



**ANNUAL  
REPORT**  
2021-23

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Photo on page 9 and 21 by Debsuddha Banerjee

\*Source: WHO Director-General's opening remarks at the European Investment Bank - WHO Health Event - 03 October 2022



When health is  
protected and  
promoted,  
individuals, families,  
communities,  
economies and  
nations can thrive.



-Dr. Tedros Adhanom Ghebreyesus

## Dear Friends,

We are excited to share Americares India's Annual Report 2021-23.

In the post-pandemic world, health awareness has grown, especially among those in poverty. However, not everyone has equal access to healthcare resources. Americares is working to bridge this gap, and we thank our donors and partners for their unwavering support in this endeavor.

Our Emergency Response initiatives have been instrumental in providing rapid assistance during critical situations. We have stood by communities, swiftly responding to disasters, health crises, and emergencies.

Over the past two years, we have expanded our healthcare efforts, introducing Mental Health and Psychosocial Support (MHPSS) into our Mobile Health Centers and Emergency Programs to address the growing demand for mental health services within our communities.

We are also empowering school children to become health champions and fostering health-conscious communities.

Additionally, we have been actively engaged in the fight against the alarming rise of diabetes and hypertension, recognizing that these are serious lifestyle threats even for the underprivileged. We have conducted door-to-door screenings for over 2.3 lakh individuals and have established robust follow-up mechanisms for identified patients.

Another significant program is our Antimicrobial Stewardship initiative, where we are partnering with hospitals across states to combat hospital-associated infections to address antimicrobial resistance.

With 17 years of experience, we are now well-positioned to make a lasting impact on our target groups.

As we look ahead, we pledge to incorporate every lesson learnt into our goal to improve the health of more people, in more places across society, for them to thrive and live productive lives of their choice.

We thank all our partners and stakeholders for joining the Americares mission to make a difference.

Sincerely,



**Subrata Kumar Mitra**  
President and Trustee



**Anirban Mitra**  
Deputy Country Director

# Health is Fundamental...



For employment.



For education.



For families.

Americares envisions a world in which all people have pathways to health and opportunity.

## Why Urban Health?



The rapid pace of urbanization often results in widening of disparities, leaving a growing number of individuals at disadvantage. This significantly escalates health risks for people, particularly the urban poor, who lack proper infrastructure and basic hygiene facilities. Further, the fast-paced city life, stressful environment and unhealthy food habits, exacerbate their risk of developing lifestyle and non-communicable diseases.

To deal with these challenges, there is an urgent need to build affordable and accessible primary healthcare system.



Americares India Foundation is a health-focused relief and development organization that responds to people affected by urban poverty or disaster, with life changing health programs, medicines and medical supplies.

Each year, Americares delivers innovative health programs and quality medical aid across India, making it India's leading non-profit in the healthcare sector.



## Our key focus areas:



Helping local centres thrive



Building health-conscious communities



Catalysing efficient health system



Connecting communities with health system

- ADMIN** - Americares India Foundation (AIF) officially registered and began its operations
- ER**
  - Avalanche in Kashmir
  - Cyclone Alia in WB
  - Cyclone Phalin in Odisha
  - Earthquake in Sikkim
  - Floods in AP, Karnataka, Uttarakhand, Leh, UP, Odisha, Kashmir, TN, WB, Manipur and Bihar
  - Tornado in Odisha
  - Cyclone in Maharashtra and floods in Bihar, Assam, Gujarat and Rajasthan. Recovery work in Tamil Nadu
  - Drought in Maharashtra
- MS**
  - Crossed landmark 1300+ shipment
  - Introduced Oncology program
- HS**
  - Clinical Services program initiated
  - School Health Program initiated
  - 626K consultations on MHC since launch
  - Piloted Master Class for School Health Program
- **Spirit of Humanity Awards launched**

2006  
-  
2017

2018

2019

- ER**
  - Cyclone in Tamil Nadu and floods in Kerala and Assam
  - Recovery work in Rajasthan
- MS**
  - Cumulative shipment worth over ₹ 53 crore
- HS**
  - MHC initiated in Tamil Nadu.
  - >1.7 lakh consultations
  - SHP expanded to semi-aide schools, reaching to the total of 93 schools

- ER**
  - Cyclone in Odisha and floods in Maharashtra, Assam, Bihar, Karnataka and Kerala. Recovery work in Kerala and Maharashtra
- MS**
  - Cumulative shipment worth more than ₹ 65 crore
- HS**
  - EMR (Electronic Medical Records) introduced for MHCs
  - Released the Infection Prevention and Control manual
  - Introduced School Cabinets under SHP



ER – Emergency Response



MS – Medicine Security



HS – Health Services

ADMIN – Administration

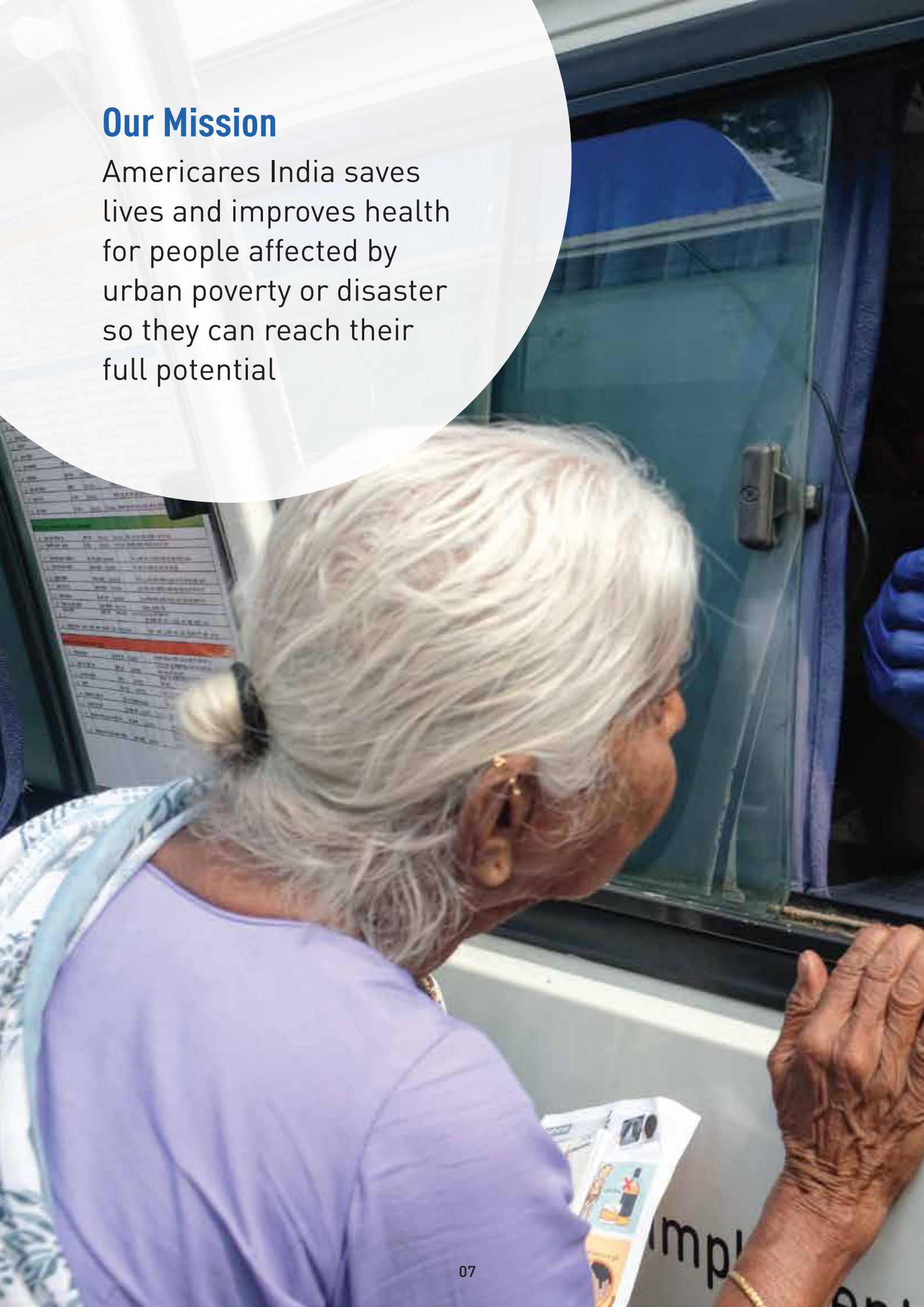
# Journey and Milestones





## Our Mission

Americares India saves lives and improves health for people affected by urban poverty or disaster so they can reach their full potential







## Our Programs

- Mobile Health Centre
- Non-Communicable Disease Intervention
- School Health Program
- Health and Wellness Centre
- Antimicrobial Stewardship
- Emergency Response

# Mobile Health Centre

Despite the development, the poor and underprivileged communities still have their daily struggles due to poor income. As arranging food and basic amenities become urgent priorities, health takes a backseat – primarily due to lack of accessible and affordable services.



Mobile Health Centre (MHC) program aims to build sustainable health ecosystem for the underprivileged by enabling access to primary healthcare for the poor and vulnerable communities.

## Key Results

13

Mobile Health Centres

4

States

340 K+

Patient consultations

81%

Hypertensive patients with controlled hypertension\*

44%

Patients visiting MHC 4 or more times a year\*

82%

Referrals successfully completed\*

\*Mumbai MHC

Source: AIF Monitoring and Evaluation

# MHC Model

# A

## ACCESS TO CARE

Six days a week, our fully equipped mobile health centres bring health care to impoverished families.

# B

## BEHAVIOUR CHANGE

"Arogya Mitra", our community-based health volunteers spread awareness on key illnesses, and mobilize and manage the beneficiary referral flow.

# C

## CAPACITY BUILDING

We conduct masterclasses for the private healthcare practitioners, where subject matter experts provide training on specific health topics.

# D

## DEVELOP LINKAGES

Each MHC has a customized referral directory which helps the doctor to refer the right patient to the right centre for higher level of treatment.

In Mumbai, we have 8 MHCs covering 130 slum locations. Patient records are entered, maintained, and analyzed through cloud-based Electronic Medical Records. During 2021-23, over 87,417 unique patients availed the services. We conducted 12,934 Health Education sessions. 181 private health practitioners were trained on basic of disease prevention and management techniques during the period. We established 130 referral linkages, referring 17,438 patients to attached healthcare facilities.

Under project Uday, we are currently operating 5 Mobile Health Unit in Tamil Nādu, Chhattisgarh, and Bihar. From 2021-23, we reached out to over 12 lakh individuals and conducted more than 7,000 health education sessions.

Our **Plan, Do, Study and Act (PDSA)** model focuses on testing new ideas to improve health outcomes through our MHCs. Through the PDSA model, in a span of 10 months, the blood pressure control in identified population improved from 61.1% to 91.1% and the gender inequity gap reduced from 11.4% to 2.2%.

Source: AIF Monitoring and Evaluation



## Case Study

During one of her visits to MHC, Julie, a 63-year-old woman, complained of headaches, weakness and shortness of breath. Due to her husband's poor health and household responsibilities, she would often skip meals and not take care of herself. Upon examination by the doctor, Julie was found to be suffering from high blood pressure - with BP readings of 160/100.

Our team provided medicines to Julie and also suggested dietary and lifestyle changes. With regular medication and follow-ups from the team Julie's condition gradually started improving. Americares also stayed in regular touch with her to her cope with stress and continue focusing on her health.

With consistent treatment and follow ups, Julie's BP is back to normal. She is now active and also encourages her community members to visit Americares MHC.



# Non-Communicable Disease Intervention

Hypertension and Type 2 diabetes mellitus are among the most common chronic non-communicable diseases and multifactorial disorders. When hypertension exists with diabetes mellitus, the risk of cardiovascular diseases increases by 75%\*. The rising cases of diabetes and hypertension in urban population is due to several factors such as the ongoing nutritional transition, increasing trends in sedentary lifestyle, and other modifiable risk factors. The underprivileged section faces harsher consequences given their lack of knowledge, resources and inability to access affordable treatment options.

\*Source: International Journal of Clinical Biochemistry and Research, January – March)2015;Vol.2(1):54-58



Non-Communicable Disease Intervention for Screening, Health Awareness and Access (NC-DISHAA) program aims at early identification, timely intervention, treatment adherence and behaviour change to combat the rising cases of diabetes and hypertension in the urban slums.

## Key Results

**118**

Locations

**17**

Health Posts in  
catchment area

**200**

Arogya Mitras

**230K+**

Screenings

**63%**



Control rate for  
diabetic patients

**66%**

Control rate for  
hypertension patients

Source: AIF Monitoring and Evaluation

# NC-DISHAA Model

 <b>Establish</b>	 <b>Educate</b>	 <b>Engage</b>	 <b>Encourage</b>
Consultation and treatment pathways	Behaviour change communication	Local healthcare providers	Communities
Our mobile vans offer need-based consultation treatment and advise for NCD patients. We also establish referral pathways with government and charitable health centres.	We focus on behavior change communication to educate our communities on NCD causes, prevention, and treatment.	We educate the local healthcare providers and partner with medical teams of Municipal Corporation of Greater Mumbai to equip them with latest knowledge and treatment procedures.	We ensure participation from community members and encourage people to adopt healthy behaviors and lifestyle to combat non-communicable diseases.

Our Arogya Mitras conduct door-to-door screening for Diabetes and Hypertension and follow up with the identified patients after 15 days to check the status.

Between 2021 to 2023, over 2.3 lakh patients were screened, of which 19,985 diabetic patients and 21,736 hypertension patients were identified.

Over 57,000 and 60,000 follow ups were reported with identified diabetes and hypertension patients respectively.

“With regular follow-ups and educational activities, NC-DISHAA program achieved 63% controlled rate for diabetic patients and 66% control rate for hypertension patients.”

Source: AIF Monitoring and Evaluation



## Case Study

During one of the regular door-to-door health checkups our health facilitator found out that Firoza's blood pressure was 180/130 mmHg – way higher than the normal range. She was also not able to sit properly, and one side of her face was drooping. Americares advised to take Firoza to hospital.

However, doctors in the hospital did not admit her. They gave her some medicines and asked her to go home. Firoza's mother immediately contacted Americares.

Our team members spoke to the duty nurse and firmly asked them to admit Firoza and get all the necessary tests done. It was after three days of treatment, Firoza blood pressure was stabilized. Timely intervention, alertness, and dedication of Americares staff helped avert a serious health mishap and prevented paralytic attack.

# School Health Program



“Americares works with government and semi-aided schools in urban areas to ensure adequate and functional WASH\*, and promote healthy behaviour in children and enable them to become ‘Change Agents’ of health.”

Due to lack of awareness, education and resources, children from underprivileged sections face poor health and immunity. Strategic focus on health education for children can be a game changer in transforming the habits in young citizens, thereby leading to sustainable health behaviour.

Schools offer extraordinary settings to influence the choices of young people and encourage healthy behaviors amongst them.

\*Water, Sanitation and Hygiene

## Key Results

176

Schools

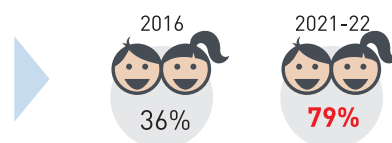
54K+

Students

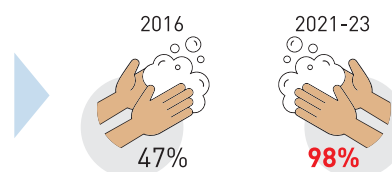
12K+

Health Education Sessions

Percentage of non-anaemic Children



Children washing hands with soap before meals



Children aware of healthy food and nutrition

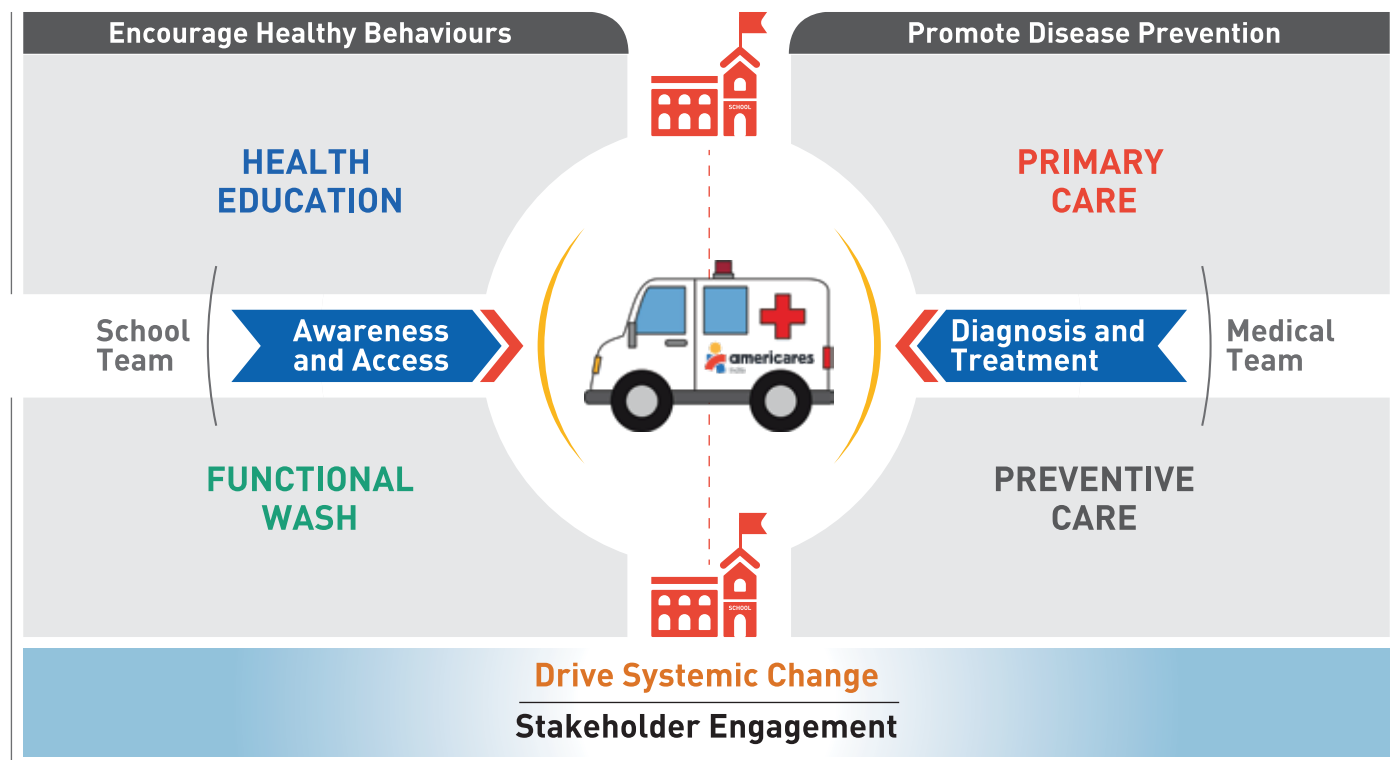


\*Schools with over 5 years of program implementation

Source: AIF Monitoring and Evaluation



# School Health Program Model

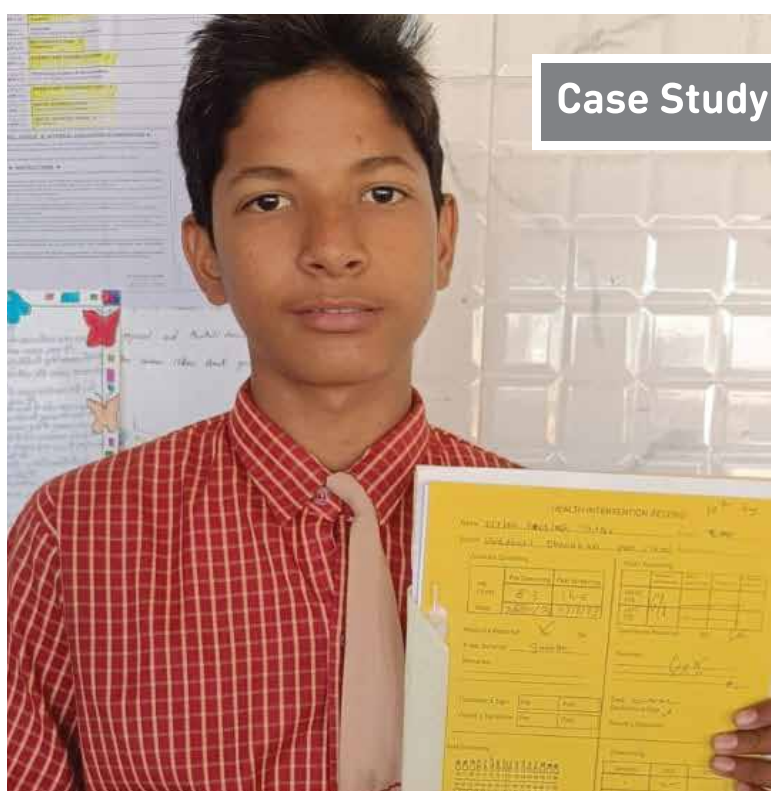


Our health education sessions focus on three broad thematic areas: Health, Hygiene and Nutrition. In 2021-23, 12,919 health education sessions were conducted, reaching out to over 43,400 students across all schools.

During 2021-23, we organized treatment camps for anemia and vision covering around 23,600 children. 26% children identified anemic, and were given anthelmintic treatment and iron and folic acid supplement. More than 1300 children received spectacles and close to 200 were referred to eye specialists.

Through upgradation of WASH facilities, AmeriCares has benefitted 12 schools reaching out to more than 3,000 children. Additionally, to ensure safe drinking water facility, we supported 15 schools with water cooler purifiers.

To ensure the maintenance of WASH facilities, we have formed Swacchta Samitis in schools comprising of children and teachers.



## Case Study

Rahul, a grade 10 student, had always been a bright student. Recently he started feeling extremely tired and could not focus on his studies. During one of the screening camps organized by AmeriCares India, Rahul was found to be severely anemic, with hemoglobin levels as low as 8.3ul/g.

Upon doctor's advice, our team provided Iron and Folic Acid supplement to Rahul (handed over to his mother). The team also suggested to include iron rich foods in diet. Rahul's mother ensured that her son eats healthy meals.

AmeriCares team took regular updates on Rahul's progress. The post-anemia reports indicated Rahul's hemoglobin levels at a healthy 14ul/g mark. He has successfully come out from moderate anaemia to normal and continues to consume iron rich diet to stay strong and healthy.

\*Name changed to protect privacy of the student

# Health and Wellness Centre

According to the World Health Organization, primary healthcare is widely regarded as the most inclusive, equitable and cost-effective way to achieve universal health coverage. Over the years, there has been significant improvement in availability of primary care at village level in India through its multi-tier public healthcare system. The National Health Policy of 2017 proposed an upgradation of the Primary Health Centres (PHCs) and Sub Centres (SCs). This resulted into an establishment of Health and Wellness Centres (HWCs) for providing comprehensive primary care, with extended range of services, that aims to make advanced healthcare accessible and affordable.

“The Health and Wellness Centre (HWC) program supports government's efforts by strengthening the Primary Healthcare Centres to improve the quality of services for rural and semi-urban population.”



Pre- and Post-intervention: Chitarpur PHC, Ramgarh, Jharkhand (above), Kale PHC, Kolhapur, Maharashtra (below)

## Key Results

**52** PHCs

**7** States\*

**1.56mn** Catchment Population

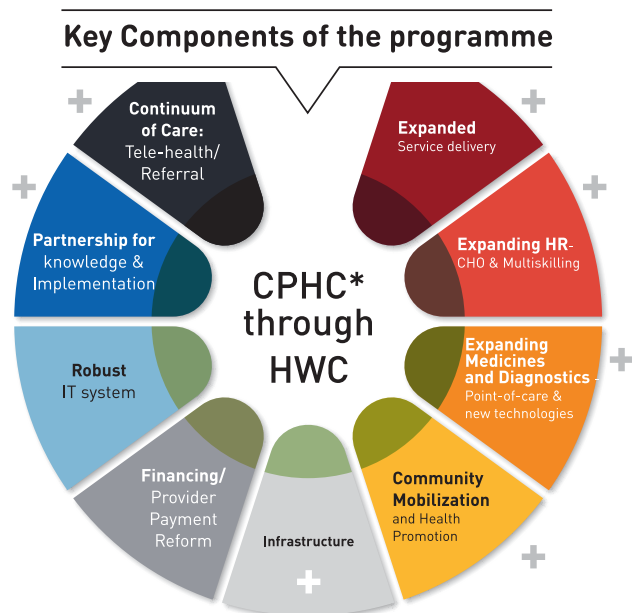
**52%** Rise in outpatient attendance in phase I

**112%** Rise in inpatient attendance in phase I

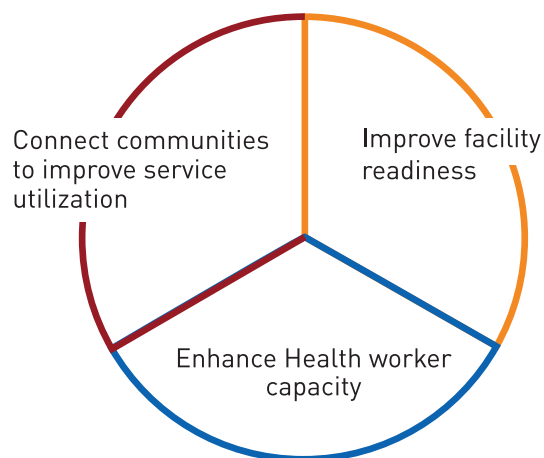
**57%** Rise in lab tests in phase I

\*Maharashtra, Goa, Chhattisgarh, Himachal Pradesh, Jharkhand, Tamil Nadu and Haryana  
Source: AIF Monitoring and Evaluation

# HWC Model



## Americares HWC Program Model



The HWC model supports the Government's Ayushman Bharat - Health and Wellness Centre initiative.

**+ AmeriCares supports 7 key components of Ayushman Bharat**

\*Comprehensive Primary Health Care

We identified and assessed 52 PHCs for infrastructure upgradation and equipment donation. By March 2023, we successfully completed work in 37 PHCs.

We train healthcare workers on Infection Control and Prevention (IPC) and Non-Communicable Diseases (NCDs) to ensure quality health services, and increase community's awareness on the NCD services. By March 2023, we trained 685 healthcare workers.

Additionally, during the period, total 1918 community members were sensitized on NCDs such as hypertension, diabetes, and cancer (mouth cancer, cervical cancer and breast cancer).

**“By March 2023, HWC program had covered its first phase of operations. In the next three years, we aim to increase our outreach to over 300 PHCs in 12 states, covering a catchment population of over 10 million, and training over 12,000 healthcare workers.”**

## Our Trainees Tell Us...



This training on NCDs provides us new energy to work in our area.  
- **Savita Chavan, ASHA worker, Hasur Dumala, Kolhapur, Maharashtra**

Trainings on IPC and NCD were very effective. Now the staff has started implementing the learning for better patient care and treatment.  
- **Dr. Atikur Rahman, Medical Officer, PHC Bhuchungdih, Ramgarh, Jharkhand**





# Antimicrobial Stewardship

Antimicrobial resistance (AMR) is a serious threat to global public health. It increases morbidity and mortality and is associated with high economic costs due to its health care burden. Infections with multidrug-resistant (MDR) bacteria also have substantial implications on clinical and economic outcomes.

India has the highest rate of resistance to antimicrobial agents and is referred as the AMR capital of the world. 700,000 people lose lives to AMR\* and 10 million projected to die by 2050.

\*Indian Journal of Medical Research 2019 Feb; 149(2)



“Americares works with hospitals across India to strengthen their infrastructure for Infection Prevention and Control (IPC) and enhance capacities of medical professionals in Antimicrobial Stewardship (AMS).”

## Key Results

7

States

11

Hospitals

90%

Gap closure  
in IPC and AMS

90%

Improvement in  
adherence to  
IPC and AMS

90%

Improvement in knowledge  
among healthcare  
professionals

20%

Decrease in  
multi-drug resistant  
pathogens

11.7%

Decrease in antibiotic  
consumption

Source: AIF Monitoring and Evaluation

# Our Focus

## Antimicrobial Stewardship

The AMS intervention aims to achieve the following:

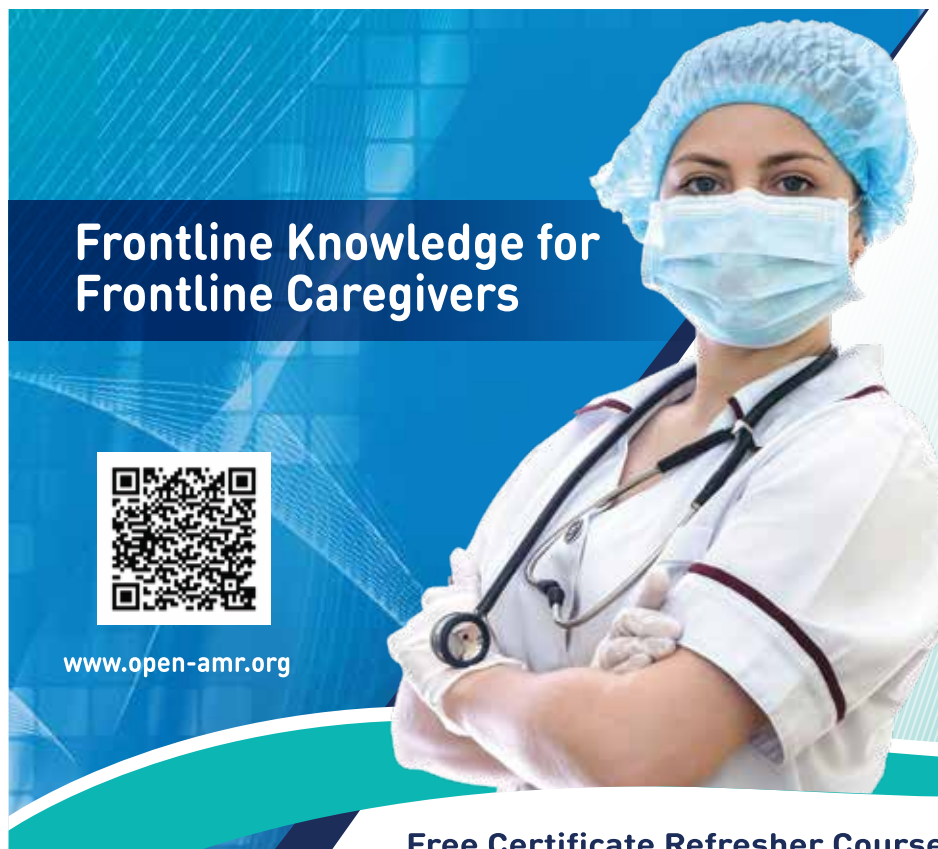
- Reduced antimicrobial resistance by promoting judicious use of antibiotics.
- Improved patient outcomes by ensuring that patients receive the right antibiotic at the right time leading to better clinical outcomes.
- Cost saving by preventing unnecessary prescriptions, reducing the length of hospital stays, minimizing the need for expensive broad-spectrum antibiotics, and lowering the incidence of healthcare-associated infections.
- Reduced adverse effects by controlling the use of antibiotics and ensuring its use when absolutely required.

## Infection Prevention and Control


Preventing infections is at the core of public health and is also the best way to reduce the use of antimicrobials. Effective IPC programs can influence the quality of care, improve patient safety and protect all those providing care in the health system. Americare is promoting healthcare worker safety programs embedded in IPC strategies. To ensure that the NCDC\* and WHO\*\* IPC guidelines are widely implemented in healthcare facilities across the country, we are building up a model program to strengthen AMS and IPC systems at **eleven hospitals across seven states** in the country, thereby promoting safe healthcare practices.

\*National Centre for Disease Control

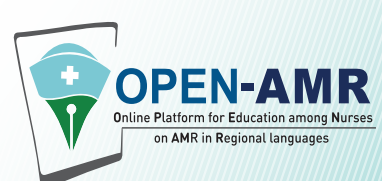
\*\*World Health Organization



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[www.open-amr.org](http://www.open-amr.org)



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**Free Certificate Refresher Course on IPC and AMR**

We have developed OPEN-AMR, the first ever online learning platform for healthcare professionals that is available in English and six Indian regional languages. The courses offered on the platform are accredited by the Trained Nurses Association of India (TNAI) and students earn credit points on successful completion of the courses. The course has more than 50,000 enrolments till date.



Convenient Pace of Learning



Pre- and Post-Assessment



Credit Points on Course Completion



7 Languages



# Emergency Response

While the world is witnessing a decline in global deaths from natural disasters\*, what also remains true that people living in extreme poverty are more vulnerable to the effects of disasters caused by natural calamities. The disturbing fact is that even despite the development, India still remains one of the worst affected countries by disasters, primarily due to difficult geographical terrain and poverty.

\*Source: Our World India Data



“Emergency Response (ER) program responds to natural disasters and humanitarian crisis, establishes long-term recovery projects and brings disaster preparedness programs to vulnerable communities. We are among the first to respond to emergencies, help communities recover post-disasters.”

## Key Results

**21**  
States

**170K+**  
Health Camp  
Beneficiaries

**280K+**  
Relief Distribution  
Beneficiaries

**177**  
PHCs Upgraded

Source: AIF Monitoring and Evaluation



# Emergency Response Model



Our team coordinates with government health department to identify and mobilize resources unreached areas and mobilizing the resources. The team closely monitors the on-ground situation and provides necessary support for smooth implementation of response work.

After disasters, we help local health centers to “Build Back Better”. We work with Primary Health Centres in the locations for infrastructure upgradation and equipment support.

From April 2021 to March 2023, to provide support after the floods in Maharashtra and Assam, our team organized 134 health camps and reached more than 7,700 survivors.

During the same period, under the relief kit distribution drive, we covered over 69,000 beneficiaries. The relief kits included items supporting health and hygiene, shelter, and nutrition.

During the period, we continued with our response to COVID, which was spread across 244 health centres in 21 states. This included over 15,000 critical equipment support and 8.4 million units of PPEs. We also installed 30 Oxygen plants in 12 states.



Relief and Distribution drive in Dhubri, Assam



Health camp in Ratnagiri, Maharashtra

# Mental Health and Psychosocial Support

Contrary to the popular belief, mental health illnesses are not limited to individuals from affluent background. There is cumulative evidence\* that urban residents belonging to a minority group including those with a migration background carry an increased risk for depression and psychosis.

\*Source: Dtsch Arztebl Int. 2017 Feb; 114(8): 121–127; Published online 2017 Feb 24



Over the years, AmeriCares India has evolved with its services to meet the changing healthcare requirements for urban communities. Mental Health and Psychosocial Support (MHPSS) is one such intervention. MHPSS forms an integral part of our primary healthcare services provided through AmeriCares MHC in Mumbai.

Our staff has been trained by the industry experts on varied aspects of mind, its functioning, clinical disorders and basic skills in counseling. Our current MHPSS services include screening, assessment, diagnosis and treatment of common mental illnesses.

MHPSS services, started in May 2022, has completed over 1200 consultations till March 2023.

## Case Study

After losing her cousin sister to suicide, 15-year-old Aastha\* (name changed) was very disturbed. She lost her appetite, faced sleep issues and showed no enthusiasm for day-to-day activities.

Aastha's mother realized that something was wrong, and the situation needed attention. She immediately contacted AmeriCares Mobile Health Centre and discussed the problem with our doctor. Upon preliminary diagnosis, she had signs of depression and was prescribed mild medication. However, Aastha stopped taking medicines without consultation, which led to depression relapse.

AmeriCares team consistently followed-up with Aastha and her mother. With regular follow-ups, Aastha finally opened up and discussed the reasons of her anxiety and depression. This is when AmeriCares referred her for advanced treatment.

It has been more than a year that Aastha is taking therapy and medicines. Her condition has significantly improved and she is now actively participating in her school activities too.

# Focus on Mental Health During Emergencies

Americares India Emergency Response strategy includes providing MHPSS in emergencies. To build understanding of MHPSS, we conducted a training program for response staff. The training was aimed at understanding the method of ensuring Psychosocial Support (PSS) and Psychological First Aid (PFA) based on Inter-Agency Standing Committee (IASC) guidelines.



A glimpse of MHPSS training program



Role play during the training

This was an introductory workshop for mental health during emergencies which introduced discussions on common reactions to stress and coping, core actions on PFA, IASC guidelines on MHPSS in emergency settings. The training ended with stress coping mechanisms and self-care for the responders. The participants were AIF employees who have been responding to various emergencies over the years and first responders from the community.

## Sehyogi Fellowship

India has roughly 9000 Psychiatrists\* in the country, just 0.75 psychiatrists per 100,000 population. With such dearth of human resources, providing holistic care in mental health services remains a far-fetched goal. Americares is aiming to bridge this gap through Sehyogi – a fellowship program aimed at building local resources that can integrate MHPSS in their existing organizational work and provide Psychosocial support to people who need it.

Under this initiative, Americares India, in collaboration with Tata Institute of Social Sciences (iCALL Helpline), train healthcare and humanitarian workers in providing basic mental health and psychosocial support to community members who are in distress or crisis.

Sehyogi offers online and part-time course under which the Fellows are exposed to a variety of engagement and learning modules. This includes lecture-based training, supervised field work and experience sharing spread over a period of 12 weeks.

From April 2021 to March 2023, we have trained two batches comprising 46 fellows from 23 different states.

\*Source Indian J Psychiatry. 2019 Jan-Feb; 61(1): 104–105



# Spirit of Humanity



In 2022, we organized the 11<sup>th</sup> edition of the awards, celebrating a decade of Spirit of Humanity. The award process involved rigorous rounds of evaluation and was concluded with the Grand Finale on 22<sup>nd</sup> June, 2022. The event recognized 5 national winners and 16 regional winners shortlisted from over 100 entries.

A panel of experts discussed the issue of “Universal Health for the Urban Poor”. The panel members included, Dr Mangala Gomare, Executive Health Officer, MCGM, Prof Dr G J Velhal, HOD, Community Medicine, KEM Hospital, Dr Manoj Chawla, eminent diabetologist, Prof Dr Harshad Thakur, TISS and Dr Anand Nadkarni, Psychiatrist, and founder of Institute for Psychological Health.

## Highlights - 2022

**5**

Categories

**100+**

Nominations

**22**

Prominent Jury  
members

**16**

Finalists

# Award Categories

Annual Budget up to ₹3 cr.



**Disability**



**Education**



**Health**



**Women's  
Empowerment**

Annual Budget above ₹3 cr.



**Social Impact**



Panel discussion



Dignitaries and participant in the grand finale

## Winners - 2022

Category	Organization
Disability	Srishti Foundation
Education	Anchalika Jana Seva Anusthan
Health	Sparsh Hospice, Project Of Rotary Club Of Banjara Hills Charitable Trust
Women Empowerment	Gram Chetna Kendra
Social Impact	Development Support Centre



# Leadership

## BOARD MEMBERS

President and Trustee:  
**Mr. Subrata Kumar Mitra**  
Chairman,  
QSK Advisory Pvt Ltd

Secretary and Trustee  
**Mr. Ranjit Shahani**  
President Emeritus, OPPI

Treasurer and Trustee  
**Mr. Vikram Parekh**  
Director,  
Parekh Integrated Services Pvt Ltd

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**Ms. Anjani Raina**  
Executive Director,  
Harvard Business School India  
Research Centre

Trustee  
**Mr. Shripad Desai**  
Deputy Senior Vice President,  
Country Team Liaison, Americares

## KEY MANAGEMENT

**Mr. Anirban Mitra**  
Deputy Country Director

**Ms. Heena Jain**  
Associate Director - Finance





# Professional Standards

## GOVERNMENTAL

- Registered as Public Charitable Trust in India since 2006
- Registered under Section 12AB of the Income Tax Act, 1961
- Registered under Section 80G of the Income Tax Act, 1961
- Registered under Foreign Contribution Regulation Act (FCRA), with Ministry of Home Affairs (MHA)
- Licensed to purchase, store, sell and distribute drugs with the State Food & Drug Administration (FDA) of Maharashtra
- Complies with the waste disposal norms laid down by Maharashtra Pollution Control Board (MPCB) with regard to destruction of date expired medicines.

## PROFESSIONAL

- Registered as Public Charitable Member of Indian Drug Manufacturers Association (IDMA)
- Member of the Associated Chambers of Commerce of India (ASSOCHAM)
- Member of National Coalition of Humanitarian Agencies in India (SPHERE)
- Member of Indo American Chamber of Commerce (IACC)
- Member of Charities Aid Foundation (CAF) India

## PARTNERSHIPS

Americares India is privileged to have partnered with numerous respected institutions as a part of its programs and initiatives. Few of them are listed below.

- National Disaster Management Authority (NDMA)
- National Rural Health Mission (NRHM)
- Municipal Corporation of Greater Mumbai (MCGM)
- King Edward Memorial Hospital (KEM)
- Lokmanya Tilak Municipal Medical College and General Hospital (LTMMC & GH)
- Directorate of Health Services
- Department of Health and Family Welfare
- Sahastra Seema Bal
- 14 Rashtriya Rifles, Indian Army



# Our Donors

## Corporate

Castrol India Limited  
Abbott India Limited  
Eclerx Services Ltd  
Fullerton India Credit Company Limited  
Johnson and Johnson Pvt Ltd  
JP Morgan Chase & Co  
Marsh And McLennan Shared Services Corporation  
Morgan Stanley Advantage Services Pvt Ltd  
Morgan Stanley India Company Private Limited  
Morgan Stanley India Primary Dealer Private Limited  
Novartis Healthcare Private Limited  
Pfizer Limited  
Quest Investment Advisors Pvt Ltd  
Sandoz Private Limited  
Sanofi India Limited  
SBI Cards and payment Services Limited  
SMFG India Credit Co. Ltd  
U-Blox  
WPP 2005 Ltd

## Corporate Foundation

Americares Foundation Inc  
Cipla Foundation  
Crane Fund for widows and children  
Giving Force Foundation  
Glenmark Foundation  
Honeywell Hometown Solutions India Foundation  
NSE Foundation  
Rural India Supporting Trust  
WPP India Corporate Social Responsibility Foundation

## Gift-in-Kind

Procter & Gamble Health Limited  
Pfizer Limited  
Morgan Stanley Advantage Services Pvt Ltd  
J W Marriott, Juhu

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# Awards and Recognition



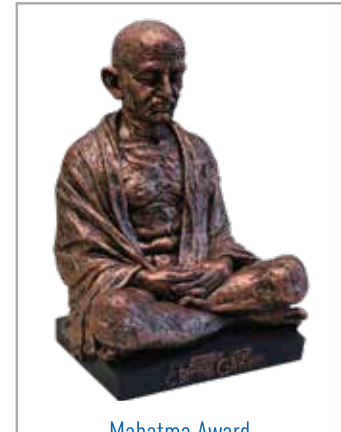
CSR Times Award under Healthcare category



Certificate of Felicitation by MESCO

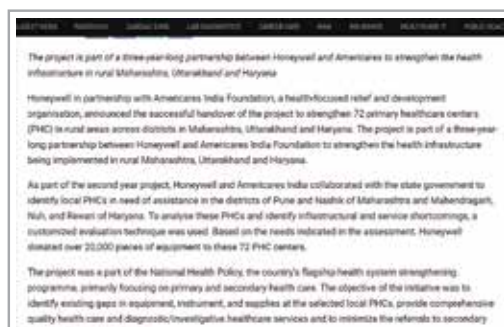


Indo-American Corporate Excellence Award for best NGO in India

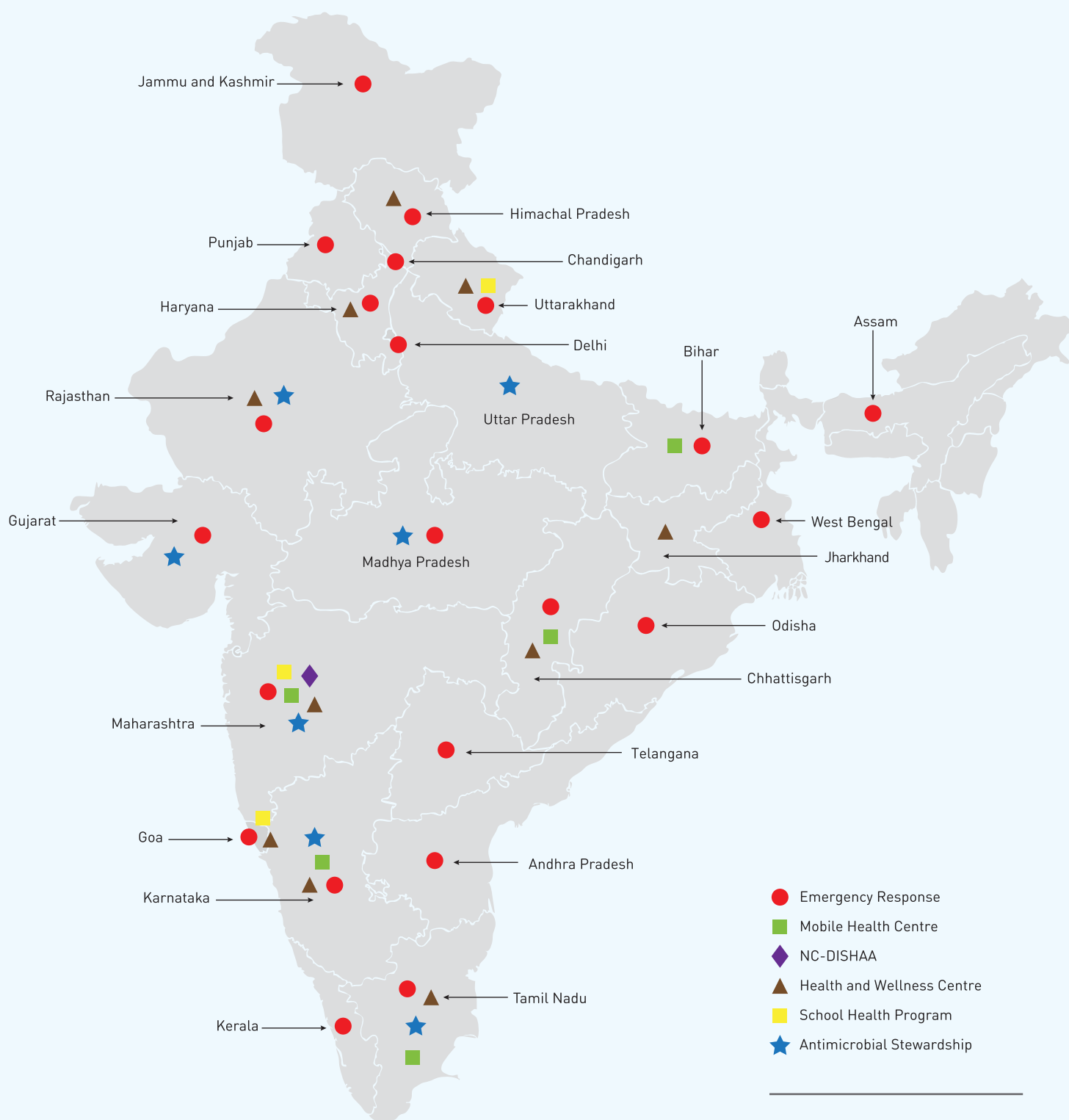


Mahatma Award 2020 India

## Glimpses of media coverage



# Our Presence



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Americares India Foundation  
B-706, Mittal Commercial, Chimatpada,  
Off M V Road, Marol, Andheri East, Mumbai - 400 059

Ph: 022-28598748 | Website: [www.americaresindia.org](http://www.americaresindia.org)

Email: [aif-info@americares.org](mailto:aif-info@americares.org)