during pregnancy and 180 (100%) women received two T.T. injections or a booster dose. Out of 180 pregnant women >19 years that delivered, 175 (97.2%) were delivered in a hospital.

**Table 15: Outcome of delivery during the period April 2015 to March 2016**

Beneficiaries	Total deliveries	Delivery out come		Birth weight	
		Live birth	Still birth	Normal	Low Birth Weight
MAG	384	385	1	366	19
Women >19 years	180	179	3	171	8
<b>Total</b>	<b>564</b>	<b>564</b>	<b>4</b>	<b>537</b>	<b>27</b>

\*Two twin deliveries in MAGs and two twin deliveries in pregnant women>19 years in the reporting period.

Table 15 indicates that out of 384 MAGs that delivered, 385 were live births and 1 stillbirth. Out of 385 new born babies weighed, 19 (4.9%) were low birth weight babies.

Similarly, out of 180 pregnant women >19 years that delivered, 179 were live births and 3 stillbirths. Out of 179 new born babies weighed, 8 (4.5%) were low birth weight babies.

### Case Study: 1

Raveena and her husband Anil are resident of village Georai Bk. Raveena was 18 years old and Anil was 22 years old when they got married. She has studied up to 10<sup>th</sup> standard and her husband has studied up to 12<sup>th</sup> standard. They live on their farm. She works in the fields of her family. She missed her periods after six months of marriage.

When a nurse from IHMP visited Georai Bk. for the routine antenatal clinic, ASHA told her that Raveena is pregnant but she does not come for the checkup, since she lives on the farm which is quite far from the village. On the day of the clinic, ASHA contacted again Raveena and requested her to come for the checkup. But she did not come as her mother in law was not willing to send her alone. Two months passed but she didn't turn up for the checkup.

Therefore, IHMP nurse decided to visit Raveena at home. Nurse explained to her husband and mother in law importance of antenatal checkup and asked them to send Raveena for antenatal checkup. At that time, her mother in law said that I was also pregnant and had babies but never went for any checkup. I delivered at home without any problem. Nurse further explained to her that it is good to have regular checkup to identify early if any complications occur for mother or baby. Finally, her mother in law was convinced. Nurse requested Raveena's husband to bring her for checkup during next clinic. Before leaving their home, she took their contact number.

On the day of next clinic, nurse called Raveena's husband and he brought her for checkup when she was 6 months pregnant. She weighed 42 Kg. Nurse gave her IFA tablets and asked her to consume one tablet every day. Government ANM gave her TT injection. After that she came regularly for follow up visits. In 8<sup>th</sup> month she weighed 47 kg. She went to her parents place for delivery. She delivered a baby boy with birth weight 2.7 kg in a hospital.

Two months after her delivery, she has come back to her husband's place at Georai. Now she is bringing her baby regularly for immunization.

### **Case Study: 2**

Meera and her husband Vikas live in the village Ekatuni. She has studied up to 8<sup>th</sup> standard. She works on their farm. ASHA during her monthly surveillance visit found that Meera was pregnant again. She had previous two abortions. ASHA brought her for check-up on the next Village Health and Nutrition Day. Nurse registered her for antenatal services and identified her as high risk pregnant woman because of previous two abortions.

Hence, Nurse decided to visit her home and meet her husband and mother-in-law. Nurse explained to them about importance of regular antenatal check-up, consuming IFA tablets and frequency of food to be taken every day. Nurse also advised them to take her for ultrasound. In the next month Meera came for antenatal check-up along with USG report. Meera informed the nurse that she has twin pregnancy. Nurse advised her to consume sprouted pulses, green vegetables and fruits. She was also advised to take rest at least for an hour in a day and to avoid heavy work. Nurse also asked her to share this information with her husband and mother-in-law.

During the entire pregnancy, Meera came for regular antenatal check-ups and consumed 100 IFA tablets. She carried her pregnancy to full term and after that delivered in a hospital. Meera delivered two baby girls; each weighed 2 Kg. at birth. Nurse during her post-natal visit to Meera explained to her about how to take care of low birth weight baby. Both the girls are growing well.

**Monthly Community Based Monitoring by Village Health Nutrition Water and Sanitation Committees (VHNWSCs):**

In the villages under Adul PHC, 16 VHNWSC's have been established. These VHNWSCs comprise of 60 percent female members and 40 percent male members. During the reporting period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016, monthly meetings of VHNWSCs for community-based monitoring were organized at the village level. These committees have undertaken following activities in their respective villages:

- To monitor and review work of ASHA every month,
- To motivate beneficiaries for service utilization,
- To ensure services are provided or not by government and AGRT
- To resolve obstacles/barriers for project implementation

Table: 16 Details of Monthly VHNWSC Meeting – April 2015 to March 2016:

Sr. No.	Month	No. of Meetings	No. Of Actual Meetings Conducted	%	Total No. of VHNWSC Members			No. of Members Attended Meeting			%	Individual Visit to VHNWSC Members
					Male	Female	Total	Male	Female	Total		
1	Apr. 15	16	16	100	52	74	126	25	39	64	61	0
2	May 15	16	16	100	52	74	126	21	32	53	51	2
3	June 15	16	16	100	52	74	126	24	27	51	78	3
4	July 15	16	16	100	52	74	126	26	40	66	52	1
5	Aug. 15	16	16	100	52	74	126	32	55	87	69	1
6	Sept. 15	16	16	100	52	74	126	36	50	86	68	0
7	Oct. 15	16	16	100	52	74	126	41	55	96	76	0
8	Nov. 15	16	16	100	52	74	126	39	52	91	72	0
09	Dec. 15	16	16	100	52	74	126	40	49	89	71	0
10	Jan. 16	16	16	100	52	74	126	37	53	90	71	0
11	Feb. 16	16	16	100	52	74	126	36	48	84	67	0
12	Mar. 16	16	16	100	52	74	126	32	52	84	67	0
<b>Total</b>		192	192	100	624	888	1512	389	552	941	62	7
<b>Average</b>		<b>16</b>	<b>16</b>	<b>100</b>	<b>52</b>	<b>74</b>	<b>126</b>	<b>33</b>	<b>46</b>	<b>79</b>	<b>63</b>	-

**Table 16** indicates that monthly meetings of all 16 VHNWSC's were organized every month as planned and on an average 63 percent member were present for these meetings.

## **Integrated reproductive and sexual health and family planning project for adolescent girls and young married women in urban slums**

### **Activity Report - April 2015 to March 2016**

#### **Introduction:**

Institute of Health Management Pachod is working in the slums of Pune city since 1998. In October 2014, Yardi Software India Ltd. approved a grant for three years to demonstrate an integrated reproductive sexual health project to empower unmarried adolescent girls of age 11-19 years and protect married adolescent girls and young married women of age  $\leq 24$  years from the adverse consequences of early motherhood. The project is being implemented in one Primary Urban Health Centre sanctioned by the Pune Municipal Corporation from 01<sup>st</sup> October 2014.

#### **The specific objectives of the integrated RSH project are:**

##### **Part 1: Protection of young married women from adverse consequences of early motherhood**

Objective 1: To increase the proportion of young married women having 1<sup>st</sup> child birth after 19 years

Objective 2: To increase the proportion of young women using contraceptives for spacing (CPR)

Objective 3: To increase proportion of young married women receiving minimal, standard, antenatal and postnatal care

Objective 4: To increase the proportion of young married women taking treatment for maternal morbidity

Objective 5: To demonstrate a measurable reduction in maternal morbidity (ante, intra and post-natal morbidity) and RTIs / STIs in married adolescent girls.

Objective 6: To reduce the prevalence of LBW babies among married adolescent girls

##### **Part 2: Empowerment of unmarried adolescent girls through life skills education**

###### **Specific Objectives**

Objective 1: To demonstrate a measurable increase in cognitive and practical skills in unmarried adolescent girls.

Objective 2: To validate a scale for self-esteem and self-efficacy and demonstrate a measurable improvement in the self-esteem and self-efficacy of unmarried adolescent girls.

Objective 3: To increase the duration of formal school education for unmarried adolescent girls.

Objective 4: To delay age at marriage among unmarried adolescent girls.

### Activities Carried Out During 2015-16

Following key activities were carried out in the 10 slums under the Annasaheb Magar Hospital, Hadpsar, in Pune city during April 2015 to March 2016.

#### Part 1: Protection of young married women from adverse consequences of early motherhood

**1. Selection and capacity building of Community Health Workers (CHWs):** Twelve CHWs in the 10 project slums were selected through community participation. Capacity building of the CHWs is an important component of the project. The goal is to build capacity of CHWs for effective programme implementation by providing them with technical, management and BCC (Behaviour Change Communication skills). Following training programmes were organized for CHWs during reporting period.

**Table 1.1 –Training programs conducted for CHWs during April 2015 to March 2016**

Sr.	Training subject	Month	Duration – days	No. of CHWs attended	Knowledge & skills provided
1.	Induction training for newly appointed CHWs – I Batch	May 2015	07 days	11	Cognitive skills – maternal health, neonatal health, child health, reproductive health, family planning. Practical skills on implementation of 6 IHMP RSH innovations
2.	Induction training of CHWs on Life Skills Education	July 2015	06 days	12	Cognitive and practical skills related to these first 24 LSE sessions were provided to the CHWs using a participatory approach
3.	Induction training of CHWs on Life Skills Education	Dec 2015, Jan 2016, March 16	01 day each	09	Cognitive and practical skills related to these Module II of LSE

Sr.	Training subject	Month	Duration – days	No. of CHWs attended	Knowledge & skills provided
3.	Induction training of newly appointed CHWs – II Batch	Nov 2015	07 days	02	Cognitive skills – maternal health, neonatal health, child health, reproductive health, family planning. Practical skills on implementation of 6 IHMP RSH innovations
4.	Refresher training for CHWs on MIS & BCC	Feb 2016	02 days	11	Cognitive skills – maternal and reproductive health. Practical skills – conducting needs assessment, needs specific BCC

**2. In-service training:** Monthly in-service training for CHWs was initiated in the month May 2015. 11 in-service training sessions of two days each were conducted. CHWs and project staff participated in these training sessions. After initiation of Life Skills Education classes, i.e. from September 2015, of the two days, one day was spent on planning and review of RSH services. The second day was spent on planning and review of Life Skills Education. Technical inputs were provided for the sessions planned for the month. Project inputs, outputs and coverage were reviewed and participatory planning was done during the meetings. Cognitive and practical skills were provided to the CHWs.

**3. Surveillance and Monitoring System:** Protocols for the surveillance & monitoring system for urban slum areas were designed and printed. These protocols were pre-tested in the field/slums in May 2015 by the community health worker. After the induction training; in order to develop practical skills for filling surveillance registers, IHMP staff provided on the job training to the CHWs. CHWs initiated home visits for monthly needs assessment, morbidity surveillance, and for the provision of needs specific BCC in their slums from May 2015. The surveillance system covers following broad areas;

- Maternal health
- Neonatal health
- Reproductive health – Reproductive tract infections
- Family planning

**4. Behavior Change Communication (BCC):** IHMP has developed an innovative strategy for behavior change communication which signifies a paradigm shift in dissemination of information and influencing health behaviors.

Two distinct approaches are being implemented in the project area.

- Need specific behavior change communication
- Behavior change communication through a social norms approach.

**Needs specific behavior change communication:** During monthly household visits the CHW identify the information needs of the individual. Based on the behavioral diagnosis they provide information and counseling specific to the needs of the individual and family. This need specific BCC approach has brought about a measurable change in health-related behaviors. During the reporting period, 2709 household visits were undertaken by CHWs during which they provided need specific BCC. (Refer Table 1.2)

**Table 1.2: Needs specific BCC provided by the CHW at household level**

Sr.	Topic	Number of clients received needs specific IPC & counseling from CHWs at household level			
		Apr to Jun 2015	Jul to Sep 2015	Oct to Dec 2015	Jan to Mar 2016
1.	Maternal care	132	449	337	363
2.	Treatment for symptoms of maternal morbidity	30	93	51	70
3.	Use of family planning methods	89	217	117	177
4.	Treatment for reproductive tract infections	66	168	143	207
	Total	317	927	648	817

**Behavior change communication through a social norms approach:** Behavior change communication (BCC) is also being implemented through a social norms approach. Group BCC sessions were conducted to influence social norms like age at first conception, birth interval, promotion of contraceptives, early registration for antenatal services, utilization of minimum standard antenatal care, etc.

Group BCC sessions for young married women were initiated in the month of June 2015. 97 group BCC sessions for young married women aged  $\leq 24$  years were conducted at the slum level, by the project ANM. They conducted these meetings using participatory methods through effective use of audio-visual material. Total of 1859 women from the 10 project slums attended the meetings. (Refer Table 1.3).

**Table 1.3: Group BCC sessions conducted at slum during April 15 to March 16**

Sr.	Period	Group BCC sessions conducted	Young married women 15-24 attended	Topics discussed during group BCC sessions
1.	April to June 2015	07	72	Intervention for young married women, information on outreach services provided by ANMs during vasti level clinics, importance of early registration for antenatal care, and antenatal check-ups
2.	July to September 2015	30	527	Structure and functions of female reproductive system, menstrual cycle and menstrual hygiene, use of temporary contraceptives to delay age at first conception and spacing between two children
3.	October to December 2015	27	606	Importance and components of postnatal care, abortion, types of abortion, causes of abortion, symptoms & management of post-abortion complications and care to be taken after abortion.
4.	January to March 2016	33	654	Reproductive tract infections – sign & symptoms of RTIs, treatment for RTIs, Sexually transmitted infections – sign & symptoms of STIs, treatment for STIs & urinary tract infections
	Total	97	1859	

*Women are discussing their health-related issues freely with ANMs and CHWs and they are utilizing services available at the PUHC for maternal care and treatment of other minor ailments.*

**5. Outreach clinics conducted by project ANM:** The CHWs prepare a micro-planner every month which provides details of women and children with health needs along with details of the services they require. Based on the micro-planner, the CHWs actively link their clients to the Vasti level clinics conducted by ANMs. Vasti level clinics to provide primary level care for maternal and reproductive health through project ANMs were initiated in the month of June 2015. A total of 195 clinics in the project area were conducted (out of 200 planned) in the reporting period in the project area. Primary level care services for maternal health, child health and family planning were provided at the clinics. The ANM cross-checks whether all the clients listed in the micro-planner availed services or not.

Project ANMs provided home based care to post-natal mothers, counseling to young married women who were detected with symptoms of RTIs, and couples who expressed a desire to use temporary family planning methods. In the reporting period, ANMs provided postnatal care to 144 mothers, conducted 514 counseling sessions to YMW that were detected with symptoms of RTIs and provided IPC to 490 YMW on the use of temporary contraceptives.

**Table 1.4: Outreach services provided by Project ANM during April 15 to March 16**

Sr.	Details	Period				Total
		April to June 15	July to Sept 15	Oct to Dec 15	Jan to March 16	
1.	Number of clinics planned	10	62	56	72	200
2.	Number of clinics conducted	10	62	53	70	195
4.	Number of antenatal examinations done	97	348	263	308	1016
5.	Number of postnatal mothers examined	07	40	49	48	144
6.	Counseling to YMW on use of temporary family planning methods	30	160	128	172	490

Sr.	Details	Period				Total
		April to June 15	July to Sept 15	Oct to Dec 15	Jan to March 16	
7.	Counseling to YMW with RTI symptoms	35	148	131	200	514

## 6. Specialist OB Gynae clinic at PUHC:

Clinics for emergency obstetric and gynecological services were started at the Annasaheb Magar Hospital, Hadapsar from August 2015. A total of 26 clinics were conducted in the reporting period. 155 patients received treatment at the clinics. The treatment was provided by IHMP's consulting gynecologist. The clinics were jointly organized by the PUHC and IHMP staff. Most of the patients were treated for RTI/STIs at the clinic.

**Table 1.5: Patients treated at the clinics by symptoms**

Symptoms	No of patients			
	July to Sept 15	Oct to Dec 15	Jan to March 16	Total
Symptoms suggestive of RTI/STI	25	23	18	66
Consultation for contraceptive use	5	08	06	19
Antenatal Complications	3	11	04	18
Menstrual problems	11	12	13	36
Infertility	1	02	05	08
Anaemia	1	03	02	06
Other complaints	00	00	02	02
<b>Total</b>	46	59	50	155

*Specialized clinics at the PUHC have resulted in a substantial increase in referral and utilization of services by women with reproductive morbidities.*

**7. Capacity building of Slum Health and Development Committee (SHDC):** 12 Slum Health and Development Committees (SHDCs) have been established. During the reporting period, two orientation

meetings for SHDC members were planned and conducted. The sessions were conducted in a participatory way. SHDC members discussed and cleared their doubts with the IHMP faculty on how to solve slum level problems. IHMP faculty shared their experience where SHDC's efforts resulted in solving several problems that the entire community was facing. (Refer Table 1.6)

**Table 1.6: Training programs organized for SHDC members during April 15 to March 16**

Sr.	Training subject	Month	SHDC members attended	Topics covered
1.	Roles and responsibilities of SHDC	Sept 2015	37	<ul style="list-style-type: none"> <li>• Objectives of integrated RSH project</li> <li>• Needs of adolescent girls and young married women</li> <li>• Need and importance of community participation</li> <li>• Roles and responsibilities of SHDCs</li> <li>• Community based monitoring</li> </ul>
2.	Community based monitoring	March 16	15	<ul style="list-style-type: none"> <li>• Knowledge on functions of CHW, ANM and services provided at the PUHC</li> <li>• Practical skills – how to monitor the CHWs work</li> <li>• Practical skills - How to do community-based monitoring for health service utilization</li> </ul>

**8. Slum Health and Development Committees (SHDCs):** During reporting period, 13 Slum Health and Development Committees were functioning in the 18 slums. SHDC meeting was planned once in a month for each slum area. Monthly meetings of SHDCs were initiated from the month August 2015. Out of the 103 SHDC meetings that were planned 99 were actually conducted in the last year. A total of 617 SHDC members were present at the monthly SHDC meetings.

**Table 1.7: SHDC meetings conducted during April 15 to March 16**

Sr.	Period	SHDC meetings planned	SHDC meetings conducted	Attendance at SHDC meetings	Topics discussed during meetings
1.	April to June 15	10	09	107	Establishment of Slum Health and Development Committees (SHDCs), roles and responsibilities of SHDC members, outreach work started by the CHWs in the slums
2.	July to Sept 15	24	22	165	Capacity building of CHWs, review of CHWs work, outreach clinics conducted by ANM
3.	Oct to Dec 15	33	32	120	CHWs performance, Gynecological services at PUHC
3.	Jan to March 16	36	36	225	CHWs performance, MPR, services provided by the project ANM and services
	Total	103	99	617	

SHDC members monitored the work of CHWs, and ANMs. SHDC members visited households to cross check and certify the needs assessed by the CHWs. SHDC members motivated the community to utilize services offered at the PUHC.

**9. On the job training by Supervisors during field visits:** Four CHW areas were allotted to each field coordinator. Monthly supervisory visits to assess the skills of the CHW and provide in-service training through demonstrations were planned and initiated in each CHW area after the induction training of CHWs i.e. from May 2015. Using supervisory check lists, supervisors assess skills of the CHW, and provide practical skills to strengthen the processes – i.e. surveillance for needs assessment, needs specific BCC, referral system, linking clients to providers, preparation of micro-plans and MPRs.

A total of 273 Supervisory visits were planned during the reporting period out of which 260 (95 percent) visits were conducted.

## 2. Services Provision and Coverage during 2015-16

**Table 2.1: Surveillance Coverage.**

Period	Reporting for Number of CHW areas	Surveillance visits planned for registered YMWs	Surveillance visits actually conducted for YMWs	Percent YMWs visited
April to June 15	10	2018	1531	75.8
July to Sept 15	11	3754	3405	90.7
Oct to Dec 15	10	3375	3065	90.8
Jan to March 16	11	3953	3530	89.3

The average percentage of YMWs who had been covered by monthly surveillance was 88.1 percent.

**Table 2.2: Reported Symptoms of Reproductive Tract Infections.**

Month	Reporting for Number of CHW areas	Number of YMWs visited	Number of YMWs with symptoms of RTIs	Percent YMWs with symptoms of RTIs
April to June 15	10	1531	124	08.1
July to Sept 15	11	3405	168	04.9
Oct to Dec 15	10	3065	143	04.7
Jan to March 16	11	3530	207	05.9

The proportion of ECs detected with RTI symptoms was 5.7%.

**Table 2.3: Reported treatment seeking for Reproductive Tract Infections.**

Month	Reporting for Number of CHW areas	Number of ECs with symptoms of RTIs	Number of ECs sought treatment on RTIs	Percent ECs sought treatment on RTIs
April to June 15	10	124	68	54.8
July to Sept 15	11	168	104	61.9
Oct to Dec 15	10	143	97	67.8
Jan to March 16	11	207	100	48.3

The average proportion of women with RTIs who had sought treatment was 57.4 percent.

**Table 2.4: Coverage of Antenatal Care.**

Month	Reporting for Number of CHW areas	Number of Antenatal examinations planned	Number of antenatal examinations carried out	Percent received antenatal care
April to June 15	10	132	108	81.8
July to Sept 15	11	449	350	77.9
Oct to Dec 15	10	337	266	78.9
Jan to March 16	11	363	322	88.7
<b>Total</b>		<b>1281</b>	<b>1046</b>	<b>81.6</b>

The proportion of pregnant mothers who received antenatal care was 81.6%.

**Table 2.5: Reported Symptoms of Antenatal Complications.**

Month	Reporting for Number of CHW areas	Number of Currently pregnant mothers	Number of pregnant mothers with antenatal complications	Percent pregnant mothers with antenatal complications
April to June 15	10	108	30	27.8
July to Sept 15	11	350	93	26.5
Oct to Dec 15	10	266	51	19.2
Jan to March 16	11	322	70	21.7

The proportion of pregnant mothers reporting any one antenatal complication was 23.3%.

**Table 2.6: Reported Treatment Seeking for Antenatal Complications.**

Month	Reporting for Number of CHW areas	Number of pregnant mothers with antenatal complications	No. pregnant mothers sought treatment for antenatal complications	% pregnant mothers sought treatment for antenatal complications
April to June 15	10	30	26	86.7
July to Sept 15	11	93	82	88.2
Oct to Dec 15	10	51	46	90.2
Jan to March 16	11	70	54	77.1

The average proportion of pregnant mothers with symptoms of antenatal complications who sought treatment was 85.2 percent.

**Table 2.7: Coverage with Postnatal Care.**

Month	Reporting for Number of CHW areas	No. of postnatal mothers identified	Home based post-natal care by CHW	Post-natal mothers with post-natal complications
April to June 15	10	07	07	01
July to Sept 15	11	40	40	06
Oct to Dec 15	10	59	49	15
Jan to March 16	11	58	48	07
<b>Total</b>		<b>164</b>	<b>144</b>	<b>29</b>

164 postnatal mothers were identified, CHWs provided home based post-natal care to 144 mothers, at home, within 42 days.

**Table 2.8: Reported Use of Family Planning Methods.**

Month	Reporting for Number of CHW areas	Number of YMWs visited	YMWs using any temporary FP method	Percent YMWs using any temporary FP method
April to June 15	10	765	117	15.3
July to Sept 15	11	1135	242	21.3
Oct to Dec 15	10	1021	241	23.6
Jan to March 16	11	1177	294	24.9

The average proportion of YMWs using any form of temporary contraception/family planning was 21.1 percent. An increase in the use of temporary contraceptives among YMWs was observed in the fourth quarter as compared to the previous quarters (24.9% Vs 23.6% Vs 15.3%).

**Case studies:**

**Case study 1** – Sunanda (name changed), a 24-year's old married woman, lives in the slums of Shinde Vasti, Hadapsar with her husband and 3 years old daughter. While Sunanda and her husband both are educated till 9<sup>th</sup> standard, her husband works in a private company as an unskilled worker. Their monthly income is around 6000 – 7000 rupees.

Community health worker met Sunanda, while doing monthly household visits. At that time, she was in the sixth month of pregnancy and had migrated from Usmanabad to Pune few days before.

This was her third pregnancy. Sunanda had been married since four years. One year into the marriage, she gave birth to a girl child. This was a premature delivery, (seventh month) but was hospitalized and uneventful. One year after her first delivery she conceived once again. However, at this time, her in laws did not allow her to get registered for antenatal care anywhere. She delivered a child at home, in the seventh month of pregnancy, which died at the age of 3 days. Her placenta was not completely removed at home so the Dai who conducted delivery clamped it and moved her to the hospital. This caused heavy blood loss.

Sunanda was pregnant for the third time now. She moved to vasti in the sixth month of pregnancy and got herself registered in the Trust hospital nearby as suggested by her neighbor. When CHW went to the monthly household visit, Sunanda was complaining of severe weakness which was affecting her day to day activities. CHW linked her to the ANMs vasti level clinic. ANM took the history and performed head to toe examination. She noted that she had difficulty in breathing and showed signs of pallor suggesting anemia and saw her blood reports. Sunanda's Hemoglobin had gone to 7.2 gm/dl. Despite this, the concerned trust hospital had not explained this to her nor had given any kind of due treatment and counseling. Upon this ANM advised Sunanda to go to Sasoon Hospital where she could avail the treatment free of charges and provided all the details of the hospital. (Address, Timings etc). She also talked to Sunanda's husband and explained him about the risks and consequences of anemia.

Upon this Sunanda called her sister to assist her in the hospital and take care of her daughter. CHW gave follow up visits to ensure that she went to the hospital. Sunanda was hospitalized for almost a month and delivered a healthy child of 2.5 Kg. Delivery was normal and uneventful.

Sunanda's family heartily thanked to CHW and ANM. "This child is alive because of Lata Tai (CHW) and Nirmala sister (ANM)" said Sunanda.

**Case study 2** – Pallavi resides in Gosavivasti, at the age of 17, has two children - one is a four year-old boy and the second, is a two year-old boy. Pallavi would frequently attend the meetings conducted by IHMP's ANMs at their *vasti* (settlement).

One day, she attended meeting on the topic of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs). For almost a span of two years, she had noticed a white discharge through her vagina that had no particular foul odour. She had always been under the impression that this discharge was normal. Even during the monthly CHW checkups for RTIs and STIs, she never reported this issue since she never realized the seriousness of it. Since she felt very shy to discuss her symptoms, she never ended up telling her mother or even her husband about the same. During CHWs routine surveillance visits, she disclosed the complaint of the vaginal discharge, and then CHW and IHMP ANM referred her to the specialized gynecological clinics that were conducted at PUHC. After a terrible delay, she finally decided to find out the cause of her problem and headed to Magar hospital, to the RTI/STI clinic conducted by Dr. Bharucha. She picked up the prescribed tablets and started the medication, only after which, she told her mother-in-law about the symptoms. Pallavi never informed her own mother about her symptoms ever, as she felt really shy.

Following this issue, her mother-in-law and husband then took her to a private practitioner and Pallavi got her USG done since she did not recover from the condition completely. Although, the reports confirmed that she was normal, she did not get relief even after completing the full course of treatment as prescribed by Dr. Bharucha. She was then referred to Sassoon hospital for colposcopy. On undergoing the colposcopy test, urine test and USG in Sassoon hospital, the doctors concluded saying that all the reports were normal and she has nothing to worry about.

She is now completely free from the suffering and is healthy. Thus, timely checkups and knowledge about basic symptoms like these, can avert any major infection in the mother's life.

**Case study 3** –Jyoti lives in Gosavi vasti & married Shankar when she was 20 years of age and conceived her first child about one year after their marriage. Jyoti gave birth to a healthy baby boy in Sane Guruji hospital in spite of pregnancy-induced hypertension, which was detected in her seventh month of pregnancy. During her antenatal and postnatal period, she got continuous support from the CHWs Anusaya and Vaishali and IHMP’s ANMs.

CHW regularly visits Jyoti and provide need specific BCC on family planning also she attended 5 to 6 meetings conducted by the ANMs so far. Through the meetings and BCC sessions, she realized the importance of having a gap of at least 3 years between her two children. In order to delay second pregnancy, she often had discussions with her husbands on the use of temporary contraceptives.

Her mother-in-law (Shantabai) worked as an *aayah* in KEM hospital for nearly 25 years. She was, hence, aware of a few things regarding the use of contraceptives a little better than an average lady in the community. As a result, her opinion mattered the most, undoubtedly. On questioning her about a minimum gap of three years between consecutive pregnancies, she replied “*Why to put the mother, the father and myself in so much trouble by having the second child so soon?*” Although Shantabai was aware of temporary contraception, she did have a few misbeliefs about Copper T and she expressed a very strong protest against it. She tried to justify by saying that she knows someone in her neighbourhood who suffered from swelling in the uterus due to installation of Copper T.

Jyoti sat there quietly, smiling to us and replying to me, “*Yes, she decides for us.*” Jyoti and Shankar are fortunate, we believe, that at least they are allowed to use condoms till she breastfeeds her baby (her baby boy is of 4 months age now). Nevertheless, she will visit a doctor to get herself examined before starting a course of oral contraceptive pills.

There are many women who are muddled by the methods of contraception available and which one to pick. They generally take their decisions based on what their peers, neighbours or parents say. Due to lack of awareness and education, they believe stories of oral pills causing disruptions in menstruation, Copper T getting dislocated, amongst other such misconceptions. Thus, imparting correct and quality information to such people can bring about the change in this situation and thus alleviate the severity of these issues.

## **Part 2: Empowerment of unmarried adolescent girls through life skills education**

This component was initiated in the month July 2015. Induction training program of 6 days duration for CHWs on LSE was conducted in the month July 2015.

Parent group meetings were planned and conducted to create an enabling environment for the LSE in the slums. A total of 6 meetings were conducted, 108 parents were attended the meetings. Parents showed interest for enrolling their daughters for LSE & gave oral consent. After the induction training of the CHWs on LSE, field coordinators with CHWs undertook enrolment of girls for LSE through individual contacts with potential unmarried adolescent girls and their parents. A total of 273 girls were enrolled for the LSE classes. CHWs took written consent from their parents for sending their daughters to attend the LSE classes.

Before actual initiation of LSE classes, all the enrolled girls were asked to undergo a pre-test. A total of 271 girls (out of 273 enrolled for LSE) were covered for the pre-test. After the pre-test activity, LSE classes were initiated in all the CHW areas on 22<sup>nd</sup> August 2015. The classes were conducted at the slums level, in all the CHW areas, on two days a week (Saturday and Sunday).

**Supervision of LSE classes:** Supervision of the LSE classes was carried out through the IHMP field coordinator. A total of 314 Supervisory visits were planned during the reporting period out of which 308 (95 percent) visits were conducted. During these visits the IHMP field coordinator performed the following functions:

- Checking of UAG attendance register maintained by CHW for LSE classes
- Methodology adopted by the CHW while taking LSE
- Use of participatory methods
- Reasons for irregular attendance

**IPC to parents of adolescent girls:** Home based inter-personal communication and counseling was planned and carried out for the girls who were found to be irregular at the LSE sessions. This activity was initiated in October 2015. Home based IPC was provided by the field coordinator along with CHWs. During these visits counseling on importance of LSE, topics that are covered in the LSE curricula, etc. was provided. A total of 330 IPC sessions for girls with irregular attendance and their parents were organized during the reporting period as a result of which 80 girls started attending LSE classes regularly.

**Peer leader selection and training:** Two girls each from the LSE class were selected as peer leaders. A total of 18 girls were selected as peer leaders from 9 LSE classes. Three days induction training of peer leaders was planned and organised in the reporting period. A total of 17 peer leaders, 9 CHWs and IHMP field coordinators participated in the training. The training was organized at S. M. Joshi College, Hadapsar Pune between 29 to 31<sup>st</sup> Dec 2015. Participatory methods were used to generate discussions among girls.

**Kishori Mela:** A Kishori Mela / workshop for unmarried adolescent girls who completed 48 LSE sessions was planned & conducted during the reporting period. This activity was conducted on 30<sup>th</sup> March 2016 at a Community Hall in Gosavivasti. A total of 33 unmarried adolescent girls, 8 CHWs and the project staff attended the workshop that was conducted using participatory methods. A film on adolescent rights was shown during the workshop. As a part of the workshop, visits to two institutions i.e. Post office and Police station was organized, girls were oriented about the functioning of these two institutions by the staff of the institution. A book on “Prevent Anaemia Now” was distributed to all the participants. Following topics were covered during the workshop:

- Anaemia – signs, symptoms, HB levels, definitions
- Treatment of anaemia
- Prevention of anaemia
- Diet & nutrition – frequency of daily meals, balanced diet, importance of food items rich in iron and vitamin C.
- Adolescent rights – film show and discussion
- A rally/dindi – from Gosavivasti to Vaiduwadi bridge – information on adolescent rights was disseminated using posters
- Visits to Police station & Post office

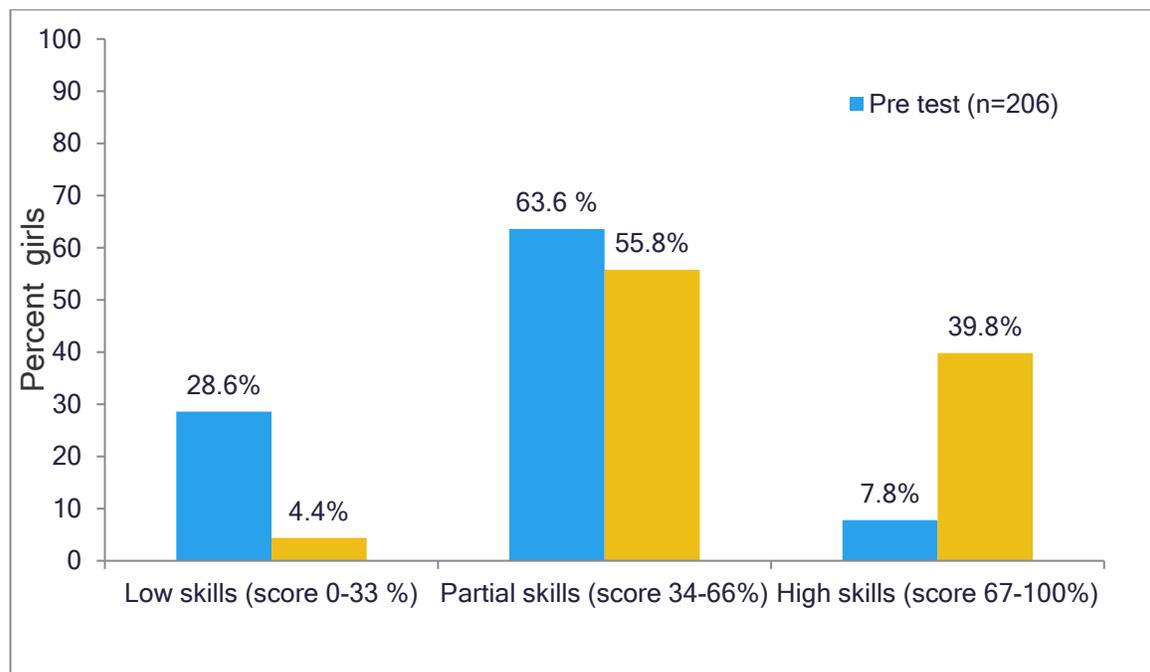
**Status of LSE classes:** Nine CHWs who initiated LSE classes in Aug 2015 completed 48 sessions in the month of March 2016. A total of 190 girls from 9 CHW areas completed the LSE module.

The LSE classes in the remaining three CHW areas were restarted in the month January 2016. Two newly appointed CHWs, who started the LSE classes from Jan 2016 have completed 19 sessions of Module I. A total of 40 girls are enrolled in these two classes. One CHW who restarted the LSE class

from Jan 2016, completed 24 sessions of module I & 11 sessions from Module II. A total of 19 girls are enrolled in this LSE class.

**Impact of LSE on cognitive skills:** A total of 206 girls participated from 9 CHW areas in the pre-test for module I and 180 girls were covered during the post test. A structured test paper with 25 knowledge MCQs was designed to assess their cognitive skills. Percentage of marks were computed separately for each girl at both the times.

Figure 1: Impact of LSE on cognitive skills – Results of pre-posttest for module I



Significantly high proportion of girls at post-test demonstrated high skills as compared to the pre-test (39.8% Vs 7.8%;  $p=0.000$ ). A significant increase is observed in cognitive skills among unmarried adolescent girls who attended LSE classes. (Refer Fig 1)

**Case studies:**

**Case study 1** – Ishita (name altered) is 14 years old and lives in a settlement named Vaiduvadi. Ishita is one of the adolescent girls, who attends the ‘Life Skills Education’ (LSE) classes conducted by IHMP-trained CHWs on weekends in each *vasti*. Her mother works as an *aayah* (caretaker for newborns) and her father is auto rickshaw driver. In a patriarchal system prevalent in a lot of countries like India, the boy child is always given more importance and privileges as compared to the girl child. Ishita is one of the many Indian girls who was obligated to leave school due to familial hardships and never had the privilege to study to her heart’s content.

In November 2015, Ishita’s grandmother was severely ill and bedridden. As there was no other adult to look after her grandmother during the day, Ishita’s parents ultimately coerced her to drop school and look after her grandmother. Ishita continued to miss school for over a month, and that point onwards, her school education stalled till January 2016, when she was selected as a peer leader by her Kishori Mandal. Along with all the other peer leaders from neighbouring communities, IHMP provided special training on leadership and rights of adolescent girls to Ishita.

After being inspired by this workshop, CHW Laxmi and Ishita decided to have a discussion with her parents regarding her education. Laxmi tried to convince Ishita’s parents about letting her study further through this program, and enlightened them about the training she would receive, through the LSE manual. She elucidated the importance of continuing her education and the adverse consequences of what would happen if she discontinued. Upon this, Ishita’s parents were convinced and immediately decided to resume Ishita’s education. Over the next few days, Ishita started attending her classes in school regularly, and her parents couldn’t have been happier.

Currently, Ishita is in the 9<sup>th</sup> grade and has successfully completed the course of Life Skills Education conducted by IHMP. Ishita also received special training under the LSE program on leadership qualities. Motivated by her own life-changing experience, she makes use of her enriched journey to make people realize the importance of educational equity and inspires so many other girls like her to put a step forth and stand up for their rights.

**Preventing Child Marriage and Early Pregnancy in India**  
**Activity Report**  
**April 2015 to March 2016**

**Introduction:**

Institute of Health Management, Pachod (IHMP) initiated the project on Preventing Child Marriage and Early Pregnancy in India from April 2015 with financial support from Dasra Giving Circle (DGC). The project is being implemented in 55 villages under two Primary Health Centres (PHCs) in Ambad Block, Jalna District.

**Preparatory Phase Activities:**

**Community Mobilization:**

Community mobilization meetings were conducted in 23 villages of Wadigodari PHC and 32 villages of Jamkhed PHC. The main purpose of conducting these meetings was to orient a large number of people from the community about the project being initiated in their village and to request them for their support and active participation in various activities of the project. During these meetings, pamphlets with the description of the project objectives and activities were also distributed. A total of 1982 people (Men-1213, Women – 769) were reached through these meetings.

**Case Study:**

Village, Math-Jalgaon is in Jamkhed PHC; about 25 km. from Pachod with a population of 1050. There is one ASHA in the village.

IHMP had organized a meeting for community mobilization in this village in August 2015, which was attended by 67 people. During the meeting, ASHA mentioned that she with five adolescent girls and their parents attended the launch event of this project on 14<sup>th</sup> February 2015 at IHMP, Pachod. The parents and adolescent girls shared with other community members what they saw and learnt about IHMP's programme with adolescent girls and married adolescent girls at the time of the launch event of the project. After listening to them the Sarpanch (Head of the Village Council) and other parents who were present for the meeting assured IHMP team that they will extend all cooperation for the programme. Adolescent girls who were present also wanted to know when the activities for the girls will be initiated in their village.

**Village Mapping, Numbering of Households and Census – Study Area (Jamkhed & Wadigodari PHC):**

**Data collection:**

Numbering of households and village mapping were initiated in April 2015 in the villages of Jamkhed PHC. A total of 42 maps of villages and Tandas have been prepared. Village profiles for 34 villages have also been completed. Which includes information regarding total population of the village, health services provided from which sub-centre and PHC, when the Village Health & Nutrition Day is held, names of ASHA/s, names of anganwadi worker/s, names of village health, nutrition and sanitation committee members and Gram Panchayat members and information about school facility.

**Information given below was collected from each household during the census data collection:**

Age, sex, education, occupation, marital status & age at marriage for each individual member of the household

Whether a couple has adopted permanent method of contraception or not

Religion, caste and economic status  
 Births and deaths in the last two years  
 Marriages in the last five years

By 13<sup>th</sup> of June 2015, census data collection for villages under Jamkhed PHC was completed. Census information from a total of 9297 households has been collected.

Census data collection for Wadigodari PHC was initiated on 17<sup>th</sup> June 2015. It took one and half months to complete the numbering of households, village mapping and census data collection in Wadigodari PHC. Census information from a total of 7268 households was collected. Village maps for 21 villages were prepared and village profiles for these villages completed.

#### **Census Data Entry:**

Data entry for the census information was initiated from mid-April 2015. Simultaneously data was cleaned. Every week, indicators like percentage of unmarried adolescent girls, crude birth rate and crude death rate were calculated to check whether these were as per the demographic norms or not. Census data entry for both the PHCs and cleaning of data was completed by 3<sup>rd</sup> week of August. A list of married adolescent girls and unmarried adolescent girls was prepared from the census data. Also, the report for census of the two PHCs has been prepared.

#### **Baseline Survey for Married Adolescent Girls - Study Area:**

Questionnaire and informed consent form were finalized and given for printing in August 2015. A total of 800 questionnaires required for both study and control area; were printed. A simple random sample of 500 married adolescent girls was selected from the list/ sampling frame prepared from the census data. Required sample size was 400.

#### **Data Collection:**

Training of investigators was conducted from 11<sup>th</sup> to 15<sup>th</sup> August 2015, which included two days of field training. Three investigators were supervised by one supervisor during data collection in the field. The first round of data collection was undertaken between 19<sup>th</sup> to 26<sup>th</sup> August 2015 and second round of data collection was undertaken from 1<sup>st</sup> to 9<sup>th</sup> September 2015.

Supervisors used to check forms for completeness and any inconsistencies. Research officer used to check forms in the office for inconsistencies and data quality. Data quality assurance sheet was prepared, in which information on key indicators obtained from data collected every day was recorded and was reviewed by the senior researcher.

#### **Data Entry:**

Data entry persons were trained after the structure for data entry of the baseline information of married adolescent girls was created. Data entry was initiated while the data collection was going on and completed by 9<sup>th</sup> September 2015 for the study area.

#### **Baseline Survey for Unmarried Adolescent Girls - Study Area:**

In September 2015, after finalizing the questionnaire, consent form and format for measuring self-esteem and self-efficacy, a total of 800 questionnaires and formats for measuring self-esteem and self-efficacy were printed. A total sample of 500 adolescent girls (250 from 11 to 14 years age cohort and 250 from

15 to 19 years age cohort) was selected randomly from the sampling frame of unmarried adolescent girls. Required sample size for the baseline for unmarried adolescent girls was 400.

**Data Collection:**

IHMP facilitators were trained from 14<sup>th</sup> September 2015 to 19<sup>th</sup> September 2015 for data collection of unmarried adolescent girls. Training included two days of field training. Actual data collection started from 21<sup>st</sup> September 2015. Three investigators were supervised by one supervisor in the field. Every afternoon forms were collected and sample for the next day was distributed. Next day the research officer and two facilitators used to check the submitted forms for data quality.

**Data Entry:**

Two facilitators were oriented about coding and manual coding of data was initiated from 29<sup>th</sup> September 2015.

**Village Mapping, Numbering of Households and Census – Control Area (Sukhapuri PHC):**

**Data collection:**

Numbering of households and census data collection in control PHC area was initiated from 19<sup>th</sup> October 2015. It took 39 days to complete the household numbering and census data collection. Village profiles for 26 villages have been completed.

**Data Entry:**

Simultaneously data entry for the census data was initiated. It took 33 days to complete data entry and cleaning of the data following which sampling frames for married adolescent girls and unmarried adolescent girls were prepared. A sample of 400 married adolescent girls and 400 unmarried adolescent girls (200 - 11 to 14 years & 200 - 15 to 19 years) was drawn from the respective sampling frames.

**Baseline Survey for Married Adolescent Girls & Unmarried Adolescent Girls – Control Area:**

**Data Collection:**

Baseline data collection for both married adolescent girls and unmarried adolescent girls was initiated from 18<sup>th</sup> December 2015. Each village was visited by two separate teams of investigators. Each team consisting of six investigators – one team collected data from married adolescent girls and other collected data from unmarried adolescent girls. Till 31<sup>st</sup> December 2015, data from 234 married adolescent girls and 278 unmarried adolescent girls (148 from the age group of 11-14 years and 130 from the age group of 15 to 19 years) was collected. This strategy for data collection simultaneously from married and unmarried adolescent girls was adopted to make it cost effective.

The second round of data collection for both married adolescent girls and unmarried adolescent girls was undertaken in January 2016. Data from 75 married adolescent girls and 126 unmarried adolescent girls was collected over a period of 14 days. After that a decision was taken to complete data collection for the remaining number of married adolescent girls in order to reach the required sample size of 400 after ‘Gudi Padwa’ (New Year), since many of these married adolescent girls had migrated out of the village for sugar-cane harvesting or for delivery. Data collection for the required number of unmarried adolescent girls was completed in the second round.

**Data Entry:**

Simultaneous data entry of baseline data for married adolescent girls and unmarried adolescent girls from the control PHC was initiated. Double data entry for the study and control area was also initiated, which took little over one and half months to complete.

**Implementation Phase Activities:****Status of ASHAs:**

Information regarding status of ASHAs was collected from each PHC, which is given below in the table:

Name of PHC	No. of ASHAs required as per population	Sanction given for no. of ASHAs to be selected	No. of ASHAs selected	No. of ASHAs functioning
Jamkhed	48	44	42	39
Wadigodari	-	35	34	31
Total:		79	76	70

**Capacity Building of ASHAs:**

Technical aspects, Surveillance and Need specific BCC:

A 5-day training of ASHAs from Jamkhed PHC was organized from 2<sup>nd</sup> to 6<sup>th</sup> November 2015. A total of 38 ASHAs attended the complete training. One ASHA had left for sugar-cane harvesting (migration for economic reasons) and would return to her village only after six months. So she could not attend the training.

Similarly, a 5-day training of ASHAs from Wadigodri PHC was organized from 30<sup>th</sup> November to 4<sup>th</sup> December 2015, which was attended by 26 ASHAs. The remaining 5 ASHAs who could not attend the training because of personal reasons would be covered in the next quarter.

**Main objectives of this training were:**

To improve cognitive and practical skills regarding recognition of danger signs during pregnancy and post-natal period and referral to appropriate level of care.

To improve cognitive and practical skills regarding recognition of danger signs in neonates and referral to appropriate level of care.

To acquire skills regarding health needs assessment and morbidity surveillance and importance of monthly surveillance.

To acquire skills for giving need specific BCC during household visits.

A pre and post-test of ASHAs was conducted during the training. The average pre-test score was 25 out of 50 and post-test score was 36 out of 50.

On the last day of the training, ASHAs were given lists of married adolescent girls prepared from the census data and they were requested to update the list during household visits in Dec. 2015. ASHAs were also requested to give their feedback on the training in the concluding session.

### Feedbacks from ASHAs:

ASHAs mentioned that they had never attended such a well-organized training. ASHAs were not making noise and were attentive while the session was being conducted.

Several ASHAs mentioned that they enjoyed the way recap sessions were organized through games for the sessions taken on the previous day. It helped us to clarify anything which we had not understood.

### Transferring Information in the Surveillance Register:

One-day training was organised for ASHAs to record information in the surveillance register for married adolescent girls from the lists updated by them in December 2015. On 4<sup>th</sup> January 2016, thirty-one ASHAs from Wadigodri PHC and on 5<sup>th</sup> January 2016, thirty-eight ASHAs from Jamkhed PHC attended the training. Facilitators and IHMP senior staff supervised and checked information completed in the surveillance register.

### ‘Life Skills’ Course – Part I:

ASHAs were invited for 6-day training, in two batches, for the first 24 sessions of the ‘Life Skills’ course. ASHAs from Jamkhed PHC attended training from 14<sup>th</sup> to 19<sup>th</sup> March 2016 and ASHAs from Wadigodri PHC attended training from 28<sup>th</sup> March 2016 to 2<sup>nd</sup> April 2016. Facilitators from the respective PHC also attended the training.

Sr. No.	PHC	No. of ASHAs invited for the training	No. of ASHAs attended the training	No. of ASHAs need to be covered
1	Jamkhed	39	36	03
2	Wadigodri	31	24	07
	Total	70	60	10

Ten ASHAs did not attend the training due to personal reasons. Another training programme of 6 days duration was planned for these ASHAs.

The focus of the training was on the content of sessions to be covered in the first three months and on training methodology for conducting the sessions. A list of modules covered during the training is given below:

- Module 1: Healthy Life Styles
- Module 2: Home Management
- Module 3: Local Institutions
- Module 4: Team Building
- Module 5: Legal Awareness
- Module 6: Panchayati Raj System

A pre and post-test of the ASHAs was conducted during the training. The average pre-test score was 24.5 out of 50 and post-test score was 41.5 out of 50. A pre and post-test was also conducted for

facilitators during the training. The average pre-test score was 38.2 and post-test score was 46.5 out of 50.

On the last day of training, in the concluding session the ASHAs were asked for their feedback on the training.

### **Feedback from ASHAs regarding training:**

ASHAs mentioned that the information received in the module on 'Legal Awareness' and 'Panchayati Raj System' will be useful even for the ASHAs in their personal life.

Several ASHAs mentioned that they enjoyed sessions because of the participatory methodology used during training. "We will use the same training methods while conducting sessions for adolescent girls in our villages".

### **Married Adolescent Girls:**

#### **Surveillance Visits by ASHAs:**

ASHAs started doing regular monthly surveillance visits from January 2016. On an average 67 ASHAs conducted monthly surveillance during the quarter. On an average 1168 married adolescent girls (82.5%) out of a total of 1415 married adolescent girls were visited during the monthly surveillance visit. A total of 505 new married adolescent girls were registered during the quarter. Also 208 new pregnant married adolescent girls were identified, out of which 158 (76%) were registered before 12 weeks of pregnancy and remaining 50 (24%) were registered after 12 weeks of pregnancy with the sub-centre ANM for antenatal care services.

During the reporting period, 77 Married Adolescent Girls (MAGs) delivered. All of them delivered in a hospital. The outcome was - 76 live births and one still birth. Out of 77 married adolescent girls that delivered, 58 (75.3%) married adolescent girls went to their natal home for delivery and 19 women delivered at their village of residence which is a reflection of the cultural practice of going to the natal home for the first delivery. Out of 77 MAGs that had delivered, 75 (97.4%) received minimal antenatal care i.e. five examinations during pregnancy, received 2 injections of Tetanus Toxoid and consumed 100 tablets of Iron and Folic acid.

#### **Supervision of ASHAs:**

Regular visits for supervision of ASHA's work have been initiated from February 2016. Fifteen facilitators have been given the responsibility of supervising five ASHAs each. During the first visit to the village/ area of work of the ASHA, a lot of time was spent on building rapport with the ASHA, anganwadi worker and members of Village Health Nutrition Water Supply and Sanitation Committees (VHNWSC).

From the next visit onwards, facilitators started checking the surveillance register and micro-planners for completeness and accuracy of the information. Facilitators also observed a few surveillance visits undertaken by the ASHAs and gave them feedback.

## **Unmarried Adolescent Girls:**

### **Community Mobilization:**

Facilitators during their visits to the villages have conducted meetings with adolescent girls, parents of adolescent girls and with members of VHNWSCs.

The primary focus of the meetings with the parents was to inform them about the content of the 'Life Skills' course and motivate them to get their daughters enrolled for the course. Pamphlets describing the objectives of the programme and course content were distributed after the meetings. A total of 86 meetings with parents of adolescent girls were organized, which were attended by 1667 parents.

The meetings with adolescent girls were primarily organized to motivate them to get enrolled for the course and to ensure that their friends also should get enrolled. A total of 74 meetings were organized with adolescent girls, which were attended by 2166 girls.

A total of 71 meetings were organised with members of VHNWSCs, which were attended by 343 members. In six villages, members of VHNWSCs were contacted through household visits. Objectives of the programme were explained to the members and they were requested to arrange for a suitable place in the village for taking 'Life Skills' classes in the evening for the girls.

### **Administrative Issues:**

All paper work and formalities for making payment for performance-based incentive to the ASHAs through bank transfer have been completed. The honorarium to the ASHAs for the month of March was paid through bank transfer.

### **Challenges:**

2015 was the fourth successive year of deficient rainfall in the 8 districts of Marathwada, including Jalna district, which has resulted in severe drought. The region has experienced farmer suicides as a result of crop failure and indebtedness. Anticipating migration for economic reasons, we completed the census and baseline surveys in the intervention villages by October. However, by the time we began collecting census and baseline data in the control villages the migration had begun. Adolescent girls from these families were interviewed after their families returned to their village.

Migration of families due to severe shortage of water in the villages resulting in delays in program implementation.

Retention of trained staff

Sustaining high motivation levels of the ASHAs through the project period

### **Advocacy and Scaling up**

Scaling up through the Government infrastructure:

After a series of meetings with the Principal Secretary, Health and Additional Director of Health Services and Director, Adolescent Reproductive and Sexual Health cell, Maharashtra approval for scaling up the project in Jalna, which is a high prevalence district for the child marriage, was received on 10<sup>th</sup> January 2016.

Several meetings were held with the Additional Director of Health Services and Director, Adolescent Reproductive and Sexual Health cell, Maharashtra following the receipt of the letter of approval for planning the scaling up.

**The following issues became apparent after these meetings:**

The scaling up would need to be in the context of the Rashtriya Kishor, Swasthya Karyakram (RKSK). Hence IHMP's proposal would have to be adapted to fit into the National RKSK policy.

The scaling up would have to follow the budgetary frame work of the RKSK and to the extent possible, adapt various line items of the budget to accommodate IHMPs innovations.

IHMP would have to mobilise funds for scaling up as the decision of the Government is that scaling up by IHMP will have to be in PHCs that are not being covered by the Government itself.

The scaling up by IHMP will have to wait till the Government completes the design and publication of its protocols and materials.

Meetings with the ADHS are going on to take final decisions regarding the above issues. IHMP has not been able to mobilize financial support for the scaling up as yet.

Scaling up through CSR support:

On 27<sup>th</sup> January 2016, IHMP was approached by Forbes Marshall to implement a health programme in the villages adjoining their factory in Chakan.

After a series of meetings Forbes Marshall agreed to scale up IHMP's Integrated ARSH project in one PHC in Chakan.

It was decided that the final proposal will be prepared and discussed after a joint visit with IHMP to the villages under Chakan PHC and after the officials at the CSR of Forbes Marshall have visited the project villages under Adul PHC in Aurangabad district.

IHMP visited the Chakan PHC and its villages on 17<sup>th</sup> March and officials from Forbes Marshall visited IHMP Pachod and its project area from 12<sup>th</sup> to 14<sup>th</sup> April 2016. The final proposal would be prepared after we receive their report.

### **Key Organizational Initiatives**

- ❖ Provide health and related services with a focus on the poorest and most marginalized
- ❖ Organize and mobilize communities toward self-reliance and sustainability
- ❖ Modeling and demonstration of innovative health and development programs
- ❖ Dissemination of innovations in the Government and NGO sectors
- ❖ Process evaluation and applied research
- ❖ Development of replicable systems and strategies
- ❖ Conduct training for Government and NGO functionaries
- ❖ Policy analysis, research and advocacy
- ❖ NGO networking - training and resource centre

## Governance

### Organization Structure

Board of Trustees



Managing Trustee



Director / Addl. Director



Management Committee



Coordination Committee (All programme coordinators)



Individual Programme Committees



Field Supervisors and Field Workers



Community Health Workers /ASHAs



Village / Slum Health & Development Committees

## Board of Trustees

Sr. No.	Name	Age	Gender	Occupation	Position in the Board
1	Dr. C. A. K. Yesudian	65	Male	Dean, School of Health Systems, Studies, TISS, Mumbai	Chairperson
2	Ms. Manisha Khale	61	Female	Additional Director, IHMP	Managing Trustee
3	Prof. (Mrs.) Kalindi Mazumdar	83	Female	Retd. Prof. Nirmala Niketan, Mumbai	Trustee
4	Mr. David Gandhi	52	Male	Development Consultant, Pune	Trustee
5	Dr. A. Dyalchand	67	Male	Director, IHMP	Trustee

AGRT /IHMP Board of Trustees are not related by blood or marriage. There are two office bearers among the Board of Trustees – The Chairperson and Managing Trustee. The term of each office bearer is 2 years.

### Board of Trustees Meetings

The Board of Trustees meetings were held during the period 2015-2016 as follows:

Sr. No.	Date
1	31.07.2015
2	04.10.2015
3	29.12.2015
4	26.02.2016

Apart from the regular review of projects, finances and other business, the Board of Trustees reviewed and approved the audited statement of accounts including the balance sheet for the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 on 4<sup>th</sup> October 2015.

The budget for the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 was reviewed and approved on 21<sup>st</sup> February 2015.

#### Transparency Disclosures

- No remuneration, sitting fees or any other compensation is paid to any Board of Trustees
- The Director and Additional Director who are also trustees are paid salaries.
- Travel reimbursements were made to Board of Trustees attending Board meetings
- Total costs of travels incurred by Board of Trustees during the year amounted to Rs. 15,00/-

#### Legal Compliances

Ashish Gram Rachna Trust, Pachod complies with statutory requirements of Income tax Act. 1961, BPT Act 1950 and Foreign Contribution Regulation Act. 1976.

All donor requirements were duly complied with.

Ashish Gram Rachna Trust, Pachod followed a rigorous audit process. The statutory auditor was appointed during the Board of Trustees meeting held on 20<sup>th</sup> December 2014.

Audited statements of accounts and balance sheet for the financial year 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 were accepted and approved in the Board of Trustees meeting held on 4<sup>th</sup> October 2015.

## Credibility Alliance 2015-2016

Salary Distribution by Gender as on March 31, 2016			
Monthly Salary of Staff Members (in Rs.)	Men	Women	Total
≤5,000	00	00	00
5,001 – 10,000	16	27	43
10,001 – 25,000	05	05	10
25,001 – 50,000	04	02	06
≥50,001	02	01	03
<b>Total</b>	<b>27</b>	<b>35</b>	<b>62</b>

### Brief bio-data of professional staff and consultants at AGRT/IHMP

AGRT/IHMP has a comprehensive team of qualified and dedicated professionals and consultants coming from diverse backgrounds like medicine, public health, development, social work and accounts. The team members possess skills for implementing innovations, undertaking applied research and as faculty for training. Most of the professional staff has been working at the Institute for periods ranging from 10 to 35 years.

Sr. No.	Name	Designation	Experience	Education	Specialization
1	Dr. A. Dyalchand	Director	AGRT/IHMP 38 years	MBBS MD CMC Vellore MPH, Johns Hopkins, Baltimore, US	Health Management Epidemiology HIV AIDS
2	Ms. M. Khale	Additional Director	AGRT/IHMP 36 years	M.Sc. Biochemistry, M.Sc. RCH London School of Hygiene & Tropical Medicine, UK.	PHC / RCH HIV AIDS

3	Mr. K. Abraham	Financial Mgmt / Cost analysis	AGRT/IHMP 29 years	B.Com, DBA, DHA, CCO	Financial Mgmt. and Admin.
4	Dr. N. Kapadia-Kundu	Consultant	AGRT/IHMP 26 years	MPH, PhD JHU, Baltimore, US	Behavioral Sciences
5	Mr. S. M. Shinde	Coordinator, Integrated ARSH	AGRT/IHMP 27 years	MSW	Rural drinking water supply & sanitation
6	Mr. H. B. Pawar	Coordinator, Child health	AGRT/IHMP 25 years	MSW	Child nutrition & development
7	Mr. S. L. Mohite	Coordinator, PHC and RCH	AGRT/IHMP 23 years	MSW	PHC and RCH
8	Mr. J. J. Rupekar	Integrated Counselor	AGRT/IHMP 23 years	MSW / HIV Counseling	Integrated counseling
9	Mr. G. R. Kulkarni	Research Coordinator, Biostatistician	AGRT/IHMP 16 years	M.Sc. Statistics; Training in Epidemiology at Johns Hopkins.	Biostatistics / research
10	Ms. Kalpana Sanas	In-charge Desk Top Publishing (DTP)	AGRT/IHMP 16 years	DTP & website designing	Designing and production of BCC material
11	Ms. Rohini Sanap	Coordinator, urban health	AGRT/IHMP 16 years	MSW; Training in ARSH	Health services in urban slums
12	Ms. Rupa Takale	Field coordinator Life skills Education	AGRT/IHMP 14 years	MSW; Training in ARSH	Life skills Education for Adolescent girls

13	Ms. Pushpa Kharat	Integrated Counselor	AGRT/IHMP 11 years	MSW/ HIV Counseling	Integrated counseling
14	Dr. K. Bharucha	Consultant	Retd. Prof. Ob. Gynae. BJMC, Pune	MBBS, MD	Ob. Gynae. RTI / STI / HIV AIDS
15	Prof. T. Kanitkar	Consultant	Retd. Prof. IIPS, Mumbai	MPS	Demography

### **Finance**

#### **Responsibility Statement by the Management**

##### **AGRT/ IHMP confirms:**

1. The Annual Accounts have been prepared on the basis of the accounting policies adopted by the organization with compliance to Accounting Standards wherever necessary.
2. Sufficient care has been taken for the maintenance of accounts as per the applicable legal statutes of India.
3. The Statutory Auditors have performed their task in an independent manner and the management letter submitted by the Statutory Auditors has been considered by the management.
4. During day to day operations of the organization, ethical accountability, value of money and environmental concerns has been given highest priority.

No part of the income during the previous year has been applied and used directly for the benefit of:

- a. The author or founder of the organization
- b. Any person who has made a substantial contribution to the organization
- c. Any relative of the Board of Trustees
- d. Any concerns in which the above-mentioned category of persons have substantial interest. (As required under Sec. 13(3) of Income Tax Act, 1961)

None of the Board of Trustees has been given any honorarium and none of them occupies a place of profit in the organization.

# FINANCIAL STATEMENTS

(Please find them attached on the next page)

# CGAS & Co.

Chartered Accountants

Branch: Pune

Pl. No. 19, Vasantbag Society, Fl. No. 02,  
Adwit Apartment, Pune 411037.

## AUDIT REPORT

Date: 30-9-2016

To,

The Trustees,  
Ashish Gram Rachna Trust  
Pachod, Dist Aurangabad,  
P.T.R.N0. E-249, Aurangabad.

### **Sub: AUDIT REPORT FOR THE YEAR ENDING 31ST MARCH 2016**

We have completed the Audit for the accounts of the Ashish Gram Rachna Trust. We enclose herewith the consolidated Balance Sheet as on 31<sup>st</sup> March 2016 and consolidated Income & Expenditure Account for the year ended on that date duly certified by us subject to the report under rule 19 of the B.P.T. Rules 1951 and to our remarks as under :

#### 1) **ACCOUNTS:**

Accounts for various projects, activities as required by various donor agencies have been maintained separately. Accounts as required under the provisions of the Foreign Contributions [Regulations] Act, 2010 have been maintained properly. All the accounts relating to various projects, activities (Foreign Funding & Indian Funding) have been finally consolidated and presented in the consolidated form of Balance Sheet and Income & Expenditure Account as required under the provisions of the Bombay Public Trust Act, 1950 and Rules 1951.

#### 2) **GRANTS:**

It is explained to us by the Managing Trustee of the Trust that the donor agencies give grants for various projects as per the budgets approved by them, these projects take a period of one to three / four / five years for their completion. Hence the Grants are allocated over a period of time for completion. This is also as per the Accounting Standards, AS 9 and AS 12 prescribed by the Institute of Chartered Accountants of India.



The Grant used for projects are taken as income of the year and the remaining portion of the grant is treated as Advance grants and shown in the Balance Sheet. This portion is again transferred to Income and Expenditure A/c with the progress of the project.

The details of Grants received, transferred to Income and Expenditure A/c and treated as Advance Grants are enclosed with the Statements of Accounts.

We have obtained all the information and explanations; which to the best of our knowledge and belief were necessary for carrying out our audit duties.

Accounts have been maintained neatly and as required by law.

**FOR C G A S & CO.  
CHARTERED ACCOUNTANTS  
FRN 130903W**



**CA KSHIRSAGAR C.B  
CHARTERED ACCOUNTANT  
MEMBERSHIP NO. 012321**



M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI , PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD

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CONSOLIDATION OF ACCOUNTS AND DETAILS FOR THE YEAR ENDING 31ST MARCH 2016

	ADVANCE ON 31-3-15	GRANT TO INCOME & EXP.(2015-16)	ADVANCE BALANCE DURING (2015-16)	TOTAL GRANT DURING THE YEAR	NON-RECU- RECEIVED DURING THE YEAR	GRANT RECU- RRING TRANSF. IN.& EXP. A/C DURING THE YR.	RECURING ADVANCE GRANT RECEIVED	TOTAL ADVANCE GRANT AS ON 31-03-2016
1. GRANTS (ORDINARY) FOREIGN CONTRIBUTION A/Cs	1	2	3	4	5	6	7	8
1) REPRODUCTIVE AND SEXUAL HEALTH AND DEVELOPMENT OF UNMARRIED ADOLESCENT GIRLS, MARRIED ADOLESCENT GIRLS & THEIR SPOUSES -MACARTHUR A/C	3,050,000.00	3,050,000.00		6,057,518.00			6,057,518.00	6,057,518.00
2) REPRODUCTIVE & CHILD HEALTH- RURAL 0833 A/C INTEREST GLOBAL GIVING - A/C				301,625.95		301,625.95		-
3) INTEGRATED REPRODUCTIVE AND SEXUAL HEALTH AND FAMILY PLANNING PROJECT FOR THE ADOLESCENT GIRLS AND YOUNG MARRIED WOMEN IN URBAN SLUMS -YARDI A/C	600,000.00	600,000.00		3,433,648.00		3,303,648.00		130,000.00
4) DELAYING AGE AT MARRIAGE-CFLI - AEI A/C				117,626.00		117,626.00		-
5) LAUNCH PREVENTION CHILD MARRIAGE- IMPACT FOUNDATION/DASRA A/C				708,499.00		708,499.00		-
6) AGRT BANK A/C 0833 -GLOBAL GIVING - A/C	197,891.08		197,891.08					197,891.08
7) PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA - IMPACT FOUNDATION /DASRA A/C	-	-	-	4,250,000.00		3,050,000.00	1,200,000.00	1,200,000.00
<b>TOTAL DETAILS: F C. Rs.</b>	<b>3,847,891.08</b>	<b>3,650,000.00</b>	<b>197,891.08</b>	<b>14,868,916.95</b>	<b>-</b>	<b>7,481,398.95</b>	<b>7,257,518.00</b>	<b>7,585,409.08</b>
INDIAN A/Cs	-	-	-	-	-	-	-	-
1) PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- IMPACT FOUNDATION/ DASRA A/C	-	-	-	3,400,000.00	-	3,300,000.00	100,000.00	100,000.00
2) SHILAI SCHOOL - AFARM AGRT GEN.A/C	-	-	-	39,500.00	-	39,500.00	-	-
3) BANK OF MAHARASHTRA, PACHOD AGRT GEN.A/C	-	-	-	77,500.00	-	77,500.00	-	-
<b>TOTAL INDIAN DETAILS:</b>				<b>3,517,000.00</b>	<b>-</b>	<b>3,417,000.00</b>	<b>100,000.00</b>	<b>100,000.00</b>
<b>GRAND TOTAL: Rs . (I+F)</b>	<b>3,847,891.08</b>	<b>3,650,000.00</b>	<b>197,891.08</b>	<b>18,385,916.95</b>	<b>-</b>	<b>10,898,398.95</b>	<b>7,357,518.00</b>	<b>7,685,409.08</b>



SUMMARY

GRANT TRNS. to Income & Exp. A/C DURING 2015-16

FOREIGN			0
ADVANCE GRANT KEPT DURING THE YEAR 2015-2016	7,585,409.08		0
INDIAN ADVANCE GRANT KEPT DURING THE YEAR.15-16 IMPACT FOUNDATION/ DASRA	100,000.00		
		FOREIGN A/C (2015-16)	7,481,398.95
		INDIAN A/C (2015-16)	3,417,000.00
<b>GRAND TOTAL: Rs. (I+F)</b>	<b>7,685,409.08</b>	<b>GRAND TOTAL: Rs. (I+F)</b>	<b>10,898,398.95</b>

1.1 REFUNDS

FOREIGN A/C	AMOUNT	TOTAL	G.TOTAL
REFUND OF TRAINING EXPENSES-EFICOR DELHI /SAMYAK (F).....	232,100.00		
REFUND OF WORKSHOP/TRAINING EXP YARDI (F).....	14,000.00		
REFUND OF WORKSHOP/TRAINING EXP CHRISTIAN SRV. AGENCY(F).....	39,527.00		
REFUND OF WORKSHOP TRAVEL CANADA COUNCILATE(F).....	14,675.00		
REFUND OF PARTIAL EXPENSES OF WEB/INSURANCE(F).....	57,554.00	357,856.00	
<b>INDIAN A/C</b>			
ORDINARY DONATIONS CYCLES(I).....	18,900.00	18,900.00	376,756.00

2. INTEREST RECEIVED ON SAVING BANK A/C & FIXED DEPOSITS

	I (S.B A/C)	I (F.D A/C)	F (S.B. A/C)	F (F.D A/C)	TOTAL Rs.
A) I.H.M.P GENERAL A/C	24,866.00	-	-	-	24,866.00
B) I.H.M.P GENERAL PUNE CENTRE A/C	23,386.00	-	-	-	23,386.00
C) A.G.R.T GENERAL A/C	47,065.00	895,501.00	-	-	942,566.00
D) AROGYA MITRA YCMOU A/C	73.00	-	-	-	73.00
E) A.G.R.T 0833 A/C	-	-	284,090.00	3,169,235.00	3,453,325.00
F) I. H. M. P PUNE CENTRE A/C	-	-	18,018.00	-	18,018.00
<b>GRAND TOTAL Rs.</b>	<b>95,390.00</b>	<b>895,501.00</b>	<b>302,108.00</b>	<b>3,169,235.00</b>	<b>4,462,234.00</b>

3. CASH & BANK BALANCES

INDIAN A/C	CASH	BANK	TOTAL
1) A.G.R.T GENERAL A/C	3,016.00	153,062.00	156,078.00
2) I. H. M. P PUNE CENTRE GEN. A/C	2,365.00	477,173.19	479,538.19
3) I.H.M.P GENERAL A/C	1,620.00	320,596.08	322,216.08
4) YCMOU AROGYA MITRA A/C	-	2,376.00	2,376.00
5) HEALTH CARE DELIVERY & CAPACITY BUILDING A/C	3,008.00	-	3,008.00
6) PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- IMPACT FOUNDATION /DASRA	-	-	-
<b>TOTAL INDIAN A/C</b>	<b>10,009.00</b>	<b>953,207.27</b>	<b>963,216.27</b>



FOREIGN A/C	CASH	BANK	TOTAL
7) SCALING UP & ADVOCACY MODEL -URBAN - OXFAM	-	-	-
8) A.G.R.T 0833 A/C (F)	207.68	5,871,474.37	5,871,682.05
9) REPRODUCTIVE & CHILD HEALTH 0833 INTEREST A/C	856.00	-	856.00
10) I. H. M. P PUNE CENTRE A/C (F)	-	227,482.00	227,482.00
11) REPRODUCTIVE AND SEXUAL HEALTH AND DEVELOPMENT OF UNMARRIED - MACARTHUR A/C	-	-	-
12) HEALTH CARE FOR URBAN POOR 0833 INTEREST A/C	-	-	-
13) INTL. REPRO AND SEXUAL HEALTH URBAN-YARDI	-	-	-
14) DELAYING AGE AT MARRIAGE-CFLI	-	-	-
15) LAUNCH PREVENTION CHILD MARRIAGE-CFLI	-	-	-
16) PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- IMPACT FOUNDATION /DASF	-	-	-
<b>TOTAL FOREIGN A/C Rs.</b>	<b>1,063.68</b>	<b>6,098,956.37</b>	<b>6,100,020.05</b>
<b>GRAND TOTAL: Rs.</b>	<b>11,072.68</b>	<b>7,052,163.64</b>	<b>7,063,236.32</b>

## 4. TRUST FUND

	AMOUNT
1. FOREIGN A/C LAST BALANCE	58,705,942.61
ADD: CORPUS DONATION	1,973,307.00
ADD: PROFIT ON SLAE OF VEHICLE	14,726.00
<b>TOTAL RS.</b>	<b>60,693,975.61</b>
2. INDIAN A/C LAST BALANCE	13,041,330.60
ADD: CORPUS FUND (OTHER RECEIPTS ETC.)	29,500.00
<b>TOTAL RS.</b>	<b>13,070,830.60</b>
<b>GRAND TOTAL (I+F)</b>	<b>73,764,806.21</b>

## CORPUS DONATION : DURING THE YEAR

1) BARCENT KIRPY LAAP- UK	1,003,793
2) ROTHSCHILD FOUND - UK	969,514
<b>TOTAL:Rs.</b>	<b>1,973,307</b>

## TRUST FUND ADDED DURING THE YEAR

FOREIGN	1,988,033.00
INDIAN	29,500.00
<b>GRAND TOTAL (I+F).....</b>	<b>2,017,533.00</b>

CORPUS DONATION &amp; SALE PROFIT(F)..... Rs.

1988033.00

CORPUS RECEIPTS (I)..... Rs.

29500.00

TOTAL Rs.

2017533.00

## 5. COPYRIGHT (FOREIGN A/C)

	FOREIGN
COPYRIGHT OF BOOKS(F) (BAL B/D)	42,000
ADD: DURING THE YEAR	-
<b>TO</b>	<b>42,000</b>



6. INVESTMENTS: (AT COST)

**BANK ACCOUNT 0833 (F.C A/C)**  
FIX DEPOSIT WITH BANK OF MAHARASHTRA

SR.NO.	CERTIFICATE N	AMOUNT
1	623154	2,337,500
2	623152	7,243,465
3	623151	995,930
4	623150	4,929,015
5	623149	1,009,706
6	623148	1,581,587
7	623467	70,854
8	623468	3,100,601
9	496029	969,514
10	623483	200,000
11	623482	200,000
12	623437	1,003,793
13	623161	2,000,000
14	623159	2,000,000
15	623158	2,000,000
16	623157	2,000,000
17	623156	2,000,000
18	623155	2,000,000
19	623153	2,000,000
20	623160	2,000,000
21	623181	1,100,000
22	623179	200,000
23	623180	2,000,000
24	623178	100,000
<b>TOTALRs.: (F)</b>		<b>43,041,965</b>

**A/C NO.03 AGRT GENERAL- S/B 0888 A/C (I)**

SR.NO.	CERTIFICATE No.	AMOUNT
1	623436	763,965
2	623435	1,527,927
3	623184	2,623,400
4	623484	100,000
5	623469	3,366,951
6	623470	4,370,603
7	623183	2,535,764
<b>TOTAL: Rs. (I)</b>		<b>15,288,610</b>

TOTAL: FdsI+F Rs. **58,330,575**

7. INCOME TAX RECEIVABLE

INDIAN A/C	AMOUNT	G.TOTAL
(2013-14) LAST/BAL.	11,525.00	
LAST BAL (2014-15) ADIVASI VIKAS	5,350.00	
ADD IHMP GEN. A/C	11,000.00	
ADD 0888 A/C EFICOR/AFARM	5,825.00	
<b>TOTAL: Rs.</b>		<b>33,700.00</b>
<b>FOREIGN A/C</b>		
ADD 0833 A/C EFICOR A/C	20,000.00	53,700.00



**8. INCOME FROM OTHER SOURCES:**

A : INDIAN A/C	AMOUNT
A) SALE OF FARM PRODUCTS - AGRT GENERAL A/C	47,050.00
B) IHMP GENERAL A/C COURSE FEES	110,000.00
C) IHMP GENERAL A/C MISC. & TRAININF WORKSHOP RECEIPTS etc	24,549.00
D) AGRT GENERAL A/C TRAINING & CONVEYANCE	10,000.00
E) AGRT GENERAL A/C TRAINING & HOSPITALITY	5,400.00
F) IHMP PUNE CENTRE A/C OTHER RECEIPTS/BOOKS ETC	68,588.35
G) IHMP GENRAL A/C-REFUND OF SALARY	55,133.00
<b>TOT</b>	<b>320,720.35</b>

**B: FOREIGN A/C BANK A/C 0833**

TOTAL RS.(F)	-
<b>GRAND TOTAL: Rs. (I + 320,720.35)</b>	

**9. EXPENSES ON THE OBJECT OF THE TRUST**

**A. MEDICAL RELIEF**

	INDIAN	FOREIGN	
A) HEALTH CARE DELIVERY & CAPACITY BUILDING A/C 0888 INTEREST A/C	754,573.00		
B) HEALTH CARE FOR URBAN POOR A/C -PUNE 0833 INTEREST A/C		1,008,737.00	
C) SCALING UP ADVOCACY MODEL A/C URBAN A/C - OXFAM		158,500.00	
D) REPRODUCTIVE & CHILD HEALTH RURAL 0833 INTEREST A/C		2,966,543.71	
E) PROJ. FOR REPRODUCTIVE AND SEXUAL HEALTH AND DEVELOPMENT OF UNMARRIED GIRLS MACARTHUR A/C		1,526,772.50	
F) INTEGRATED REPRODUCTIVE & SEXUAL HEALTH URBAN -YARDI A/C		3,977,645.00	
<b>TOTAL RS. (I+F)</b>	<b>754,573.00</b>	<b>9,638,198.21</b>	<b>10,392,771.21</b>



## B. SECULAR EDUCATION

	INDIAN	FOREIGN	
A) I.H.M.P GENERAL A/C	150,868.00		
B) I.H.M.P PUNE CENTRE GENERAL A/C	10,625.00		
C) 1) AGRT GENERAL A/C-AFARM SHILLAI SCHOOL TRAINING	40,490.00		
2) AGRT GENERAL A/C-GENERAL EXPENSES	109,194.00		
3) ZALTA LAND MAINTENANCE TAXES ETC.	145,480.00		
D) YCMOU AROGYA MITRA A/C	-		
E) I.H.M.P PUNE CENTRE A/C		91,942.00	
F) PROJ. FOR RSHD OF UAG AMG & MAC A/C		1,526,772.50	
G) 1) AGRT 0833 A/C STAFF TRAVEL AND ETC.		14,675.00	
2) AGRT 0833 A/C EFICOR/SAMYAK ETC-TRAINING EXPENSES		166,330.00	
3) AGRT 0833 A/C CYCLE ETC.		93,000.00	
4) AGRT 0833 A/C OTHER EXP. ETC.		198,806.20	
H) DELAYING AGE AT MARRIAGE-AEEI-CFLI		-	
I) LAUNCH PREVENTION OF CHILD MARRIAGE-DASRA-CFLI		-	
J) PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- IMPACT FOUNDATION /DASRA		2,974,683.00	
K) PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- IMPACT FOUNDATION /DASR	3,298,013.00		
<b>TOTAL</b>	<b>3,754,670.00</b>	<b>5,066,208.70</b>	<b>8,820,878.70</b>

## C. OTHER OBJECTS

	INDIAN	
A) FARM/AGRICULTURE EXPENDITURE AGRT GENERAL-PACHOD A/C	55,548.00	
B) FARM/AGRICULTURE EXPENDITURE AGRT GENERAL-ZALTA LAND A/C	35,510.00	91,058.00

EXPENSES ON OBJECTS	INDIAN	FOREIGN	TOTAL
1. MEDICAL RELIEF.....	754573.00	9638198.21	10392771.21
2. SECULAR EDUCATION.....	3754670.00	5066208.70	8820878.70
3. OTHER OBJECTS.....	91058.00	0	91058.00
<b>TOTAL RS. (I+F)</b>	<b>4600301.00</b>	<b>14704406.91</b>	<b>19304707.91</b>

## 10. DETAILS OF AUDIT FEES

INDIAN A/C	AMOUNT
1) HEALTH DELIVERY & CAPACITY BUILDING A/C	2,863.00
2) A.G.R.T GENERAL A/C	1,717.00
3) I. H. M. P PUNE CENTRE GEN. A/C	572.00
4) I.H.M.P GENERAL A/C	573.00
5) YCMOU AROGYA MITRA A/C	573.00
<b>TOTAL Rs. IND</b>	<b>6,298.00</b>



FOREIGN A/C	AMOUNT
6) SCALING UP & ADVOCACY MODEL - URBAN - OXFAM A/C	-
7) REPRODUCTIVE & CHILD HEALTH 0833 INTEREST A/C	3,435.00
8) PROJ. FOR RSHD OF UAG AMG & SPOUSE - MACARTHUR A/C	11,450.00
9) HEALTH CARE FOR URBAN POOR 0833 INTEREST A/C	3,435.00
10) AGRT BANK A/C 0833 A/C	29,197.00
11) INTEGRATED REPRODUCTIVE & SEXUAL HEALTH URBAN -YARDI A/C	3,435.00
<b>TOTAL Rs. FOREIGN</b>	<b>50,952.00</b>
<b>GRAND TOTAL: Rs. (I+F)</b>	
	<b>57,250.00</b>

EXAMINED & FOUND CORRECT  
 For and on behalf of  
 M/S. C G A S & CO.  
 Chartered Accountants

*C.B. Kshirasagar*

CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANT  
 MEMBERSHIP NO. 012921



DATE: 09/09/2016  
 PLACE: AURANGABAD

*M. Kshale*  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

**Ashish Gram Rachna Trust**  
**PACHOD**  
**DEPRECIATION SCHEDULE (11)**  
**(For the Year Ended 31/03/2016)**  
**Foreign A/c**

PARTICULARS	OPENING BALANCE	ADDITION S UPTO 30-09- 2015	ADDITIONS AFTER 30-09-2015	DEDUCTION S/SUBSIDY	TOTAL	RATE	DEPRECIATION	CLOSING BALANCE
<b>MOVEABLE PROPERTIES :</b>								
VEHICLE	1,893,700.00	-		55,375.00	1,838,325.00	15%	275,749.00	1,562,576.00
COMPUTER & PERIPHERALS	1,097,049.00	-	43,000.00		1,140,049.00	15%	167,782.00	972,267.00
FURNITURE & DEAD STOCK	594,946.00	-		-	594,946.00	10%	59,495.00	535,451.00
BOOK & VIDEOS	30,912.00	-	-	-	30,912.00	10%	3,091.00	27,821.00
<b>Total</b>							<b>506,117.00</b>	<b>3,098,115.00</b>
<b>IMMOVEABLE PROPERTIES</b>								
NEW BUILDING SHED -PACHOD	230,912.00	-	-	-	230,912.00	10%	23,091.00	207,821.00
OPEN WELL- PACHOD	81,600.00	-	-		81,600.00	0%	-	81,600.00
LAND PURCHASED BY AGRT FROM A/C 0833 GUT NO.113,120 10A 15G AT ZALTA VILLAGE	2,464,472.00	-	-		2,464,472.00	0%	-	2,464,472.00
OFFICE BUILDING AT PUNE 642 SQ.MT. PLOT BUILDING STRUCTURE DIMENSION OF 119*58 FT, SR.NO.32/2/2/4, KHARADI, PUNE	587,522.00	-	-		587,522.00	10%	58,752.00	528,770.00
PLOT AT PUNE TWO PLOTS MEASURING 642 sq.mt EACH (SR.NO.32/2/2/6 & / 4), KHARADI, PUNE	1,348,990.00	-	-		1,348,990.00	0%	-	1,348,990.00
<b>Total</b>							<b>81,843.00</b>	<b>4,631,653.00</b>
<b>GRAND TOTAL</b>	<b>8,330,103.00</b>	<b>-</b>	<b>43,000.00</b>	<b>55,375.00</b>	<b>8,317,728.00</b>		<b>587,960.00</b>	<b>7,729,768.00</b>



**Ashish Gram Rachna Trust**

PACHOD  
DEPRECIATION SCHEDULE (11)  
Indian A/c

PARTICULARS	OPENING BALANCE	ADDITION S UPTO	ADDITIONS AFTER 30-09-2015	DEDUCTION S/SUBSIDY	TOTAL	RATE	DEPRECIATION	CLOSING BALANCE
<b>MOVEABLE POROPERTIES :</b>								
COMPUTER & PERIPHERALS	47,638.00	-	-	-	47,638.00	15%	7,146.00	40,492.00
FURNITURE & DEAD STOCK	5,451.00	-	-	-	5,451.00	10%	545.00	4,906.00
<b>Total</b>							7,691.00	<b>45,398.00</b>
<b>IMMOVEABLE PROPERTIES</b>								
LAND AT - PACHOD (LEASED) GUT NO.51 & 73 8A 9G	18,699.00	-	-	-	18,699.00	10%	1,870.00	16,829.00
FARM FENCING - PACHOD	410.00	-	-	-	410.00	0%	-	410.00
NEW COW SHED - PACHOD	1,125.00	-	-	-	1,125.00	0%	-	1,125.00
LAND PURCHASED BY AGRT FROM A/C 0833 GUT NO.113,120 10A 15G AT ZHALTA VILLAGE	1,935,470.00	-	-	-	1,935,470.00	0%	-	1,935,470.00
LAND PURCHASED AT KHARADI TQ. HAVELI, DIST. PUNE 1700 st.ft, 15790.34 sq.mts. SN 41/2A/1	2,271,820.00	-	-	-	2,271,820.00	0%	-	2,271,820.00
CONSTRUCTION OF TRAINING CENTRE, PACHOD L/B	158,161.00	-	-	-	158,161.00	10%	15,816.00	142,345.00
FENCING AT JHALTA	734,486.00	-	-	-	734,486.00	0%	-	734,486.00
<b>Total</b>							17,686.00	<b>5,102,485.00</b>
<b>GRAND TOTAL</b>	<b>5,173,260.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,173,260.00</b>		<b>25,377.00</b>	<b>5,147,883.00</b>

MOVEABLE POROPERTIES :F+I 513,808.00

IM MOVEABLE POROPERTIES :F+I 99,529.00

Total DEPRECIATION : F+I 613,337.00

DATE: 09/09/2016  
PLACE: AURANGABAD

**Chairperson**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad.**

*(Handwritten Signature)*

*(Handwritten Signature)*  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

For and on behalf of  
M/S. C G A S & CO.  
Chartered Accountants  
*(Handwritten Signature)*  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANT  
MEMBERSHIP NO. 012321  
AURANGABAD  
CHARTERED ACCOUNTANTS

M/S. C G A S & CO.  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 19 VASANT BAUG  
 SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD, DIST. AURANGABAD  
CONSOLIDATED  
 INCOME & EXPENDITURE A/C FOR THE YEAR ENDING 31ST MARCH 2016

EXPENDITURE	Rs	Rs	INCOME	Rs	Rs
<b>TO EXPENDITURE ON OBJECTS: OF THE TRUST</b> (AS PER DETAILS - NO. 9)			<b>BY GRANT</b> (AS PER DETAILS - NO.1)		
MEDICAL RELIEF .....	10,392,771.21		PREV. ADVANCE GRANT TRANSFERRED FROM BALANCE SHEET .....	3,650,000.00	
SECULAR EDUCATION.....	8,820,878.70		RECEIVED DURING THE YEAR .....	10,898,398.95	14,548,398.95
OTHER OBJECTS.....	91,058.00	19,304,707.91	<b>REFUND RECEIVED</b> (AS PER DETAILS - NO.1.1)		376,756.00
			<b>BY BANK INTEREST</b>		
<b>TO AUDIT FEES</b> (AS PER DETAILS - NO. 10)		57,250.00	INTEREST ON BANK S/B A/C	397,498.00	
			INTEREST ON BANK F/D A/C	4,064,736.00	4,462,234.00
			(AS PER DETAILS - NO.2)		
<b>TO DEPRECIATION</b> (AS PER DETAILS - NO.11)		613,337.00	<b>BY INCOME FROM OTHER SOURCES</b> (AS PER DETAILS- NO.8)		320,720.35
			<b>BY EXCESS OF EXPENDITURE OVER INCOME</b> Expenditure: (DEFICIT)		267,185.61
<b>TOTAL RS.</b>		<b>19,975,294.91</b>	<b>TOTAL RS.</b>		<b>19,975,294.91</b>

DATE: 09/09/2016  
 PLACE: AURANGABAD

*et al.*  
 Chairperson  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.

M. K. Shale  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.



EXAMINED & FOUND CORRECT  
 For and on behalf of  
 M/S. C G A S & CO.  
 Chartered Accountants

*C.B. Kshirasagar*

CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANT  
 MEMBERSHIP NO. 012321

M/S. C G A S & CO.  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 19 VASANT BAUG  
 SOCIETY, BIBWEWADI , PUNE. 411037

**ASHISH GRAM RACHNA TRUST, PACHOD**  
**BALANCESHEET AS ON 31ST MARCH 2016**  
CONSOLIDATED BALANCE SHEET

LIABILITIES	Rs	Rs	ASSETS	Rs	Rs
<b>TRUST FUND</b> (AS PER DETAILS -NO.4)		73,764,806.21	<b>IMMOVEABLE PROPERTIES</b> (As per details- NO.11)		9,734,138.00
<b>LIABILITIES</b>		NIL	<b>INVESTMENTS - FDs WITH BANK</b> (As per details -NO.6)		58,330,575.00
<b>ADVANCE GRANT FROM</b> FOREIGN A/C			<b>FURNITURE &amp; FIXTURES &amp; COMPUTERS</b> <b>VEHICLE ETC.</b> (As per details -NO.11)		3,143,513.00
ADVANCE GRANT KEPT 2015-16 (AS PER DETAILS- NO.1)		7,685,409.08	<b>COPYRIGHT OF BOOKS, (COOK BOOKS, LIFE SKILLS)</b> (As per details- NO.5)		42,000.00
			<b>CASH &amp; BANK DETAILS - (AS PER DETAILS NO.3)</b>		7,063,236.32
			<b>RECEIVABLE I.TAX (TDS)</b> (AS PER DETAILS- NO.7)		53,700.00
			<b>INCOME &amp; EXPENDITURE A/C</b> BALANCE (AS PER LAST BALANCE \SHEET ADD: DEFICIT FOR THE YEAR	2,815,867.36 267,185.61	3,083,052.97
<b>TOTAL RS.</b>		<b>81,450,215.29</b>	<b>TOTAL RS.</b>		<b>81,450,215.29</b>

EXAMINED & FOUND CORRECT  
 For and on behalf of  
 M/S. C G A S & CO.  
 Chartered Accountants

DATE: 09/09/2016  
 PLACE: AURANGABAD

*(Signature)*  
**Chairperson**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad.**

*(Signature)*  
**Managing Trustee**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad Dist.**



*(Signature)*  
**CA. KSHIRASAGAR C.B**  
**CHARTERED ACCOUNTANT**  
**MEMBERSHIP NO. 012321**

RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ..... CASH	2,355.00	BY ADMIN.-BANK COMMISSION	1,546.00
" OPENING BALANCE .....BANK	276,949.00	" ADMIN. - AUDIT FEES	1,717.00
		" OFFICE BUILDING , LAND & WATER TAX	2,500.00
" FINANCIAL ASSISTANCE- AFARM (SHILAI SCHOOL)	39,500.00	" AFARM PUNE- USHA SHILAI SCHOOL EXP.	40,490.00
" BOM GRANT / DONATION FOR CYCLES	77,500.00	" NEW FIXED DEPOSIT	10,129,446.00
" CONDUCT.TRAIN.& OTHER ACTIVITES	29,500.00	" BOM AGP CYCLES DISTRIBUTION	77,500.00
" DONATION	18,900.00	" ZALTA LAND MAINTENANCE,TAX ETC	1,480.00
" INTEREST ON FIXED DEPOSIT A/C	895,501.00	" FARM EXP ZALTA LAND- SEEDS	1,510.00
" INTEREST ON SAVING A/C	47,065.00	" FARM EXPENSES ZALTA LAND- SUPPLIES	10,000.00
" FIXED DEPOSIT MATURED	9,463,361.00	" FARM EXP ZALTA LAND- WAKHARNI AND KHURPANI	24,000.00
" HOSPITALITY	5,400.00	" ZALTA LAND SECURITY PAYMENTs	144,000.00
" CONVEYANCE SERVICES	10,000.00	" INCOME TAX RECEIVABLE	5,825.00
" FARM RECEIPTS- AGRICULTURE	6,750.00	" TRAINING, WORKSHOP ETC	884.00
" CONTRIBUTION FROM FARM PRODUCTS	40,300.00	" VEHICLE POL (DIESELetc.) & MAINTENANCE	15,971.00
" ACCOUNT. FROM I H M P GENERAL A/C	572,108.00	" STAFF TRAVEL TA & DA	793.00
" ACCOUNT. FROM I H M P PUNE CENTRE GENERAL A/C	145,182.00	" STAFF EX GRATIA - PAYMENT	10,000.00
" ACCOUNT. FROM PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- DASRA -A/C	101,987.00	" FARM PACHOD EXPENSES HONORARIUM / PAYMENTS	18,015.00
		" FARM PACHOD EXPENSES SEEDS	3,760.00
		" FARM PACHOD EXPENSES MANNURE (FERTILIZER)	1,260.00
		" FARM PACHOD EXPENSES PESTICIDES	2,710.00
		" FARM PACHOD EXPENSES SUPPLIES	4,613.00
		" FARM PACHOD EXPENSES WAKHARNI AND KHURPANI	25,190.00
		" INTEREST TRANSFERED TO HEALTH CARE DELVERY & C B A/C	760,444.00
		" PREV. ACCOUNT TO IHMP GENERAL A/C	210,550.00
		" PREV. ACCOUNT TO IHMP PUNE CENTRE A/C	82,076.00
		" CLOSING BALANCE..... CASH	3,016.00
		B.O. M . PACHOD.....BANK	153,062.00
<b>TOTAL Rs.</b>	<b>11,732,358.00</b>	<b>TOTAL Rs.</b>	<b>11,732,358.00</b>

Chairperson  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.  
 DATE: 09/09/2016

*(Handwritten signature)*

M. K. Hale  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

EXAMINED AND FOUND CORRECT  
 For and behalf of  
 M/s CGAS & Co.  
 Chartered Accountants  
 CA. KSHIRASAGAR-C.B  
 CHARTERED ACCOUNTANT  
 M NO. 012321



M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS & PAYMENTS A/Cs OF I.H.M.P. PUNE CENTRE GENERAL A/C  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS.PS	PAYMENTS	RS. PS.
TO OPENING BALANCE..... CASH	1,015.00	BY ADMIN-AUDIT FEES	572.00
BANK	460,851.84	" STAFF TRAVEL	10,625.00
" INTEREST ON SAVING A/C	23,386.00		
" OTHER RECEIPTS	23,648.35		
" CONTRIBUTION TOWARDS- AGP MANUEL COURSE MATERIAL ETC.	44,940.00	" ACCOUNT TO AGRT GENERAL A/C	145,182.00
" PREV. ACCOUNT FROM AGRT GENERAL A/C	82,076.00	" CLOSING BALANCE ..... CASH	2,365.00
		B.O M KHARADI-PUNE BANK	477,173.19
<b>TOTAL Rs.</b>	<b>635,917.19</b>	<b>TOTAL Rs.</b>	<b>635,917.19</b>

DATE: 09/09/2016

EXAMINED AND FOUND CORRECT  
For and behalf of  
M/s C G A S & Co.  
Chartered Accountants

Chairperson  
Ashish Gram Rachna Trust  
Pachod, Aurangabad.

*(Handwritten signature)*

M. K. Shale  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS AND PAYMENT A/Cs OF IHMP GENERAL A/C  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS.	PS	PAYMENTS	RS.	PS.
TO OPENING BALANCE.....		NIL	BY PERSONNEL OBLIGATION - GRATUITY A/C	130,246.00	
" CASH					
" BANK	633,240.08		BY BANK COMMISSION	232.00	
" BANK INTEREST- SAVING A/C	24,866.00		" ADMIN- AUDIT FEES	573.00	
" TRNG/WORKSHOP/TRAVEL/FOOD	24,549.00		" TRAINING AND WORKSHOP EXPENSES	1,500.00	
" REFUND OF SALARY (LWP ETC)	55,133.00		" ADMINISTRATION - HOSPITALITY	18,890.00	
" COURSE FEES	110,000.00		" INCOME TAX RECEIVABLE	11,000.00	
" PREV. ACCOUNT FROM AGRT GENERAL A/C	210,550.00		" INTEREST TRANSFERRED TO YCMOU A/C	1,573.00	
			" ACCOUNT TO AGRT GENERAL A/C	572,108.00	
			" CLOSING BALANCE..... CASH	1,620.00	
			" B O M PACHOD..... BANK	320,596.08	
<b>TOTAL Rs.</b>	<b>1,058,338.08</b>		<b>TOTAL Rs.</b>	<b>1,058,338.08</b>	

EXAMINED AND FOUND CORRECT

For and behalf of  
M/s C G A S & Co.  
Chartered Accountants

*C.B. Kshirasagar*  
CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



**Chairperson**  
**Ashish Gram Rachna Trust**  
DATE: 09/09/2016  
**Pachod, Aurangabad.**

*Che. you*

*M. I. Shale*  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

M/S. CGAS & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS & PAYMENTS A/Cs OF AROGYA MITRA Y C M O U A/C  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS.PS	PAYMENTS	RS. PS.
TO OPENING BALANCE..... CASH BANK	NIL 1,303.00	" ADMIN. - AUDIT FEES	573.00
" INTEREST ON SAVING A/C	73.00		
" INTEREST TRANSFERRED FROM YCMOU A/C	1,573.00	" CLOSING BALANCE ..... CASH B.O. M PACHOD BANK	NIL 2,376.00
TOTAL Rs.	2,949.00	TOTAL Rs.	2,949.00

EXAMINED AND FOUND CORRECT  
For and behalf of  
M/s CGAS & Co.  
Chartered Accountants

*CA. Kshirasagar C.B.*

CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



DATE: 09/09/2016

*Chairperson*  
Chairperson  
Ashish Gram Rachna Trust  
Pachod, Aurangabad.

*M. Kshale*  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS AND PAYMENTS A/Cs OF HEALTH CARE DELIVERY & CAPACITY BUILDING  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL	BY STAFF SALARIES & ALLOWANCES-ADMIN	438,844.00
TO OPENING BALANCE ... BANK	NIL	" PROVIDENT FUND CONTRIBUTION	37,489.00
		" PROVIDENT FUND ADMINISTRATION	8,145.00
TO BANK INTEREST TRANSFERED FROM A/C 0888 (AGRT GENERAL A/C)	760,444.00	" AFILATION - MEMBERSHIP FEES ETC.	9,000.00
		" STAFF FUNCTIONS & TRAINING	2,662.00
		" HOSTEL / BUILDING HYGENE-UPKEEPING	12,036.00
		" HOSTEL / BUILDING MAINTENANCE	11,713.00
		" OFFICE, CAMPUS MAINTENANCE -HONORARIUM	46,175.00
		" SUPPLIES FOR HOSTEL / OFFICE MAINTENANCE	15,143.00
		" WATER SUPPLY REPAIRS & MAINTENANCE	11,979.00
		" TRANSPORT VEHICLE POL (Diesel- ect.)	9,381.00
		" TRANSPORT VEHICLE MAINTENANCE	7,740.00
		" ADMINISTRATIVE TRAVEL	7,813.00
		" ADMIN. ELECTRICITY	8,296.00
		" GENERATOR ELECTRICITY	41,607.00
		" ADMIN. AUDIT FEES	2,863.00
		" PRINTING & SURVEY FORMS	6,720.00
		" PRINTING & STATIONERY	2,134.00
		" POSTAGE & COMMUNICATION	7,136.00
		" HOSPITALITY	5,882.00
		" MAINTENANCE OF EQUIPMENTS	830.00
		" COMPUTER MAINTENANCE & SUPPLIES	2,462.00
		" BUILDING REPAIRS & MAINTENANCE	61,386.00
		" CLOSING BALANCE..... CASH	3,008.00
		.BANK	NIL
TOTAL Rs.	760,444.00	TOTAL Rs.	760,444.00

DATE:9/09/2016

*Chaitanya*  
Chairperson  
Ashish Gram Rachna Trust  
Pachod, Aurangabad.

*M. J. Shale*  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

EXAMINED AND FOUND CORRECT  
For and behalf of  
M/s C G A S & Co.  
Chartered Accountants

*C. B. Kshirasagar*  
CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



M/S. C G A S & CO.  
 CA, KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 19 VASANT BAUG  
 SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
 RECEIPTS AND PAYMENTS A/Cs OF PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA-  
 IMPACT FOUNDATION /DASRA (I) FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL	BY STAFF SALARIES & ALLOWANCES	1,702,647.00
TO OPENING BALANCE ... BANK	NIL	" PROVIDENT FUND. CONTRIBUTION	142,537.00
TO GRANT- RECURRING- IMPACT FOUNDATION /DASRA	3,300,000.00	" ASHA TRAINING - TRAVEL	4,610.00
TO GRANT- ADVANCE- IMPACT FOUNDATION /DASRA	100,000.00	" ASHA TRAINING - FOOD	58,935.00
		" ASHA TRAINING - HALL / SUPPLIES ETC	6,300.00
		" FACILITATORS GIRLS TRAINING -TA.POL	3,136.00
		" FACILITATORS GIRLS TRAINING -FOOD	2,000.00
		" FACILITATORS GIRLS TRAINING - HALL / SUPPLIES E	10,116.00
		" TRANSPORT VEHICLE POL (Diesel ect.) (PROGRAM)	118,818.00
		" STAFF TRAVEL, STAY, FOOD (PROGRAM)	3,363.00
		" INVESTIGATORS PAYMENT	516,136.00
		" INVESTIGATORS TRAINING EXP.	10,081.00
		" M&E TRANSPORT-DATA COLLECT. VEHICLE RENT	188,400.00
		" M&E TRANSPORT-DATA COLLECT. VEHICLE ,POL	85,043.00
		" LOCAL ADVOCACY TRAVEL -TA & POL	7,080.00
		" NATIONAL ADVOCACY TRAVEL & FOOD	28,300.00
		" PRINTING ,SUPPLIES & STATIONARY	18,413.00
		" WATER SUPPLY & MAINTENANCE	25,213.00
		" ELECTRICITY SPARES & MAINTENANCE	4,637.00
		" ELECTRICITY BILLS	82,320.00
		" COMMUNICATION & TELEPHONES	10,073.00
		" PRINTING OF FORMS & STATIONARY	64,391.00
		" ADMINISTRATIVE TRAVEL & POL	47,241.00
		" HOSPITALITY	15,474.00
		" OFFICE SUPPLIES	12,768.00
		" OFFICE MAINTENANCE	6,677.00
		" MAINTENANCE OF EQUIPMENT	7,955.00
		" COMPUTER MAINTENANCE & SUPPLIES	23,630.00
		" STAFF DEVELOPMENT . TRAINING	17,684.00
		" ADMINISTRATIVE INSURANCE	855.00
		" VEHICLE MAINTENANCE	60,195.00
		" VEHICLE TAX & INSURANCE	12,985.00
		" ACCOUNT WITH BANK A/C 0888	101,987.00
		" CLOSING BALANCE ..... CASH	NIL
		" BANK	NIL
<b>TOTAL Rs.</b>	<b>3,400,000.00</b>	<b>TOTAL Rs.</b>	<b>3,400,000.00</b>

EXAMINED AND FOUND CORRECT

For and on behalf of  
 M/S. C G A S & CO.

Chartered Accountants

*(Signature)*  
 CA, KSHIRASAGAR C. B  
 CHARTERED ACCOUNTANT  
 M. NO. 012321



DATE: 09/09/2016

*(Signature)*

Chairperson  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.

M. I. Shale  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

M/S. C G A S & CO.  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 19 VASANT BAUG  
 SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
 RECEIPTS AND PAYMENTS A/Cs OF  
 SCALINGUP AND ADVOCACY OF MODEL PHC URBAN A/C OXFAM  
 FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ... .. CAS	NIL		
TO OPENING BALANCE ... .. BAN	NIL		
PREV. ACCOUNT REFUNDED FROM BANK A/C 0833 ( FC A/C)	158,500.00	" REFUND -OXFAM'S UNSPENT PREV. BALANCE-(F.Y.13-14)	158,500.00
		" CLOSING BALANCE ..... CASH BANK	NIL NIL
<b>TOTAL Rs.</b>	<b>158,500.00</b>	<b>TOTAL Rs.</b>	<b>158,500.00</b>

DATE: 09/09/2016

*[Signature]*  
**Chairperson**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad.**

*[Signature]*  
**Managing Trustee**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad Dist.**

EXAMINED AND FOUND CORRECT  
 For and behalf of  
 M/s C G A S & Co.  
 Chartered Accountants

*[Signature]*

CA. KSHIRASAGAR C. B  
 CHARTERED ACCOUNTANT  
 M NO. 012321



M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
11 NO. 2 PLOT NO 19 VASANT BAUG  
DIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS AND PAYMENTS A/Cs OF AGRT BANK A/C NO. 0833  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS.	PAYMENTS	RS. PS
" OPENING BALANCE..... CASH	5,397.39	BY ADMIN. AUDIT FEES	29,197.00
" BANK	2,711,094.62	BY BANK COMMISSION	6,018.20
" DONATION FOR CORPUS FROM BARCAN+ROTHSCHILD -UK	1,973,307.00	BY AGP FIELD SUPPLIES- CYCLES	93,000.00
" REFUND OF EXPENSES		BY PACHOD -LAND TAX, TA ETC	15,153.00
CHRISTIAN SERVICE AGENCY - (ICCO WORKSHOP)- 39527.00		" INTEREST CONTRIBUTION TO OTHER PROJECTS :	
YARDI PUNE WORKSHOP EXP- 14000.00	53,527.00	" INTEREST TRANSFERRED TO RSHD OF UAG AMG & SPOUSES A/C- MAC	161,533.00
" PROFIT ON SALE OF VEHICLE -SUMO	14,726.00	" INTEREST TRANSFERRED TO HEALTH CARE FOR URBAN POOR A/C- PUNE	1,012,172.00
" SALE OF VEHICLE BOOK VALUE A/C-SUMO	55,375.00	" INTEREST TRANSFERRED TO REPRODUCTIVE & CHILD HEALTH A/C	2,712,208.76
" INTEREST ON SAVING A/C	284,090.00	" INTEREST TRANSFERRED TO INTEGRATED RCH -YARDI A/C - PUNE	440.00
" INTEREST ON FIXED DEPOSIT A/C	3,169,235.00	" YARDI PIME TRAINING EXPENSES	3,648.00
" STAFF TRAVEL REFUND	14,675.00	" PERSONNEL OBLIGATION - GRATUITY A/C	177,635.00
" EFICOR-/ SAMYAK ETC TRAINING FEE	232,100.00	" STAFF TRAVEL	14,675.00
" FIXED DEPOSIT MATURED	2,897,376.00	" EFICOR-/ SAMYAK ETC TRAINING EXPNESES	162,682.00
" EXPENSES- PARTIAL REFUNDS WEBSITE & INSURANCE	57,554.00	" NEW FIXED DEPOSIT	5,544,762.00
" PREV. ACCOUNT FROM HEALTH CARE URBEN POOR A/C	8,371.00	" INCOME TAX RECEIVABLE	20,000.00
" PREV. ACCOUNT FROM LAUNCH-PREVENT-CHILD MARRIAGE -DASRA-CFLI	708,499.00	" PREV. ACCOUNT TO INTER.RAPO YARDI - PUNE	679,930.00
" PREV. ACCOUNT FROM DELAGING AGE AT MARRIAGE -AEEI -- CFLI A/C	117,626.00	" PREV. ACCOUNT TO SCALING -UP-MODEL OXFAM PUNE A/C	158,500.00
" ACCOUNT FROM INTEGRATED RPSH- YARDI -PUNE	132,938.00	" PREV. ACCOUNT TO RSHD UMG,AMG MACARTHUR A/C	3,064,995.00
" ACCOUNT FROM RSHD UMG,AMG -MACARTHUR A/C	6,219,051.00		
" ACCOUNT FROM PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- DASRA A/C	1,275,317.00		
		" ACCOUNT TO IHMP PUNE CENTRE A/C	202,028.00
		" CLOSING BALANCE ..... CASH	207.68
		B.O. M . PACHOD ..... BANK	5,871,474.37
<b>TOTAL Rs.</b>	<b>19,930,259.01</b>	<b>TOTAL Rs.</b>	<b>19,930,259.01</b>

EXAMINED AND FOUND CORRECT  
For and behalf of  
M/s C G A S & Co.  
Chartered Accountants

DATE: 09/09/2016

M. K. Shale  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

*(Signature)*

Chairperson  
Ashish Gram Rachna Trust  
Pachod, Aurangabad.

*(Signature)*  
CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL	BY STAFF SALARIES & ALLOWANCES	1,103,803.00
TO OPENING BALANCE ... BANK	NIL	BY STAFF SALARIES & ALLOWANCES (ADMIN)	532,534.00
		" PROVIDENT FUND. CONTRIBUTION	121,644.00
		" PROVIDENT FUND. ADMINISTRATION	61,964.00
TO GRANT- RECURRING- GLOBAL GIVING - UK	301,625.95	" PROVIDENT FUND. LINK INSURANCE	47,032.00
		" TRANSPORT VEHICLE POL(DIESEL etc.)	123,499.71
TO BANK INTEREST TRANSFERED FROM A/C 0833- FC A/C	2,712,208.76	" TRANSPORT VEHICLE MAINTENANCE	119,634.00
		" ADMIN. ELECTRICITY BILL-ETC.-	232,268.00
		" BCC MATERIAL DEV. PHOTOS.ETC	3,550.00
		" AUDIO VISUAL MATERIAL	595.00
		" WEBSITE EXPENSES	17,175.00
		" ADVERTISEMENT ( OFFICE EXPENSES)	2,888.00
		" POSTAGE & COMMUNICATION	23,096.00
		" PRINTING & STATIONARY	15,105.00
		" ADMINISTRATIVE TRAVEL	57,710.00
		" HOSPITALITY	97,338.00
		" STAFF MEETINGS - TA-DA-STAY ADMINISTRATION	105,128.00
		" ADMINISTRATIVE INSURANCE	9,947.00
		" AUDIT FEES	3,435.00
		" BANK COMMISSION	40.00
		" L C D PROJECTOR - PUNE OFFICE	43,000.00
		" OFFICE / CAMPUS MAINTENANCE- EXPENSES	30,168.00
		" SUPPLIES FOR OFFICE / HOSTEL - MAINTENANCE	2,068.00
		" GENERATOR MAINTENANCE	47,630.00
		" MAINTENANCE OF EQUIPMENT	10,542.00
		" WATER SUPPLY MAINTENANCE & SPARES	22,000.00
		" WATER SUPPLY- EXPENSES	21,931.00
		" STAFF FUNCTION-SUPPLIES / PRIZES etc	2,973.00
		" COMPUTER MAINTENANCE & SUPPLIES	46,625.00
		" e TDS -SUBMISSION FEE ETC	516.00
		" PROFESSIONAL FEES ETC	24,700.00
		" AFILIATION -MEMBERSHIP FEES ETC.	31,025.00
		" WORKSHOPS -TRAVEL /FEE/ FOOD ETC.	51,415.00
		" CLOSING BALANCE ..... CASH	856.00
		" BANK	NIL
<b>TOTAL Rs.</b>	<b>3,013,834.71</b>	<b>TOTAL Rs.</b>	<b>3,013,834.71</b>

DATE: 09/09/2016

M. I. Shale  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

EXAMINED AND FOUND CORRECT  
 For and on behalf of  
 M/S. CGAS & CO.  
 Chartered Accountants  
 CA. KSHIRASAGAR C. B  
 CHARTERED ACCOUNTANT  
 M NO. 012321



*(Signature)*  
 Chairperson  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.

M/S. CGAS & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS AND PAYMENTS A/Cs OF IHMP  
-PUNE CENTRE FC ACCOUNT  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS	PAYMENTS	RS. PS
TO OPENING BALANCE ..... CASH	NIL	BY BANK COMMISSION	571.00
" " BANK	107,749.00	" PUNE OFFICE - LAND & BUILDING - TAX ETC	52,821.00
" INTEREST ON SAVING A/C	18,018.00	" PUNE OFFICE - REPAIRS & MAINTENANCE	38,550.00
" ACCOUNT FROM BANK A/C -0833	202,028.00	" PREV. ACCOUNT TO BANK A/C 0833	8,371.00
		" CLOSING BALANCE ..... CASH	NIL
		B.O. M. KHARADI -PUNE BANK	227,482.00
<b>TOTAL Rs.</b>	<b>327,795.00</b>	<b>TOTAL Rs.</b>	<b>327,795.00</b>

EXAMINED AND FOUND CORRECT  
For and behalf of  
M/s CGAS & Co.  
Chartered Accountants

*C.B. Kshirasagar*

CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



DATE: 09/09/2016

*e.g.e.s.*  
**Chairperson**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad.**

*M. Kshale*  
**Managing Trustee**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad Dist.**

M/S. M/S. C G A S & CO.  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 33 VASANT BALUJ  
 SOCIETY, BIRWEWADI, PUNE- 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
 RECEIPTS AND PAYMENTS A/Cs OF REPRODUCTIVE AND SEXUAL HEALTH AND DEVELOPMENT  
 OF UNMARRIED ADOLESCENT GIRLS, MARRIED ADOLESCENT GIRLS AND THEIR SPOUSES  
 FROM 1ST APRIL, 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ..... CASH	NIL	BY STAFF SALARIES & ALLOWANCES	1,324,554.00
TO OPENING BALANCE ..... BANK	NIL	" PROVIDENT FUND CONTRIBUTION	96,928.00
" PREV A/C FROM BANK A/C 0833 (PREVIOUS YEARS BALANCE KEPT WITH A/C 0833 TRANSFERRED)	3,064,995.00	" RESEARCH DATA MANAGEMENT EXP.	29,581.00
" ADVANCE GRANT- MACARTHUR FOUNDATION- U S A	6,057,518.00	" FIELD MEDICAL TEAM-HONORARIUM	334,936.00
" INTEREST ON - GRANT ( TRANSFERED FROM A/C 0833)	161,533.00	" HONORARIUM FOR ASHAs	282,900.00
		" REFRESHER ASHA'S TRAINING FOOD	6,100.00
		" REFRESHER ASHA'S TRAINING TRAVEL	970.00
		" INSERVICE TRAINING ASHA-FOOD	36,500.00
		" INSERVICE TRAINING ASHA-TRAVEL	15,610.00
		" LEDERSHIP TRAINIG UAG -ASHA FOOD	32,262.00
		" LEDERSHIP TRAINIG UAG -ASHA TRAVEL	102,280.00
		" LEDERSHIP TRAINIG UAG -ASHA NGO -HONORARIUM	29,500.00
		" LEDERSHIP TRAINIG UAG -ASHA -NGO -TA'FEE	9,120.00
		" PEER LEADERS TRAINIG BOARD & LODGING	23,184.00
		" PEER LEADERS TRAINING TRAVEL	19,190.00
		" ORIENTATION - VHSC -FOOD	2,575.00
		" ORIENTATION - VHSC -TRAVEL	1,050.00
		" TRAINING MATRIALS PRINTING	13,341.00
		" TRAINING MATRIALS AND STATIONERY	6,882.00
		" PRINTING OF BOOKS , PLANNERS, LSE ETC	32,573.00
		" MATRIALS- BCC- KITS ETC	8,910.00
		" MEDICINES & SUPPLIES .	10,275.00
		" FIELD SUPPLIES	8,347.00
		" VEHICLE POL (DIESEL etc.)	194,772.00
		" VEHICLE MAINTENANCE	48,067.00
		" VEHICLE TAX & INSURANCE	28,416.00
		" AUDIT FEES	11,450.00
		" PRINTING & STATIONERY	2,040.00
		" ELECTRICITY	66,286.00
		" GENERATOR - ELECTRICITY	22,565.00
		" COMMUNICATION	32,813.00
		" HOSPITALITY	42,863.00
		" MAINTENANCE OF COMPUTER	35,227.00
		" MAINTENANCE OF EQUIPMENTS	5,563.00
		" ADMINISTRATIVE TRAVEL	124,478.00
		" ADMINISTRATIVE INSURANCE	3,949.00
		" STAFF DEVELOPMENT . TRAINING	18,958.00
		" ACCOUNT WITH BANK A/C 0833	6,219,051.00
		" OPENING BALANCE ..... CASH	NIL
		" OPENING BALANCE ..... BANK	NIL
<b>TOTAL Rs.</b>	<b>9,284,046.00</b>	<b>TOTAL Rs.</b>	<b>9,284,046.00</b>

Chairperson  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.

DATE: 09/09/2016

*(Handwritten signature)*

M. K. Khatke  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

EXAMINED AND FOUND CORRECT  
 For and on behalf of  
 M/S. C G A S & CO.  
 Chartered Accountants  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANT  
 M NO. 012321



M/S. C G A S & CO.  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 19 VASANT BAUG  
 SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
 RECEIPTS AND PAYMENTS A/Cs OF HEALTH CARE FOR URBAN POOR  
 FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL	BY STAFF SALARIES & ALLOWANCES	550,465.00
TO OPENING BALANCE ... BANK	NIL	" PROVIDENT FUND. CONTRIBUTION	38,516.00
TO BANK INTEREST TRANSFERED FROM A/C 0833	1,012,172.00	" HEALTH CARE RESEARCH .HONORARIUM CONSULTANCY	20,875.00
		" DATA COLLECTION /COMPUTERIZATION FEE	7,580.00
		" ADVOCACY MEETING-TA. SUPPLIES	500.00
		" TRAINING MATERIAL	6,820.00
		" AUDIO VISUAL MATERIALS,SUPPLIES	5,800.00
		" HOSPITALITY	26,656.00
		" STAFF TRAVEL	29,771.00
		" POSTAGE & COMMUNICATION	45,583.00
		" ADMIN. ELECTRICITY	33,420.00
		" OFFICE MAINTENANCE- SECURITY	68,475.00
		" OFFICE MAINTENANCE- SUPPLIES ETC.	67,877.00
		" PRINTING & SUPPLIES	993.00
		" COMPUTER MAINTENANCE & SUPPLIES	46,626.00
		" MAINTENANCE OF EQUIPMENTS	32,415.00
		" TRANSPORT VEHICLE POL(DIESELetc.)	15,415.00
		" VEHICLE MAINTENANCE-SUPPLIES	10,165.00
		" VEHICLE TAX & INSURANCE	785.00
		" AUDIT FEES	3,435.00
		" CLOSING BALANCE.....CASH	NIL
		" CLOSING BALANCE.....BANK	NIL
<b>TOTAL Rs.</b>	<b>1,012,172.00</b>	<b>TOTAL Rs.</b>	<b>1,012,172.00</b>

DATE: 09/09/2016

*[Signature]*  
**Chairperson**  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.

*[Signature]*  
**Managing Trustee**  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

EXAMINED AND FOUND CORRECT  
 For and behalf of  
 M/s C G A S & Co.  
 Chartered Accountants

*[Signature]*  
 CA. KSHIRASAGAR C. B  
 CHARTERED ACCOUNTANT  
 M NO. 012321



RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ... .. CASH	NIL	BY MAPPING & CENSUS -TRAVEL	1,371.00
TO OPENING BALANCE ... .. BANK	NIL	BY MAPPING & CENSUS -POL	200.00
" PREV BALANCE TRANSFERRED FROM BANK A/C 0833	679,930.00	BY MAPPING & CENSUS -HONORARIUM	8,000.00
" GRANT- RECURRING -YARDI -YARDI SOFTWARE INDIA PRIVATE LIMITED PUNE	3,303,648.00		
" ADVANCE GRANT- -YARDI SOFTWARE INDIA PRIVATE LIMITED PUNE	130,000.00	" CHWs PERFORM BASED REIMBURSEMENT	533,876.00
" BANK INTEREST TRANSFERED FROM A/C 0833	440.00	" SRH TRAINING -FOOD EXPENSES (DA)	506.00
		" SRH TRAINING -TRAVEL	180.00
		" LEDERSHIP TRAINING FOOD EXP.	12,140.00
		" LEDERSHIP TRAINING TRAVEL	3,460.00
		" LEDERSHIP TRAINING -HALL RENT- WORKSHOP	6,740.00
		" OBSTETRICIAN GYNAEC-SERVICE /FEES	97,500.00
		" OBSTETRICIAN GYNAEC-TRAVEL	14,100.00
		" FIELD SUPPLIES -DRUGS (MEDICINES )	17,365.00
		" FIELD SUPPLIES -INSTRUMENTS.ETC	11,467.00
		" FIELD SUPPLIES -SUPPLIES ETC	5,184.00
		" FIELD TRANSPORTATION ACTIVITIES -POL (Diesel ect.)	109,011.00
		" FIELD TRANSPORTATION ACTIVITIES -TA STAFF	13,354.00
		" TRANSPORTATION VEHICLE MAINTENANCE	11,552.00
		" TRANSPORTATION OBSTETRICIAN GYNAEC TA STAFF	937.00
		" CHWs INDUCTION TRNG.LSE -TRAVEL	2,040.00
		" CHWs INDUCTION TRNG.LSE-REFRESHMENT	5,670.00
		" CHWs INDUCTION TRNG.LSE -SUPPLIES	680.00
		" CHWs INDUCTION TRNG.LSE - SRH TRAVEL	1,580.00
		" CHWs INDUCTION TRNG.LSE - SRH- REFRESHMENT	5,880.00
		" CHWs INDUCTION TRNG.LSE - SRH SUPPLIES	150.00
		" CHWs IN-SERVICES TRNG-TRAVEL	9,670.00
		" CHWs IN-SERVICES TRNG-REFRESHMENT	10,115.00
		" CHWs IN-SERVICES TRNG-SUPPLIES	260.00
		" CHWs TRNG-EXTRNAL FACULTY,TA STAY	28,859.00
		" TRAINING MATERIALS -TRAININGS	11,376.00
		" ADVOC. MEETINGS WITH PMC TRAVEL,TEA	2,535.00
		" SURVEILLANCE REGISTERS	7,140.00
		" MICRO-PLANNERS-STATIONERY	4,950.00
		" ANC REGISTERS & NOTE BOOKS	4,175.00
		" BCC KITS-	12,000.00
		" LIFE SKILLS MANUALS	9,300.00
		" MATERIALS SUPPLIED	2,100.00
		" BASELINE SURVEY IA- HONORARIUM DATA MGT ETC	14,850.00
		" BASELINE SURVEY IA - DOCUMENT STATIONERY	1,206.00
		" BASELINE SURVEY IA - INVESTIGATOR, T.A ETC	1,307.00



	" BASELINE SURVEY CA- HONORARIUM DATA COLECT.	113,901.00	
	" BASELINE SURVEY CA - PRINT & SUPPLIES	10,553.00	...2
	" BASELINE SURVEY CA - DOCU-STATIONARY	2,822.00	
	" BASELINE SURVEY CA - INVESTIGATOR, T.A	14,442.00	
	" BASELINE SURVEY CA -POL (Diesel ect.)	3,950.00	
	" EXIBITION & NUTRITION- TRAVEL	120.00	
	" EXIBITION & NUTRITION- STATIONARY	1,275.00	
	" EXIBITION & NUTRITION- REFRESH, SUPPLIES	3,477.00	
	" INDUCTION TRNG.SHDC - TA & HALL	7,875.00	
	" INDUCTION TRNG.SHDC -REFRESHMENT	4,089.00	
	" SHDC COORD-COMM.MEETING-TA	820.00	
	<b>PERSONNEL COST ( STAFF SALARIES &amp; ALLOWANCES )</b>		
	" PROGRAMME DIRECTOR	368,283.00	
	" MIS RESEARCH COORDINATOR	324,345.00	
	" PROGRAMME COORDINATOR	553,713.00	
	" FIELD COORDINATOR -SRH	160,482.00	
	" FIELD COORDINATOR -LSE	198,720.00	
	" FIELD COORDINATOR -CM& C.B.M	236,701.00	
	" NURSE AIDES	296,633.00	
	" ACCOUNTANT	176,624.00	
	" DRIVER	124,326.00	
	" PROVIDENT FUND. CONTRIBUTION	205,690.00	
	<b>ADMINISTRATION COST</b>		
	" ADMINISTRATION -ELECTRICITY	17,195.00	
	" ADMINISTRATION -POSTAGE & COMMUNICATION	10,289.00	
	" ADMINISTRATION - HOSPITALITY	1,819.00	
	" ADMINISTRATIVE TRAVEL	1,545.00	
	" PRINTING & STATIONARY	2,433.00	
	" ADMINISTRATION - OFFICE MAINTENANCE	11,333.00	
	" COMPUTER & EQUIPMENT MAINTENANCE	7,500.00	
	" ADMINISTRATION - OFFICE SECURITY	132,615.00	
	" ADMINISTRATIVE INSURANCE	1,289.00	
	" AUDIT FEES	3,435.00	
	<b>TOTAL EXPENDITURE</b>	<b>3,981,080.00</b>	
	" CLOSING BALANCE.....CASH	NIL	
	" CLOSING BALANCE WITH BANK A/C 0833	132,938.00	
<b>TOTAL Rs.</b>	<b>4,114,018.00</b>	<b>TOTAL Rs.</b>	<b>4,114,018.00</b>

DATE: 09/09/2016

*[Signature]*  
**Chairperson**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad.**

*[Signature]*  
**Managing Trustee**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad Dist.**

EXAMINED AND FOUND CORRECT

For and behalf of

M/s C G A S & Co.

Chartered Accountants

*[Signature]*  
**C.A. KSHIRASAGAR C. B**  
**CHARTERED ACCOUNTANT**  
**M NO. 012321**



M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS AND PAYMENTS A/Cs OF DELAGING AGE AT MARRIAGE -AEEI -- CFLI  
FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL		
TO OPENING BALANCE ... BANK	NIL		
TO GRANT RECURRING CFLI - AEEI (CANADA & USA)	117,626.00	" PREV . ACCOUNT WITH BANK A/C 0833 ( REFUNDED TO BANK A/C 0833)	117,626.00
		" CLOSING BALANCE.....CASH	NIL
		" CLOSING BALANCE.....BANK	NIL
<b>TOTAL Rs.</b>	<b>117,626.00</b>	<b>TOTAL Rs.</b>	<b>117,626.00</b>

EXAMINED AND FOUND CORRECT

For and on behalf of  
M/S. C G A S & CO.  
Chartered Accountants

*C. Kshirasagar*

CA. KSHIRASAGAR C. B  
CHARTERED ACCOUNTANT  
M NO. 012321



DATE: 09/09/2016

*Chairperson*  
**Chairperson**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad.**

*M. I. Shale*  
**Managing Trustee**  
**Ashish Gram Rachna Trust**  
**Pachod, Aurangabad Dist.**

M/S. C G A S & CO.  
 CA. KSHIRASAGAR C.B  
 CHARTERED ACCOUNTANTS  
 FLAT NO. 2 PLOT NO 19 VASANT BAUG  
 SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
 RECEIPTS AND PAYMENTS A/Cs OF LAUNCH-PREVENT-CHILD MARRIAGE -DASRA-CFLI  
 FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL		
TO OPENING BALANCE ... BANK	NIL		
TO GRANT RECURRING CFLI - DASRA	708,499.00	" PREV . ACCOUNT WITH BANK A/C 0833 ( REFUNDED TO BANK A/C 0833)	708,499.00
		" CLOSING BALANCE.....CASH	NIL
		" CLOSING BALANCE.....BANK	NIL
<b>TOTAL Rs.</b>	<b>708,499.00</b>	<b>TOTAL Rs.</b>	<b>708,499.00</b>

DATE: 09/09/2016

*[Signature]*  
 Chairperson  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad.

*M. I. Shale*  
 Managing Trustee  
 Ashish Gram Rachna Trust  
 Pachod, Aurangabad Dist.

EXAMINED AND FOUND CORRECT  
 For and behalf of  
 M/s C G A S & Co.  
 Chartered Accountants  
*[Signature]*  
 CA. KSHIRASAGAR C. B  
 CHARTERED ACCOUNTANT  
 M NO. 012321



M/S. C G A S & CO.  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANTS  
FLAT NO. 2 PLOT NO 19 VASANT BAUG  
SOCIETY, BIBWEWADI, PUNE. 411037

ASHISH GRAM RACHNA TRUST, PACHOD  
RECEIPTS AND PAYMENTS A/Cs OF PREVENTING CHILD MARRIAGE AND EARLY PREGNANCY IN INDIA- (F)  
IMPACT FOUNDATION /DASRA FROM 1ST APRIL 2015 TO 31ST MARCH 2016

RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE ... CASH	NIL	BY STAFF SALARIES & ALLOWANCES	2,047,012.00
TO OPENING BALANCE ... BANK	NIL	* PROVIDENT FUND. CONTRIBUTION	170,707.00
TO GRANT- RECURRING- IMPACT FOUNDATION /DASRA	3,050,000.00		
		* ASHA HONORARIUM	83,750.00
TO GRANT- ADVANCE- IMPACT FOUNDATION /DASRA	1,200,000.00	* ASHA TRAINING - TRAVEL	15,710.00
		* ASHA TRAINING - FOOD	77,839.00
		* ASHA TRAINING - HALL / SUPPLIES ETC	18,563.00
		* UAG PEER LEADERS TRAINING -TA.	1,500.00
		* VHSC TRAINING -TRAVEL	160.00
		* TRANSPORT VEHICLE POL (Diesel )(PROGRAM)	70,684.00
		* INVESTIGATORS PAYMENT	74,233.00
		* INVESTIGATORS TRAINING EXP.	3,787.00
		* M&E TRANSPORT-DATA COLLECT. VEHICLE RENT	27,600.00
		* M&E TRANSPORT-DATA COLLECT. VEHICLE ,POL	3,258.00
		* LOCAL ADVOCACY TRAVEL -TA & POL	14,300.00
		* LOCAL ADVOCACY TRAVEL -FOOD	1,350.00
		* NATIONAL ADVOCACY TRAVEL & FOOD	1,800.00
		* NATIONAL ADVOCACY -STY	2,088.00
		* PRINTING OF FORMS	3,200.00
		* WATER SUPPLY & MAINTENANCE	9,400.00
		* ELECTRICITY SPARES & MAINTENANCE	6,000.00
		* ELECTRICITY BILLS	46,150.00
		* COMMUNICATION & TELEPHONES	265.00
		* PRINTING SUPPLIES & STATIONARY	41,664.00
		* ADMINISTRATIVE TRAVEL & POL	14,001.00
		* HOSPITALITY	180.00
		* OFFICE SUPPLIES	1,160.00
		* OFFICE MAINTENANCE	1,200.00
		* MAINTENANCE OF EQUIPMENT	8,710.00
		* COMPUTER MAINTENANCE & SUPPLIES	41,447.00
		* STAFF DEVELOPMENT . TRAINING	27,038.00
		* ADMINISTRATIVE INSURANCE	13,511.00
		* VEHICLE MAINTENANCE	107,037.00
		* VEHICLE TAX & INSURANCE	39,379.00
		* ACCOUNT WITH BANK A/C 0888	1,275,317.00
		* CLOSING BALANCE ..... CASH	NIL
		BANK	NIL
<b>TOTAL Rs.</b>	<b>4,250,000.00</b>	<b>TOTAL Rs.</b>	<b>4,250,000.00</b>

EXAMINED AND FOUND CORRECT

For and on behalf of  
M/S. C G A S & CO.

Chartered Accountants

*C. K. Shirsagar*  
CA. KSHIRASAGAR C.B  
CHARTERED ACCOUNTANT  
M NO. 012321



DATE: 09/09/2016

Chairperson  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist  
Pachod, Aurangabad.

*M. K. Shale*  
Managing Trustee  
Ashish Gram Rachna Trust  
Pachod, Aurangabad Dist.

## FUTURE FOCUS

The Institute shall continue the implementation of the “Integrated project for the empowerment of adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence in the villages under Adul PHC in Aurangabad district

IHMP shall scale up for the Project on Preventing Child Marriage and Early Pregnancy in India, in villages under two PHCs in Jalna District

The Institute will work with young men for introducing gender equitable attitudes and for demonstrating an innovative strategy for preventing gender-based violence.

IHMP will continue to implement the Integrated reproductive and sexual health and family planning project for young married women in urban slums of Pune City

Research will be undertaken to pre-test and utilize the scales for measuring self-esteem and self-efficacy in adolescent girls and young men.

# ACKNOWLEDGEMENTS

**Ashish Gram Rachna Trust, Institute of Health Management, Pachod**, sincerely thanks all its partners, donors, supporters and well-wishers for their constant support and guidance. During this period, AGRT received grants from the following funding agencies:

- MacArthur Foundation, USA
- Dasra Impact Foundation
- Yardi, Pune
- AFARM, Pune
- The American Endowment for Education in India
- Bank of Maharashtra, Pachod

During this period AGRT received donations from:

- A large number of individual donors through GlobalGiving, UK
- Barcen + Kirby LLP

# SUPPORT OUR WORK

You can empower a rural adolescent girl with Life Skills Education through a donation of Rs. 7500.00.

You can provide a rural adolescent girl a bicycle worth Rs. 4000.00 so that she can continue her education till at least 10<sup>th</sup> or 12<sup>th</sup> grade.

Sixty percent girls get married before 18 years and suffer the adverse consequences of early motherhood. You can ensure primary health care for a child mother through a donation of Rs 9000.00.

We seek your assistance in empowering unmarried and married adolescent girls and in bringing about gender equity in our society.

Please send in your cheques/ drafts payable at Pachod to '**Ashish Gram Rachna Trust** by mail to our head office - Ashish Gram Rachna Trust, Institute of Health Management, Pachod; PO. Pachod; District Aurangabad, 431 121; Maharashtra

All donations to **Ashish Gram Rachna Trust** are eligible for tax exemption under Section 80G of the Income Tax Act, 1961.

For more information, please write to us at [admin@ihmp.org](mailto:admin@ihmp.org) OR [adminpachod@ihmp.org](mailto:adminpachod@ihmp.org)

# CONTACT US

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