



IMPACT INDIA FOUNDATION

Annual Report 2012-2013

LIFELINE EXPRESS



COMMUNITY HEALTH INITIATIVE



BABY WRAP PROJECT



LIFELINE EXPRESS MOBILE CLINIC



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OUR THANKS TO...

GOVERNANCE BOARD OF TRUSTEES



Mr. R.C. Sarin
Chairman

Mr. Ramesh C. Sarin, Chairman. Served as Director and Chairman of several companies including ITC Ltd., Voltas Ltd., and Carrier Aircon.



Mr. Y.H.
Malegam

Mr. Yezdi H. Malegam, former Managing Partner of S. B. Billimoria & Co., and Co-Chairman of Deloitte Haskins and Sells, Chartered Accountants



Mrs. Pheroza
J. Godrej

Mrs. Pheroza J. Godrej,
Gallerist, Art-Historian and Environmentalist



Mrs. Usha
Thorat

Mrs. Usha Thorat, retired as Dy. Governor of the Reserve Bank of India (RBI), was on the boards of Bank of Baroda, Indian Overseas Bank and the Securities Trading Corporation of India, and also on several committees of RBI.



Mr. Rishad
Tobaccowala

Mr. Rishad Tobaccowala, CEO of Denuo, USA, also serves on the Board of VivaKi as Chief Strategy & Innovation Officer. He was Founder and President of SMG Next.



Mr. Peter
Hassan

Mr. Peter (T) Hassan, Advisor – Strategy & Planning, Federation of Indian Chambers of Commerce and Industry (FICCI). Former Advisor – Industries, with Cabinet Rank to the Government of Andhra Pradesh. Consultant to major national and international MNCs and Organizations.



MEDICAL ADVISORY BOARD

Dr. Ninad S. Gaikwad
Dr. Kulin Kothari
Dr. Taral V. Nagda
Dr. Mansing G. Pawar
Dr. Vinita Puri
Dr. R. Rangasayee
Dr. G. Subbulakshmi
Dr. Minnie Bodhanwala

MANAGEMENT

Zelma Lazarus – Chief Executive Officer
P.M. Rajasekharan – Chief Operating Officer
Neelam Kshirsagar – General Manager – Special Projects
Olga Monteiro – Manager – Corporate Affairs
G.N. Nair – Manager - Administration
Adolf Fernandes – Manager – Finance & Accounts
Lt. Col. R.S. Vishwen – Chief Executive – Lifeline Express (Retd. w.e.f. 1.10.2012)
Dr. Rajnish Gourh – Chief Executive – Lifeline Express
Dr. Mrs. Prabha Sharma Gourh - Deputy Chief Executive - Lifeline Express
Dr. V.M.Tapshalkar – Project Director – Community Health Initiative
Pravin Londhe - Deputy Project Director – Community Health Initiative

BANKERS

Kotak Mahindra Bank
State Bank of India
Central Bank of India

AUDITORS

N.M. Raiji & Company
Chartered Accountants



Mr. R.C. Sarin
Chairman

CHAIRMAN'S STATEMENT

During the year under review, Impact's two major ongoing projects – The Lifeline Express (LLE) and the Community Health Initiative (CHI), Thane, Maharashtra – forged ahead in their mission to transform the lives of the rural poor of the country.

The CHI conducted focussed and concentrated activities, with primary emphasis on prevention, in a controlled area of one Primary Health Centre (Parali in Wada Block in Thane District, Maharashtra State) with 11 Sub-Centres and a population of 60000. The project envisages institutionalisation of Impact India's activities for sustainability before the end of project in March 2015, thus making it worthy of replication elsewhere in the country. We thank the District Health authorities for extending their support and co-operation in achieving our objectives. We view the CHI as a powerful tool in improving the lives of the rural poor of India.

The Lifeline Express, the world's first hospital on a train, continued its journey in taking quality health services to the rural poor. So far it has medically served about 800,000 disabled poor with the donated time and skills of over 150,000 medical professionals from India and around the world, restoring sight, movement, hearing and correcting cleft lips. During the year under review, state-of-the-art equipment worth Rs. 3 million, including a Phacoemulsification machine for facilitating faster and painless cataract surgery, were added. We thank the Indian Railways, the dedicated volunteer surgeons and doctors, para-medical staff, District Collectors and Health Departments, and the sponsors for their unstinted support of all that Impact is trying to do for the prevention and cure of disablement.

Impact continues to offer reliable platforms - the LLE and the CHI - to the public and private sector organizations to interpret their Corporate Social Responsibilities. We are proud of our fruitful partnerships with major organizations.

I take this opportunity to express my sincere thanks and gratitude to all our well wishers who have partnered with us and helped with donations and voluntary services in our mission to improve the lives of the underserved of our country. I am indebted to my fellow Trustees for their active support and involvement in the affairs of the Foundation. My thanks are also due to the Medical Advisory Board consisting of eminent medical professionals and practitioners in the city for their contributions. The Management Team and staff deserve my compliments for their dedication to the noble causes espoused by Impact India.

R.C. SARIN
CHAIRMAN

9th July 2013



Mrs. Zelma Lazarus
Chief Executive Officer

CEO'S STATEMENT

16th July 1991: On this day, Impact India's Lifeline Express – the world's first state-of-the-art hospital on a train – was launched. It is known worldwide and has been recognized by the United Nations and others as an outstanding example of Excellence in Public Service. The Lifeline Express has so far medically served over 800,000 disabled poor in rural India, all free of cost, restoring sight, movement, hearing, correction of facial deformities and treatment of dental problems and epilepsy. This has been made possible with the 'donated' services of 150,000 medical persons – professionals and students from India and around the world.

Our Community Health Initiative planned as a sustainable model in rural Maharashtra using available delivery systems and existing infrastructure, covering two million tribals, has made a notable contribution to Disability Prevention with a reduction of disability in the area of 72%.

We are proud of our dedicated staff who have worked with great sincerity and in a spirit of ownership in pursuance of our mission for the Prevention and Cure of Disablement.

We thank all those who have come forward to support us and in the words of Mahatma Gandhi "No deserving institution ever dies for want of support", we depend on continued support from our friends and well-wishers to help us to "Make Things Happen".

Mrs. Zelma Lazarus
Chief Executive Officer

29th July 2013



ABOUT IMPACT INDIA FOUNDATION

Genesis:

Impact was promoted by the United Nations in response to a General Assembly Resolution. Impact India Foundation was launched by the Government of India in 1983 and is the flagship of 19 Impact Foundations in Bangladesh, Cambodia, Denmark, East Africa, East Mediterranean, Switzerland, Hong Kong, India, Malaysia, Nepal, Norway, Pakistan, Philippines, Sri Lanka, Singapore, Sweden, Thailand, United Kingdom and Zanzibar. It acts as a catalyst to bring together the private sector, non-government organizations, professionals and citizens in partnership with the Government in mass health projects for the prevention and cure of disablement.

Based on its mandate, Impact India Foundation (IIF)'s focus is on prevention and cure of disability. It played a major role in developing systems and procedures for polio immunization in Bombay city. Its 1985 "Polio Free Madras" campaign was recognized by the United Nations as a major international achievement. All this and its Lifeline Express (LLE), the world's first hospital on a train, resulted in international recognition. The Government of India has released a National Postage Stamp honouring the LLE.

Mission:

To initiate, augment and intensify action against those causes of massively prevalent disablement for which there exists a potential for prevention and control, which can be delivered through existing delivery systems and available infrastructure.

To treat millions of people who are disabled by curable blindness, deafness and physical handicaps and facial deformities.

Important Elements of IIF's projects:

IIF acts in partnership with the Government in support of the National Rural Health Mission. Each project is fully focused with qualitative measurable targets and adherence to time schedules. IIF acts as a catalyst to bring together the Government, corporate sector, professionals and community in projects for reduction of disablement.

IIF's ongoing projects:

The Lifeline Express since 1991 has restored mobility, hearing, vision, corrected cleft lips, treated dental and neurological problems, all free of cost, for about 800,000 rural poor, made possible with the donated services of about 150,000 medical persons, and thousands of volunteers from around the world.

With this wealth of experience, Impact has undertaken a challenging sustainable replicable project: **Community Health Initiative** (CHI), covering 2 million in the tribal areas of Thane District, Maharashtra. It aims at strengthening the available delivery systems within the existing infrastructure for reduction of disablement through prevention and cure. It is planned as a sustainable model for the National Rural Health Mission for the Government and NGOs to replicate in other parts of India.



Having exceeded its objective of over 50% (actual 72%) reduction of existing and future disabilities in the 8 tribal blocks of Thane District, concentration is now on one Primary Health Centre with the CHI area i.e. Parali (popn: 60,000, area: 640 sq.kms). This second phase is aimed at optimum achievement of selected NRHM indicators within 3 years (1st May 2012 to 30th March 2015). Strategies have been documented by Tata Consultancy Services in a Process Document for easy replication and recommendations from an independent evaluation have been effectively deployed in this second phase. Enhanced community and Government ownership are the key success factors for the replication of the CHI in India and other developing countries.

MAJOR ONGOING PROJECTS

LIFELINE EXPRESS HOSPITAL TRAIN

IIF's best known project is the Lifeline Express (LLE), the world's first hospital on a train. The Government of India has honoured this project with the release of a National postage stamp. This hospital carries sophisticated surgical curative systems for the disabled in rural India, all free of cost. It has so far medically served about 800,000 poor disabled in remote parts of the country, restoring sight, movement, hearing and correcting cleft lips, with the 'donated' time and skills of over 150,000 medical professionals and others from around the world. The LLE has been replicated with four hospital trains in China, two in Central Africa and Riverboat hospitals in Bangladesh and Cambodia.

Major services of the Lifeline Express (LLE)

1. Surgical services

- ⇒ Cleft Lip Plastic Surgery, Polio Corrective Surgery, Cataract and Middle Ear Surgeries

2. Distribution of Aids & Appliances

- ⇒ Calipers, Tricycles, Crutches, Spectacles and hearing aids

3. Counseling, Consultation and distribution of medicines

- ⇒ Epilepsy and Dental Treatment (including Scaling, Extraction and Restoration)

4. Training Local Medical Professionals

- ⇒ Conducting Medical Education programmes for Epilepsy and other domains on a regular basis
- ⇒ Training ENT Surgeons for Middle Ear Surgeries



Highlights 2012–2013

Keeping abreast with technological advancement

Thanks to the generous donation from Cognizant Foundation, a Phacoemulsifier Machine, amongst others was made operational in the year under review. This advanced technology for cataract surgery in the LLE offers the following advantages:

- ⇒ a very small incision of 1.5-2.8mm
- ⇒ walk-in walk-out
- ⇒ stitchless, bloodless and painless surgery
- ⇒ minimises infection
- ⇒ minimum post surgery precautions, quick healing and recovery

Innovations

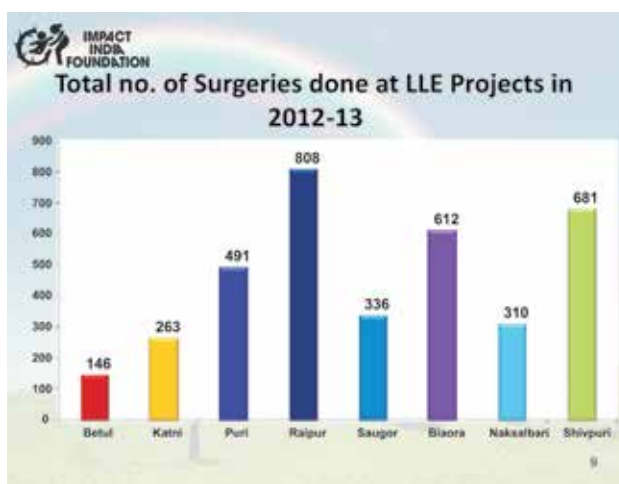
- ⇒ A camera attached to microscope helps train local surgeons for skill development.
- ⇒ Introduction of a Fogger Machine, a device which generates atomised spray containing disinfectant through sterilisation (aerial fumigation & disinfection) of Operation Theatres.

A New Preventive Programme

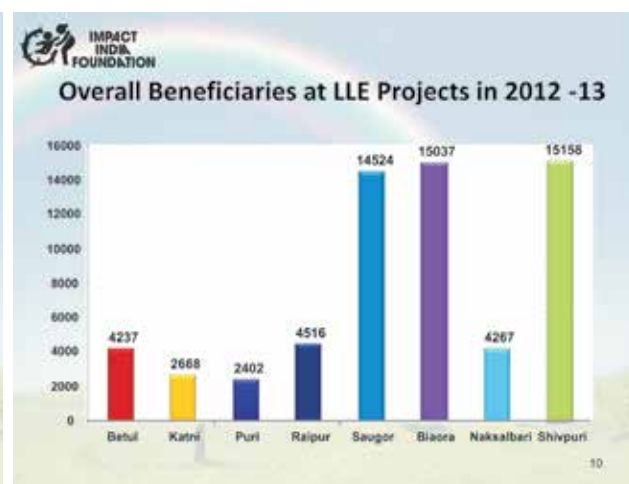
A School Health Education Programme (SHEP) was introduced on the auspicious occasion of the 21st Anniversary of LLE. Focusing on adolescent girls, it aims at reducing Infant and Maternal Mortality Rate by educating the school girls on Puberty, Menstruation, Anaemia, Marriage and Pregnancy.

3555 female students have benefited from this Programme so far.

Surgeries conducted at LLE Projects in 2012-13



Overall Beneficiaries and Surgeries at LLE Projects in 2012-13





Community Health Initiative
Parali Primary Health Centre, Wada Block, Thane District, Maharashtra
(Population: 60,000, mainly Tribals)

Impact India Foundation (IIF)'s focus is on Prevention and Cure of Disablement

Objectives of the Community Health Initiative (CHI) :

- ⇒ Reduction in the Infant Mortality Rate (IMR)
- ⇒ Reduction in the Maternal Mortality Rate (MMR)
- ⇒ Healthy disability-free newborns
- ⇒ Improvement in the overall health status of the population

Coordination meetings held with Government for building rapport assured all assistance to health activities to improve quality and coverage. Monthly Reports submitted to CEO Thane Zilla Parishad, and the District Health Officer (DHO), helped build their involvement. IIF was invited to be part of the Government's 'Rugna Kalyan Samiti' (Health Welfare Society) for the area.

The following activities are being implemented together with the Government's health staff:

Capacity Building for Government Health staff on preventive health activities was identified as a vital component for the efficient implementation of the CHI not only for CHI staff who functioned as Trainers but also for Government health staff (Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs) to ensure sustainability of the gains achieved.

One-day training sessions a month by IIF's Project Director – CHI are scheduled for 15 field staff of CHI, 134 AWWs, 75 ASHAs and 11 ANMs supported by modules on health issues, discussions and case-by-case guidance in the field. Topics covered include Anaemia, Ante and Post Natal Care, Care during Pregnancy, German Measles, Nutrition, Breast Feeding, Child Births after age 20 years, Consanguineous Marriages, Disability Prevention, Gender Discrimination etc.

Capacity Building of Rural Communities provide information on services of referral units, transport arrangements as well as at the Primary Health Centre for the community's use. The trained health staff (ASHAs, Anganwadi workers and CHI staff) conduct orientation sessions once a month for the community in every village/padas to sensitize adolescent girls and boys, pregnant mothers, post delivery cases and other women.

The abstract obtained from the teaching modules is discussed with the villagers and displayed on the 134 Anganwadi walls.

Community covered for orientation: 18,238
Number of orientation sessions: 1,075

Information, Education and Communication (IEC) programmes conducted by CHI staff for mass health education are arranged at the times convenient to the community. Films and literature on health issues packaged with entertainment are shown to add to the knowledge of the community.

Number of IEC sessions: 1,253
Attendees: 41,111



Village Health Committees: VHCs or Gram Arogya Samitis have been activated in 26 villages to sensitize the community on health issues and provide information on the roles and responsibilities of the Government health infrastructure, entitlements and services available, the schedules of pregnant mothers and the immunization of infants. VHC members track drop-outs to ensure that no beneficiary remains absent for the scheduled sessions. This is to create a culture of community-based monitoring of health programmes by the VHCs.



Anaemia Prevention Mission: Anaemia is the main cause of ill health of Indian women and adolescent girls and more so in the Tribal belt. Haemoglobin (Hb) estimation was conducted in adolescent girls and 991 pregnant women and the results were shocking - 60% girls, 80% Ashram school girls, 66% Ante Natal Cases suffer from Hb below 10 gms. Iron Folic Acid (IFA) supplements (pills) were provided by the Government to this group for 4 months to improve their anaemic condition. Subsequently donations received enabled the continuation of this programme. Anaemia prevention programme components are as follows:

- a) Awareness generation and counseling of school girls and ANC clinics
- b) De-worming of adolescent girls
- c) IFA pills supplementation
- d) Enhancing diets

A coordination meeting of all School Headmasters under the chairmanship of the Block Development Officer enabled the formulation of schedules for the above-mentioned activities.

Cultivation of Kitchen Gardens: IIF demonstrated through Kitchen Gardens in Ashramshalas (Tribal Residential Schools) that vegetables and fruits can be easily cultivated. Communities are encouraged to cultivate Home Gardens using waste water. 845 families were provided with seeds for cultivating Kitchen Gardens.

Clinics for Ante Natal Care (ANC) Cases: Efforts have been made to organize ANC clinics for villages located close to the roads to facilitate easy access to ensure the birth of normal weight, full term, healthy and disability-free infants.

CHI staff combined ANC clinics with immunization sessions which are conducted at villages/padas in addition to Sub Centres. CHI staff insists on on-the-spot examination of urine for albumin (proteins) during the third or fourth check up to detect 'Toxemia of Pregnancy' cases. Uristicks were supplied to all 11 Sub Centres by the Parali PHC and the District Health Office. The CHI staff has helped to augment the quality of the medical check-ups and motivate the Government's Health staff to undertake all investigations. 24 ANC check up sessions and 61 immunization sessions are conducted monthly by the ANM, Anganwadi workers, ASHAs and CHI staff.

Immunization: CHI staff's participation in immunization has led to the dropout rate being almost nil, barring cases of migration. Parents have been motivated to give priority to the immunization of their children by increasing their awareness of immunization schedules and the importance of immunization in controlling mortality and morbidity in children. 85 ANC and Immunization clinics are conducted every month. **The coverage is now 95%.**



Health Camps: To strengthen the ANC check ups, camps attended by Specialists are arranged quarterly through the Government's 'Manav Vikas Scheme' in which CHI staff actively participate and motivate the community to attend in large numbers.

Post Natal Cases (PNC) check up: CHI staff visit all delivery cases within a week of delivery including those located in difficult-to-reach forest locations to motivate new mothers to breast feed their babies exclusively for 6 months and to counsel them on enhanced dietary intake. New mothers are checked for foul smelling discharge, fever, pain in the abdomen etc. – all signs of illness and referred for immediate treatment to the PHC. There were about 919 deliveries (from June 1, 2012 to March 31, 2013)

Promotion of Institutional Deliveries: Lack of awareness of the advantages of institutional deliveries prevails. Other constraints are unapproachable roads, fear and reluctance to deliver in hospitals, a sense of shame, and blind faith in close relatives.

About 250 deliveries a year in this area.

Health camps: Several Health Camps with specialists have been held in association with the Government Health Centres for high-risk pregnant mothers, vision, squint, hearing, cleft lips and palates cases with referrals to local hospitals for treatment, all free of cost.

Baby Wrap Project: During June 2012 to 30th April 2013 there were 40 Low Birth Weight (LBW) newborns weighing between 1500 gms and 2000 gms and 11 LBW newborns of weight below 1500 gms. There were 22 Infant deaths mainly due to LBW. To safe guard these newborns from hypothermia, Baby Wraps were gifted to pregnant mothers providing CHI staff and ASHAs an opportunity to counsel pregnant women on Ante & Post Natal Care, the importance of institutional births, exclusive Breast-Feeding and timely Immunization. A total of 622 Baby Wraps were distributed sponsored by Johnson & Johnson Limited.

Construction of Toilets: In view of the dilapidated condition of toilets, ten new toilet blocks were constructed for the convenience of girls at Parali Ashramshala (residential school for Tribals) with the support of Hyderabad Industries Limited. This facility helped to stem their drop-out rate.

Five new Toy Banks: Initiated in Ashram schools for students to improve learning through entertainment and games. Five more toy banks are planned during 2013-14.

Rubella Immunization: 197 adolescent girls have been vaccinated against German Measles to prevent impairment in their future progeny such as heart defects and hearing loss, thanks to donations received from Village Health Committees, The Lions Clubs, Rotary Inner Wheel Clubs as well as from local citizens.

School Health Monitor programme: Has covered 97 Government Zilla Parishad Primary schools to promote early detection and treatment of minor ailments in children. The teachers and parents attend to the ailments for treatment at the nearest Health Centre or Rural Hospital.





Towards upgrade of Parali PHC (pop. 60,000): With sponsorship from Pfizer Ltd., PHC staff was trained on housekeeping and were provided with promotional material on health education. Nine Health Committees were formed to motivate others in their village to partake of Health services such as Immunization schedules, institutional child births under skilled medical care, Ante Natal and Post Natal checkups at the Primary Health Centre and the transport available for child deliveries. This has resulted in an increase in the number of patients accessing the PHC and in the number of child deliveries in the PHC entitling it to additional NRHM resources for manpower and equipment.

COMMUNITY HEALTH INITIATIVE – ACHIEVEMENTS

- A) Involvement and active participation of the Government staff at Village, Block and District levels. (e.g. adoption of IIF training modules by the Government)
- B) Increase in the health-seeking behaviour of the community where the Out Patient Department attendance at Parali PHC has increased to 16,327 from 2,000.
- C) Increase in community awareness on health issues and the facilities available to them - 41,111 attendees at 1,253 IEC sessions.
- D) Improvement in the quality and quantity of ANC and PNC coverage to 95%
- E) Increase in institutional deliveries from 90 to 124.
- F) Increase in Immunization coverage from 83% to more than 95%.
- G) Increase in exclusive breastfeeding practice of infants aged 0 to 6 months.
- H) Grass-root Government health workers (ASHAs, AWWs) have commenced the orientation of the community in the presence of CHI supervisory staff.
- I) An impetus to the Anaemia prevention programme of the Government characterized by the growing community participation. There were 2,878 beneficiaries (adolescent girls) out of 3,600.
- J) The Infant Mortality Rate (IMR) is reduced to 24 from 30. Deaths of new borns and children under age one are due to LBW (Low Birth Weight), premature / full term births to malnourished mothers. Village communities have developed faith and confidence in CHI staff.
- K) Community response to the Government Health staff to take advantage of health services is good.
- L) Village Health Committees (26 activated so far) are taking a keen interest in disability prevention programmes by sponsoring Rubella immunization and promoting HB estimation in adolescent girls.



Challenges that need to be addressed:

- A) Facilitation of Government health workers to attend IIF's one-day training programmes on health issues at each Sub Centre every month to build their capacity for community orientation. The attendance of ASHAs (non salaried workers) is low due to lack of provision for travel and daily allowances.
- B) Interruption of supply of Iron and Folic Acid (IFA) pills from the Government's Health Department to treat Anaemia in adolescent girls.
- C) Many distant villages are without roads and electricity.
- D) Migration of the communities after harvest season in November / December.
- E) Poverty - inability to afford diet supplements to reduce malnutrition.
- F) Lack of Government programmes targeting adolescent groups focused on health and nutrition.

The Road Ahead:

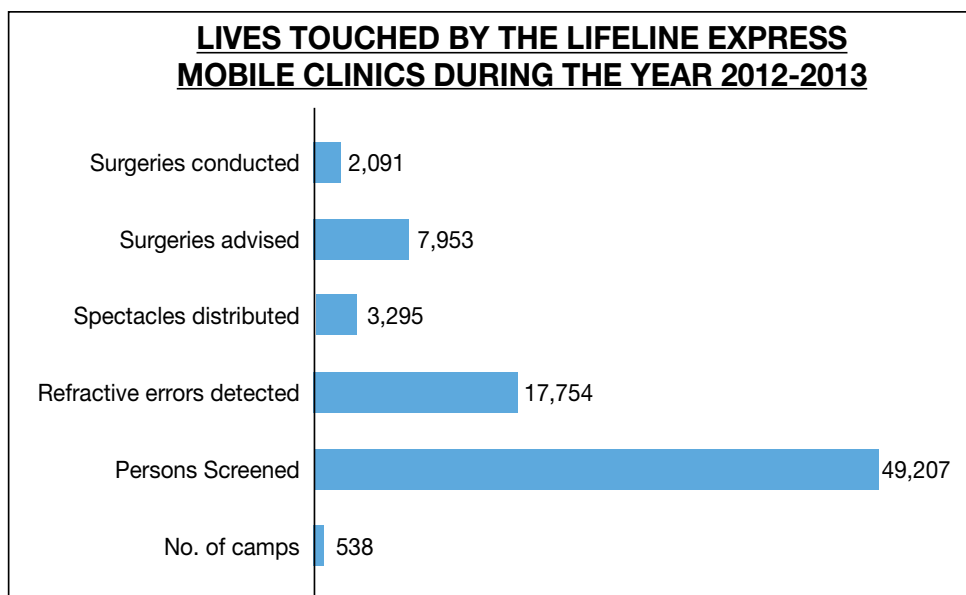
IIF through its Community Health Initiative (CHI) plans to accelerate capacity building of Government health workers and community volunteers upto March 2015. To demonstrate a replicable model, the CHI staff will continue to enable Government staff and community volunteers to monitor on a case-to-case basis, activities focused on prevention of disablement - timely immunization, anaemia reduction in adolescent girls, reduction in the infant and maternal mortality rates and child malnutrition.

Lifeline Express Mobile Clinic (LLEMC)

The LLEMCs introduced by IIF for combating disabilities is designed as an autonomous diagnostic mobile clinic fitted with the latest equipment for identifying vision impairments.

During the year under review, the five LLEMCs were put to use in Nashik, Gadchiroli, Pune, Nandurbar and Vasind areas in the State of Maharashtra.

The chart given below indicates the lives that were touched by the LLEMCs during the year 2012-13.





ABRIDGED BALANCE SHEET AS AT 31st MARCH 2013
(Summarised from financial statements audited by M/s. N.M. Rajji & Co.,
Chartered Accountants, Mumbai)

(Value ₹ in thousands)

Particulars	31.3.2013	31.03.2012
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Sources of Funds

Corpus Funds:		
- Trust Corpus Fund	3,616	3,616
- Lifeline Express Corpus Fund	14,945	14,945
Total Corpus Fund	18,561	18,561
Other Earmarked Funds:		
- Old Lifeline Express	466	466
- Community Health Initiative	4,080	4,878
- New Lifeline Express	6,449	4,867
Total Earmarked Funds	10,995	10,211
Project Funds:		
- Lifeline Express	21,781	24,961
- Community Health Initiative	(15,216)	(20,623)
- Gandhi Books	1,071	989
Total Project Funds	7,636	5,327
Liabilities	3,353	1,434
Total	40,545	35,533

Application of Funds

Fixed Assets	10,864	10,556
Investments:		
a) Fixed Deposits	14,100	14,100
b) Govt. of India Bonds	4,500	4,500
Total Investments	18,600	18,600
Current Assets:		
a) Loans & Advances	2,199	2,429
b) Receivables	893	895
c) Cash & Bank Balances	7,989	3,053
Total Current Assets	11,081	6,377
Total	40,545	35,533



**ABRIDGED INCOME & EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31st MARCH 2013**
(Summarised from financial statements audited by M/s. N.M. Raiji & Co.,
Chartered Accountants, Mumbai)

(Value ₹ in thousands)

Particulars	31.3.2013	31.03.2012
Income		
Donations received during the year	38,169	24,896
Interest from Savings Bank Account	242	243
Interest from Fixed Deposits & GOI Bonds	1,656	1,864
Other Income	107	-
Total Income	40,174	27,003

Expenditure		
Establishment Expenses	4,195	4,062
Expenditure on the Objects of the Trust:		
- Lifeline Express	24,101	18,925
- Community Health Initiative (CHI)	9,569	11,579
Total Expenditure on the Objects of the Trust	33,670	30,504
Total Expenditure	37,865	34,566

Excess of Income over Expenditure	2,309	(7,563)
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Notes:

Resources expended on objects of the Trust are grossly understated in the Accounts since most of the services on the Lifeline Express and elsewhere are donated by medical personnel and volunteers.



RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2013

(Value ₹ in thousands)

RECEIPTS	Amount	PAYMENTS	Amount
Opening Bank Balance as on 01.04.2012	2,932	Recurring Expenditure	
Opening Cash Balance as on 01.04.2012	121	Lifeline Express Project	21,513
		Community Health Initiative Project	9,803
Donations received during the year		Establishment Expenses	3,917
Lifeline Express Project	21,248		
Community Health Initiative Project	15,326	Capital Expenditure	
Gandhi Book Project	74	Community Health Initiative Project	209
Establishment	1,041	Establishment	25
Lifeline Express Earmarked Fund	2,746	Lifeline Express Project	2,932
Interest Income			
Fixed Deposit	2,038	Investment made during the year	3,300
Saving Bank Account	242		
Others	41		
Income Tax Refund (A.Y.2010-11)	252	Advances given during the year	211
Other Income			
Sale of Assets	336		
Miscellaneous	4		
Investment matured during the year	3,300	Closing Bank Balance as on 31.03.2013	7,951
Advances settled during the year	198	Closing Cash Balance as on 31.03.2013	38
Total	49,899	Total	49,899

Significant Accounting Policies and Notes to Accounts

1. Background:

Impact India Foundation is a charitable and not-for-profit organisation registered under the Maharashtra Public Trusts Act, and under section 12A of the Income Tax Act, 1961.

2. Methods of Accounting & Revenue Recognition:

- (i) The financial Accounting is maintained in accordance with the provisions of the Income Tax Act, 1961.
- (ii) The financial statements are prepared on the historical cost convention, on the accrual basis of accounting.
- (iii) Income & Expenses are recognised on accrual basis.

3. Donations:

- (i) Donations are accounted for as Corpus Fund, Earmarked Fund, Project Fund or General Fund in accordance with the instructions from the Donor.
- (ii) Foreign Contributions are received in, and utilized from, a separate designated bank account as per the Foreign Contribution (Regulation) Act, 2010.



4. Fixed Assets:

- (i) Fixed Assets are carried at cost, less accumulated depreciation.
- (ii) Improvements to an asset that enhances the life of an asset are capitalised.

5. Depreciation:

- (i) Depreciation on assets is provided on the Written Down Value (WDV) method.
- (ii) Fixed Assets individually costing more than Rs. 5,000/- are depreciated as under:

Asset Type	Rate of Depreciation
Furniture & Fitting	20%
Computers	60%
Motor Cars / Bus / Two Wheelers	25%
Office Equipment	15%
Kitchen Equipment	20%
Medical Equipment	20%
Other Machinery	15%

- (iii) Assets individually costing Rs.5,000 & below are depreciated @100%.

6. Investments:

Investments are stated at cost.

Disclosures:

1. Trustees do not receive any remuneration or reimbursement of expenses.
2. Head of the organization is Mr. R.C. Sarin, Chairman, Board of Trustees, who does not receive any remuneration or reimbursement of expenses.
3. Highest salary paid to Chief Operating Officer : Rs. 103,300/- per month.
4. Lowest salary paid to Office Boy : Rs. 4,800/- per month.
5. No expenses have been incurred on account of international travel during the period from 1.4.2012 to 31.3.2013.
6. Distribution of staff according to salary levels and gender is as follows:

Monthly Salary Slabs	Number of staff		
	Male	Female	Total
Rs. 70,000 to 110,000	1	0	1
Rs. 50,000 to 69,000	2	0	2
Rs. 30,000 to 49,000	1	3	4
Rs. 20,000 to 29,000	5	0	5
Rs. 10,000 to 19,000	19	3	22
Rs. 5,000 to 9,900	8	4	12
Less than Rs. 5,000	1	0	1
TOTAL STAFF	37	10	47



IMPACT INDIA FOUNDATION

Thanks the Government of India, the Government of Maharashtra, the Indian Railways and the thousands who have risen to help - surgeons, nurses, paramedical staff, students, Trusts, Foundations, Corporates, Institutions and Individuals. It would be difficult to name all. We remain grateful to every one.

A.V. Vaidya
Abbott India Ltd.
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