



IMPACT INDIA FOUNDATION

Annual Report 2013-2014



**An inside view of Surgeons operating on the
LIFELINE EXPRESS Hospital Train**



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OUR THANKS TO...

GOVERNANCE BOARD OF TRUSTEES



Mr. R.C. Sarin
Chairman



**Mr. Y.H.
Malegam**



**Dr. Pheroza
J. Godrej**



**Mrs. Usha
Thorat**



**Mr. Rishad
Tobaccowala**



**Mr. Peter
Hassan**



**Mr. Jayant K.
Banthia**

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

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

Dr. Pheroza J. Godrej, Art-historian & Founder, Cymroza Art Gallery; Member, Executive Committee, National Culture Fund, Ministry of Culture; Trustee, Indira Gandhi National Centre for the Arts, New Delhi; Chairperson, Advisory Committee, National Gallery of Modern Art, Mumbai, Hon. Secretary, Museum Society of Bombay; Member, Executive Board, Ashoka Trust for Research in Ecology; Member, Confederation of India Industries, Womens' Empowerment Committee.

Mrs. Usha Thorat,
Former Deputy Governor of the Reserve Bank of India.

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

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

Mr. Jayant K. Banthia, former Chief Secretary, Government of Maharashtra, held several important positions in the Government. Prior to his posting in the State, Banthia was on a UN deputation to Nigeria as the Chief Technical Adviser to United Nations Population Fund and on his return to the State Government was appointed Commissioner, Family Welfare.



MEDICAL ADVISORY BOARD

Dr. Ninad S. Gaikwad
Dr. Kulin Kothari
Dr. (Ms.) Vinita Puri
Dr. Mansing G. Pawar
Dr. Taral V. Nagda
Prof. R. Rangasayee
Dr. (Ms.) G. Subbulakshmi
Dr. (Ms.) Minnie Bodhanwala
Dr. (Ms.) Rohini Chowgule

MANAGEMENT

Zelma Lazarus – Founder Director & Chief Executive Officer
P.M. Rajasekharan – Chief Operating Officer
Neelam Kshirsagar – General Manager – Special Projects
Olga Monteiro – Manager – Corporate Affairs
G.N. Nair – Manager – Administration
Adolf Fernandes – Manager – Finance & Accounts
Dr. Rajnish Gourh – Chief Executive – Lifeline Express
Dr. Mrs Prabha Gourh – Dy. Chief Executive – Lifeline Express (Resigned 15-12-2013)
Dr. V.M. Tapshalkar – Project Director – Community Health Initiative
Pravin Londhe – Dy. Project Director – Community Health Initiative

BANKERS

Kotak Mahindra Bank
State Bank of India
Central Bank of India

AUDITORS

N.M. Raiji & Company
Chartered Accountants, Mumbai



Mr. R.C. Sarin
Chairman

CHAIRMAN'S STATEMENT

During the year under review, Impact celebrated its 31st year of service to the rural poor of the country.

We can be proud of what has been achieved : One million disabled served on the Lifeline Express, all free of cost. And the Community Health Initiative has proved that using available delivery systems and existing infrastructure, replicable models can be created to achieve holistic improvement of health of communities deprived of Right to Health.

We must be grateful to our Trustees, Medical Advisory Board, Senior Managers and employees who have contributed significantly to Impact's growth and its reputation.

While much has been achieved, I do believe that the best years are still to come, if we can work together in partnership with the Government to replicate the Community Health Initiative throughout rural India.

In this 31st year of Impact, we should rededicate ourselves to doing much more in the coming years than we did in the past, of which we can be justly proud.

R.C. SARIN
CHAIRMAN

Date: 20th September, 2014



Mrs. Zelma Lazarus
Chief Executive Officer

CEO'S STATEMENT

In response to a United Nations General Assembly Resolution, Impact India was launched 31 years ago by the Government of India against an Order to all States to recognize Impact as an International Initiative Against Avoidable Disablement.

Impact India has come a long way since then with its Lifeline Express, the world's first hospital on a train which has so far medically treated about one million disabled poor in rural India, all free of cost, made possible with the 'donated' services of more than 150,000 medical specialists from India and around the world. This project has been replicated with four Lifeline Express trains in China, two in Central Africa, a Riverboat hospital in Bangladesh and in Cambodia. The Government of Maharashtra has indicated its interest in establishing more Lifeline Express trains in Maharashtra.

The Community Health Initiative in rural Maharashtra, in partnership with the Government, has proved its purpose as a sustainable replicable model with a reduction in disability of 72% in a rural area covering two million tribals. Impact now invites the corporate sector, NGOs and others to replicate this project in other rural areas, with Impact's inputs on a Consultancy basis.

I join my colleagues in expressing our thanks and appreciation to all those who – in the words of our Chairman – “Made Things Happen”.

Our mission is epitomized in the following words:

“I shall pass through this world but once,

Any good therefore that I can do

Or any kindness that I can show

Let me do it Now

Let me not defer it neglect it

For I shall not pass this way again.”

Mrs. Zelma Lazarus
Chief Executive Officer

Date: 20th September 2014



ABOUT IMPACT INDIA FOUNDATION

Genesis:

Impact was promoted by the United Nations in response to a General Assembly Resolution. Impact India Foundation (IIF) was launched by the Government of India in 1983 and is followed by 16 Impact Foundations in Bangladesh, Cambodia, Denmark, East Africa, East Mediterranean, Switzerland, Hong Kong, Nepal, Norway, Pakistan, Philippines, Sri Lanka, Singapore, Thailand, United Kingdom and Zanzibar. Impact acts as a catalyst to bring together the private sector, non-government organizations, professionals and citizens in partnership with the Government in mass health projects for the prevention and cure of disablement.

IIF has successfully demonstrated its exceptional capabilities in a range of disability prevention and correction measures, immunization, malaria detection/control, malnutrition and several others. The Lifeline Express (LLE), the world's first hospital on wheels, is but one example of IIF's innovative initiatives. LLE has received many awards including the United Nations Grand Award, and has been the subject of much media and TV attention, including a film by BBC shown worldwide. Nearly a million patients have benefitted on the LLE, restoring mobility to the polio-stricken, vision to the almost blind, hearing to the deaf and normal appearance to those deformed by clefts, besides treatment for dental and neurological problems, all free of cost. This has been made possible with the donated skills of over 150,000 medical persons from India and abroad.

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

Mission:

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

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

Important Elements of IIF's projects:

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



IIF's MAJOR ONGOING PROJECTS

LIFELINE EXPRESS HOSPITAL TRAIN

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

Major services of the Lifeline Express (LLE)

1. Surgical services

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

2. Distribution of Aids & Appliances:

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

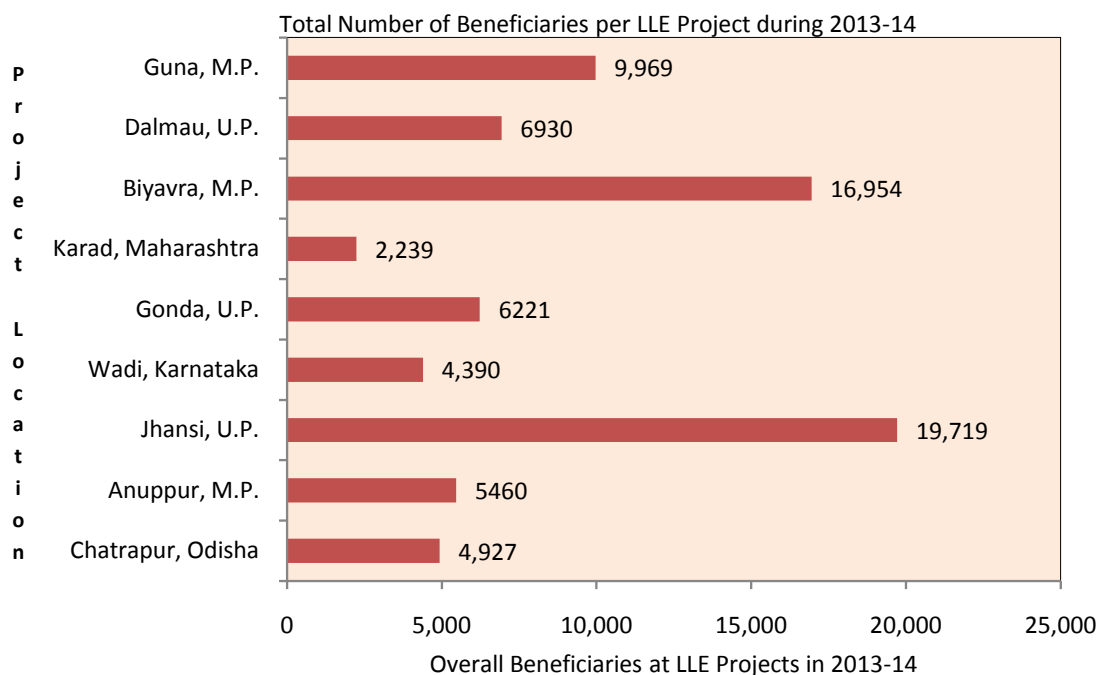
3. Counseling, Consultation and distribution of medicines:

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

4. Training Local Medical

Professionals:

- ⇒ Conducting Medical Education programmes for Epilepsy and other domains on a regular basis





COMMUNITY HEALTH INITIATIVE

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

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

The Community Health Initiative (CHI) is aimed at the prevention of disablement using available infrastructure and existing delivery systems. It is in support of the goals of the National Health Mission (NHM) to establish a fully functional, community-owned, health-delivery system, and in consonance with the United Nations' Millennium Development Goals-2015 Goal 4: Reduce Child Mortality and Goal 5: Improve Maternal Health.

From 2005-2011 the CHI achieved 72% reduction in disability in eight Tribal Blocks of Maharashtra covering a population of two million. From 2012 onwards, a sustainable and replicable model has been created, in partnership with the Government, in the Parali Primary Health Centre (PHC) area of Wada Block, Thane District, covering a population of 60,000, mainly Tribals, residing in 54 villages and 182 padas across 640 sq. kms of forest and hilly tracts.

Objectives:

- ⇒ Reduction in existing Disability and the incidence of future Disability
- ⇒ An informed rural community availing of the Right To Health and contributing to the Nation's growth

Performance & Achievements:

1. ADOLESCENT GIRLS:



(a) Anaemia Prevention Mission - Hb estimation and treatment through Supplementation of Iron Folic Acid, De-worming, Diet advice and the promotion of Kitchen Gardens. **83% of Adolescent girls were declared free of Anaemia.**

(b) Rubella Immunisation- for potential mothers or adolescent girls before their marriage to prevent congenital disabilities in their future newborns. **41% of Adolescent girls were immunized against Rubella.**



II. PREGNANT WOMEN -

(a) Immunisation



Immunisation for Mothers and their new borns to protect them from Tetanus thus preventing the occurrence of disabilities in infants. **95% immunisation coverage of Pregnant Women.**

(b) Ante or Pre Natal Cases (ANC) Checkups -



ANC Checkups conducted during the 12th, 26th, 32nd and 36th weeks of pregnancy for any high-risk factors and to prevent disability in newborns such as Spina Bifida and Cleft Lips and Palates. **42% of Pregnant Women completed four ANC checks.**

(c) Institutional deliveries/child births - Safe births at institutions, including the “Maher Ghar” (Mother’s Home) facility, available at the PHC premises, under skilled medical care. 75% of child deliveries were institutional. 75% of child deliveries were institutional.

III. NEW MOTHERS

(a) Post Natal Cases (PNC) Check ups - Home Visits for counseling on diet, daily consumption of IFA tablets (Anaemia management) exclusive breast feeding of the new born and to check for post delivery complications. 73% of New Mothers completed PNC check-ups.



(b) Anaemia management - Counseling on dietary intake of Dark Green Leafy Vegetables and proteins obtained from eating pulses and poultry. Seeds and saplings were distributed to 1527 families for the cultivation of Home Kitchen Gardens. 73% of PNC Mothers were treated for Anaemia.

IV. INFANTS (1 to 2 years)

(a) Immunisation - against life threatening diseases and disability. Tuberculosis (BCG), Polio, Diphtheria, Pertussis, Tetanus (DTP), Hepatitis B and Measles. 86% of infants were vaccinated.

(b) Hypothermia prevention -

Baby Wraps are donated to pregnant women in their eighth month of pregnancy or immediately after an institutional delivery. **93% of babies were protected from hypothermia.**

Impact India Foundation launched the Baby Project in September 2011 to prevent the large number of infant deaths due to hypothermia, which is common in the rural areas as there is resistance to cut the umbilical cord as soon as the baby is born. The baby is left on the cold floor, without clothes and exposed to the difference of the heat inside the womb to the cold air outside until the placenta comes out of the mother's body and this could take about an hour.



Baby Wrap is made up of sixteen 7" x 7" cloth pieces sewn together. These patches are sourced from tailors who have left-over pieces, the garment industry, from old but washed clothes of any material, cut into squares, from households. The backing cloth could be old, clean curtains, upholstery, bedcovers, bedsheets etc.

V. SCHOOL CHILDREN

School Health Monitor Programme -

deploys children as agents of change to check for signs or symptoms of disease/disability such as redness in the eyes, ear discharge, skin rash or fever. 641 or 100% Health Monitors were oriented to check 6000 students from 97 Zilla Parishad Schools for Hygiene & signs of illness. **1517 or 24% of school children detected with illness were referred by Teachers to the nearest health centres for treatment or at health camps.**





VI. COMMUNITY AT LARGE

(a) Information, Education and Communication (IEC) -



IEC for community awareness generation on the causes and prevention of disability. Repeat attendance is essential to drive home the message to effect behaviour change. The outcome has led to increased immunization coverage and institutional child births. **A total of 871 IEC sessions were conducted for 66,349 or 118% community attendees.**

(b) Capacity building to activate Village Health Committees (VHCs) - To promote community ownership of village development and to establish community-based monitoring of Government health service delivery. Training is imparted on the entitlements and services available at the different levels of the Government health delivery system. Empowered VHCs have independently approached health authorities for problem-solving. 96% or 349/364 Capacity Building and 54 Special Training sessions were conducted for 54 VHCs activated in each of the area's 54 villages.

VII. GOVERNMENT HEALTH STAFF

(a) CHI staff trained Government health staff over 132 sessions to build their capacity for motivating and educating the community. The attendance was 89% comprising 215 Government Health staff - 70 Accredited Social Health Activists (ASHAs), 134 Anganwadi Workers (AWWs) and 11 Auxiliary Nurse Midwives (ANMs).





(b) A total of 1602 (100%) health education sessions were conducted by Government health staff, for the community attended by 25,910 persons. The outcome is increased Government involvement in the health and welfare of the community and growth in the community's confidence to approach Government health staff for medical needs.

VIII. TREATMENT OF EXISTING DISABLED - Curative services at partner hospitals with the guidance of IIF's Medical Advisory Board for 35 persons (Cleft Lips & Palates - 1; Vision -34; Hearing - 70). Existing Clefts have been wiped out, barring unwilling cases and new-borns.

Shankar Bhoir

Shankar Bhoir is 14 years old and attends the Ashramshala (residential school) covered by Impact India's Community Health Initiative, despite being born differently abled with no hands and distorted legs. He is intelligent and tops his class. Eager and anxious to live life to the fullest, he is enterprising and draws the attention of many visitors who want to help him lead a wholesome life.



Shankar is in need of prosthetic arms.

Sustainability and Replication of the CHI is through the activation of Village Health Committees and the Capacity Building of Government health service providers. A Community Health Initiative Coordination Committee constituted on 21st September 2013 by the Government's Chief Executive Officer, Thane Zilla Parishad, comprises senior Government District and Block level officials to problem-solve and institutionalize CHI programmes.

A Process Document, prepared by Tata Consultancy Services, serves as a manual to facilitate the CHI's replication.

The Road Ahead - The replication of the CHI in under-served areas of the country marked by Disability, Malnutrition, Infant and Maternal Mortality is imperative to create a national healthy rural human resource. IIF will offer its services as a Consultant to ensure scaling up of the CHI's success in Maharashtra, wherever possible, with support from State Governments, agencies and the corporate sector which could utilize the mandated funds being leveraged for Corporate Social Responsibility under the Companies Act 2013.



ABRIDGED BALANCE SHEET AS AT 31st MARCH 2014
(Summarised from financial statements audited by M/s. N.M. Rajji & Co.,
Chartered Accountants, Mumbai)

(Value ₹ in thousands)

Particulars	31.03.2014	31.3.2013
Sources of Funds		
Corpus Funds:		
- Trust Corpus Fund	3,616	3,616
- Lifeline Express Corpus Fund	14,945	14,945
Total Corpus Fund	18,561	18,561
Other Earmarked Funds:		
- Old Lifeline Express	466	466
- Community Health Initiative	2,605	4,080
- New Lifeline Express	5,264	6,449
Total Earmarked Funds	8,335	10,995
Project Funds:		
- Lifeline Express	28,030	21,781
- Community Health Initiative	(17,255)	(15,216)
- Gandhi Books	1,206	1,071
Total Project Funds	11,981	7,636
Liabilities		
Provision for Expenses	2,743	3,353
Advance for Lifeline Express Project	8,794	-
Total	50,414	40,545

Application of Funds

Fixed Assets	9,035	10,864
Investments:		
a) Fixed Deposits	25,404	14,100
b) Govt. of India Bonds	4,500	4,500
Total Investments	29,904	18,600
Current Assets:		
a) Loans & Advances	2,176	2,199
b) Receivables	653	893
c) Cash & Bank Balances	8,646	7,989
Total Current Assets	11,475	11,081
Total	50,414	40,545



**ABRIDGED INCOME & EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31st MARCH 2014**
(Summarised from financial statements audited by M/s. N.M. Raiji & Co.,
Chartered Accountants, Mumbai)

(Value ₹ in thousands)

Particulars	31.03.2014	31.3.2013
Income		
Donations received during the year	37,833	38,169
Interest from Savings Bank Account	479	242
Interest from Fixed Deposits & GOI Bonds	2,126	1,656
Other Income	1,136	107
Total Income	41,574	40,174

Expenditure		
Establishment Expenses	4,444	4,195
Expenditure on the Objects of the Trust:		
- Lifeline Express	22,794	24,101
- Community Health Initiative (CHI)	9,954	9,569
- Gandhi Book Project	38	-
Total Expenditure on the Objects of the Trust	32,786	33,670
Total Expenditure	37,230	37,865

Excess of Income over Expenditure	4,344	2,309
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Notes:

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



RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2014

(Value ₹ in thousands)

RECEIPTS	Amount	PAYMENTS	Amount
Opening Bank Balance as on 01.04.2013	7,951	Recurring Expenditure:	
Opening Cash Balance as on 01.04.2013	38	- Lifeline Express Project	24,509
		- Community Health Initiative Project	9,818
Donations:		- Establishment Expenses	4,063
- Lifeline Express Project	30,347	- Gandhi Book Project Expenses	38
- Community Health Initiative Project	7,977	- Total	38,428
- Gandhi Book Project	154		
- Lifeline Express Earmarked Fund	93	Capital Expenditure:	
- Total	38,571	- Community Health Initiative Project	534
		- Establishment	68
Interest Income:		- Lifeline Express Project	994
- Fixed Deposit	1,721	- Total	1,596
- Saving Bank Account	479		
- Others	26	Investment made during the year	21,904
- Total	2,226		
Other Income:			
- Sale of Assets	970		
- Miscellaneous	35		
- Income Tax Refund (A.Y.2011-12 & 2012-13)	236		
- Total	1,241	Advances given during the year	205
Received from Staff Gratuity Fund	1,320		
Advance received for LLE Projects	8,794		
Investment matured during the year	10,600	Closing Bank Balance as on 31.03.2014	8,572
Advances settled during the year	38	Closing Cash Balance as on 31.03.2014	74
Grand Total Receipts	70,779	Grand Total Payments	70,779



Significant Accounting Policies and Notes to Accounts

1. Background:

Impact India Foundation is a charitable and not-for-profit organisation registered under the Bombay Public Trusts Act, 1950 and under section 12A of the Income Tax Act, 1961.

2. Methods of Accounting & Revenue Recognition:

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

3. Donations:

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

4. Fixed Assets:

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

5. Depreciation:

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

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

- (iii) Assets individually costing Rs.5000 & below are depreciated @100%.

6. Investments:

Investments are stated at cost.



Disclosures:

1. Trustees do not receive any remuneration or reimbursement of expenses.
2. Head of the organization is Mr. R.C. Sarin, Chairman, Board of Trustees, who does not receive any remuneration or reimbursement of expenses.
3. Highest salary paid to Chief Operating Officer : Rs. 103,300/- per month.
4. Lowest salary paid to Field Worker : Rs. 5,000/- per month.
5. Expense of Rs. 133,567/- has been incurred towards international travel of Mrs. Zelma Lazarus and Mrs. Neelam Kshirsagar during the period from 1.4.2013 to 31.3.2014 for attending a conference in France, of which an amount of Rs. 128,396/- has been reimbursed by convener of the conference - Ahimsa Fund, 20 rue Ernest Fabregue 69009 Lyon, France .
6. Distribution of staff according to salary levels and gender is as follows:

Monthly Salary Slabs	Number of staff		
	Male	Female	Total
Rs. 70,000 to 110,000	1	1	2
Rs. 50,000 to 69,000	2	1	3
Rs. 30,000 to 49,000	4	1	5
Rs. 20,000 to 29,000	3	1	4
Rs. 10,000 to 19,900	17	1	18
Rs. 5,000 to 9,900	9	5	14
TOTAL STAFF	36	10	46



IMPACT INDIA FOUNDATION

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

Aatika Hayat
Abbott India Ltd.
Abhinandya Datta
Altaf Mackeen
Amber Vaidya
Anan Dev Bhoir
Anganwadi Parali
Anil Gajwani
Anilkumar Gutlapalli
Anjali Darshat Chaudhary
Arun Ghade
Aruna Vasant Patil
Ashley Clews
Ashok Mussai
Avineet Kaur
Bhairavi Asher
Bhavana Motiwala
Bharat Heavy Electricals Ltd.
Bhikhu Shah
Bimal Mehta
Chee Shuo Chian Jeremy
Cyrus Behram Presswalla
Darshana Dattu Hadal
DBS Corporate Service Pvt.Ltd.
Devidas Palve
Dhadre Anganwadi
Dhapad Anganwadi
Divya Jyoti
Dr. Jaya Mallidi
E.V. Narasimham
Eduard Van Kleunen
Eklavya Swavalamban Trust
Emily Carre
Emirates Airline Foundation
Emma Garling
Esther David
Faye Smith
Frances Arnold
Geeta Patel
Gerald Landrum
Ghatapada Anganwadi
Girish Gajanan Patil
Grampanchayat - Dahe
Grampanchayat - Moj
Grampanchayat - Harosale
Group Grampanchayat- Khasghar-Kshirshad
Group Grampanchayat - Khambiste
Group Grampanchayat- Mandwa
Group Grampanchayat- Sansiv
Gurpreet Nagra
Hami Bulsara
Harcharan Singh

Helen Deaton
Help YourNGO.Com India Pvt.Ltd.
Hiraman Shankar Bonge
Hiranand K. Advani
Idobro Media & Marketing Services Pvt.Ltd.
Impact Foundation- UK
Indian Associates of Secretaries and
Administrative Professional (IASAP)
Israel Shankel Simmons
ITC Ltd
Jackie Dexter
James Cook
Jaywant Gharve
Jennifer Barwell
Jeremy Randles
Jimmy Daruwala
Johnson & Johnson Ltd.
Johnson & Johnson Staff
JSW Steel Ltd.
Julie Channer
Jyoti Gurunath Wag
K.J. Thomas
Karthik Gowrishankar
Khar Gymkhana
Kirti Popatlal Vose
Kolim Sarovar Anganwadi
Krishnaswamy Babu
Kwek Linwan
L.D. Aranha
Leonard Eng.
Life Support System
Madhumitha Nagarajan
Mahesh Bharat Kharat
Mahindra & Mahindra Group
Mala G. Patel
Mangala Pandurang Gade
Manjeet Singh
Mari Anderson
Mark Winchester
Meenal Kshirsagar
Michael Lohan
Moeena A. Tobaccowala
N. Vaidheeswaran Iyer
Naga Raghuveer Modala
Nandkishor Rajput
Navaz P. Lentin
Nihali Anganwadi
Olivia Pittman
Oreen Mendez
P.S. Parasuram
Paul Llyoyd
Pfizer Ltd.

Pirojsha Godrej Foundation
Pragati Manav Seva Sansthan
Prahars Joshi Kirkire
Pramila Manik Sankhe
Pundalik Janu Dhinda
Radha Narayana
Rahul Sharma
Rajashri Kirkire
Rajesh Purohit
Rambabu Garlapati
Ramita Ramesh Kathole
Ramkrishna Bajaj Charitable Trust
Raooof Araz
Rashmi Thakur
Rishad A. Tobaccowala
Ritika Book House
Roger Waghorn
Rohini Mahila Mandal
Rotary Club of Chembur
Rustom S. Cooper
Sachin Kanakala
Steel Authority of India Ltd.
Sanaa & Samya
Sandhya Mangalgiri Gosavi
Sandhya Potdar
Sapna Pattni
Sean Flynn
Seemal Brandt
Shahid Sayyid
Shariq Tobaccowala
Shela Anganwadi
Smruteeben H. Shodhan
Sridhar Venkatesh
Srilekha Bose
Suman Datta
Sumit Khanna
Sunder Udham Advani
Sunita V. Jakhade
Tang Jun Han
United Way of Mumbai
V. Narayanan
Vanita Ravindra Patil
Vanjeeswaran Nagarajan
Vasant V.Vaidya
Vikram Mulchandani
Vikram Singh
Village Health CommitteeBarsala
Vinod Gopal
V.S. Palekar
Volkart Foundation
Wilma D'Costa
Zarna A. Somaia

VALUES ADOPTED BY IMPACT INDIA

1. All Management practices to be according to the Laws of the Land.
2. The culture, customs and traditions of each location to be respected.
3. All accounts to be prepared fairly and accurately. The assets of Impact India Foundation (Impact) should not be misused.
4. Equal opportunities to be provided to all staff, who should be treated with dignity, specially women. Respect and protection of children should be ensured.
5. No employee will receive 'gifts' intended for uncompetitive favours.
6. IIF will not support any specific political party or candidate.
7. Employees should deal professionally with outside parties with integrity and honesty.
8. No employee should engage in outside activities which are in conflict with the interests of Impact.
9. Sustainability, being the mission of Impact, should be paramount in all activities.
10. Every employee shall promptly report to the Management any actual violation of this Code or misconduct of the staff.



Established by the United Nations and launched by the Government of India for prevention and cure of disablement in active support of the National Health Programmes

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Donations Exempted 100% from Income tax u/s 35AC and 50% u/s 80-G

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