

# Healthy Aging India

ANNUAL REPORT  
FOR 2018-19



# HEALTHY AGING INDIA

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## VISION

HAI envisions a world of active and dignified aging, striving towards empowering, encouraging, and educating people to lead a healthy life.

## MISSION

HAI is on a mission to reach and assist the elderly from all corners of society, through numerous interventions and initiatives.

## INTRODUCTION TO HEALTHY AGING INDIA

Healthy Aging India is an experimental non-profit organisation engaged in setting milestones in two of the most demanding sectors, namely, primary health and education. The motto of HAI is to "Encourage, Educate and Empower" socio-economically disadvantaged groups of people. We aspire to provide quality education to government school children through our Intergenerational Learning Centres – IGLC and by providing comprehensive healthcare for the elderly population. The objective of the IGLCs is to create a reciprocity and synergy between school children and the elderly. While both groups benefit by learning from each other, the elderly in particular are enriched by getting a sense of self worth, better health, mental stimulation and the joy of giving. The children get individual attention, help in completing their lessons and acquire valuable life skills as well. Regular interaction with the elderly in a supportive and friendly environment provides emotional security to the children.

The idea of "Healthy Aging India" (HAI) to reach out to the community at large and bring health services to the doorstep of vulnerable elderly group across different regions of the country was first conceived in 2011 and was registered as an organization under the Indian Societies Act, 1860 in December 2013. The organisation was started under the guidance of its Founder President, Dr. Prasun Chatterjee, Associate Professor from Department of Geriatric Medicine, All India Institute of Medical Sciences, (AIIMS) New Delhi and well wishers and like-minded individuals from various walks of life. The first Health Camp was held in Kheri Bhanauta, Uttar Pradesh on 18th September, 2011, where 500 people were treated free of cost. Healthy Aging India in the process of its own evolution has started to set benchmarks for itself for the welfare of society and conducted its first Walkathon in 2014, started first of its kind Intergenerational Learning Centre-IGLC in 2017 and launched first Comprehensive Geriatric Mobile Van in 2018.

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# PRESIDENT

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I am thrilled to celebrate another year of exceptional achievements by HAI. Our vision has become a reality, extending primary care to thousands, and I am optimistic that our impact will only continue to expand. I want to express my deepest gratitude to our valued stakeholders, supporters, and volunteers. Your trust and commitment have been instrumental in driving our mission forward. Without your support, our successes would not have been possible.

Equally, I am pleased to acknowledge the remarkable growth within our team. Their relentless efforts to reach more people, touch more lives, and bring about positive change are truly commendable. It is inspiring to see their dedication translate into meaningful transformations for those we serve.

As we move forward, I am hopeful that we will maintain the same integrity, passion, and transparency that have been the hallmarks of our work. These core values are essential to our mission and will ensure that we continue to serve our community effectively and honorably. Thank you to everyone who has been part of this journey, and let us continue our efforts with renewed commitment and enthusiasm.

Rajshree Sharma

# FOUNDER PRESIDENT

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Dear Colleagues,

Greetings from Healthy Aging India!

It is my pleasure to present the Annual Report for the year 2018-19. The year has been full of more and better ways in which HAI has served the larger community by engaging with the elderly and with children. While our flagship program - Inter Generational Learning Centres - scaled new heights by connecting with elders and children through the year, October 2018 saw the launch of a Comprehensive Geriatric Mobile Van. This new venture is focused on addressing the mental, emotional and physical health needs of the residents of 20 Old Age Homes in the NCR on a regular basis. The Geriatric Mobile Van is proving to be the window to the world for a great many elderly residents during the monthly visits. A qualified doctor and team provide medicines, food and counselling services and also train the caregivers.

A handwritten signature in black ink, appearing to read "Prasun Chatterjee".

Dr. Prasun Chatterjee

# IGLC: INTERGENERATIONAL LEARNING CENTRE

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## INTRODUCTION

Intergenerational Learning Centre - IGLC is an empowerment model to educate and upgrade the inherent potential of underprivileged children in government schools by making use of the experiential teachings of educated senior citizens. Its beauty lies in mutual reciprocation of knowledge between generations, that emerge by intermingling of experience and curiosity. Elderly generation are at one end of the life cycle and the children are on another end. The elders have already travelled the path which is still a new venture for future generations. Motivation behind IGLC project is to 'shape lives' and open dialogue between generations to help enrich aspirations for better quality of life, education and health.

During the year, an intensive step by step process was followed to continue the functioning of three inter-generational centres. Each centre was run in the government schools in R.K Puram New Delhi, in Sector 12, NOIDA and in Khwajpur in Greater NOIDA. Similarly, senior citizens were selected as elderly educators from among citizens aged 60 years and older who were functionally independent, college graduates, with a loving and caring personality who were willing to improve the quality of education in nearby schools for the underprivileged. 27 senior citizens were engaged with government schools.



## EDUCATORS MEET IGLC

A faculty in AIIMS, New Delhi, Dept of Geriatric Medicine, the Founder President of HAI, Dr Prasun Chatterjee is a rare example of a doctor who combines his passion for care and empowering the elderly and school children from the weaker sections with exemplary professional work in the area of medicine. He is a committed promoter of mass immunization against pneumonia and influenza in the elderly. A recipient of several prominent awards Dr Chatterjee continues to inspire young and old alike.



## CAPACITY BUILDING TRAINING FOR ELDERLY EDUCATORS

Although our educators are well educated senior citizens who retired from various professional backgrounds an orientation was required to align them with the new patterns of education systems and pedagogy.

Different subject wise training sessions were conducted in an attempt to build the capacity of elderly educators on Children's Learning strategies & teaching methodologies before inducting them in Government schools.



The major focus of training sessions was on understanding what and how children learn, what is the role of educator, how they can help children learn better, what are the methodologies or strategies they should adopt to make learning enjoyable and interesting, etc. Training techniques and norms to be followed were along the lines prescribed by the National Council for Teachers Education (NCFTE- 2009) and NCERTs/ SCERT/CBSE, among others.

A total 50 training sessions were conducted as for 40 senior citizens of Delhi, Noida and Jewar. Five training sessions were Demonstrative Sessions of teaching practices by Elderly Educators themselves in addition to five sessions for Peer to Peer by Elderly Educators. In the process of training, a number of activities related to listening, writing and comprehension were given to the Educators.



## OTHER IGLC INTERVENTION IN GOVERNMENT SCHOOLS

Interventions for students to enhance their basic education with extracurricular activities were undertaken by HAI. Such activities were aimed at imparting life skills through art, aptitude tests, painting, craft, music, theatre, gardening, yoga and meditation. Computer skills, prudent use of available resources and ways to minimise waste, etc were also taught.

Everyday class session was closed with a moral story and a newspaper reading.

Occasionally, excursion tours, visits to exhibitions, museums and nature walks were also organised for the school children and elders.

IGLC academic classes were held regularly for one or two hours every day throughout the academic session. Classes were held post- school or within school hours.



# COMPREHENSIVE MOBILE HEALTHCARE VAN FOR RESIDENTS OF OLD AGE HOMES



The above health services for the elderly inmates of Old age Homes in the NCR are a joint initiative of Healthy Aging India, AIIMS, Rotary Club of Delhi South West, and IFCI Social Foundation. Under this set of activities 27 Old Age Homes are being provided with regular healthcare for the elderly. A well equipped free mobile hospital visits each home on a regular monthly basis to provide preventive health check ups, vaccinations, food, medicine and physio-therapy services. The mobile van was donated by the Rotary Club of Delhi South West in October 2018.

During the reporting period, a total of 1,777 patients were served. The most frequent health conditions addressed were diabetes, hypertension, chronic back pain, depression, paralysis, asthma and joint pain. The four member mobile healthcare team comprised of a physician, a physiotherapist, a nursing staff and a project coordinator. Blood sugar tests and haemotogram were done on a routine and regular basis as was the checking of blood pressure. On an average 12-15 patients from such homes were referred to the Department of Geriatric Medicine at AIIMS, New Delhi every month.

Caregiver Training was given to 33 trainees from Old Age Homes dealing with dementia patients. This training was repeated on a quarterly basis.

Caregiver Training was aimed at enhancing the understanding and skills on the basic elements of geriatric care. They were taught about the biology of aging, introduction to gerontology, communication with family and caregivers, clinical geriatrics introduction, psychology perspective of aging, healthy nutrition in aging, acute care rehabilitation, perspective of end life, legal and ethical issues, prevention of non communicable diseases, self-care management and hygiene training.

In addition, regular lectures and motivational talks were also organised for the residents of the Old Age Homes.





# AUDITED REPORT

## **P M H & ASSOCIATES LLP**

Chartered Accountants

### **INDEPENDENT AUDITOR'S REPORT**

**To the Governing Board of Healthy Aging India,  
(A Society registered under Societies Registration Act, 1860)**

#### **Report on the Financial Statements**

##### **Opinion**

We have audited the accompanying Financial Statements of Healthy Aging India (hereinafter referred to as "the Society"), which comprise the Balance Sheet as at March 31, 2019, and the Income and Expenditure Account and Receipt and Payment Account for the year ended on that date and a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us, the financial statements give the information required by the Act in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

- (a) In the case of the Balance Sheet, of the state of affairs of the Society as at March 31, 2019; and
- (b) In the case of the Income and Expenditure account, of the excess of income over expenditure for the year ended on that date.

##### **Basis for Opinion**

We conducted our audit in accordance with Standards on Auditing (SAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements as per the ICAI's Code of Ethics and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

##### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation of these financial statements in accordance with the Societies Registration Act, 1860. The responsibility includes the maintenance of adequate accounting records and safeguarding the assets of the Society and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgements and estimates that are reasonable and prudent; and design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

##### **Auditor's Responsibility**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Address : 2nd Floor, AB-03, Safdarjung Enclave, New Delhi-110029  
Tel.: 011-43036002, E-mail: [contact@xactitude.in](mailto:contact@xactitude.in), Website: [www.xactitude.in](http://www.xactitude.in)



- Obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Materiality is the magnitude of misstatements in the financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the financial statements.

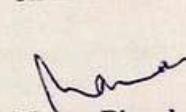
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit. We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

**For P M H & Associates LLP**

**Chartered Accountants**

**FRN: 026443N/N500054**

**UDIN: 19517928AAACW3790**

  
Manas Piyush  
Partner  
M. No.: 517928



**Date: August 31<sup>st</sup>, 2019**

**Place: New Delhi**

**Healthy Aging India**  
**(A society registered under Societies Registration Act, 1860)**  
**Balance Sheet**

<b>Particulars</b>	<b>As at</b>	<b>As at</b>
	<b>March 31, 2019</b>	<b>March 31, 2018</b>
<b>₹</b>		
<b>SOURCES OF FUNDS:</b>		
Corpus Fund	5,000	5,000
Unrestricted Project Funds	36,15,249	1,10,278
Restricted Project Fund	-	9,65,064
Statutory Liabilities	1,550	-
Current Liabilities	15,22,496	51,183
<b>TOTAL</b>	<b>51,44,295</b>	<b>11,31,525</b>

**APPLICATION OF FUNDS:**

**Fixed Assets**

Tangible Assets	33,28,884	58,170
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**Current Assets**

Sundry Debtors	1,24,489	8,01,286
Cash and Cash Equivalents	15,18,026	1,96,569
Advances Recoverable in Cash or in Kind	1,72,896	75,500
<b>TOTAL</b>	<b>51,44,295</b>	<b>11,31,525</b>

Income & Expenditure	1
Receipt & Payments	2
Significant Accounting Policies and Notes on Account	3

As per our report of even date

**For P M H & Associates LLP**  
**Chartered Accountants**  
**Firm Registration No. 026443N/N-500054**

*Manas Piyush*  
**Partner**  
**Membership No. : 517928**



**Place: New Delhi**  
**Date: August 31st, 2019**



**For Healthy Ageing India**

**For HEALTHY AGING INDIA**

*P*  
**President**  
**Treasurer**

**Healthy Aging India**  
 (A society registered under Societies Registration Act, 1860)  
 Income and Expenditure Account

Particulars	Year ended	Year ended
	March 31, 2019	March 31, 2018
<b>INCOME</b>		
Contributions / Donations Received	93,50,769	19,18,321
Other Income	1,63,167	9,162
<b>TOTAL</b>	<b>95,13,936</b>	<b>19,27,483</b>
<b>EXPENDITURE</b>		
Direct project Expenditure	23,71,742	5,62,131
Rent	1,39,002	89,600
Travelling and Conveyance	7,13,672	1,49,463
Payroll Expenses	20,82,731	8,13,768
Professional Charges	1,39,800	25,000
Depreciation Expense	3,98,322	11,077
Miscellaneous Expenses	1,63,696	1,03,533
<b>TOTAL</b>	<b>60,08,965</b>	<b>17,54,572</b>
<b>Excess of Income over Expenditure</b>	<b>35,04,971</b>	<b>1,72,911</b>
Transferred To:		
Previous Year Profit/Loss	1,10,278	-62,633
Un-Restricted project Fund	35,04,971	1,72,911
<b>TOTAL</b>	<b>36,15,249</b>	<b>1,10,278</b>

As per our report of even date

**For P M H & Associates LLP**  
**Chartered Accountants**  
**Firm Registration No. 026443N/N-500054**

*Manas Piyush*  
**Manas Piyush**  
 Partner

Membership No. : 517928



Place: New Delhi  
 Date: August 31st, 2019

**For Healthy Ageing India**



**For HEALTHY AGING INDIA**

*R*  
**President**  
 Treasurer

# SUPPORTERS



NBCC (India) Limited



RAILTEL

Railtel Corporation Of India Limited



GAIL (India) Limited



# WHO'S WHO OF HAI

## GOVERNING BODY



### RAJASHREE SHARMA

#### President, Lawyer

Rajashree Sharma is an advocate specializing in intellectual property law and policy. She has a background in teaching and research and has worked as an environmentalist on the Ganga Floodplain scientist and with the Ministry of Environment and Forest.



### RAMESH PANDITA

#### General Secretary, Entrepreneur

Ramesh Pandita spent long years in the pharmaceutical industry in senior managerial position. He is currently running his own business in pharmaceuticals .



### Dr Prasun Chatterjee

#### Founder-President

Faculty in AIIMS, New Delhi, Dept of Geriatric Medicine, Founder President of HAI is a rare example of a doctor who combines his passion for care and empowering the elderly and school children from the weaker sections with exemplary professional work in the area of geriatrics. He is a committed promoter of mass immunization against pneumonia and influenza in the elderly. A recipient of several prominent awards Dr Chatterjee continues to inspire young and old alike.



## ABHIJIT GANGULY

### Vice President

Abhijit Ganguly retired as Deputy Secretary Ministry of Micro, small and medium enterprises, GoI, after a long and meritorious career as a bureaucrat. He is currently engaged in social and community work and provides HAI with substantial inputs and support.



## **Harsh Vardhan Ojha**

### **Treasurer**

H.V Ojha has been working for over 13 years as Broadcast Executive with Doordarshan. He studied journalism at Delhi University and is an MBA from Pondicherry University and worked formally at GAIL India Ltd.

## HAI TEAM

- S.S RUDRA**  
1. Executive Director
- Gurinder Kaur**  
2. Advisor Resource Mobilization
- SANJAY DHADWAL**  
3. Project Director
- Pushpalata Bharadwaj**  
4. Project Director IGLC Project
- DR.PUSHPAMMA K.K**  
5. General Physician Mobile Hospital
- Abu Sohail Nizame**  
6. Physiotherapist Mobile Hospital
- NURSING ASSISTANT**  
7. Abhishek Mohar
- Sougata Mitra**  
6. Project Manager
- Vikash Panchal**  
8. Project Manager
- Ria Gupta, Jaya Sharma**  
9. Project Coordinators (Delhi)
- Rupa Pal**  
10. Project Coordinator IGLC (NOIDA)
- Mitika Chopra**  
11. Assistant Project Coordinator
- Priyanka Masih**  
12. Project Coordinator IGLC
- Akshay ( For IGLC Educators),  
Vikrant (Mobile Hospital)**  
Drivers



Healthy Aging India

J-103 , Ground Floor, Gautam Nagar, New Delhi-110049

Phone: +91-11- 4023 0917; Toll Free Helpline: 1800-102-8336

Email : [contact.healthyaging@gmail.com](mailto:contact.healthyaging@gmail.com)

Website : [www.healthyagingindia.org](http://www.healthyagingindia.org)

