



**Health Initiatives for
Healthy Communities**

2008 - 2009

Annual Report

Institute of Public Health

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List of Abbreviations Used

BMCRI	Bangalore Medical College and Research Institute
COTPA	Cigarettes and Other Tobacco Products Act
CHI	Community Health Insurance
GSNP+	Gujarat State Network of People Living with HIV/AIDS
HIV	Human Immunodeficiency Virus
ICCO	Inter church Organisation for Development Cooperation
IPH	Institute of Public Health
ISEC	Institute of Social and Economic Change
ITM	Institute of Tropical Medicine
JSY	Janani Suraksha Yojna
MMC	Mumbai Mobile Crèches
NHSRC	National Health Systems Resource Centre
NIMHANS	National Institute of Mental Health and Neuroscience
NRHM	National Rural Health Mission
NGO	Non Government Organisation
NTCP	National Tobacco Control Programme
PATH	Programme for Appropriate Technology in Health
RCH	Reproductive and Child Health
RNTCP	Revised National Tuberculosis Control Programme
RSBY	Rashtriya Swasthya Bima Yojana
SK	Swasthya Karnataka
SRTT	Sir Ratan Tata Trust
SSSPM	Shri Samarth Shikshan Prasaran Mandal
ToT	Training of Trainers
VHSC	Village Health and Sanitation Committee
WNTA	Wada Na Todo Abhiyan

The year 2008 – 09 has been an important milestone for IPH. Three years into its existence, it grew in all directions. This year saw partnerships being established with the key stakeholders. On the one hand, in Karnataka, we formed a partnership with four other organisations to form the Swasthya Karnataka. This consortium will now provide technical support to the Government of Karnataka. At the same time, we have formed important linkages with the Government of Karnataka. One of us has been nominated to the governing body of the Karnataka State Health Systems Resource Centre, the think tank for the state government on technical matters. Through the ITM educational network, we have developed links with partners from other countries in Latin America, Africa and Asia. The potential for south-to-south exchange is enormous.

While our regular donors like WHO and Misereor continue to support us, we have managed to build bridges with the Ministry (National Health Systems Resource Centre); the Institute of Tropical Medicine, Antwerp (Belgium) and CARE India. ITM has been a constant companion – helping us on various aspects of our work. The theme of this collaboration “Switching the Poles” which is a programme to build capacity in developing countries for research, training and policies in human and animal health in order to strengthen the rational basis and ownership of their system, is being truly realized here.

On the finance front, the arrival of the ITM money has given our accountant and administrator some breathing space. The earlier struggle from short term project to shorter term project is now over. This long term collaboration will be a boon in terms of financial stability. While we have taken on additional staff, we were sad to see two of our team leave. Maya joined her husband in USA, while Chander joined a larger NGO providing HIV services to industrial workers and their families. We have shifted into the new office and its warm energy helps the team strive from challenge to challenge. I would like to take this opportunity to thank all our staff, colleagues, friends and well-wishers for their constant support; to Dipalee and Gaja who made this report happen and finally to our governing body for backing us and our activities.

Dr. N. Devadasan

Director



The Institute of Public Health (IPH) is an institutional response to the gaps in the public health systems. It is a not-for-profit organisation registered in 2005 as a charitable society under the Karnataka Societies Registration Act with a transparent governance structure. IPH's vision is to work towards creating an equitable, integrated, decentralised and participatory health system within a just and empowered society. IPH's mission is to develop public health at the core of health systems by creating a cadre of competent and compassionate professionals.

Health systems in India are characterized by little public health analysis and understanding of the situation. The traditional sources of public health knowledge – the medical colleges and public health schools have become ineffectual over the years. Currently, there are only three states in India i.e. Maharashtra, Gujarat and Tamil Nadu that offer courses in Public Health for their staff. All the other states prefer to appoint clinicians with little or no public health training to key posts, in the hope that they would pick up public health skills on the way. It is therefore not surprising to find that there is very little systematic analysis of the situation and developing evidence based policies. Instead, each health problem (TB, HIV, Disease surveillance etc) is dealt with in an individual manner and separate programmes are developed for controlling them. This is an inefficient way to manage a health system. The private sector, which is responsible for providing medical care to more than 75% of the population, is totally ignored in most policy documents. Policy documents will briefly mention “public – private” partnerships but there is little evidence of anything happening on a significant scale.

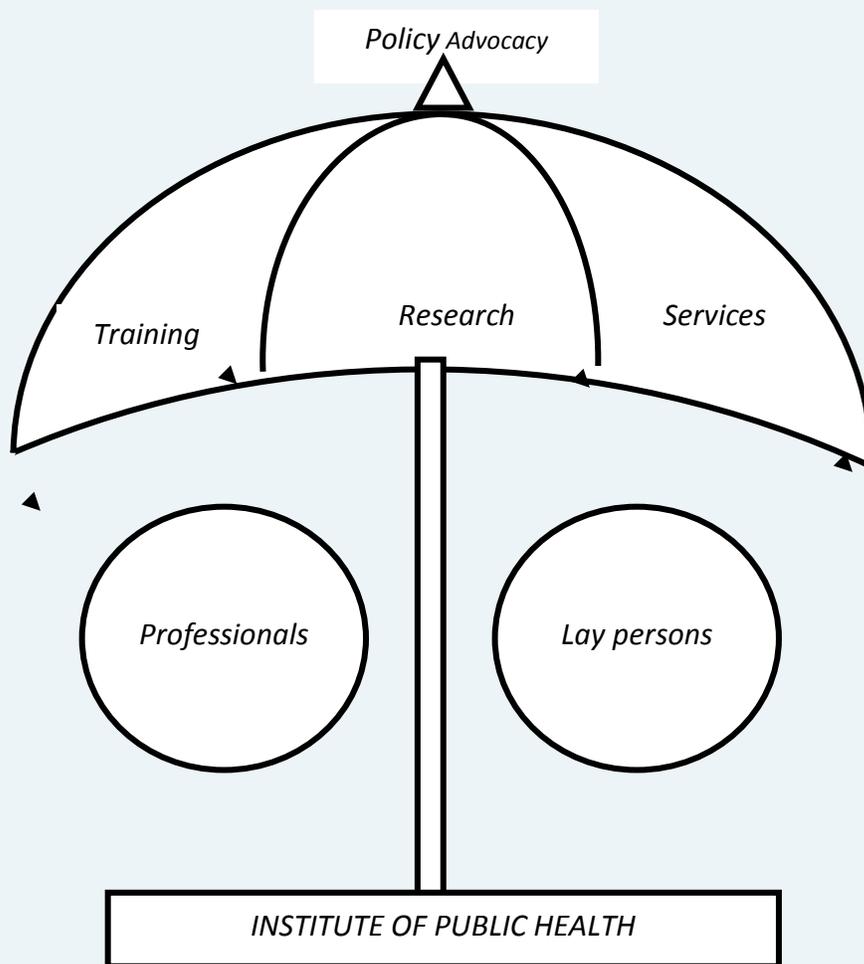
Voluntary Agencies too have not been able to be quick enough to make the desired changes in the needs of the population. They still tend to focus on antenatal care and immunizations without realizing that the health needs of the community have increased beyond these and include services like managing diabetes, preventing strokes and providing mental health services. There are few institutions in the country that are able to first raise these issues and then provide this kind of training and support to the NGO community.

In an era of information technology, there is an overdose of information. Certain sections of society are able to access the net and get the latest information; but are unable to evaluate it and apply it to their own needs. There is a dire need to provide them with evidence based and appropriate information so that they are able to act accordingly.

Finally, research has been a very weak link in the Indian health services. There is very little operational and action research being conducted in our country to solve the numerous problems that exist. It is either ad hoc or focuses on donor driven research agenda.

It is in this context that the IPH was set up as a public health institute that is value based and community oriented to provide the necessary inputs and plug some of the gaps in the Indian health scenario. We are involved in the entire gamut of public health activities – training, research, services and policy advocacy.

IPH works with both medical professionals and lay people through training, research and other services that provide direction to the policy advocacy initiatives of the IPH.



A. Training:

Training is the mainstay of IPH activities. IPH promotes a different paradigm in public health training. Rather than theoretical teaching, IPH concentrates on practical and on-the-job training. The training provided will be different from the traditional classroom training that is usually imparted through colleges. It is a mixture of class room teaching, hands on training and learning by doing.

Training for District Health Management (Swasthya Karnataka)

The District Health Management Training Programme is our flagship training programme. It is a capacity enhancement programme for the district health team of Tumkur district. For the development of this district health management programme, we have created and joined a consortium (Swasthya Karnataka (SK), together with 4 respected groups viz. Karuna Trust; the Institute of Health Management and Research, Bangalore; the Centre for Leadership and Management in Public Services (C-LAMPS); and the Centre for Global Research in Health based in St. John's Medical College. Both the mission and vision of the SK consortium are congruent with those of IPH. IPH is the coordinator of this consortium.

The objective of this training programme is to improve the managerial and public health capacity of the district health team in Tumkur district. The government has agreed in principle to this enterprise. A four party MoU (between the State Department of Health and Family Welfare, State Institute of Health and Family Welfare, SK and District Health Society, Tumkur) is being negotiated to delineate the roles of the various actors. Once the MoU has been signed, the training will commence. The initial six modules have been developed through a participatory process involving all the members of SK and are on:

1. Public Health Concepts
2. Planning
3. Leadership
4. Teamwork
5. Managing Change
6. Community Participation

Unique characteristics of this programme:

1. *A team approach rather than an individual approach*
2. *Experiential teaching*
3. *Field assignments*
4. *Mentoring*



The programme has some unique characteristics - first, a team approach rather than an individual approach implies that the entire district health team which includes the medical and non-medical staff is responsible for providing quality health services in the district and should work together as a team to do so. It is also important to train the entire health team so that new ideas are shared with a team and the possibility of continuity is higher even if there are some transfers and it should also facilitate the acceptance of new ideas. Second, experiential learning whereby every individual learns through his/her experiences; third, each participant has to complete specific field assignments to reinforce experiential learning and fourth, each participant is mentored. Mentoring is a unique feature in our training programme and not usually seen in medical training programmes. Mentoring implies that there is dedicated person, in this case IPH faculty based in the field, who guides the trainee through the new approach that is expected from him/her after the training. It is a kind of hand-holding support that has been incorporated in the training programme with a view to facilitate adoption of the new approach suggested in the training.

This programme is planned over a period of 12 months. Each month has a 3 day contact session for the participants, followed by field assignments. The participants will also be mentored in the field. The faculty will be drawn from the consortium. SK has expertise in public health management, hospital management, general management, governance, health systems research and community participation. Other than this, SK is getting technical support from ITM, Antwerp. Pedagogical and domain experts from ITM visited IPH to help us with the development of the modules.

Curriculum Development Workshop (26 - 28 August 2008)

- Workshop aimed to build capacity of Swasthya Karnataka consortium members to develop curriculum for district health team training.
- Contents of three days workshop included theory of (experiential) learning, stages in curriculum development, teaching methods, hands-on exercises to develop module outlines.
- Prof. Tom Hoeree from Institute of Tropical Medicine, Antwerp facilitated the workshop sessions.





Participants at curriculum development workshop

Two public health experts who are expected to mentor the district team during the programme are now in place. We have been able to ensure partial funding for the programme through the Institute of Tropical Medicine, Antwerp, Belgium and the Government of Karnataka. We are currently negotiating funding from other sources and are hopeful of obtaining it. It is hoped that this pilot will be the precursor for a strong district

health management course, not just in Karnataka, but also in India.

Training on Tobacco Control

IPH is an active member of Advocacy Forum for Tobacco Control – a national network of civil society organisations. To add to our advocacy efforts for strong tobacco control measures, we provided technical support to the Bangalore Medical College and Research Institute, and the District Anti Tobacco Cell, Bangalore to organize a one day orientation workshop for high-school teachers on tobacco related issues so that they in turn raise awareness among students. IPH developed 'Flash Cards' both in English and Kannada (The soft copy is available at our website – www.iphindia.org) with prominent pictures and key messages on various tobacco related issues such as health effects of tobacco use, tobacco and economy, help available to support those who want to quit etc. These flash cards are to be used by teachers as a tool to raise awareness on the tobacco related issues among students. IPH faculty members along with external experts from NIMHANS served as resource persons. The workshop which was held on 16th January 2009 was inaugurated by Dr. G T Subhash, Director cum Dean, Bangalore Medical College and Research Institute, Dr. Prakash, then Joint Director, Medical and State Nodal Person for National Tobacco Control Programme, and Dr. Sharda, Professor and Head, Department of Community Medicine, BMCRI. Two similar workshops are planned in the future.

Developed the Health Insurance training manual for trainers

Health Insurance is a relatively new concept in our country and there is limited awareness about these both among the planners as well as implementers of the schemes. In order to bridge this gap, IPH has been organizing training programmes in health insurance. As part of the first training

programme a training manual on health insurance was developed. The training manual not only covers the basics of health insurance in the Indian context but it also gives the facilitator some tools and techniques that they can use to train.

WHO and the Ministry of Health and Family Welfare have recognized the significance of IPH's training programme in health insurance. Accordingly, they requested us to update the training manual and then conduct a training of trainers on health insurance for people across India who could train others. Currently IPH is reworking the Manual to include newer developments like the Rashtriya Swasthya Bima Yojana (RSBY), NRHM experiences as well as statistic updates on private and government initiatives.



B. Research:

Research is perhaps one of the weakest links in the Indian health services. Currently most of the research that is being conducted is either basic sciences research or exotic research in the laboratories. There is very little applied research that is taking place in the field. This is the major reason why some basic questions like, why and where does maternal mortality take place or why are the health service staffs so demotivated or what is the incidence of diabetes in the community or is it cost effective to introduce Hepatitis B vaccine into the EPI remain unanswered.

It is precisely to address this issue that IPH has a strong focus on research activities that conduct research based on the needs of the local partners both Government / NGOs. This will be a mixture of short-term operational research as well as long-term action research. The focus will be to understand and solve the local problems. The emphasis is on community based professionals / community based NGOs / community raising the research questions. This group, with technical support from the IPH, conducts the research so that they can seek the answers to their questions. IPH's role is facilitating, supporting and financing (initially) the research.

Urban Health Initiation

The urban health initiative is an action research project, wherein the IPH team will work towards improving the quality of health care provided to the community in the slums of Bangalore. The people who live in these slums work as casual labour in the unorganized sector. Despite the existence of government health centres, most people tend to go to private service providers as the government centres are short of both doctors and drugs. Private providers tend to provide irrational and unnecessary care at a very high cost that leads to people either dipping into their savings or having to take loans usually at high rates of interest. The urban health initiative aims to work with three urban health centres in the poorer areas of Bangalore city and the communities that are their responsibility, namely KG Halli, Koramangala and Vibhutipura. The interesting angle to this project is the involvement of the private health facilities in the areas concerned, be they the GPs with the small clinics or the private nursing homes and hospitals with inpatient facilities. The team is working on trying to bring these three players, namely the community, the private health facilities and the urban health centres onto a common platform where local health issues can be discussed in an atmosphere of understanding so that the collaborative forces impact the quality of health care available to the community.

In the execution of this project, IPH is working in partnership with the Association for the Promotion of Social Action in the Koramangala and Vibhuthipura areas. In the third location, KG Halli IPH will work directly with the community through its own team.

As this is an action research project, there is a fair amount of data that needs to be collected. We have collected data, both quantitative and qualitative from these areas and centres. We now have a fairly good idea of the communities living here and have made contact with the women's self help groups who run micro finance savings schemes. There is also the data on the number of Anganwadis, schools, and the private health facilities in the areas have been listed and mapped. We have been, over the months, systematically meeting each of these three actors, listening to their problems empathetically and sharing this information so that an atmosphere of trust can be created before actually creating the platform. In the case of the community this has been done through group discussions with the self help groups; with the urban health centre, repeated interactions with various staff members and with the private facilities introductory interactions.

Furthermore in KG Halli, we are planning a house to house census of the community collecting family data including their economic status, their health seeking behaviour and their health expenditure. This detailed information will form the baseline for a sort of "field practice area" for IPH. The next six months will possibly see a completion of this situational analysis and concrete steps to operationalise the platform for the three stakeholders.

Study on Tobacco Consumption pattern

IPH is an active member of the Advocacy Forum for Tobacco Control and works on three aspects related to tobacco control – training, research and advocacy. Under the Sir Ratan Tata Trust (SRTT)-Institute for Social and Economic Change (ISEC) Visiting Fellowship, IPH conducted a cross sectional study with a sample of around 1200 students from 19 randomly selected pre university colleges across the Bangalore city. The study used a self administered questionnaire and focus group discussions.

The purpose of the study was to assess the knowledge, attitudes and practices regarding tobacco use among pre-university students. The study also attempted to assess the implementation of some of the provisions of Cigarettes and Other Tobacco Products Act. The study identified the causes of tobacco use and identified the roles that schools can play in raising awareness on the

issue. This research was an attempt to fill the gap in epidemiology of tobacco use among youth in India.

The major findings of the report have been published and widely disseminated among students and media. The draft report on the study has been submitted to ISEC and is under peer review.

Study on HIV & AIDs

IPH along with Gujarat State Network of People Living with HIV/AIDS (GSNP+) completed a study on the feasibility of a health insurance cover for HIV positive people and their families in Gujarat. The study enrolled 439 HIV positive people and their families from 24 districts of Gujarat.

The main themes explored were health seeking behaviour including accessibility to anti-retro viral treatment (ARV), utilization of health care facilities, cost of care, source of financing health care and their willingness and ability to pay for an insurance cover. The study was an attempt to document the medical expenses incurred by people living with HIV / AIDS and explore the feasibility of a health insurance product that can protect these people from the high costs. The study brought out some major results indicating a high need of health insurance for HIV positive persons and their families. The Government of Gujarat is planning to have a workshop with major stakeholders in the second half of the year 2009 to disseminate the findings of the study.

In addition to the above study another study on the ability of government Primary Health Centres to provide access to HIV and AIDS Prevention, Treatment, Care and Support was also conducted . This study was conducted for Action Aid in Maharashtra as part of a national level research and advocacy initiative. The final report of the state has been submitted to Action Aid for a compiled national level report.

Budget & Expenditure Tracking Study

Despite progress toward greater availability of data and analysis on public sector health budgets and expenditures, information about resource flows in the health-sector resembles a poorly sewn patchwork quilt, with many essential pieces missing. There is a need to institutionalize state health budget and expenditure tracking and use them for decision making. The National Health Resource Centre, a technical unit of the National Rural Health Mission requested IPH to conduct the budget and expenditure tracking for the state of Assam. IPH conducted a detailed analysis of the budget

of the state of Assam during the period December 2008 to April 2009. The report of each state was shared in the workshop and a uniform format for the states was developed to institutionalize the activity at the state level. The final report was submitted to National Health Systems Resource Centre for a compiled national level report.

Desk Research on Health Insurance for the Elderly

Healthy ageing is a major concern among the graying population; since the prevalence rate of morbidity (illness) is higher within this population segment. Unfortunately in India, public healthcare services have not been able to live up to the expectations of people. The private health sector has made impressive strides specially in providing tertiary healthcare, though, it remains expensive and often out of financial reach of the older population. The penetration of health insurance among the senior citizens is less than 1% of the population of elderly. This is because health insurance has not been easily accessible for individuals beyond the age of 60. Insurers do not consider medical insurance to be viable for the elderly. Insurance companies are also turning away first-time customers who are above 50 years of age and are charging almost 100 per cent additional premium for policy renewals. A desk research on the options available for senior citizens and the coverage along with premium implications was conducted.

Study on tuberculosis and the private sector

Tuberculosis control continues to be a major challenge in the country with a staggering TB load. Before the Revised National Tuberculosis Control Programme (RNTCP) was introduced, there was little standardization of prescription practices for TB. IPH conducted a study on the prescription practices of the private practitioners to understand their prescription practices for TB post RNTCP. As part of the study more than 100 randomly selected private practitioners were interviewed and their prescriptions studied. The study found that while many of the practitioners were referring patients to the nearby government DOTS centres for treatment, there were still practitioners who were under prescribing.

This finding has important implications, especially in the current scenario where multi-drug resistant TB is a growing reality.



Help desk

Hospitals are confusing places at the best of times and more so for rural communities. The Government of Karnataka wanted to set up a help desk in their district hospitals to provide support to patients. IPH thought that this would be an excellent opportunity for action research, to study some of the determinants of hospital utilization as well as to understand the functioning of a government hospital. We applied and have been given the responsibility of initiating a help desk in two district hospitals in north Karnataka in Bijapur and Bagalkot districts. The initiative has begun and the help desks are being well utilized. We hope that over the next one year, we shall have some important insights into the functioning of these hospitals.



C. Consultancies:

Apart from the planned project activities, IPH also prefers to engage with other activities that complement the vision and mission of IPH. Such engagements are usually in form of technical support to other organisations or to state governments. Through such engagements, IPH contributes to public health capacity building and influence policy levels debates.

Community Monitoring

IPH is a member of the Karnataka State Mentoring Monitoring Group. The mandate of this group is to facilitate and oversee the implementation of the community planning and monitoring of health services under NRHM in 4 pilot districts of Karnataka. IPH has been actively supporting the various components of this initiative including Village Health and Sanitation Committee (VHSC) training, process documentation and overall technical guidance.

Apart from providing inputs in development of the 'Training Manual for VHSC trainers', IPH faculty served as resource persons at district level training of trainers (TOT) in Gadag district. In a 5 days TOT organized from 22nd to 26th July 2008, community resource persons were trained through classrooms and field training so that they in turn can orient VHSC members. IPH helped to prepare a state level report on the community planning and monitoring process in Karnataka which was submitted to the National Review Team that reviewed this programme in January 2009.

Health Insurance

IPH is recognized as a resource organisation for health insurance and is often invited to support health insurance initiatives by other organisations.

IPH faculty served as technical consultants for the ICCO Alliance to support the development of health insurance systems among their partners.

IPH faculty also provided support to the Shri Samarth Shikshan Prasarak Mandal (SSSPM), Nanded for developing a Community Health Insurance (CHI) scheme with the Support from Program for Appropriate Technology in Health, India (PATH). A community health financing scheme was developed through a contribution of Rs 450/- per family per year premium product with a maximum benefit of Rs 10,000/- for hospitalization expenses in 2008. Since September 2008, 200 families from urban slum areas have enrolled in this scheme. The scheme has currently given benefit to around 100 pregnant women and 28 hospitalized individuals.

IPH faculty have also been engaged in developing a Comprehensive Health Plan for the Urban Poor in Bandra (East) in Mumbai city onwards as a part of the Project Salaamat. A health services delivery strategy is in place and the process to fine tune the health insurance plan and make it sustainable is underway. .

IPH continues to provide technical support to the partners of Misereor – a German donor agency in the field of community health insurance. Currently, this is through a biannual visit to Chattisgarh to strengthen the CHI programme of RAHA – a federation of NGOs in this state.

CARE India invited IPH to provide technical support to one of their partner NGOs who had introduced CHI in Kanyakumari District of Tamil Nadu. IPH faculty mentored the NGO over 6 months, helped them strengthen their programme as well as helped them negotiate with providers for better and affordable care.

Others

IPH and Mumbai Mobile Crèches have been working together for improvements in the areas of medical care and diet for children. This was based on an evaluation conducted by IPH faculty of Mumbai Mobile Crèches. Training in the area of growth monitoring was conducted for monitoring the health of children in the construction sites by the health workers. Since January 2009, a study to understand the issues related to pregnant women living on construction sites is being carried out.

IPH faculty also participated in the 7-km run in support of Mumbai Mobile Crèches in Standard Chartered Mumbai Marathon in February 2009



D. Advocacy:

Policy advocacy is a core activity of IPH. It is based on evidence and experiences from the field. The policy advocacy strategy is multi-pronged and uses publications in academic journals, newspapers and magazines, presentations in conferences and interactive websites.

Tobacco Control

Being an active member of the Advocacy Forum for Tobacco Control – a national network of civil society organizations, IPH advocated for strong tobacco control measures. IPH campaigned for strict implementation of pictorial health warnings on tobacco products by working with media through periodic press releases. A lead article by Info change India made reference to IPH recommending effective and earliest enforcement of pictorial health warnings on tobacco products.



The findings from the research study on tobacco use and pre university students done by IPH have been used for short term advocacy on pertinent issues such as ‘regulation of onscreen smoking’. Stories highlighting the findings appeared in leading print media including HINDU (front page), Mail Today, and Times of India. IPH

is developing a ‘Policy Brief’ based on findings and recommendations from this study to be disseminated widely to schools and policy makers.

Maternal Health

A Status Report of Janani Suraksha Yojana in Maharashtra State, May 2008, an advocacy report was prepared with the financial and logistic support by Wada Na Todo Abhiyan (WNTA), Maharashtra State. The report was presented at a press conference in Nasik, in May 2008, in the presence of RCH Programme In-Charge, Nasik; local community (rural and urban); and local press. The report was later presented to the state authorities by WNTA as part of the advocacy measures for improving maternal health in Maharashtra State.



A. Articles: *(all articles are available on our website)*

- I. B Criel, MP Waelkens, W Soors, N Devadasan and C Atim. *Community health insurance in developing countries*. In: Kris Heggenhougen and Stella Quah, Eds. International Encyclopedia of Public Health. Vol I: San Diego, Academic Press; 2008.
- II. N Devadasan, M A Elias, D John, S Grahacharya and L Ralte. *A conditional cash assistance programme for promoting institutional deliveries among the poor in India: process evaluation results*. Book Chapter, In 'Reducing financial barriers to obstetric care in low-income countries', Eds: F Richard, S Witter and V D Brouwere, Pub: ITG Press, Belgium, Nov 2008.
- III. S. Nandraj, N. Devadasan, Alaka Singh. *Health care financing*. In: R Bhalwar, Ed. Text book of Public health and community medicine. Pune, AFMC; 2009.
- IV. N. Devadasan. *Education for whom?* Christian Medical Journal of India. Dec 2008.
- V. N. Devadasan, Roopa Devadasan. *Lessons learnt from the Adivasis of Gudalur*. Health Action. Dec 2008.
- VI. John D. *Report of Janani Suraksha Yojana Status in Maharashtra State*, Health Action (July 2008)
- VII. John D. *Public Private Community Partnerships in Urban Health*, Health Action (June 2008)

B. Conference presentation:

- I. John D, Chander SJ and Devadasan N. National Urban Health Mission: an analysis of strategies and mechanisms for improving services for urban poor, Background paper, National Workshop on Urban Poverty and Health, New Delhi (2-3 July 2008)
- II. Dr. Upendra Bhojani attended Global Youth Meet (GYM) 2009 as an adult chaperon organized at Mumbai on 6th and 7th March 2009 by HRIDAY and SALAM BOMBAY FOUNDATION. He also attended and presented a poster on 'Tobacco use and related factors among pre university students in South-Indian metropolis' (co-authored by S J Chander, N Devadasan) at the 14th World Conference on Tobacco or Health organized at Mumbai from 8th to 12th March 2009.



- III. Mr. Denny John attended 36th Annual National of Indian Association of Preventive and Social Medicine (IAPSM), 21-23 Jan 2009 and made the poster presentation on Integrated Approach towards improving Maternal and Newborn Health: A Case Study of PATH-Sure Start Project in Nanded.
- IV. N. Devadasan made a presentation on human resources in public health at the IPHA conference in Bangalore.



Accounting Balance Sheet (s)

		2008-2009 (Rs.)	2007-2008 (Rs.)
ASSETS	1 - Subscribed capital unpaid	0.00	0.00
	2 - Fixed assets (2.1+2.2+2.3)	6,75,356.53	42,040.80
	2.1 - Intangible fixed assets	6,31,639.01	0.00
	2.2 - Tangible fixed assets	43,717.52	42,040.80
	2.3 - Financial assets	0.00	0.00
	3 - Current assets (3.1+3.2.1+3.2.2+3.3+3.4)	68,97,632.09	4,94,933.50
	3.1 - Stocks	0.00	0.00
	3.2.1 - Debtors due within one year	0.00	0.00
	3.2.2 - Debtors due after one year	0.00	0.00
	3.3 - Cash at bank and in hand	66,77,183.09	3,84,333.50
	3.4 - Other current assets	2,20,449.00	1,10,600.00
	TOTAL Assets (1+2+3)	75,72,988.62	5,36,974.30
		2008-2009 (Rs.)	2007-2008 (Rs.)
LIABILITIES	4 - Capital and reserves (4.1+4.2+4.3+4.4)	68,80,203.12	16,974.30
	4.1 - Subscribed capital	10,200.00	0.00
	4.2 - Undistributed fund	68,70,003.12	16,974.30
	5 - Creditors (5.1+5.1.2+5.2.1+5.2.2)	6,92,785.50	5,20,000.00
	5.1.1 - Long term non-bank debt	0.00	0.00
	5.1.2 - Long term bank debt	0.00	0.00
	5.2.1 - Short term non-bank debt	6,92,785.50	5,20,000.00
	5.2.2 - Short term bank debt	0.00	0.00
TOTAL Liabilities (4+5)	75,72,988.62	5,36,974.30	

Income and Expenditure Account (s)

		2008-2009 (Rs.)	2007-2008 (Rs.)
=	Operating Income (OI)	1,04,43,524.03	27,43,358.76
-	Other operating charges	20,37,379.94	17,24,228.86
-	Remuneration and charges (Staff Costs)	21,63,965.00	10,20,600.00
=	Gross Operating Income over expenditure or expenditure over income	62,42,179.09	-1,470.10
-	Depreciation and value adjustments on non-financial assets	22,775.48	12,186.20
=	Net Operating Income over expenditure or expenditure over income	62,19,403.61	-13,656.30
+	Financial income and value adjustments on financial assets	0.00	0.00
-	Interest paid	0.00	0.00
-	Similar charges	0.00	0.00
=	Income over expenditure or expenditure over income	62,19,403.61	-13,656.30



