

Samarth Annual Report

2015-2016

List of Members: 2015-2016

Governing Body

- Dr. Saradha Suresh :Honorary President, Former Director, Institute of Child Health (ICH), Chennai
- Dr. Rani Mohanraj : Secretary, Psychologist, Samarth, Chennai
- Dr. Shuba Kumar : Treasurer, Social Scientist, Samarth, Chennai
- Dr. L. Jeyaseelan : Prof. & Head, Department of Biostatistics, Christian Medical College, Vellore
- 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.Visalakshi Jeyaseelan : Lecturer, Department of Biostatistics, Christian Medical College, Vellore
- Dr. Suresh Kumar : Consultant Psychiatrist, Chennai

Members

- Ms. Aarthi Kandasamy : Psychologist, ISHA Foundation, Coimbatore
- Ms. Basilea Watson : Technical Assistant (Research), National Institute for Research in Tuberculosis (NIRT), Chennai
- Dr. Keerthi Prabhu : Consultant Psychiatrist, Apollo Hospitals, Chennai
- Ms. Prasiddha Rama Rao : Public Health, Samarth, Chennai
- Ms. Premalatha :Data Manager, Schizophrenia Research Foundation (SCARF), Chennai
- Ms.Rama Murali : Founder CARE³: Care. Connect. Community & Public Health Consultant, Chennai

Ms. Sylvia Jeyakumar : Consultant, Biostatistics, Chennai
Ms. K.V.Sripriya : Nutritionist, Research Coordinator, Samarth, Chennai
Mr. Veerapandian : Assistant Professor Coordinator, The Banyan Academy of Leadership in Mental Health (BALM), 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. Usha Ramakrishnan : Associate Professor, Hubert Department of Global Health, Emory University – USA

IRB Members

Dr.Abraham Jacob : Chair, Retired Prof.of Neurosurgery,CMC,Vellore
Dr. B.W.C. Sathiasekaran : Prof. of Community Medicine, Sri Ramachandra Medical College and Research Institute (SRMC&RI), Chennai
Ms.Savitha : : Community Representative, Chennai
Dr.Padmavati : Psychiatrist , Joint Director-SCARF,Chennai
Dr.Visali Jeyaseelan : Biostatistician, Christian Medical College, CMC, Vellore
Dr.G.Srinivas : National Medical Advisor, - GLRA Public Health Specialist
Dr.TP.Jayanthi : Associate Professor, Community Medicine ,KMC, Chennai
Ms.Ranjini Murthy : Social Scientist, Chennai
Dr.Jagannathan : Sr. Asst.Prof.of Pathology, KMC, Chennai
Mr. Karthik Ram Mohan : Advocate, Chennai

Ms.Sumitra Gomadam : Advocate, Chennai

Ms.Neha Lamech : Member Secretary, Chennai

Scientific review committee Members

Dr.Thara : Director, Schizophrenia Research Foundation,
(SCARF), Chennai

Dr.Shaheed Jawahar :Former Scientist “G” National Institute For
Research in Tuberculosis (NIRT), Chennai

Dr.L.Jeyaseelan : Prof. & Head, Department of
Biostatistics, Christian Medical College, Vellore

Auditors : Parameswaran & Associates Chartered
Accountants.

Bankers : Canara Bank, St.Mary’s Road, Chennai

SECRETARY'S MESSAGE

Dear all,

Greetings from Samarth!

The past year has seen the start of exciting research projects and continuation of our yearly social science training workshops and other ongoing studies.

I am proud to report that Samarth was selected by the International Clinical Epidemiology Network (INCLEN) to carry out a research study on Childhood Pneumonia. Pneumonia contributes to 15% of infant deaths in India. Controlling childhood pneumonia will be critical to enabling India improve child health as envisaged under the Sustainable Developmental Millennium Goals (SDMG). The strength of the study is the use of both quantitative and qualitative methods and its focus on preventive, promotive and curative practices existing in our health care systems and in the community. This study, ongoing in three states, namely Tamilnadu, Uttar Pradesh and Madhya Pradesh will provide new insights into system issues and community practices. The field visits to different districts and villages in the three States have been a deeply enriching experience for the Samarth team. I am confident that the findings emerging from this study will leverage the next steps towards more effective management of childhood pneumonia.

Samarth's participation as qualitative consultants in the process evaluation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) Programme also proved to be a very good learning experience. Evaluation of the six Hepatitis B and C awareness programmes being carried out by BMSF (Bristol Myer's Squibb Foundation) partners in the states of UP, Gujarat, Punjab, Manipur, and Maharashtra is into the second year. We carried out training workshops specific to the needs of the partner agencies and will be evaluating each of these programmes.

There is an old saying "*If you see a turtle on a fence post, you know he did not get there on his own*". We too did not get here on our own. As Samarth is progressing towards its tenth year in 2017, I wish to place on record our profound gratitude to our collaborators, funders and other well wishers who continue to believe in our abilities and support us.

I look forward to many more constructive and meaningful years ahead.

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
- 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

ONGOING PROJECTS

RESEARCH

1. Evaluation of the six Delivering HOPE India NGO partners programme of BMSF (November 2014-September 2017)

The Bristol-Meyers Squibb (BMS FOUNDATION) Foundation has undertaken several programmes to implement strategies to reduce the incidence of Hepatitis (B and C) in India. The BMS Foundation has been operating in India for some time now and has been working with several NGO partners in several states across India. These NGO partners 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 and C.

In an effort to improve the efficiency of programmes and to understand their effectiveness, BMSF recruited Samarth to monitor and evaluate the hepatitis reduction programmes being undertaken by 6 partner NGOs, namely Mamta, LFWB, AmeriCares, United Way, Hope and AIIDR. Samarth is also entrusted with the task of helping to build the internal capacity of these partner organizations and to this extent carries out capacity building workshops specific to the needs of the NGOs. Two such capacity building workshops carried out during this period are described below.

Workshop on Questionnaire Development and Validation

A two day workshop was held at the office of AmeriCares in Mumbai from 15th -16th April 2015. A total of 12 participants – four from AmeriCares and eight from United Way, Mumbai attended the workshop. Dr. Shuba Kumar and Dr. Rani Mohanraj from Samarth were the two resource persons who facilitated the sessions. The workshop blended didactic sessions and presentations with group work, discussions, and role plays. Draft questionnaires developed by both partner organizations were reviewed and modified using the learning from each session.



Workshop on M & E

The Samarth team conducted a 3 day workshop from April 21st to 23rd 2015 at the Samarth Office in Chennai. This workshop was conducted specifically for the team members from HOPE, Lucknow and aimed at helping them develop clear measurable objectives and M&E frameworks for the remaining period of their Hepatitis C project which was due to end in December 2015. This three day workshop was attended by four senior staff members from HOPE, Lucknow. In addition to sessions run by Samarth representatives, two guest speakers also facilitated the sessions. The details of the specific sessions held are provided below:

Course Content: The workshop started with an introduction to **Social Behaviour Change Communication (SBCC)**. SBCC is an approach based on the theory that behaviour change does not automatically take place once knowledge is gained. There are other factors such as the environment and peers which effect an individual's decision to change. SBCC programmes usually have better success and deeper impacts than programmes that just follow an Information, Education, Communication (IEC) approach. The goal of this session was to help HOPE understand how they can layer their approach to reinforce messages and focus on a problem from multiple directions, effecting behaviour change, leading to improved programme outcomes.



The remainder of the workshop was divided into three main portions:

- **Developing programme frameworks:** HOPE has three main programmes under the Hepatitis C project - awareness building, support group network, and advocacy. The objectives of these workshop sessions were to increase understanding about how each of these programme areas can be planned, executed, and measured systematically. While the Samarth team led the sessions focusing on the awareness programme, guest speakers with specific content expertise were invited for two sessions:
 - Rama Murali, founder of Care Cubed, a support network for family care providers to share and receive support and resources to improve their daily lives, led the session on **Support Group Network** – how to organize and measure a programme.
 - Anupama Srinivasan, Programme Director at the Gender Violence Research and Information Taskforce (GRIT) at Prajnya, led the session on **Advocacy** – how to organize and measure a programme.
- **Developing indicators** for each programme objective/area. This session was to support the HOPE team to move from programme planning to monitoring and to ensure that objectives were measurable.
- **Developing and utilizing a questionnaire:** This session focused on the next level of monitoring, using the objectives and indicators to then develop a survey questionnaire

Preliminary Sit Visit

Preliminary site visits to gain an understanding of the programme goals and objectives and the manner in which it was being executed were undertaken for the MAMTA projects ongoing in Manipur and Amritsar. These visits occurred from 24th – 26th Feb 2016 in Imphal and from 7th -9th March 2016 in Amritsar. MAMTA's NGO partner in Imphal was the Manipur Network of Positive Persons (MNP+) and in Amritsar it was the Abhivyakti Foundation. The Samarth team comprising Rani Mohanraj and Shuba Kumar met with the respective NGO teams who gave a formal presentation of the work being carried out by them. This was followed by visits to the specific sites where the services were being provided and also included interactions with both the beneficiaries of the services as well as key resource persons involved in the delivery of the services. Following this an operational plan was drawn up and dates were scheduled for the evaluation

2. Care seeking in Childhood Pneumonia Management: An Exploratory Study

Samarth in collaboration with INCLEN Trust and the Bill and Melinda Gates Foundation (BMGF) have been carrying out a study titled “Care seeking in Childhood Pneumonia Management: An Exploratory Study.” This study explores issues which enhance/impede access to care with respect to childhood pneumonia, in 3 states in India, namely Uttar Pradesh, Madhya Pradesh and Tamil Nadu. The specific objectives of the study are 1) To undertake a desk review of the systems, policies and practices in place with regard to childhood pneumonia management in the states of Tamilnadu, Uttar Pradesh and Madhya Pradesh. 2) To assess care seeking behaviour with respect to treatment of pneumonia in the community. 3) To explore kinds of care (allopathic/traditional, public/private) sought by families for treatment of childhood pneumonia and understand the influence of cultural factors on care seeking. 4) To describe roles of the private and public health sectors in various state contexts with regard to care and management of pneumonia and understand their perceptions on the relative benefits of promotive/preventive/ curative approaches towards childhood pneumonia management.

- The project commenced on 23rd November 2015. The first step involved a desk review of policies and practices regarding pneumonia management in Tamilnadu, UttarPradesh and MadhyaPradesh.
- Subsequently the core group comprising, Dr. Saradha Suresh, Dr. Desikachari, Dr. Shuba Kumar, Dr. Rani Mohanraj, Dr. Visali Jeyaseelan and Ms. Sripriya met periodically to plan the study logistics, hire the field team, plan their training, meet with the Deputy Directors of Health Services of the selected study sites in TN and coordinate with the two site investigators to ensure that project implementation commenced on schedule.
- The training of the project team including the teams from MP and UP were scheduled for April 6th -8th 2016.
- Ethical and governmental approvals were obtained as follows:
 - Samarth Institutional Ethics Committee: 18/04/2015
 - ICMR Approval : 17/07/2015
 - KGMU-Lucknow, IEC: 19/09/2015
 - AIIMS-Bhopal IHEC: 21/09/ 2015
 - TN State Govt. Approval: 01/10/2015

- MP State Govt. Approval: 10/11/2015
- UP State Govt. Approval: 15/12/2015

3. Development and Validation of a Questionnaire to Assess Attitudes of Health Care Providers towards Persons with Leprosy

The attitude of Health Care Provider's (HCP) is important in the management of any disease. In the case of leprosy the positive beliefs and attitudes of HCPs plays an important role in early diagnosis of cases thereby serving to prevent disabilities. Leprosy is one of the major diseases which have been closely associated with and sometimes even synonymous with stigma. The common deformed physical image, the fear of infection and the belief that it is incurable are the root causes of the inhumane treatment that is often meted out to those affected with leprosy. The German Leprosy and TB Relief Association had sub-contracted Samarth to develop a questionnaire that could be used to assess the attitudes of health care providers towards patients with leprosy. The specific study objectives are: 1) Explore and understand HCPs attitudes towards and beliefs about persons with leprosy, to inform the development of a questionnaire to measure attitudes of HCPs towards such persons. 2) Validate a questionnaire to measure attitudes of HCPs towards persons with leprosy.

The study is divided into two phases. Phase I involved carrying out Semi - Structured Interviews (SSIs) and Focus Group Discussions (FGDs) with different cadres of Health care Providers (HCPs).The findings so generated will inform the development of a questionnaire to measure attitudes of HCPs towards persons with leprosy. Phase II of the study will involve the validation of this questionnaire wherein validity and reliability assessments will be carried out on a sample of about 50-60 HCPs from these districts.

Qualitative data collection involving semi structured interviews (SSIs) and focus group discussions (FGDs) were undertaken in Kancheepuram and Villupuram districts in July and August 2015. A total of 5 SSIs were done with the doctors and health inspectors and 3 with patients. A total of two FGDs were conducted with VHNS from the two districts respectively. Transcribing of the interviews and analysis was then completed. The findings were presented by Samarth team members and discussed in a workshop held on November 12th 2015 at the GLRA offices attended

by representatives from GLRA, government functionaries like the Additional Director of Rural Health Services (Leprosy), Health Inspectors and a few recovered leprosy patients. A draft questionnaire had been developed by Samarth based on findings from the qualitative interviews as well as the review of instruments measuring attitudes towards stigmatizing conditions. This was presented at the workshop and inputs sought from the participants. Following incorporation of suggested changes this draft questionnaire was sent to panel of 10 experts for the purpose of scaling.

COMPLETED PROJECTS

1) An Intervention to Prevent Suicides among Sri Lankan Refugees: A Feasibility Study Supported by Sneha India & ADRA India & VHS (June 2014-December 2015)

A collaborative study between Sneha India, the Voluntary Health Services (VHS), ADRA India and Samarth was carried out to understand suicidal behavior and depression among Sri Lankan Tamil refugees living in refugee camps in Tamil Nadu state. There are a total of 111 camps all around Tamil Nadu with a total refugee population of 67,165. The Q branch which regularly monitors these camps had estimated that suicide and suicide attempts were high in these areas. Consequently, the department of rehabilitation at the state and the Q branch requested the NGOs which provided support to these refugees to plan for interventions to reduce suicidal behavior among the Sri Lankan refugees. This study aimed to test the effectiveness of Brief Intervention and Contact (BIC), as an intervention strategy to reduce/prevent suicidal behavior among the refugees residing in these camps. The BIC entailed identifying community volunteers who would then be empowered with skill sets to deliver psycho- social support to depressed and suicidal individuals which would be expected to reduce their distress and thereby their suicidal thoughts and tendencies.

A team consisting of 10 research assistants were recruited by ADRA India an NGO working with these refugees. Members from Samarth carried out a two day training programme during the month of September 2014. They were given an orientation to the study objectives and methodology and were trained to administer the quantitative questionnaire. The team then carried out a household survey in the selected intervention and control camps to identify depressed and suicidal individuals. Consenting adults who scored 16 or more on the CESD-R (Centers for Epidemiological Studies-Depression Revised) in the intervention sites were asked to

participate in the BIC programme wherein the community volunteers met with them once in two weeks and provided psycho social support. In the control site the participants were only given some basic information about where they could go to seek mental health care. Before commencement of the survey, the Samarth team visited the intervention and control sites and carried out focus groups discussions, one each with men and women in both intervention and control sites to understand the perceptions of Sri Lankan refugees about suicidal behavior in their camps and their attitude towards the community volunteers intervention. These FGDs were repeated following conclusion of the intervention, 15 months later in October 2015. Upon conclusion of the intervention the quantitative data were entered, cleaned and analysed. The study has been concluded and paper writing is underway.

PROJECTS IN PIPELINE

1. Effectiveness of Kadukkai Mathirai - (a Siddha Medicine Preparation) in Treating Anaemia in Tamil Nadu

Samarth in collaboration with the Central Council for Research in Siddha (CCRS) and funded by the Department of Ayurveda Yoga Unani Siddha and Homeopathy (AYUSH), New Delhi, have prepared a research protocol which aims to study the “Effectiveness of Kadukkai Mathirai - (a Siddha Medicine Preparation) in Treating Anaemia in School going girls in Tamil Nadu”. The objectives of the study are 1) To assess the effectiveness of Kadukkai Mathirai (KM) a Siddha preparation in improving Hb levels and other haematocrit parameters in urban school going adolescent girls (13-15 yrs) and 2) To assess the perceived acceptability and compliance of KM among adolescent girls.

The proposal had been submitted to the ethics committees of both CCRS and Samarth. Following the first round of reviews, both committees had raised several issues for which they had sought our responses. Approvals were finally received from the following agencies:

- | | |
|--|------------|
| 1. Samarth Ethics Committee Approval: | 18/05/2015 |
| 2. Siddha Central Research Institute,
Institutional Human Ethics Committee: | 04/11/2015 |

With all approvals through we are in the process of working with the Siddha Institute in finalizing time lines, getting the KM tablets ready and obtaining permissions from the school education department to recruit school girls aged between 11-13 years of age from 2 – 3 selected state government run girls schools.

PUBLICATIONS

Shuba Kumar, Jony Christina, Anna Revathi Jagadish, John Victor Peter, Kurien Thomas, Thambu David Sudarsanam. Caregiver perceptions of Intensive Care. A qualitative study from south India. Accepted for publication in the National Medical Journal of India

Anuradha Narayanan, Shuba Kumar, Krishna Kumar R. Spectacle Compliance in Adolescents: A Qualitative Study - Southern India. Accepted for publication in Optometry and Vision Science

Deepa Rao, Shuba Kumar, RaniMohanraj, Sarah Frey, Lisa E. Manhart & Debra L. Kaysen. The impact of domestic violence and Depressive symptoms on preterm birth in South India. Soc Psychiatry Psychiatr Epidemiol DOI 10.1007/s00127-015-1167-2, December 2015

SOCIAL SCIENCE TRAINING PROGRAMMES

Social Science training Programmes organized by Samarth and those for which Samarth faculty have been invited to as resource persons during the period 2015 – 2016 are listed below:

1. Qualitative Research Methods and Analysis workshop 7th -9th May 2015. Conducted by Samarth in collaboration with SCARF (Schizophrenia Research Foundation), Chennai.
2. Workshop on Instrument Development 2nd – 4th November 2015. Conducted by Samarth in collaboration with SCARF (Schizophrenia Research Foundation), Chennai.
3. Workshop On Research Methods 1st -2nd February 2016 organized by Samarth at Sundaram Medical Foundation, Annanagar, 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.

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), 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 is currently Honorary President of Samarth.

Veerapandian was trained in Psychology from the Presidency College, Chennai and completed M.Phil from University of Madras. He is a visiting faculty in Psychology at various educational institutions. He is Associate Professor Coordinator, The Banyan Academy of Leadership in Mental Health (BALM), Chennai

Financial Statement

FORM NO. 10B

[See rule 17B]

Audit report under section 12A (b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions

We have examined the balance sheet of **SAMARTH** as at **31.03.2016** 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 our opinion, proper books of account have been kept by the above named Institution so far as appears from our examination of the books.

In our opinion and to the best of 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 Institution as at 31.03.2016 and
- (ii) in the case of the Income and Expenditure Account, of the Excess of Expenditure over Income of its accounting year ending on 31.03.2016.

The prescribed particulars are annexed hereto.

Parameswaran & Associates
Chartered Accountants
Firm Regn. No 013255 S

Place : Chennai
Date : 03/09/2016

(V Parameswaran)
Partner
M.No :024939

SAMARTH
No 100, Warren Road, Mylapore, Chennai-600 004.

BALANCE SHEET AS ON 31ST MARCH 2016

Capital Account	1,003,837	Fixed Asset	290,144
Sundry Creditors	210,815	Deposits	4,258,700
Project Balance- Unspent	6,819,999	Sundry Debtors	95,829
		Cash & Bank Balance	3,389,978
	8,034,651		8,034,651

Place : Chennai
Date : 03/09/2016

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

(V Parameswaran)
Partner
Memb. No. 24939

Schedules

Capital Account	Dr	Cr
Opening Balance		980,266
Excess of Income over Expenditure		23,571
Closing Balance	1,003,837	
	1,003,837	1,003,837
Outstanding Expenses		
TDS Payable		59,565
Audit Fees Payable		23,000
Cosultancy Charges Payable		128,250
		210,815
Project Funds		
BMS - Balance	4,891,490	
Add: Receipts	7,335,648	
Less: Utilisation	5,774,635	6,452,503
GLRA Fund	505,860	
Less: Utilisation	444,998	60,862
Pnuemonia Project Fund	1,625,171	
Less: Utilisation	1,318,537	306,634
		6,819,999

Schedules

Schedules		
Deposits		
Telephone Deposits		1,500
Salary Advance		50,000
Fixed Deposit		4,125,000
Interest Accrued on Deposits		82,200
		4,258,700
Sundry Debtors		
TDS Receivable		95,829
		95,829
Cash & Bank Balance		
Cash - BMS		7,230
Cash - GLRA		2,992
Cash - Pneumonia		7,317
Cash -Samarth		2,946
Canara Bank-7996		409,232
Canara Bank - BMS		2,498,576
Canara Bank - FCRA		398,904
Canara Bank - GLRA-1219		62,781
		3,389,978

SAMARTH ANNUAL REPORT

2014-2015

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- Dr. L. Jeyaseelan : Prof. & Head, Department of Biostatistics, Christian Medical College, Vellore
- 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

- Ms.Rama Murali : Founder CARE³: Care. Connect. Community & Public Health Consultant
- Dr.Visalakshi Jeyaseelan : Lecturer, Department of Biostatistics, Christian Medical College, Vellore
- Ms. Prasiddha Rama Rao : Public Health , Samarth , Chennai

- Dr. Keerthi Prabhu : Consultant Psychiatrist, Apollo Hospitals, Chennai
- Ms. Aarthi Kandasamy : Technical Assistant – CHARTED, Voluntary Health Services (VHS), Chennai
- 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

It gives me great pleasure to share Samarth's Annual report for the year 2014-15. The year was eventful with new project beginnings and successful completions of others. Our accomplishments for this year included our continued association with our previous funders and partners. I am happy to state that we will be engaged in evaluation and capacity building activities of six NGO partners of BMSF (Bristol Myers Squibb Foundation) in India for the next three years. We continued our partnership with Sneha through a project which seeks to test the effectiveness of an intervention that aims to reduce suicides among Sri Lankan refugees. These projects have given us enriching experiences and opportunities to expand our contacts.

We, at Samarth are committed to investigating new ideas for research and forging new relationships with collaborators thereby expanding our scope of work and our reach. One such is to explore the use of a traditional medicine, namely Kadukkai Mathirai a Siddha medicine to treat anaemia in school girls in Chennai. Reducing anaemia among adolescents is still a major public health challenge in our country despite the National Anaemia Control Programme. We hope that this project which is in collaboration with the Central Council for Research in Siddha (CCRS) and funded by the department of AYUSH (Ayurvedha, Yoga and Naturopathy, Unani, Siddha and Homeopathy) Government of India will provide a way ahead to deal with this public health problem. We are excited and look forward to the start of this study in the coming year.

Another milestone of this year was the establishment of Samarth's Institutional Ethics Board. I am proud to share that members of our ethics committee are representatives from the fields of science, medicine, legal and the community who will evaluate our proposals for ethical issues of risk and benefits to participants, privacy, confidentiality and justice issues.

I would also like to thank the members of our Governing and General Body for their guidance and support over the years and our team for their commitment and hard work. From our humble beginnings in 2007, Samarth has been proudly creating a name as an organization for social science research and training. This would not have been possible without support from our funders and the encouragement and good will from our well wishers. I wish to place on record my deep appreciation to each and every one of them for the faith they have reposed in us in giving us these wonderful opportunities.

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.

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OUR OBJECTIVES

- Conducting research to inform policy
- 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) An Intervention to Prevent Suicides among Srilankan Refugees: A Feasibility Study Supported by Sneha India & ADRA India & VHS (June 2014- December 2015)

A collaborative study between Sneha India, the Voluntary Health Services (VHS) , ADRA India and Samarth was carried out to understand suicidal behavior and depression among Sri Lankan Tamil refugees living in refugee camps in Tamil Nadu state. There are a total of 111 camps all around Tamil Nadu with a total refugee population of 67,165. The Q branch which regularly monitors these camps has estimated that suicide and suicide attempts are high in these areas. Consequently, the department of rehabilitation at the state and the Q branch requested the NGOs which provide support to these refugees to plan for interventions to reduce suicidal behavior among the Sri Lankan refugees. This study aims to test the effectiveness of Brief Intervention and Contact (BIC), as an intervention strategy to reduce/prevent suicidal behavior among the refugees residing in these camps. The BIC essentially entails identifying community volunteers who will then be empowered with the skill sets to deliver psycho social support to depressed and suicidal individuals.

A team consisting of 10 research assistants were recruited by ADRA India. Members from Samarth then carried out a two day training programme during the month of September 2014. They were given an orientation to the study objectives and methodology and were trained to administer the quantitative questionnaire. The team then carried out a household survey in the selected intervention and control camps to identify depressed and suicidal individuals. Consenting adults who scored 16 or more on the CESD-R (Centers for Epidemiological Studies-Depression Revised) in the intervention sites were asked to participate in the BIC programme wherein the community volunteers met with them every once in two weeks and provided psycho social support. In the control site the participants were only given some basic information about where they could go to seek mental health care. Before commencement of the survey, the Samarth team visited the intervention and control sites and carried out focus groups discussions, one each with men and women in both intervention and control sites to understand the perceptions of Sri Lankan refugees about suicidal behavior in their camps and their attitude towards the community volunteers intervention.

The baseline FGDs and the household survey in the intervention and controls sites have been completed. The list of depressed and suicidal individuals based on their score on the CESD-R

have been identified and those who gave consent have been recruited into the intervention and control arms. The trial is currently underway and is expected to conclude in October 2015.

2. Monitoring and Evaluation (M&E) of Delivering HOPE: A BMSF Supported Initiative (November 2014-September 2017)

The Bristol-Meyers Squibb (BMS FOUNDATION) Foundation has undertaken several programmes to implement strategies to reduce the incidence of Hepatitis (B and C) in India. The BMS Foundation has been operating in India for some time now and has 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.

In an effort to improve the efficiency of programmes and to understand their effectiveness, BMSF recruited Samarth to monitor and evaluate the hepatitis reduction programs being undertaken by 6 partner NGOs. Samarth is also entrusted with the task of helping to build the internal capacity of these partner organizations to carry out their own internal monitoring and evaluation of their programmes. In fulfilment of these goals Samarth carried out a training needs assessment of the selected 6 partner NGOs. Three main areas were assessed:

- Monitoring and evaluation related job responsibilities
- Previous training in monitoring and evaluation
- Perceived skills in monitoring and evaluation vs. required skills

Respondents included programme staff as well as project managers and supervisors. Programme staff provided information on their training needs based on their roles and responsibilities in the organization while managers/supervisors provided information on skills they thought their staff required for the job. Based on the findings of the needs assessment as well as informal conversations with partner organizations, a two day M&E training workshop with an additional one day for one-on-one meetings with each partner was scheduled between the 22nd and 24th of January 2015 in Chennai. Four main topics were covered during the training

- An introduction to monitoring and evaluation
- Program Monitoring and Evaluation Plan
- Indicators, Data Sources, and Data Collection Plan

Ethics in Monitoring and Evaluation There were fifteen participants from six organizations – Liver Foundation West Bengal (Kolkotta), HOPE Foundation (Lucknow), United Way of India (Mumbai), AmeriCares (Mumbai), All India Institute for Diabetes and Research (Ahmedabad), and MAMTA Health Institute for Mother & Child (New Delhi). Four facilitators from Samarth led the sessions.

Following this initial training, Samarth visited Lucknow primarily to work with members of the team providing a basic background on the principles of M&E and also to assist them in developing and piloting tools to collect data. Additionally, time was also taken to observe three different awareness programmes conducted by HOPE, and for Samarth to do preliminary qualitative data collection around these interventions. This entailed carrying out interviews with members of the Hepatitis support groups and with blood bank technicians from Fathima Hospital, Lucknow. Hope Foundation has also requested for more help from Samarth to develop their evaluation tools. Consequently, it is planned to get a team to come to Chennai sometime in April. The team will then be guided by Samarth in planning their ongoing activities and in the development of appropriate evaluation tools. The final evaluation of this current ongoing programme of HOPE will take place towards the end of 2015.

COMPLETED PROJECTS

1) Assessment and Documentation of Access and Utilisation of Family Planning Services and Linkages with Prevention of Parent To Child Transmission (PPTCT) and Maternal and Child Health Care Services for Women and Couples Living with HIV in Select Districts in Tamil Nadu (December 2013- December 2014)

Samarth was supported by UNICEF to conduct a study on “Assessment and Documentation of Access and Utilisation of Family Planning Services and Linkages with Prevention of Parent to Child Transmission (PPTCT) and Maternal and Child Health Care Services for Women and Couples Living with HIV in Select Districts in Tamil Nadu”. This study examined the access to and utilization of family planning services among both HIV positive and negative women in select districts in Tamil Nadu, namely Krishnagiri and Thirunelveli and Chennai city. The specific objectives of the assessment and documentation were to i) understand the gaps and barriers to provide essential cross referral linkages by service providers from both NRHM/MCH care and HIV care and support services for linking couples and women to family planning services in select districts in Tamil Nadu. ii) understand the barriers to access family planning services among sero-discordant and concordant-couples living with HIV in select districts in Tamil Nadu. iii) understand the current use rate of permanent and spacing methods for women and couples living with HIV/AIDS. iv)

understand the linkages of unmet family planning needs and care and support outcomes of couples and their children living with HIV/AIDS. v) document the capacities of health care providers under the RCH and HIV programmes to provide effective linkages and access to family planning services for mothers and couples living with HIV. vi) understand issues concerning stigma and discrimination faced by women and couples living with HIV/AIDS while seeking health care.

In Chennai, the Institute of Obstetrics and Gynecology (IOG) a large tertiary-level government hospital constituted the study site. In Krishnagiri district, the main PHC in each of the three blocks, of Hosur, Krishnagiri and Mattur were selected as the study sites. In Thirunelveli, the main PHCs in the blocks of Ambasundaram, Tenkasi, Shankarankovil were included. Thirunelveli Medical College was also included. Within the 3 selected blocks in each of the two districts of Krishnagiri and Thirunelveli we included the following centres from where HIV+ women were recruited for the study. These centres were :

1. The Ante Natal Care (ANC) department in the district headquarters hospital
2. The District Anti –Retroviral Therapy (ART) Centres
3. The link ART centres at the sub district level
4. The Integrated Counselling and Testing Centres (ICTC) centres
5. The HIV positive networks at the state and district level

A total of 10 SSIs each with ANC and PNC mothers were completed in Chennai. In Krishnagiri 6 SSIs with ANC mothers and 5 with PNC mothers while in Thirunelveli 8 SSIs with ANC mothers and 6 with PNC mothers were completed. Informed consent was obtained from each participant before commencement of the interview. We were unable to carry out any interviews with the spouses of the HIV+ women who participated in the interviews as they either did not show up at the hospital on the scheduled day of the interview or else were unwilling to participate. Exit Interviews were carried out with women attending ANC and PNC care and support services. A total of 30 exit interviews with ANC mothers and with PNC mothers were completed in Chennai. Similarly, 20 ANC exit interviews and 21 PNC exit interviews were completed in Krishnagiri and 39 ANC exit interviews and 4 PNC exit interviews were completed in Thirunelveli.

Among the providers, we recruited various categories of health care providers (HCPs) at both state and district levels to participate in the SSIs. These included the ART medical officers, obstetricians and gynaecologists, ART counsellors, family planning counsellors as well as senior officials from TNSACS and the department of health and family welfare.

All SSIs (Semi Structured Interviews) were audio recorded after obtaining permission. These interviews were conducted in privacy at a time convenient to these stakeholders. Each recorded interview was then transcribed verbatim, and a framework analytic approach was used to interpret the data and identify key emergent issues. Similarly, consent was obtained from each woman participant before doing the exit interviews. This data was entered into SPSS and simple descriptive analysis was carried out. The counselor observation data was also entered into SPSS to aid in generation of simple frequencies and other descriptive data.

- **Key findings**

- HIV + women are accessing and utilizing family planning and maternal care services in government hospitals. These services are provided in a largely stigma free environment.
- There is a need to actively advocate the “no child” or “only one child” norm among HIV+ couples by all agencies concerned namely, NGOs working with HIV+ persons, positive networks, ICTC/ART centres and the OBGYN department. This is not adequately addressed at present.
- Monitoring and tracking of contraceptive use by HIV+ mothers/women by the ART centres is necessary to enhance contraceptive utilization. This data is not available at present.
- Being infected with HIV did not deter couples from having children. Counsellors need to re-focus key messages imparted to HIV+ couples on the possible harms to the future of their children.
- There is a lack of consistency on the messages on breast feeding provided by both doctors and counsellors
- Training of OBGYN and ART-ICTC medical officers who are holding additional charge, on all ART, PPTCT and EID protocols is strongly recommended in order to avoid the potential for giving contrary recommendations to patients
- The sanitary workers constitute a high risk group. Therefore, efforts to make sure that they are adequately protected, made aware of their risk status and provided periodic training is very important
- Integration of services has to go hand in hand with increased manpower and funding in order to continue uninterrupted services to HIV+ women. In an integrated environment the risk of possible loss of confidentiality of the HIV status of women is high and will need to be addressed.

A detailed report on the study was submitted to UNICEF on February 2015

2) Evaluation of Hep. B Programmes of Bristol Meyers Foundation (January. 2013 – March 2014)

The Bristol-Meyers Squibb (BMS FOUNDATION) Foundation had undertaken several programmes to provide information and training about Hep.B, which included capacity building for healthcare professionals and lay health workers on disease education and prevention.. Their four thrust areas were: Awareness, Education and Prevention programmes. These programmes aimed to create awareness among schools, colleges and communities about Hep. B in terms of its mode of transmission, common symptoms and methods of disease prevention. The programme also included early diagnosis as a means of controlling the further spread of the disease. The fourth component included running vaccination camps and training health care providers on various prevention and treatment aspects of Hepatitis B. These NGO partners of the BMS Foundation had been undertaking these Hepatitis B related programmes for the last 5 years. BMS was keen to have these programmes evaluated to determine how useful and effective they have been and whether there was need for any changes to be brought in to their methodology and focus. Samarth was hired to undertake the evaluation of 5 such partner NGOs. These were United Way of Mumbai, AmeriCARES-Mumbai, Hope Foundation-Lucknow, Hepatitis Foundation of Tripura- Tripura and A Hepatitis B Awareness and Safety (AHBAAS) initiative executed by Christian Medical College, Vellore.

Our evaluation plan for each of the partner NGOs was developed based on the specific programmes they were carrying out. Following consultations with each of the NGO partners, we drew up our operational plans and scheduled dates for site visits. The evaluation was completed in all the sites and site reports were prepared following which the findings were shared with each of our NGO partners. We then organized a partners meeting from 3rd – 4th March 2014 in Chennai wherein we met with each of the partner NGOs individually and shared our evaluation findings with them. We also used the opportunity to clarify issues with each NGO partner before finalizing the reports. BMS subsequently organized a partners meet in Delhi from 24th – 25th April 2014 wherein we presented the key findings of each site. The final evaluation report was then prepared and submitted to each partner NGO as well as to BMS .

PROJECTS IN THE PIPELINE

1. Efficacy of Kadukkai Mathirai- (a Siddha Medicine Preparation) in Treating Anaemia in Tamil Nadu

Samarth in collaboration with the Central Council for Research in Siddha (CCRS) and funded by the Department of Ayurveda Yoga Unani Siddha and Homeopathy (AYUSH), New Delhi, , have prepared a research protocol which aims to study the “Efficacy of Kadukkai Mathirai - (a Siddha Medicine Preparation) in Treating Anaemia in School going girls in Tamil Nadu”. The objectives of the study are 1) To assess the efficacy of Kadukkai Mathirai (KM) a Siddha preparation in improving Hb levels and other haematocrit parameters in urban school going adolescent girls (13-15 yrs) and 2) To assess the perceived acceptability and compliance of KM among adolescent girls.

The proposal had been submitted to the ethics committees of both CCRS and Samarth. Following the first round of reviews, both committees had raised several issues for which they had sought our responses. We have since submitted our responses to the two IECs respectively and are awaiting their final feedback.

2. Care seeking in Childhood Pneumonia Management: An Exploratory Study

Samarth in collaboration with INCLIN Trust and the Bill and Melinda Gates Foundation (BMGF) have developed a protocol on “Care seeking in Childhood Pneumonia Management: An Exploratory Study.” The study seeks to explore issues which enhance/impede access to care with respect to childhood pneumonia, specific to regional and socio economic contexts in 3 states in India, namely Uttar Pradesh, Madhya Pradesh and Tamil Nadu. The specific objectives of the study are 1) To undertake a desk review of the systems, policies and practices in place with regard to childhood pneumonia management in the states of Tamilnadu, Uttar Pradesh and Madhya Pradesh. 2) To assess care seeking behaviour with respect to treatment of pneumonia in the community. 3) To explore kinds of care (allopathic/traditional, public/private) sought by families for treatment of childhood pneumonia and understand the influence of cultural factors on care seeking. 4) To describe roles of the private and public health sectors in various state contexts with regard to care and management of pneumonia and understand their perceptions on the relative benefits of promotive/preventive/ curative approaches towards childhood pneumonia management.

The completed proposal was also submitted to Samarth’s IEC which has approved the study following a few modifications. Being an international collaborative project (BMGF and INCLIN) the study requires HMSC (Health Minister Screening Committee) clearance. The

proposal along with all documents, namely, consent forms, study instruments and Samarth IEC approval letter has been submitted to ICMR/HMSC for their final approval. This is now awaited.

3. Development and Validation of a Questionnaire to Assess Attitudes of Health Care Providers towards Persons with Leprosy

The attitude of Health Care Provider's (HCP) is important in the management of any disease. In the case of leprosy the positive beliefs and attitudes of HCPs plays an important role in early diagnosis of cases thereby serving to prevent disabilities. Leprosy is one of the major diseases which have been closely associated with and sometimes even synonymous with stigma. The common deformed physical image, the fear of infection and the belief that it is incurable are the root causes of the inhumane treatment that is often meted out to those affected with leprosy. The German Leprosy and TB Relief Association have sub-contracted Samarth to develop a questionnaire that could be used to assess the attitudes of health care providers towards patients with leprosy. The specific study objectives are: 1) Explore and understand HCPs attitudes towards and beliefs about persons with leprosy to inform the development of a questionnaire to measure attitudes of HCPs towards such persons. 2) Validate a questionnaire to measure attitudes of HCPs towards persons with leprosy. The proposal was submitted to the Samarth IEC for approval in January 2015. The committee had approved the study in principal but had suggested a few minor modifications. These revisions have been made and the proposal has been re-submitted to Samarth IEC. Their final approval is awaited.

PUBLICATIONS

1. Rani Mohanraj, Visalakshi Jeyaseelan, Shuba Kumar, Thenmozhi Mani, Deepa Rao, Katherine R. Murray and Lisa E. Manhart. Cultural Adaptation of the Brief COPE for Persons Living with HIV/AIDS in Southern India AIDS Behav DOI 10.1007/s10461-014-0872-2. Springer Science+Business Media New York 2014.
2. Nora J Kleinman, Lisa Manhart, Rani Mohanraj, Shuba Kumar, Lakshmanan Jeyaseelan, Deepa Rao and Jane M Simoni. Antiretroviral therapy adherence measurement in non-clinical settings in South India. Aids Care 2014. <http://dx.doi.org/10.1080/09540121.2014.946382>
3. Mirja Koschorke, R. Padmavati, Shuba Kumar, Alex Cohen, Helen A. Weiss, Sudipto Chatterjee, Jesina Pereira, Smita Naik, Sujit John, Hamid Dabholkar, Madhumitha Balaji,

Animish Chavan, Mathew Varghese, R. Thara, Graham Thornicroft, Vikram Patel
Experiences of stigma and discrimination of people with schizophrenia in India. *Social Science and Medicine*, 123, (2014) 149-159.

4. Rani Mohanraj, Shuba Kumar, Sarojini Manikandan, Veerapandian Kannaiyan and Lakshmi Vijayakumar. A public health initiative for reducing access to pesticides as a means to committing suicide: Findings from a qualitative study. *International Review of Psychiatry* August 2014; 26(4):445-452.
5. Visalakshi Jeyaseelan, Shuba Kumar, L Jeyaseelan, Viswanathan Shankar, Bijesh Kumar Yadav, Shrikant I Bangdiwala. Dowry Demand and Harassment: Prevalence and Risk factors in India. *Journal of Biosocial Science*. January 2015, pp 1 – 19
6. Shuba Kumar, Rani Mohanraj, Deepa Rao, Katherine R. Murray, Lisa E. Manhart. Positive Coping Strategies and HIV-Related Stigma in South India. *AIDS Patient Care and STD*. March 2015, 29(3): 157-163. doi:10.1089/apc.2014.0182.

SOCIAL SCIENCE TRAINING PROGRAMMES

Social Science training Programmes organized by Samarth and those for which Samarth faculty have been invited to as resource persons during the period 2014 – 2015 are listed below:

1. Qualitative Research Methods and Analysis and Instrument Development 12th – 16th May 2014. Conducted by Samarth at the Biostatistics Resource and Training Centre - CMC, Vellore
2. Workshop on Qualitative Research Methods and Analysis was conducted at Schizophrenia Research Foundation (SCARF) from 6th - 8th November 2014.
3. Workshop on Research Methods organized by Samarth in collaboration with SCARF (Schizophrenia Research Foundation) for Masters level students of Psychology, Sociology, Social work and Anthropology from 5th to 6th March 2015 at SCARF's Dementia training centre , Chennai.. Workshop conducted free of cost

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

FORM NO. 10B

[See rule 17B]

Audit report under section 12A (b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions

We have examined the balance sheet of **SAMARTH** as at **31.03.2015** 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 our opinion, proper books of account have been kept by the above named Institution so far as appears from our examination of the books.

In our opinion and to the best of 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 Institution as at 31.03.2015 and
- (ii) in the case of the Income and Expenditure Account, of the Excess of Expenditure over Income of its accounting year ending on 31.03.2015.

The prescribed particulars are annexed hereto.

Parameswaran & Associates
Chartered Accountants
Firm Regn. No 013255 S

Place : Chennai
Date : 24/09/2015

(V Parameswaran)
Partner
M.No :024939

SAMARTH
No 100, Warren Road, Mylapore, Chennai-600 004.

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2015

To Salary	10,800	By Interest Received	129,216
To Office Maintenance	61,139	By Project Income	634,287
To Project Expenses	305,079	By Membership Fees	1,000
To Bank charges	3,376		
To Staff Welfare Exps	9,685		
To Printing & stationary	66,740		
To Travelling Expenses	25,836		
To Electricity Charges	15,288		
To Miscellaneous Expenses	14,918		
To Meeting Expenses	80,487		
To Postage & Courier	3,236		
To Telephone Charges	25,639		
To Audit Fees	22,800		
To Rent	30,000		
To Depreciation	95,943		
To Excess of income over expenditure	(6,464)		
	764,502		764,502

Place : Chennai
Date : 24/09/2015

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

(V Parameswaran)
Partner
Memb. No. 24939

SAMARTH
No 100, Warren Road, Mylapore, Chennai-600 004.

BALANCE SHEET AS ON 31ST MARCH 2015

Capital Account	980,266	Fixed Asset	348,971
Sundry Creditors	82,642	Deposits	3,196,403
Project Balance- Unspent	4,891,490	Sundry Debtors	79,279
		Cash & Bank Balance	2,329,746
	5,954,398		5,954,398

Place : Chennai
Date : 24/09/2015

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

(V Parameswaran)
Partner
Memb. No. 24939

Schedules

Capital Account	Dr	Cr
Opening Balance		986,730
Excess of Income over Expenditure		(6,464)
Closing Balance	980,266	
	980,266	980,266
Outstanding Expenses		
TDS Payable		57,314
Audit Fees Payable		25,328
		82,642
Project Funds		
BMS - Balance	7,264,191	
Less: Utilisation	2,372,701	4,891,490
UNICEF	745,760	
Less: Utilisation	745,760	-
NIMH Project	620,880	
Less: Utilisation	620,880	-
Srilankan Project	69,189	
Less: Utilisation	69,189	-
		4,891,490

Schedules

Schedules		
Deposits		
Telephone Deposits		1,500
Advance		1,000
Fixed Deposit		3,125,000
Interest Accrued on Deposits		68,903
		3,196,403
Sundry Debtors		
TDS Receivable		79,279
		79,279
Cash & Bank Balance		
Cash in Hand		2,980
Canara Bank-7996		257,603
Canara Bank - BMS		2,046,490
Canara Bank - FCRA		17,672
Canara Bank - GLRA-1219		5,000
		2,329,746

FIXED ASSETS

PARTICULARS	W D V as on 01.04.2014	Additions Before Sep	Additions After Sep.	Deletions	Total	Depreciation		W D V as on 31.03.15
						Rate	Amount	
Computer	59,480.00	-	135,738.00	-	195,218.00	60%	76,409	118,809
Inverter	51,157.00	-	-	-	51,157.00	15%	7,674	43,483
Furniture	20,661.00	-	141,877.75	-	162,538.75	10%	9,160	153,379
Airconditioner	-	-	36,000.00	-	36,000.00	15%	2,700	33,300
Total	131,298.00	-	313,615.75	-	444,913.75		95,943	348,971