

# **SAMARTH ANNUAL REPORT**

**2012-2013**

## **List of Members: 2012-2013**

### **Governing Body**

- Dr. L. Jeyaseelan : Honorary President, Prof. & Head, Department of Biostatistics, Christian Medical College, Vellore
- Dr. Shuba Kumar : Secretary, Social Scientist, Samarth, Chennai
- Dr. Rani Mohanraj : Treasurer, Psychologist, Samarth, Chennai
- Dr. Saradha Suresh : Former Director, Institute of Child Health (ICH), Chennai
- Dr. B.W.C. Sathiasekaran : Prof. of Community Medicine, Sri Ramachandra Medical College and Research Institute (SRMC&RI), Chennai
- Dr. R.Thara : Director, Schizophrenia Research Foundation, (SCARF), Chennai
- Dr. Lakshmi Vijayakumar : Psychiatrist, Founder Member Sneha Chennai
- Dr. Krishnakumar : Principal, Elite School of Optometry, Sankara Nethralaya, Chennai
- Dr. Suresh Kumar : Consultant Psychiatrist, Chennai

### **Advisory Body**

- Dr. Lisa Manhart : Associate Professor, Epidemiology, Adjunct Associate Professor, Global Health, University of Washington Center for AIDS and STD, Seattle, USA
- Dr. Kumaraswami : Former Director, Tuberculosis Research Centre (TRC), Chennai
- Dr. Usha Ramakrishnan : Associate Professor, Hubert Department of Global Health, Emory University – USA

### **Members**

- Dr. Keerthi Prabhu : Consultant Psychiatrist, Apollo Hospitals, Chennai
- Ms. Aarthi Kandasamy : Technical Assistant – CHARTED, Voluntary Health Services (VHS), Chennai
- Dr. Visalakshi Jeyaseelan : Lecturer, Department of Biostatistics, Christian Medical College, Vellore
- Ms. K.V.Sripriya : Nutritionist, Research Coordinator, Samarth, Chennai

- Mr. Veerapandian : Assistant Professor, Madras School Of Social Work,  
Department of Counseling Psychology, Chennai
- Ms. Sylvia Jeyakumar : Biostatistical Consultant, Bill and Melinda Gates  
Foundation, Chennai
- Ms. Basilea Watson : Technical Assistant (Research), National Institute for  
Research in Tuberculosis (NIRT), Chennai
- Ms. Premalatha : Data Manager, Schizophrenia Research Foundation  
(SCARF), Chennai
- Auditors** : Parameswaran & Associates Chartered Accountants.
- Bankers** : Canara Bank, St.Mary's Road, Chennai

## **SECRETARY'S MESSAGE**

One of the highlights of this year was the celebration we had on Samarth completing five years as an NGO. Five years, during which we have been successfully engaging in social science and behavioural health research and conducting qualitative research and instrument development workshops at various forums including medical universities. To celebrate this occasion we organized a symposium to which we invited several distinguished scientists like Dr. Vasantha Muthuswamy, Dr. Lisa Manhart and Dr. R Thara. Justice Ramasubramaniam, the presiding judge in the Madras High Court delivered the presidential address on ethics in research. The symposium was well attended with participants deeply appreciative of the thoughtful and insightful presentations of each of the speakers.

Apart from our continued links with centres of excellence like the University of Washington, we were successful in establishing collaborative partnerships with other organizations like the Bristol Myers Squibb Foundation and the United Nations Office of Drugs and Crime. We have also sought to consolidate our work further by focusing on writing scientific papers from our completed projects and seeking to get them published in peer reviewed journals. Our social science workshops are now well recognized for their quality and content. We are now working towards conducting similar workshops in Chennai in collaboration with the Schizophrenia Research Foundation and expand its scope to include epidemiology and biostatistics also.

## **ABOUT SAMARTH**

We are a group of epidemiologists, social scientists, psychologists and biostatisticians who share a common vision in advocating for health research. We have extensive research experience in using both qualitative and quantitative methods in several national and international multicentric health projects. These have ranged from projects on domestic violence, adolescent mental health, community mental health to, care and support programmes for HIV positive persons.

Samarth was set up in January 2007 and registered as a society under the Tamilnadu Societies Registration Act, 1956 on 24th May 2007; Samarth has been involved in conducting various research projects and social science training programmes.

## **OUR OBJECTIVES**

- Conducting research to inform policy
- Promoting healthy behaviour through counselling and community education
- Building capacity in epidemiology, social science and biostatistics
- Building partnerships with government and private sectors in health promotion

## **OUR MISSION STATEMENT**

Samarth is committed to creating healthier lives of communities through credible research and sustainable interventions

**SAMARTH RESEARCH AND TRAINING  
ACTIVITIES**

## **RESEARCH**

### **ONGOING PROJECTS**

#### **1) Integrating Depression Screening into HIV Care in Southern India**

This R21 study, a collaborative effort between Samarth, the BRTC at CMC-Vellore and the University of Washington proposed to understand how best to integrate a screening for depression into HIV care settings. The proposal was approved by the National Institutes of Health (NIH) USA and later by the Indian Council of Medical Research (ICMR) and the National AIDS Control Organization (NACO). The study commenced in November 2010 and is scheduled to be completed in May 2013. The key study objectives were, 1) Identify the most appropriate tool to screen HIV-positive individuals in South India for depression. 2) Determine inter-rater reliability between a psychiatrist and a psychologist in diagnosing depression among HIV patients using a structured diagnostic instrument. 3) Identify barriers and facilitators to integrating depression screening into existing HIV-care services and lastly, 4) Estimate the prevalence and correlates of depression among HIV-patients seeking care in an urban HIV clinic.

All the quantitative data collection (n= 300) was completed in August 2012. The data entry was carried out by the Biostatistics Department at CMC Vellore who were entrusted with the task of data management and analysis. The data have all been cleaned and basic analysis showing distributions and cross tabs have also been completed. The process of paper writing has commenced and analysis specific to the papers are underway. With respect to the qualitative data, the in-depth interviews (IDIs) and focus groups discussions (FGDs) were completed by April 2013. The numbers of IDIs and FGDs for different categories of stakeholders are listed below:

1. IDIs with HIV positive patients- Completed= 17 (Numbers originally planned=20)
2. IDIs with Psychiatrists – Completed = 6 (Numbers originally planned= 10)
3. IDIs with Political Decision Makers – Completed = 6 (Numbers originally planned =10)
4. FGDs with Counsellors – Completed = 2 (Numbers originally planned= 2)
5. FGDs with HIV/ART Doctors – Completed = 1 (Numbers originally planned = 2)

The main reasons for not being able to complete the requisite number of interviews with respect to the patients were partly because of non-availability of eligible participants and

partly because of refusal to participate. Among the health care providers too, we were unable to achieve the exact numbers of interviews originally intended, because of non-availability of eligible participants. The transcription of all categories of stakeholders excepting the political decision makers has been completed. These remaining interviews will be transcribed by end May which is when the project will come to a close. The process of writing papers for publication is ongoing.

## **2) Psychological Distress among Pregnant Women in South India: Towards Intervention Development**

This is a Collaborative study between the University of Washington (UW), USA under the Global Centre for Integrated Health of Women, Adolescents and Children (WACH) programme, Samarth, Chennai, the Institute of Obstetrics and Gynaecology (IOG)- Madras Medical College, Chennai and the Department of Gynaecology at the Christian Medical College, Vellore. The study proposed to develop culturally appropriate interventions to be implemented within antenatal clinics to relieve psychological distress among pregnant women. Specifically the study aimed to, 1) Estimate prevalence of depressive and post traumatic stress disorder (PTSD) symptoms among pregnant women seeking antenatal care and examine the impact of these symptoms on birth outcomes 2) Conduct interviews with women seeking antenatal care, obstetrician/gynecologists, social workers and other mental health professionals, through which we will gather information on how to culturally adapt therapeutic techniques to reduce depression and PTSD symptoms in these women.

Data on 150 pregnant women in the last trimester were collected from two centres, namely seventy five from CMC Vellore and seventy five from IOG Chennai. The women were administered a series of validated questionnaires to measure post traumatic stress, depression and domestic violence using the, i) Post traumatic stress disorder (PTSD) questionnaire, ii) Patient Health Questionnaire (PHQ) and iii) Domestic Violence questionnaire. Data on the sociodemographic characteristics of the sample were also collected. Following inclusion into the study, the women were followed up until delivery, at which point data on birth outcomes were collected. This involved recording the baby's birth weight, head circumference, any birth abnormalities in the child, gestational age of the baby and any complications during pregnancy. The recruitment of the 150 pregnant women from both sites has been completed and barring 20 women who have yet to deliver, all other women have delivered and the birth outcomes have been recorded. In-depth interviews were completed on 15 pregnant women and 9 health care providers (inclusive of both sites). All interviews were recorded after

obtaining permission. These interviews have been transcribed verbatim and are now ready for analyses.

### **3) Evaluation of Hep. B Programmes of Bristol Meyers Foundation**

The Bristol-Meyers Squibb (BMS FOUNDATION) Foundation has undertaken several programmes to provide information and training about Hep.B, which includes capacity building for healthcare professionals and lay health workers on disease education and prevention. In addition, the Foundation strives to share best practices in the prevention and management of Hep. B and C and informs public health policy. Their four thrust areas are: Awareness, Education and Prevention programmes: These programmes aim to create awareness about Hep. B and C, conduct education programmes about the disease and teach beneficiaries regarding methods of prevention. This programme aims at early diagnosis and prevention of further spread of the disease. The BMS Foundation has been operating in India for some time now and have been working with several NGO partners in several states across India. These NGO partners for the last 5 years have been involved in carrying out education and awareness programmes aimed at communities, schools and colleges, running vaccination camps and training health care providers on various prevention and treatment aspects of Hepatitis B.

With the aim of understanding the usefulness of work undertaken by their NGO partners, the BMS foundation has contracted Samarth to carry out an evaluation of these activities of a sample of NGOs. Such an evaluation it is hoped would provide a better understanding of the effect these programmes have had in terms of creating awareness about Hep. B and getting people to vaccinate themselves and also give guidance on how these programmes could be further improved upon. The NGOs and programmes selected for evaluation were:

1. AHBAAS Programme: Sites selected Ambur-Tamilnadu, Bangalore-Karnataka, Ludhiana-Punjab, Angamalley-Kerala and Tezpur-Assam. The AHBAAS programmes essentially aimed at conducting awareness programmes on Hep. B in communities, schools and colleges. In addition training of various cadres of health care providers and conducting vaccination camps were also part of their agenda
2. United Way –Mumbai- Theirs was a community based programme targeting high risk groups like Injection Drug Users (IDUs) and Commercial Sex

Workers (CSWs). Using the help of trained outreach workers (ORWs) they carried out both awareness and vaccination camps specifically targeting these high risk groups. In addition they also trained college students to conduct rallies, skits etc as a means of spreading awareness about Hepatitis B.

3. AmeriCare- Mumbai-This project was planned to be carried out in two hospitals - Jagjivan Ram Railway Hospital and KEM Hospital in Mumbai. The specific objectives of this project were to, i) Report and reduce Needle stick Injuries,ii) Increase the availability and proper utilisation of safety supplies, iii) Raise awareness around occupational hazards and use of mitigation techniques, iv) Vaccinate and Implement post-exposure prophylaxis, v) Develop and implement SOPs and training manuals, vi) Inculcate a culture of positive support and a healthy work environment, vii) Perform community outreach through medical camps and a municipal school program
4. National Liver Foundation -Mumbai - Their Project ACHIEVE aimed at improving awareness and early detection for Hepatitis B and C prevention and treatment among blood donors. The specific objectives were, i) Improve awareness in blood donors about hepatitis B and C, ii) Train the medical social worker (MSW) and doctors in the blood bank to counsel all blood donors before blood donation for overall awareness about hepatitis B and C and specifically for post-donation counselling in the event of the donor testing positive for hepatitis B and C, iii) Assess the logistics of confirmatory testing and counselling of the donors and use this experience to help inform a national policy on confirmatory testing and counselling of blood donors who test positive for B and C viruses, iv) Vaccinate against hepatitis B for family members of HBsAG-positive donors and prevent horizontal and vertical transmissions
5. HOPE Initiative- B-Rodh executed by Health Oriented Programmes and Education Initiative (HOPE) in Uttar Pradesh- The objectives of their programme were to improve knowledge and awareness about Hep. B by harnessing the support of school children and teachers. Through this approach the programme envisages bringing about changes in attitudes and practices related to Hep. B risk behaviour and thereby bringing about risk reductions.
6. Hepatitis Foundation of Tripura (HFT)- They carried out the Hep. B Education and Life Protection (HELP) programme- Their focus was to, i) train health

care providers and community health volunteers improve awareness among the general population through educational institutions, ii) support existing immunization services and support early detection of hepatitis B infections iii) strengthen institutional capacity of HFT and its network of volunteers. The programme was focused mainly in rural and tribal areas

Our evaluation work commenced in January 2013 following a partners meeting held in Kolkatta, organized by BMS, wherein we had an opportunity to meet with and understand the work carried out by these NGOs. We then prepared operational plans for site visits, developed survey questionnaires for assessment of knowledge and practice and developed interview guides for various categories of stakeholders. Site visits have so far been completed for the following AHBAAS project sites located in Ambur, Bangalore and Ludhiana. The evaluation work is currently underway

#### **4) Amphetamine-type Stimulants in India: A Situation Assessment Study**

UNODC United Nations Office of Drugs and Crime) is conducting a research study to understand the nature and extent of ATS (Amphetamine Type Stimulants) use in India. In India, the prevalence of ATS is not known. Over the last few years, laboratories producing amphetamine-group substances have been unearthed by law enforcement agencies from several parts of the country. Considering the serious adverse consequences associated with the use of these drugs, UNODC has contracted Samarth to undertake a small situational analysis in a few cities in India to gain insights into the use of these drugs. The objectives of the study are to i) understand the range, pattern and frequency of ATS use among a sample of young persons ii) understand the various factors associated with the use of ATS and iii) explore the adverse consequences related to the use of ATS. The study is being conducted in the following cities, Chennai,- Tamil Nadu, Chandigarh- Punjab, Kolkatta- West Bengal, Aizawl-Mizoram and Moreh- Manipur.

The study uses a mixed methods approach involving qualitative interviews and a survey questionnaire. Using purposive sampling techniques it is proposed to conduct 10 qualitative interviews with a sample of men and women from each of the above 5 sites, who have used or are currently using ATS. The qualitative interviews will seek to elicit information on the reasons and circumstances that led them into abusing ATS drugs, the nature and frequency of use, the manner of consuming the drug, any adverse health consequences, health care if any sought and their intentions if any to stop taking ATS. The survey questionnaire will essentially seek to document their history of drug use, the different types of ATS used, the

manner of consuming, frequency of use and other demographic information. A two day meeting involving UNODC officials, research team members engaged to carry out the data collection in each of the study sites and the Samarth team was held in Chennai in February 2013. Information on ATS drugs and its use was provided to the study team and this was followed by an intensive training of the field team to equip them to carry out the in-depth interviews and administer the survey questionnaire. The data collection is currently underway. The study is to be completed in May 2013.

## **COMPLETED PROJECT**

### **1 COPSI Project**

The COPSI study (Community Care for People with Schizophrenia) aimed to evaluate which of two treatments was better for people with schizophrenia, in reducing their symptoms and in improving their social functioning: Facility Based Care (FBC) or Collaborative Community Based Care (CCBC). The former involved treating patients and their families in the clinic by psychiatrists and other qualified medical and paramedical personnel; the latter in addition to this, also included a set of treatments given by a trained person called a Community Health Worker (CHW) who visited patients and their families at home. A randomized controlled trial was carried out with some patients and their families allocated to the FBC arm and others to the CCBC arm. The study was conducted by the Schizophrenia Research Foundation (SCARF), Chennai; Sangath, Goa; and Parivarthan and Nirmitee (in collaboration with private psychiatrists), Satara. Dr. Shuba Kumar was appointed as a qualitative consultant to this study and oversaw the qualitative phase of the study. The qualitative component involved in-depth interviews with patients and their family caregiver carried out at baseline before commencement of the intervention and again at the end of 1 year. All baseline and endline interviews have been completed, and have been transcribed and entered into NVIVO. The analysis of the data was completed and presented during the SCARF Conference held in September 2012.

## **RESEARCH PROJECTS IN THE PIPELINE**

The following projects are currently in the pipeline:

### **1) Collaborative care for Depression and Diabetes in India – Qualitative Study Protocol**

A study titled, “Collaborative Care for Depression and Diabetes in India”, involving Emory University and the University of Washington in the USA and the Madras Diabetes Research Foundation in Chennai has been submitted for funding to the National Institute of Mental Health (NIMH) USA. If funded, Samarth will undertake the qualitative component in this study. The rationale guiding this study is that mental health and cardio-metabolic diseases are chronic, complex, progressive, and costly to care for diseases and in both, behavioral activation and motivation are critical for adherence to management plans. In addition, care for both sets of conditions is hampered by major patient (e.g., stigma, motivation), provider (e.g., clinical inertia to intensify treatment), and system-level barriers (e.g., organization of care), all of which interact with each other. Given the similarities in course of disease and barriers to care, as well as the adverse interactions between these groups of conditions, integrated care that combines mental health management with cardio-metabolic risk reduction may provide efficient opportunities to reduce morbidity and improve physical and social functioning among high-risk individuals. Samarth’s role in this study will be to conduct focus group discussions and in-depth interviews with patients, family members, and providers at all clinic sites to gather qualitative data regarding local knowledge and perceptions of depression and diabetes care. The goal is to eventually develop culturally appropriate and efficacious models of integrated diabetes and depression care. In order to leverage existing diabetes care delivery infrastructure to efficiently integrate depression care, it is intended to adapt the TEAMcare/CARRS collaborative care interventions for patients with combined diabetes and depression in India.

### **2) Cross Border Study on Amphetamine-Type Stimulants in Moreh and Champai**

In India, the prevalence of ATS is not known. Over the last few years, laboratories producing amphetamine-group substances have been unearthed by law enforcement agencies from several parts of the country. India has become a significant source for ketamine, a hallucinogen not under international control. Along with China, India is the most frequently mentioned source country for seized illicit shipments of ephedrine and pseudoephedrine. Anecdotal reports and clinical data indicate the emergence of use of these substances in

several parts of the country. It is important to study this problem in order to effectively design and implement appropriate interventions that reduce the adverse consequences associated with its emerging pattern of ATS use. To explore this situation UNODC is conducting a study to understand the pattern of ATS use in Moreh and Champai. More specifically the study seeks to follow up on the ongoing study on ATS and document, i) the pattern of ATS use in some selected areas bordering India and Myanmar, namely Moreh and Champai and ii) understand issues that affect ATS use in these selected border areas

## **PUBLICATIONS**

**1. Shuba Kumar, Rani Mohanraj, Anuradha Rose, M.J Paul and George Thomas (2012).** How Informed is Informed Consent: Findings from a study in South India. Indian Journal of Medical Ethics Vol IX, No. 3, July - September 2012

**2. Ramakrishnan Usha, Lowe Akyssa, Vir Shiela, Kumar Shuba, Mohanraj Rani, Chaturvedi Anuraag, Noznesky Elizabeth A., Martorell Reynaldo, Mason John B** Public health interventions, barriers and opportunities for improving maternal nutrition in India. Food and Nutrition Bulletin. Vol. 33, Suppl. 1, June 2012, pp. 71-92 (22)

## **Samarth's 5<sup>th</sup> Year Celebration**

The Samarth team celebrated their 5<sup>th</sup> anniversary on 16<sup>th</sup> October 2012 at the conference hall of the Gandhi Nagar Club, Adyar. To mark the occasion, a symposium was organized wherein a few special dignitaries were invited to address the audience. The dignitaries comprised Justice Ramasubramaniam, Judge at the Madras High Court, Dr. Vasantha Muthuswamy, Retired Deputy Director General, Basic Sciences, ICMR and Dr. Lisa Manhart, Professor of Epidemiology, University of Washington, USA.

The symposium began with Dr. L Jeyaseelan, Honorary President of Samarth welcoming the dignitaries as well as the audience. Dr. Shuba Kumar then presented the secretary's report outlining the activities of Samarth and Dr. Thara, Director of the Schizophrenia Research Foundation felicitated the achievements of Samarth. This was followed by Dr. Vasantha Muthuswamy who focused her presentation on funding opportunities in India. Dr. Lisa Manhart spoke of her work with Samarth with Justice Ramasubramaniam delivering the Presidential address focusing on ethical issues in research and health care

## **SOCIAL SCIENCE TRAINING PROGRAMMES**

Social Science training Programmes organized by Samarth and those for which Samarth faculty had been invited to as resource persons during the period 2012 – 2013 are listed below:

1. Qualitative Research Methods and Analysis and Instrument Development - 7<sup>th</sup> – 12<sup>th</sup> May 2012. Conducted by Samarth at the Biostatistics Resource and Training Centre- CMC, Vellore
2. Workshop on Qualitative Research Methods- 29<sup>th</sup> - 31<sup>st</sup> August 2012. Conducted by Samarth at Manipal University.
- 3 Workshop on Qualitative Research Methods- 20<sup>th</sup> September 2012. Conducted by Samarth during the SCARF- ICONS conference in Chennai.
4. Workshop on Qualitative Research Methods and Analysis and Instrument Development- 19<sup>th</sup> – 23<sup>rd</sup> November 2012. Conducted by Samarth at the Biostatistics Resource and Training Centre- CMC, Vellore
5. Qualitative Research Techniques- a Pre-conference Workshop 1st December 2012. Conducted by Samarth during the IASP ( International Association of Suicide Prevention ) conference in Chennai

## PROFILE OF **FOUNDER MEMBERS**

**L. Jeyaseelan** has a doctorate in Biostatistics and is currently the Professor at Department of Biostatistics at Christian Medical College (CMC), Vellore. He was trained in Epidemiology and Biostatistics at the University of Newcastle, Australia under the INCLEN (International Clinical Epidemiology Network). He has established a Biostatistics Research and Training Centre (BRTC) and a Clinical Data Management Centre (CDMC) at CMC for high quality data analyses and management. In addition, to being the honorary president of Samarth he also provides his expertise as a Biostatistician for Samarth's research projects.

**Shuba Kumar** is a Social Scientist and holds a doctorate in Medical and Social Psychiatry. She received her training in Social Science and Epidemiology from the University of Newcastle, Australia under the INCLEN (International Clinical Epidemiology Network) programme. She has been a lead investigator on research projects on women's reproductive health, domestic violence, mental health and HIV care and support programmes. She is also the sitting member of ethical committees in institutions such as, the National Institute for Research in Tuberculosis (NIRT), Madras Diabetes Research Foundation (MDRF), and the Schizophrenia Research Foundation (SCARF)

**Rani Mohanraj** completed her doctorate in Psychology from the University of Madras and was trained under the Fogarty Fellowship Programme in Epidemiology and Biostatistics at the University of Washington, USA. She has been involved in research studies on mental health concerns, specifically depression in primary care and school mental health. She has also worked with HIV affected children and has consulted on the development of tools for counsellors in HIV care.

**Saradha Suresh** is the Former Director of the Institute of Child Health (ICH), Chennai. She underwent training in Clinical Epidemiology, Biostatistics and Health Economics at the University of Pennsylvania, USA under the INCLEN programme. She has been the lead researcher on several neonatal and child health projects. She serves as a technical consultant on the research projects undertaken by Samarth.

**Veerapandian** was trained in Psychology from the President College, Chennai and completed M.Phil from University of Madras. He is a visiting faculty in Psychology at various educational institutions

# FINANCIAL STATEMENT

## AUDIT REPORT

We have examined the Balance Sheet of SAMARTH as at 31.03.2013 and the Income and Expenditure account for the year ended on that date which is in agreement with the books of account maintained by the said institution

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of the audit. In my/our opinion, proper books of account have been kept by the head office and the branches of the above named trust/institution visited by us so far as appears from our examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by us, subject to the comments given below:

our opinion and to the best of my/our information, and according to information given to us, the said accounts give a true and fair view-

- (i) in the case of the Balance Sheet, of the state of affairs of the above named trust/institution as at 31.03.2013 and,
- (ii) in the case of the Income and Expenditure account, of the profit or loss of its accounting year ending on 31.03.2013.

The prescribed particulars are annexed hereto.

Parameswaran & Associates

Chartered Accountants

Firm Regn. No 013255S

Place : Chennai

Date : 19/09/2013

V. Parameswaran

Partner

M.No:024939

**Samarth**

No. 13A (Old No. 11), 4th Cross Street, Indira Nagar, Adyar, Chennai - 600020

**Income and Expenditure Account for the period ended 31.03.2013**

Expenses	Amount	Income	Amount
To Salary	1,12,099	By Interest Received on	21,250
To Office Maintenance	34,150	deposit	
To SST Project Expenses	1,34,231	By Bank Interest	84,108
To Bank Charges	2,297	By Overheads Recovery	87,150
To Bonus	200	By Premium	25,660
To Printing and Stationary	85,042	By SST Registration Fees	3,36,000
To Travelling Expenses	21,487	By Work Shop income SCARF	15,000
To Miscellaneous Expenses	18,866	By Interest Received on	21,250
To Professional Charges	29,500	deposit	
To Postage and Courier	473	By Bank Interest	84,108
To Telephone Charges	23,215	By Overheads Recovery	87,150
To Depreciation	23,643	By Premium	25,660
To Excess of Income over Expenditure	83,966		
	<u><u>5,69,168</u></u>		<u><u>5,69,168</u></u>

Vide Our Report of Even Date,  
Parameswaran & Associates  
Chartered Accountants  
Firm regn. No 013255S

(V Parameswaran) Partner M.No. 024939

<b>Samarth</b>			
No. 13A (Old No. 11), 4th Cross Street, Indira Nagar, Adyar, Chennai - 600020			
<b>Income and Expenditure Account for the period ended 31.03.2013</b>			
Capital Account	3,60,351	Fixed Asset	1,81,303
Sundry Creditor	1,62,599	Deposits	15,20,625
Project Balance- Unspent	53,97,170	Sundry Debtors	5,625
		Cash & Bank Balance	42,12,567
	<b>59,20,119</b>		<b>59,20,119</b>

Place : Chennai

Date : 19/09/2013

Vide Our Report of Even Date

Parameswaran & Associates Chartered Accountants Firm regn. No 013255S

(V Parameswaran) Partner

Memb. No. 24939