COMMITTED
COMMUNITIES
DEVELOPMENT
TRUST

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COMMITTED
COMMUNITIES
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TRUST

GLIMPSES

ANNUAL REPORT 2016 - 2017

Committed Communities Development Trust
Annual Report
2016 - 2017

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SMILESTONES

We at CCDT have worked for over 27 years to actively address deprivation and marginalization of communities and children in Mumbai's slums, transforming **over two million lives**. Since 1995, our vision of 'a world where every child counts' has inspired us to go the very last mile to reach children and families in crisis. Over the years, HIV/AIDS, Health & Nutrition, Child Protection and Adolescent Empowerment have emerged as the major domains of CCDT's interventions, with a special focus on children and their families. CCDT employs a rights-based approach to empower the most deprived communities, and consequently facilitate sustainable social change. Here's a snapshot of our major achievements over the last five years.

2012

Organized a State-level Consultation Forum for Child Protection and HIV in partnership with UNICEF for over 26 organisations providing home-based and institution-based care, health, education, legal and advocacy support to children affected/infected by HIV/AIDS.

2014

Implemented 'Building Safe Communities' a program in a Dahisar slum community that focuses on child protection and child rights in partnership with UNICEF.

2014

Implemented 'mMitra a mobile-health program' in partnership with ARMMAN to reduce mortality & morbidity of pregnant women, lactating mothers, neonates, infants and children living in urban slums.

2014

Expanded our outreach to four districts in Maharashtra through the Urban Nutrition Initiative in partnership with Tata Trusts, employing a 1000-days approach to enhancing maternal and child health in high-burden ICDS projects.

2015

Launched a health program to reach over 4,000 of the most deprived-tribal community members living in adivasi padas of Sanjay Gandhi National Park in Borivali and Aarey Colony in Goregaon, Mumbai in partnership with Plan India.

2016

Expanded our Home-Based Care HIV program in partnership with KHPT/USAID to all 24 wards of Mumbai enabling over 8,000 children affected by HIV/AIDS to become self-reliant.

VISION

A world where every child counts;
A world of children living in dignity

MISSION

Community action combatting hunger, disease and discrimination

CCDT Annual Report 2016-17 | 1

from the founder's desk

daring greatly

Whether they live in slum pockets, on roadsides, or in urban metropolises, all parents want to see their children succeed. By acting together and investing in the health, nutrition and protection of vulnerable children, we can make sure every child, everywhere, receives the opportunities they deserve. **We can ensure that every child counts.**

Combatting hunger, disease and discrimination in urban slums is a mammoth task, but I know that every single child, mother, family and community we reach is significant. Going the last mile to reach those on the fringes, we supported over **4,000 urban tribal families.** This year, **over 21,000 pregnant women and lactating mothers** from urban slums in Mumbai benefitted from our mobile-health program, that reduces maternal and infant morbidity and mortality.

This year alone, we enabled **600 HIV infected/affected children** to access education, heath, nutrition and a lifetime of new possibilities. The **92 children in our Residential Care Centers** will eventually take their place among the next generation of citizens and open doors for those around them as well.

Every investment you make reaches and forever alters the trajectory of a child's life, by putting a nutritious meal in their hands or providing them with a caring mentor or connecting them to public health services. Then, when you harness the collective power of all our efforts — the hundreds of investors, volunteers and staff who give their time, energy and money to improve health and protection for the most vulnerable children (and their families) the outcome is staggering.

Our shared decision to take action and make a difference has allowed us to reach more than **two million children** with quality health, nutrition, education, and child protection programs. I am extremely proud of the millions of future entrepreneurs, teachers, doctors and parents we've supported. The success you've helped us achieve — the learnings we've garnered from each child protected, each mother nourished and each community rendered self-sufficient — has allowed us to create effective, adaptable solutions for addressing gaps in health and child protection.

We're now focused on delivering these interventions more widely and with greater efficiency. We expanded beyond the city of Mumbai to **four high-burden districts** across Maharashtra through our Urban Nutrition Initiative that focuses on those critical 1,000 days from pregnancy until the child is two years old to enhancing the health of **over 50,000 pregnant women, lactating mothers and neonates.**

We are now striving to impart the knowledge we've gained over 27 years of implementing innovative, scalable programs in health and child protection to other non-profits working in similar areas, thus advancing the sector's ability to reach the most vulnerable communities and address the most pressing issues, efficiently and effectively.

Let us collectively dare greatly to leave the next generation with a better future.

- Sara D'mello
Founder & Managing Trustee

01

HIV

CHILDREN
FAMILIES
COMMUNITIES

CCDT runs two HIV/AIDS programs: Home-Based Care & Residential Care to both mitigate the impact of HIV on affected or infected families, as well as provide residential care and holistic support to children who are orphaned or vulnerable, and are at risk of HIV/AIDS. CCDT's programs also involve the community at large, by sensitizing stakeholders, advocating for the rights of people living with HIV/AIDS and building a support network for affected families.

01
HIV

HOME-BASED CARE

Keeping Families Affected/ Infected by HIV/AIDS Together

India is home to the third largest number of people living with HIV in the world (UNICEF). More than a quarter century ago, when HIV/AIDS was endemic and the Government of India launched its first National AIDS Control Program (NACP), all efforts were geared towards prevention and control. Very few organizations worked to care for and support those families already infected or affected by HIV/AIDS. At this time, Committed Communities Development Trust (CCDT) pioneered a Home-Based Care (HBC) program for families living with HIV/AIDS in Mumbai.

The program aims to strengthen the capacities of families and mitigate the impact of HIV/AIDS on families unable to cope with deteriorating health, emotional stress and fear of uncertain death. CCDT's HBC program enables HIV/AIDS infected/affected families and their children to become self-reliant through a continuum of psycho-social, health (medical & nutrition), education, legal & livelihood support so that children are not abandoned or institutionalized.

from despair to hope...

When Shabina Khan found out she had HIV in 2008, she considered it a life sentence. Her husband, who was also HIV positive, was deteriorating quickly. Doctors told her his death was imminent. So, the Bandra (E) resident spent the next five months nursing her bedridden husband, worrying about the HIV status of their three daughters and dipping into the family's meager financial reserves to fund their treatment. That's when a fellow HIV patient, who saw her crying, directed her to CCDT's Home-Based program and support group for people living with HIV/AIDS. Khan was initially hesitant to approach the organization because she feared her privacy would be breached. But it turned out to be the best decision she'd ever made.

> I was sick of living... I even tried committing suicide by drinking phenyl. I didn't want my children to be institutionalized after my husband and I were no more, so I tried to take their lives as well.
>
> - Shabina Khan, HBC Program Beneficiary

Pivotal to this journey from despair to hope—and onwards to self-reliance—is the sustained support of others who have also made the journey. CCDT facilitates this through the formation of family support groups that meet every month to discuss common issues, share similar concerns and draw strength from each other's struggles and coping strategies. Seasoned members of these support groups mentor families that have recently discovered their sero-positive status and are struggling with issues of acceptance, discrimination or stigma.

> People from my community wouldn't help me because of the stigma surrounding my illness, but CCDT took me in as one of their own. They helped with my children's fees and hospital visits.

Building Self-Reliant Families Affected/Infected by HIV/AIDS

Shabina's story has come a full circle and she now serves as a community volunteer to strengthen community support systems for infected persons. Not only do these volunteers address issues of stigma and discrimination within the community but they also provide necessary support and guidance to infected persons to avail of health services and other entitlements. They raise awareness within the community and encourage community members to come together and support each other.

CCDT's HBC program thus enables HIV/AIDS infected/affected families along with children to become self-reliant through a continuum of support services such as psycho-social (counseling), health (medical & nutrition), education, legal aid, access to social protection schemes and livelihood support — so that children are not abandoned, institutionalized, or end up living off the street.

600

Support group members of families affected/infected by HIV/AIDS from across the city come together once a year to celebrate 'living life positively with HIV' as well as raise issues that concern them and their children.

62

Participants attended an employability workshop where they learned about key skills and competencies required to survive in the workplace: writing a resume, interview skills, career options and having the right kind of attitude to retain a job,

100

Children from HIV infected/affected families participated in a workshop on Child Rights that aimed to prevent child abuse by keeping children informed of their fundamental rights and needs. The workshop focused on four rights: Right to Survival, Development, Participation and Protection.

90

Children participated in a two-day residential children's camp that focused on child rights in the context of HIV/AIDS. Children also learned about physical changes related to the disease and the importance of hygiene, treatment adherence and nutrition.

4,493

Families registered this year

10,018

Children served this year

01
HIV

RESIDENTIAL CARE

Our Residential Care Centers serve as a home when there is no living family or community support.

RCP is a comprehensive residential care program that restores a wholesome childhood to children in crisis—that are orphaned and vulnerable—through health and nutritional care, psycho-social support, education, sports, recreation, family life values and personality development. It seeks to facilitate opportunities for the healthy growth and development of children, until they are 21 years of age or either reintegrated with their families, or extended family, or start living on their own. CCDT runs four residential centers and two group homes, housing 92 children, through this program.

what we provide

Health and Nutrition: All CCDT's Residential Care Centers have a visiting nutritionist who prepares a seasonal menu based on the children's requirements. Home-made supplements and a special diet are provided to children according to their health status.

Medical Support: All HIV-infected children at the centers undergo medical treatment (ART) and are supported by CCDT staff at the centers to adhere to their treatment. Each center has a visting pediatrition who assesses the health of children residing at the centers and provides medical support as required.

Psychosocial Support, and Counseling: CCDT engages in-house counselors to provide children residing at these centers with psychosocial support. Counselors use creative counseling therapies involving music and art, while conducting individual and group sessions with the children.

Legal Aid: In some cases, legal aid is provided to ensure that children have access to property that is rightfully theirs.

Future Planning: CCDT encourages each child and their existing family members (extended members as well) to co-create a plan for the child's future, that includes mapping support networks, identifying career choices and listing potential sources of income.

Education: CCDT ensures that all children at their centers are enrolled in school. The centers engage in-house teachers and tutors to bring children up to the level of education required by their schools and enble them to excel academically. CCDT also arranges field trips, educational visits, vocational training and extra-curricular activities (football, music, dance etc.) to ensure that children receive a comprehensive education and enhance their employability.

a holistic approach to residential care

I was nine years old when I was first brought to Ashray center by a social worker from Mumbai Central in 2003. My father had passed away at the time and my mother succumbed to HIV a few years later. None of my relatives were ready to take care of me and my older brother Dilip. But CCDT took us both in and we felt like we had a family.

When I was twelve years old, I was transfered to our Aakaar centre for older boys. I wasn't very good at studies, but I enjoyed electrical work and used every opportunity at the center to practice and build these skills. After my SSC, I enroled in an ITI Electrician course at Don Bosco, Kurla.

The center staff helped me improve my English-speaking abilities by arranging for extra tuition classes so that I could cope with the ITI course syllabus, which was entirely in English. With this support, and the encouragement of staff at the center, I was able to get a job at an electrical company in Powai.

My brother and I now stay together at a group home that is run by CCDT for working boys. Because of the group home, we are able to save what we earn for two years, giving us sufficient time to collect enough of money to rent our own place and live independently.

My father passed away from AIDS before I was born. My mother was also very sick and our situation at home was terrible... I was eight years old but had never even been to school. My elder brother came to look after my mother and earn for the family. When she died, he placed me here at the center so that I could go to school and have a chance to become someone in life.

When I first came to CCDT's Ashray center, I had only one set of clothes and nothing else. Here, I've received food, education, clothes and a chance to know what it is like to have a family. Because I had never been to school before, I was first enrolled in Senior KG even though I was eight years old. I was much older that all the other children.

The teachers and didis at Ashray spent a lot of time helping me learn and I was promoted quickly to the fifth standard.

I now live at Aakaar center and I'm planning to become a computer engineer in the future. The staff here at the center have been helping me learn about computers. My brother always wanted to be a computer engineer, but because of our family situtation he had to leave his studies and look after my mother. He sacrified his future so that I could have opportunities...so I will excel in computers and fulfill both our dreams.

shaping dreams

100%
of children residing at ourcenters maintained normal growth status and adhered to their ART treatment

67
Reintegrated children attended a reunion and shared stories of how the program had forever altered their lives

100%
of our children who appeared for their SSC and HSC board exams passed.

2
children completed their graduation this year and are currently employed

8
children received educational scholarships

5
youth completed ITI courses

02

CHILD PROTECTION

We safeguard the rights of children in need of care and protection through our Childline Program and Railway Childline Program across Mumbai suburbs. We also work in a vulnerable slum pocket in Mumbai's R-North ward to Build Safer Communities for children.

02
CHILD
PROTECTION

railway

CHILDLINE

Child Protection – Just a Call Away

A large number of children who run away from their homes use the railways as a mode of transport. In an attempt to escape situations of abuse or neglect at home—or lured by the glamour of 'big city' life—these children inadvertently end up in precarious situations of further abuse and exploitation. Railway stations across the country have not only become transit points for trafficking but also locations where a large number of children go missing every year. These children are extremely vulnerable and often become victims of various forms of abuse; physical, sexual, emotional—as well as economic exploitation. They often end up living on streets, in market places or at railway stations.

To ensure the care, protection and wellbeing of run-away, unaccompanied and trafficked children who come in contact with the railways, Railway CHILDLINE was created. The Ministry of Women and Child Development and Ministry of Railways jointly took up this initiative in 2014, working across the country with non-profits to reach every child in need.

Through these joint efforts, 28,000 children have been rescued from stations. **Committed Community Development Trust (CCDT) implements this initiative, in partnership with Childline India Foundation, the Railway Ministry and the Ministry of Women and Child Development, at CST station in Mumbai.** CCDT has a trained team of outreach workers that patrol the station 24x7 to keep an eye out for trafficked children. CCDT also operates a kiosk at the station that provides round-the-clock assistance to children who are lost or are in distress. Since the launch of CCDT's Railway Childline program in 2015, around 800 children have been rescued.

"I participated in a training program by CCDT's Railway Childline team (for police and Railway Protection Force officers) on how to identify children in crisis or distress and provide support, care and protection as needed.

We were trained on child rights and learned to follow procedures designed to protect the best interests of any child who has been rescued. We work with CCDT's Railway Childline team to reunite rescued children with their families, or in cases of abuse, we rehabilitate them through the Child Welfare Department."

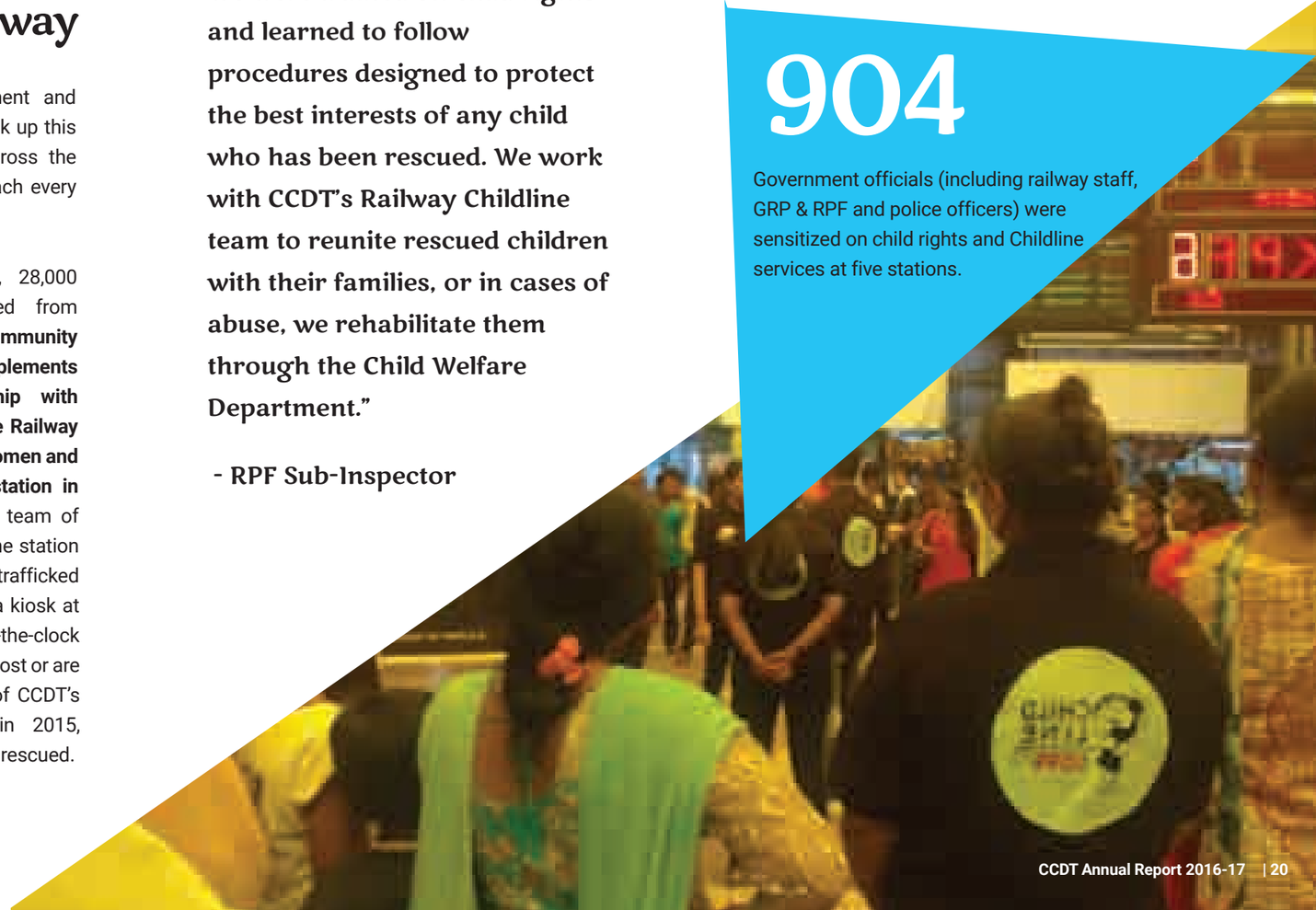
- RPF Sub-Inspector

In June 2016, Rekha Mishra, a sub-inspector with the Railway Protection Force, was on duty at Chhatrapati Shivaji Terminus. She and her team spotted three scared young girls in school uniforms getting down from the Chennai Express on Platform 15. When she went up to the girls to ask them if they were in trouble, they only stared at her. That's when she realised they couldn't understand her. Putting two and two together, the team called a Tamil-speaking person to help. It turned out that the girls had been kidnapped outside their school in Chennai; they had been tricked into approaching a van and then forced into it. At a traffic signal, one of the girls bit her captor, and in the resulting confusion, they managed to escape. In panic, they boarded a train at a nearby station, unaware that it was a long-distance express.

Ms. Mishra, joined the Railway Police Force (RFP) in 2014, and has worked with CCDT's Childline program to rescue 434 children at CST station till date.

904

Government officials (including railway staff, GRP & RPF and police officers) were sensitized on child rights and Childline services at five stations.

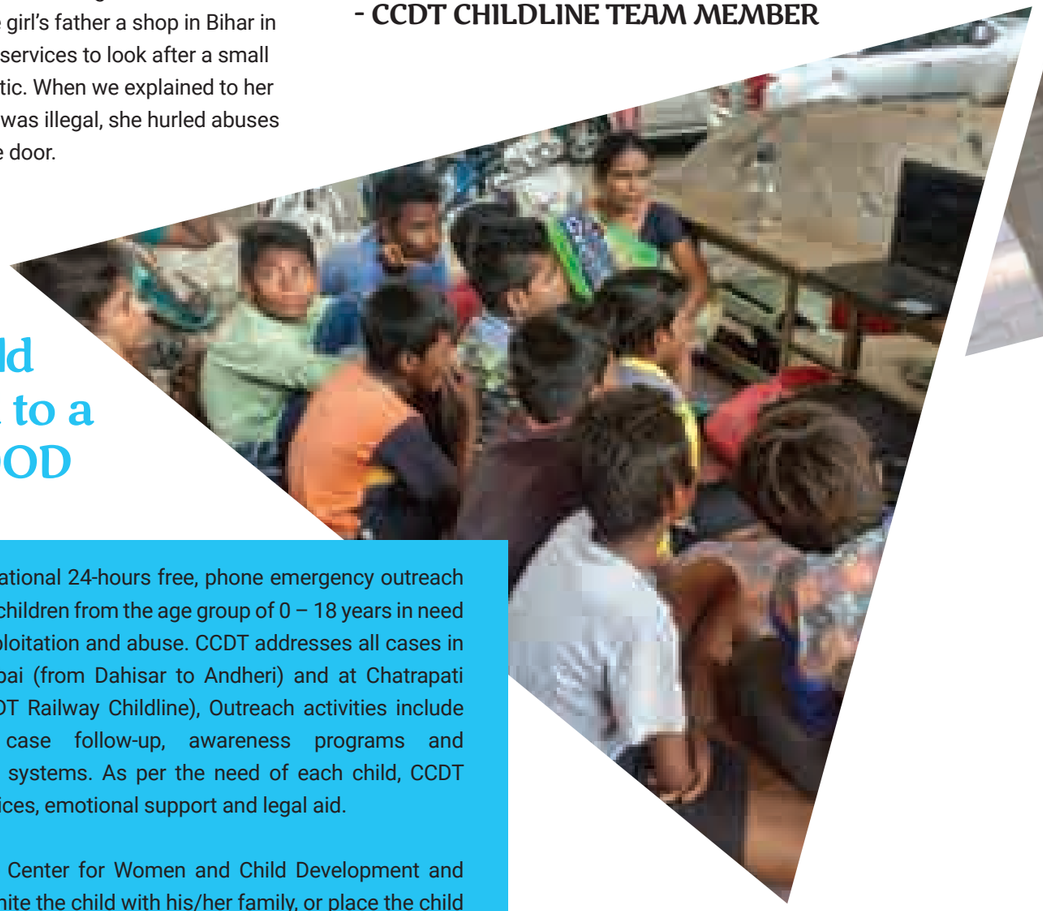


“In early February, we received a call on the helpline from a concerned parent in Bihar whose 10 year old girl was brought to Mumbai as a domestic worker. The parent gave us details of their child and we immediately visited the home. We found the door locked, but a laundry man in a shop nearby shared that a girl from Bihar had been brought to the house to look after a small baby in that family.

The next day we visited the home again and verified that the young girl was indeed working there. However, the employeer claimed to be the girl’s aunt and stated that they had given the girl’s father a shop in Bihar in exchange for the girl’s services to look after a small baby who was asthmatic. When we explained to her that employing a child was illegal, she hurled abuses at us and slammed the door.

We went to the nearest police station to lodge a complaint and seek their help in rescuing the child. We also shared the case with the Deputy Commissioner of Police (Law & Enforcement) who immediately instructed the Child Welfare Officer to rescue the child. We accompanied the police to the area and rescued the girl. After a general medical examination she was placed in a children’s home. We presented the case to the Child Welfare Committee the next day and the girl was handed over to her biological parents. We counselled the family to enrol her in a school.”

- CCDT CHILDLINE TEAM MEMBER



Every child is entitled to a CHILDHOOD

Childline ‘1098’ is a National 24-hours free, phone emergency outreach service for vulnerable children from the age group of 0 – 18 years in need of protection from exploitation and abuse. CCDT addresses all cases in the suburbs of Mumbai (from Dahisar to Andheri) and at Chatrapati Shivaji Terminus (CCDT Railway Childline), Outreach activities include rescue operations, case follow-up, awareness programs and sensitization of allied systems. As per the need of each child, CCDT provides medical services, emotional support and legal aid.

CCDT works with the Center for Women and Child Development and endevors to either reunite the child with his/her family, or place the child in a shelter. Additionally, CCDT’s team endevors to enhance public awareness of the importance of child protection and child rights through outreach activities including disseminating leaflets, pasting posters & stickers, street plays and placing Childline banners at sensitive areas

Above the Call of Duty

Last year, a CCDT Childline outreach worker spotted a small girl, Komal* in distress on the platform at Masjid Bandra station and brought her to the kiosk at CST. The team discovered that Komal had been sexually assaulted, was bleeding profusely and in need of immediate medical attention. CCDT’s Childline team worked for 48 hours straight to ensure that Komal’s case was registered with the police and that she was admitted to a hospital for treatment. Komal was initially reluctant to contact her father but after much counseling from the team, she agreed.

In several cases, such as Komal’s, reuniting rescued-children with their parents or families, isn’t the best option. Through, conversations with Komal’s father, CCDT’s team discovered that he was struggling to look after his two daughters after the death of their mother. He talked about how Komal would repeatedly run away from home, and how difficult it was for him to keep her safe when he was outside working. They convinced him to place Komal under institutional care, given that this was the second time she had been sexually assaulted in one year. Komal now lives in a state-run institutional home in Mumbai.

** Name changed to protect identity*

918

Case Interventions: CCDT provides medical services, emotional support and legal aid to children in crisis. CCDT works with the Center for Women and Child Development and endevors to either reunite the child with his/her family, or place the child in a shelter.

472

Calls Received: CCDT responds to any call received on 1098 and provides support according to the needs of the child.

213

Open Houses: CCDT’s team receives feedback from children on the responsiveness, connectivity and service delivery of 1098 through group sessions with children.

18,956

Outreach and Awareness Activities: CCDT enhances public awareness of the importance of child protection and child rights through outreach activities at stations.

24x7

Patrolling Railway Platforms: CCDT’s team patrols CST Railway station’s platforms, scanning areas for children in need of protection, at risk of trafficking or those who have run away/are lost.

02
CHILD
PROTECTION

BUILDING SAFE COMMUNITIES

Every time more than 100 girls and women inhabiting the Shivaji Nagar slum in Dahisar West in Mumbai chose to use the community toilet in their vicinity, they were left in the dark—quite literally. Lack of lighting and loosely fitted doors made the experience both uncomfortable and embarrassing. This was more than two years ago. Today, the conditions have improved vastly, thanks to the involvement of young volunteers from the community who were determined to have clean, safe and hygienic community toilets.

This inspiring story was facilitated by CCDT's team that addresses concerns of safety and protection of children from abuse and exploitation — through access to services and the active participation of children and adolescents. Sandhya Sahu who has been volunteering with this CCDT program since she was nine years old, led a group of teenage girls to launch an awareness campaign in order to bring transformation to the deplorable state of toilets in this neglected ghetto colony. Thanks to their efforts, the toilets now have doors, are properly lit and well-maintained.

> "We created awareness about the issue of sanitation in our community through various activities at the Child Resource Centre. A group of children from CCDT's program went and applied to the BMC to get lights and doors for the toilets at Shivaji Nagar."
>
> - Sandhya Sahu
> Child Volunteer

This year, Sandhya represented Mumbai in a regional conference 'Enhancing Policy, Program and Action around Adolescent Participation and Engagement'. She shared her experiences as an adolescent living in an Urban Slum.

"I have two small children and their safety is always at the back of my mind. Earlier, substance abuse used to be rampant in our community. Addicts were occupying open spaces, like playgrounds and community areas, that our children were also using to play. There weren't any lights around the maidan and these dark spaces were being used for smoking, doing drugs and other illicit activities.

We all felt the need for making these spaces safer, but didn't know where to start. Then CCDT invited concerned parents and children from the community to come together and form a **Community Child Protection Committee (CCPC).** This committee would meet regularly and discuss issues of safety in our community and how to solve them. Many parents didn't understand the seriousness of the drug problem and how it could impact our children. So CCDT held sessions for parents in the community on the effects of drugs on their children. I learned that I needed to counsel my boys too – to prevent them from getting into drug abuse. I also learned about child rights, child protection, child sexual abuse, and laws related to children during the meetings and workshops for the CCPC members.

When a young girl in our area was raped, I was able to support the family when they wanted to register a complaint. I called CHILDLINE helpline (1098) and told them what happened. I also went with the family to the police station to register the case. We also supported the family in court, made sure that the girl did not come in contact with the accused and now he is in jail. The girl and her family were then counselled with CHILDLINE's help.

As a community, we were able to take positive action and so all of us now feel stronger and empowered. By working with CCDT, I have learned one thing — just making sure that my children are safe is not enough. All the children in my lane, in my community must be safe — only then will my children be really safe. And it is my responsibility, our responsibility, to make sure that every child is safe."

- Payal Gund, CCPC Member

Community Child Protection Committees (CCPCs)

02
CHILD
PROTECTION

MAITREE

CCDT's Adolescent Empowerment Program encourages children to be catalysts of change in their own communities, to become self reliant and productive members of society who are capable of making informed decisions that benefit themselves and society at large. It strives to build 'tomorrow's leaders'. The program engages children and adolescents (aged 12—18 years) from marginalized slum clusters in Mumbai, with scarce opportunities for education and livelihood—who are exposed to violence, despair, substance abuse and diseases.

680

Children participated in group sessions on personal safety and child sexual abuse.

1,892

Children attended life-skills sessions designed to teach them how to deal with life's challenges.

520

Child Leaders trained in child rights, leadership, communication and decision-making techniques.

Building Tomorrow's Leaders

"

I've been a Child Leader with Maitree Project for over six years. Community organisers used to visit our area and help us (the children) form groups — and I always joined these groups. We used to play games, listen to stories and participate in informative sessions on topics related to school, safety, careers, communication etc. I used to look forward to these activities and sessions. They gave me a chance to mix with other children and learn something new each time.

After one session, the community organizer approached me and asked me if I wanted to become a ***Child Leader***. She had observed that I took an interest in cases of school drop-outs and felt that I'd make a good role model. Through the training I received, I learned about child rights, leadership and decision-making techniques. I felt my confidence increase. I was able to create a social-map of my community with my group that highlighted unsafe areas as well as collective social challenges.

This year, there was a seventh standard girl, Sunita, who was being repeatedly eve-teased while returning from school. She became afraid and confided in her mother. Sunita's mother then scolded her and banned her from going to school. Sunita is my friend. When I learned that she had dropped out of school because of eve-teasing, I went to her house to talk to her mother. I assured her mother that I would accompany Sunita back from school and take good care of her.

Those boys tried to eve-tease us the next day, but I confronted them and immediately went to the Police Station with Sunita and we lodged a complaint against them. The police intervened and those boys don't tease anyone now. Sunita has joined my group of 'Child Leaders' and together we support other children from our community in whatever way possible.

- Sahara Sheikh, Child Leader

03

MATERNAL & CHILD HEALTH

03

MATERNAL & CHILD HEALTH

mMITRA

a mobile-health program for mothers and children in slums

mMitra, is a mobile-health program (Mobile Health Messaging through Automated Voice Calls) to advance reduction in mortality & morbidity of mothers, neonates, infants and children living in urban slums. CCDT initiated the mMitra Program, in July 2014 with support from Armman.Through the mMitra program, regular, timed and targeted information is provided to pregnant or lactating mothers through automated voice calls. mMitra covers R/North and R/Central wards of Mumbai Municipal Corporation, Mira-Bhayander area of Mira-Bhayander Municipal Corporation and Vasai, Nallasopara and Virar areas of Vasai-Virar Municipal Corporation.

18,109

Pregnant and lactating mothers received phone calls

1,155

High-risk mothers and children received follow-up home visits

Capacity Building of Arogyasakhis

The Community Health Volunteers (CHVs) and Link workers deputed as Arogya Sakhis are trained through monthly meetings on ante natal care, post natal care, neonatal care, nutrition, identification of high risk and intervention.

"I don't like to think about the past. I was devastated after each of my three stillbirths. The first one happened when I was in my sixth month. Suddenly one day, my stomach became very heavy and I felt a tremendous weight. I didn't realize that something was wrong and only went to see my doctor a few days later. I was then told that the baby had already died. The other two incidents happened when I was in my eighth month. Both times I experienced intense contractions, but I didn't know what to do. I was staying at my in-laws place in the village and no one knew how to respond. I lost both babies again."

Tragically, Geeta's story is echoed across the country. Her three, dead-at-birth, babies are part of the 592,000 stillborns in India each year, earning the country the dubious distinction of the highest number of stillbirths globally. Experts caution that while maternal and child deaths have halved, stillbirth remains a neglected global epidemic. An appalling 50% of the 2.6 million stillbirths that occur globally every year are actually preventable. Research highlights that most of these deaths could be prevented with timely and quality antenatal monitoring and care (Lancet Stillbirth Series, 2016). Geeta's doctors had recommended that she undergo protein treatment at Lilavati hospital in Mumbai, and so she moved to the city with her husband two years ago. Early this year, Geeta was both ecstatic and terrified to find out that she was three months pregnant with twins. Because of her history of stillbirths, she was very worried about losing these babies as well.

Fortunately, Geeta's locality comes under the coverage of CCDT's mMitra program: a m-health program (Mobile Health Messaging through Automated Voice Calls) to advance reduction in mortality & morbidity of mothers, neonates, infants and children living in urban slums. Through this program, pregnant women like Geeta or lactating mothers receive regular, timed and targeted information through automated voice calls — on preventive care and simple interventions in the event of emergencies. The voice calls are sent directly to registered women in their local language and contain information specific to a women's gestational period or the age of the newborn.

mMitra Voice Calls

In a bid to maximize reach and give as many children as possible a healthy start to life, enrolled women receive recorded voice calls every week, at the chosen time slot. The calls provide information specific to the week of pregnancy or the age of the child on preventive care and simple interventions.

over
50%
of the 2.6 million stillbirths that occur globally every year are actually preventable

The estimated direct financial cost of a stillbirth is
10-70%
greater than the cost of a live birth

In all countries, the risk of stillbirth is highest for the most marginalised populations

Geeta was three months pregnant when she was registered into CCDT's mMitra program. Because of her previous stillbirths, she was identified as high-risk and closely monitored by Soniya, CCDT's community organizer for that area. Soniya visited Geeta's home every month. "Soniya became like my sister", says Geeta. "She used to call me regularly and visit our home. I learned a lot from those interactions. I began to take supplements and followed the nutritional guidelines given. I realized that there were a lot of precautions that I could have taken during my earlier pregnancies and I followed these this time around. But actually, it was the emotional support that Soniya provided that I benefitted from the most. I was really worried that the babies would be underweight, but Soniya kept reassuring me that I just needed to have adequate, nutritious food in the correct proportions." Like her previous two pregnancies, Geeta began to experience intense contractions during her eight-month. However, this time around there was someone to call. She immediately contacted Soniya who referred her to a medical practitioner. Geeta delivered full-term, healthy twins on account of the medical and emotional support she received

"The first time I heard my babies cry…I cannot explain to you the feeling", said Geeta. "After so many disappointments, pregnancy after pregnancy, I couldn't believe that I actually delivered two healthy babies. I never imagined that this would be possible after the last three stillbirths."

03
MATERNAL & CHILD
HEALTH

SHUBH AARAMBH

CCDT implemented a health and nutrition project that was funded by Mondelez, in partnership with Save the Children and Magic Bus, in a slum community in Wadala. The program aimed to enhance the knowledge of mothers, children and adolescents on nutrition and health. It encouraged communities to maintain and utilise fresh fruits & vegetables from kitchen gardens, to, in-turn, enhance the overall health & nutrition status of children at risk. Through the project, CCDT outreach workers demonstrated healthy nutritional practices to the community and linked community members with existing government services such as Anganwadi Centers and health posts. Furthermore, children from the project area were encouraged to stay active and healthy using Sport for development (S4D).

4,838
Mothers were involved in mother's groups that aimed to increase their awareness and knowledge of health and nutrition, as well as improve related practices.

72
Community leaders were identified and trained as advocates of nutrition and health, as well as sports for development in their communities.

'Nutritious Recipes' Book Launch
Shubh Aarambh launched a recipe book at Churchgate that displayed nutritious recipes by women from the community. Samples of food items from the book were displayed and distributed to the general public along with messages on nutrition and health

x5
Increase in the demand and consumption of Take Home Ration (THR) an ICDS provision for pregnant and lactating mothers, from the community

4,597
Children were enrolled in community and school groups, and attended sessions on Sports for Development, Nutrition and Health.

100%
Produce from the nutrition kitchen gardens was consumed by the school and community.

03

MATERNAL & CHILD HEALTH

SAHYOG

Going the last mile to reach tribal women, children and adolescents on the fringes

Sahyog is a partnership program between CCDT, Plan India and Door Step, that aims to enhance the health and educational status of deprived-tribal communities living in adivasi padas of Sanjay Gandhi National Park in Borivali and Aarey Colony in Goregaon, Mumbai. CCDT implements health-related activities in these two areas and strives to improve the health of pregnant women and lactating mothers, children between 0-6 yrs and adolescents between 12-18 yrs. To reach these goals, the team conducts home visits, weight monitoring, nutrition demonstrations, health camps and support group meetings. Community members are motivated to engage as cooks and trained on nutrition, hygiene and are instrumental in providing supplementary nutrition to malnourished children and high-risk pregnant women. Emergency support for transportation, medicines and diagnostic testing is also provided to pregnant women and malnourished children.

The project witnessed **zero maternal deaths, zero neonatal and zero infant death.**

All the identified **31 pregnant women had safe institutional deliveries.**

51 children, out of 145 underweight children moved into the **'normal weight'** category.

1,041 tribal families reached.

Over **4,191 community members** were reached through sessions on **health marker days.**

Sixteen-year-old Neetu has grown up in a tribal hamlet in the heart of Borivali National Park. The eldest child in a large family of five, Neetu spends a lot of time helping her mother. Here's her story of how she enhances the health of her family and community through CCDT's Sahyog Program.

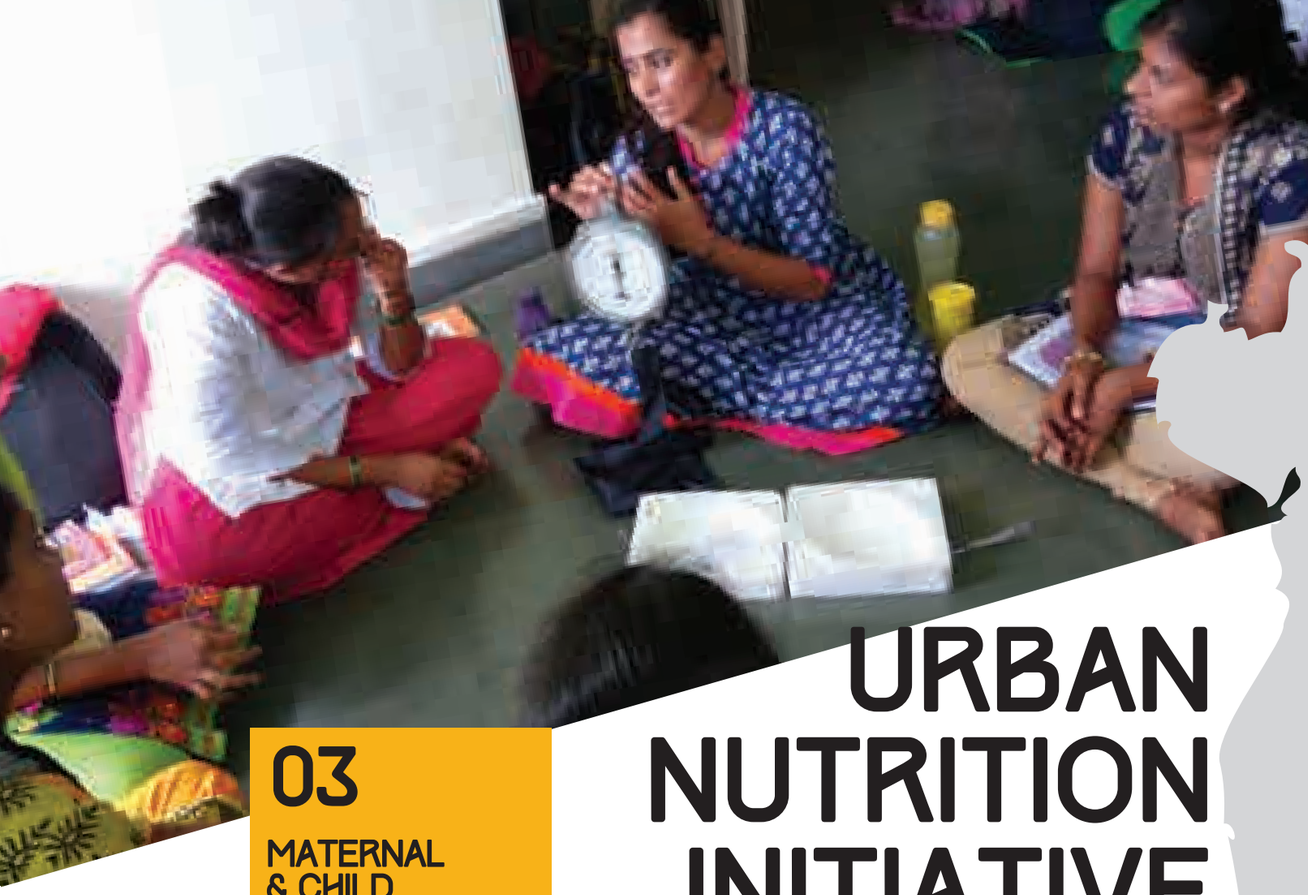
"In our pada (hamlet), there is a didi who goes house-to-house to visit pregnant or lactating mothers. When my younger sister was born, this didi came once a month to make sure that my mother was breastfeeding her. As my sister grew up, didi came to teach us what foods to give my baby sister and how to keep her clean and healthy.

Didi also looked after my mother's health during this time. She made sure my mother went for checkups to the doctor after her delivery and she shared a lot of information about nutritious foods that my mother should take for her own health. A few times, didi went along with my mother and baby sister to the doctor for check-ups or vaccinations.

Didi became part of our community. She would invite all the new mothers or expecting women in our pada to come together for a meeting and discussion on health and nutrition for themselves and their children. Sometimes, didi would put up information on posters and set up a table where she would demonstrate how mothers could use the THR (Take Home Ration) from the Anganwadi center to make delicious meals. During specific days of the year, didi would set up information stalls on specific topics such as breastfeeding, handwashing and iodiene deficiency.

I am a part of an 'adolescent group' that performs skits on water, sanitation and hygiene in padas across Borivali National Park and Goregoan Aarey Colony. We call ourselves 'WASH Champions' and we use street-performances to challenge existing norms of open defecation and poor hygiene in urban tribal communities. Because of our performances, many padas in these two areas have built community or individual toilets. This year, I participated in Balak Melava with over 150 other adolescents from our area. It was an opportunity to share our experiences and learn how to perform on other topics including hand washing and the importance of education."

Training adolescents to function as peer educators on WASH and become WASH champions: Through interactive sessions, demonstrations, street play workshops, sports, transect walk, photography etc. children and adolescents build their understanding of the importance of hygiene and sanitation. They learn about hand washing, safe handling and storage of water and food, the disadvantages of open defecation etc. Last year over 148 adolescents came together on a common platform and shared their experiences and learnings through performances.



03

MAINTENANCE & CHILD HEALTH

URBAN NUTRITION INITIATIVE

The first few years are forever!

GOAL

To contribute to the reduction of mortality and morbidity associated with acute malnutrition to children aged 0-2 years, in urban ICDS project areas that have high acute malnutrition rates within three years.

OBJECTIVE

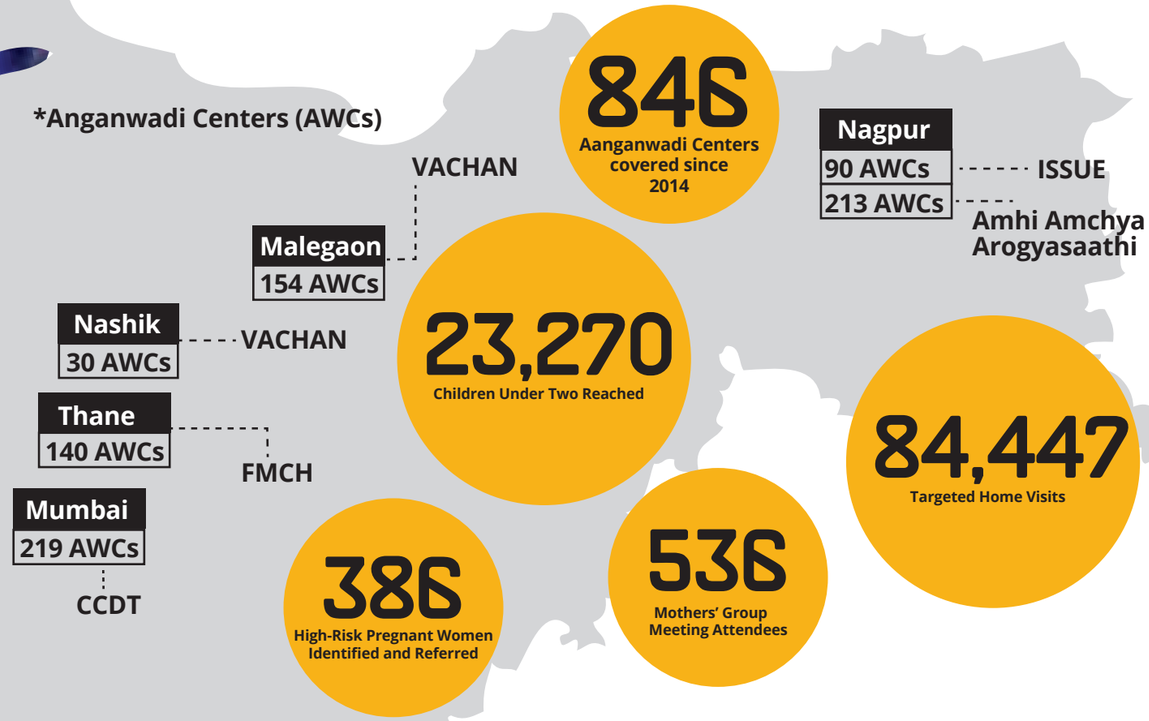
To reduce the percentage of Severely Acute Malnourished (SAM) and Moderately Acute Malnourished (MAM) Children aged 0-2 years within selected ICDS projects by 2% and 4% respectively each year.

It is an established fact nationally and globally, that malnutrition in the first two years of life negatively impacts the physical and cognitive development of children, eventually leading to irreversible damage. The first 1,000 days — the period during a women's pregnancy and the child's first two years of life — represent a crucial window of opportunity to prevent malnutrition.

The Urban Nutrition Initiative (UNI) is based on the premise of 'optimal results with minimum resources' and aims to reduce malnutrition by reaching out to children in the age group of 0-2 years, pregnant women and lactating mothers across eight high-burden ICDS projects of Maharashtra.

UNI improves the health-seeking behavior of mothers and community members and builds their capacity to access as well as generate demand for health and allied services. The community liaises with the government health machinery to create an enabling environment that addresses their basic needs.

Additionally, the program enables government service providers such as Aanganwadi workers to create awareness among mothers, pregnant and lactating women in their areas about key essential nutrition interventions.



> "I never knew that so many things are important in child care. After I attended some of the group meetings in our community, I learned about the right nutrition, food groups and how to track my child's growth. These sessions also give me a chance to interact with other mothers, share challenges and solutions to common problems. We are able to learn from each other."
>
> - Mothers' Group Member

IMPACT

Converted 24 severe acute malnourished (SAM) children to normal

Severe acute malnutrition is a major cause of death in children under 5, and its prevention and treatment are critical to child survival and development.

Converted 49 SAM to MAM (Moderate Acute Malnutrition)

Moderate malnutrition can be due to a low weight-for-height (wasting) or a low height-for-age (stunting) or to a combination of both.

Converted 246 MAM children to normal

Targeted Home Visits to identify those children between 0 -2 years of age who have never been weighed, to follow up with children who are ill and to refer children who are malnourished or show faltering growth patterns.

Mothers' Group Meetings to identify high-risk mothers and children and referring them to appropriate, available services and government programs.

Refresher Training program for project officers and ICDS supervisors with technical support from UNICEF on community management of maternal and child health issues and monitoring and evaluation reporting formats.

Growth Monitoring and Promotion Training Program for all 220 Anganwadi Sevikas of Khar Santacruz East ICDS Project on Growth Monitoring and Promotion.

Exposure Visits to various related non-profits were organized for all partner NGOs to enhance their understanding of maternal and child health issues, successful interventions and good practices.

03

MATERNAL & CHILD HEALTH

COMMUNITY DEVELOPMENT PROGRAM

Empowering Communities, Enabling Sustainable Social Change

'Empowering marginalized communities towards sustainable development' is a key premise of CCDT's Community Development Program (CDP). The program addresses critical issues related to health, education and child protection that affect Mumbai's urban poor across slum clusters in Nallasopara. CCDT builds the capacity of vulnerable demographics within these communities, including women and children, to access basic services. It works to strengthen existing government programs by building the capacity of government service providers. Through the program, CCDT also provides direct support in emergency cases, for example pregnant women who are 'at-risk' on account of extreme poverty or acutely malnourished children.

These three communities served through CCDT's community development program are situated on unauthorized land in hilly terrain, and therefore are not provided basic civic amenities such as water, sanitation, drainage, transport and electricity—on account of their illegal status. Consequently, the local mafia controls these basic amenities, and charges unaffordable rates for water and electricity. ***This year, 15 community toilets were constructed and two old toilets were repaired through advocacy efforts with local corporators, giving 1,000 families in the area access to sanitation and hygiene.***

There are no government schools in the area and private school fees are unaffordable for these daily wage workers and their families. As a result, school dropout rates in this area are very high; children from these three communities drop out of school at an early age to work in hotels or other small-scale industries, or to take care of their siblings. ***This year, through outreach efforts by community organizers, 43 children who had dropped out of school were re-enrolled and six deserving children were awarded with scholarships for studies until graduation.***

Only six Anganwadi centers in the area are functional, whereas the entire project area requires a minimum of 25 centers. Given this scenario, the team addresses issues of access to basic services of health and education, as well as endeavors to create safe spaces for children in these communities.

This year, 12 identified unsafe spaces were converted into safe areas and outreach workers intervened in two cases of child sexual abuse. Moreover, children from the community came together to clear a garbage dump and convert this area into a newspaper reading stand and a space for community members to gather together.

"We all wanted to have access to clean toilets - especially, the women in my community. Earlier, we had to wait until nightfall to relieve ourselves in the open. CCDT staff enabled community members to agree that community toilets were required. Once we had all agreed, we petitioned our local coporators to build these toilets. After much effort, they agreed to fund the construction. Since land was an issue, I donated some of my land for building these community toilets. I felt very strongly that we needed to have this basic amenity, so giving some of my land towards this wasn't difficult. Then, came the issue of water. For so many years the mafia have controlled the supply of water in our area, but this time with the support of our corporators, we installed a hand pump. The entire community came together to support the toilet construction. We each took turns collecting water and supplying this to the labourers. We've learned through the program how to ensure our own basic rights and needs are met."

— Nilu Ghatal, Program Beneficiary

43

Drop-outs from the community were enrolled back into school through outreach efforts by community organizers. Six children were provided with scholarships.

1,000

Families in Bhim Nagar and Pachamba were able to access 15 constructed community toilets through the project, and two existing toilets were reparied through advocacy efforts with corporators.

104

Child leaders from the project area were trained on issues around child protection and rights.

481

Children from the community were enrolled in 52 children's groups and participated in several activities structured to enhance their awareness of child rights. This year the groups created a wall painting on child protection to enhance community awareness.

12

Unsafe places in the community including garbage spots, addiction spots, areas prone to eve teasing and harmful buildings were converted into safe areas.

SCHEDULE VIII

The Bombay Public Trusts Act, 1950. *[Vide Rule 17 (1)]*

Name of the Public Trust **: COMMITTED COMMUNITIES DEVELOPMENT TRUST** Registration No.**: E-12988 (Mumbai)**

Balance Sheet as at 31st MARCH, 2017

FUNDS & LIABILITIES	Amount (Rs.)	Amount (Rs.)	PROPERTY AND ASSETS	Amount (Rs.)	Amount (Rs.)
Trust Funds or Corpus :-			**Immovable Properties:- (at cost)**		
Balance as per last Balance Sheet	1,25,08,899.09		Balance as per last Balance Sheet	59,04,630.84	
Add : During the year	0.00	**1,25,08,899.09**	Additional during he year	-	
			Less : Sales during the year	-	
Other Earmarked Funds :-			Depreciation up to date	-	**59,04,630.84**
(Created under the provision of the trust					
deed or scheme or out of the Income)			**Investments :-** (As per Schedule)		**0.00**
Depreciation Fund	-		The Market value of the above investments		
Sinking Fund	-		is Rs_____.		
Reserve Fund	-				
Any other Fund	1,89,81,080.65		**Movable Assets :-**		
Funds for Bus of Umeed Project	17,74,208.00	**2,07,55,288.65**	**Vehicle against Specific Fund**		**17,74,208.00**
Loans (Secured or Unsecured) :-			**Other Assets :-**		
From Trustees	-		Balance as per last Balance Sheet	32,06,603.59	
From Others	-	**0.00**	Additions during the year	3,47,702.00	
			Less : Sales during the year	2,85,010.17	
			Depreciation for the year	7,44,336.42	**25,24,959.00**
Liabilities :-					
For Expenses	7,70,219.00				
For Advances	-		**Loans (Secured/Unsecured): Good / doubtful**		
For Rent and Other Deposits	-		Loan Scholarships		
For Sundry Credit Balance	-	**7,70,219.00**	Other Loans **(Deposits)**		**3,49,929.26**
			Advances :-		
			To Trustees	-	
			To Employees	-	
			To Contractors	-	
			To Lawyers	-	
			To Others	51,51,166.38	
					51,51,166.38
Income and Expenditure Account :-					
Bal. as per last Balance Sheet	55,01,673.25		**Income Outstanding :-**		
Less : Appropriation , if any	-		Rent		
Add : Surplus	0.00		Interest **On Fixed Deposits**		**0.00**
Less : Deficit (As per I & E A/c)	-19,77,153.16	**35,24,520.09**	Other Income		
			Cash and Bank Balances :-		
			a) In Savings Account with Bank		**8,833.35**
			In Fixed Deposit Account with		**2,18,44,378.00**
			b) with the trustee		
			c) with the Manager **Cash In Hand**		**822.00**
Total		**3,75,58,926.83**	**Total**		**3,75,58,926.83**

As per our report for even date
For Ashok Jayesh & Associates

Sd./-
Partner **Chartered Accountants**
(CA Jayesh D. Sangani) Auditors
Dated at 24.07.2017 M.No. 36041, F.R.No. 100655W

The above Balance Sheet to the best of my/our belief contains a true account of the funds & Liabilities & of the property & assets of the Trust
For Committed Communities Development Trust

Sd./- Sd./-
Dated at 24.07.2017 **Trustee** **Trustee**

Name of the Public Trust **: COMMITTED COMMUNITIES DEVELOPMENT TRUST** Registration No.**: E-12988(Mumbai)**

SCHEDULE - IX

~~The Bombay Public Trusts Act, 1950.~~ *[Vide Rule 17 (1)]*

Income and Expenditure Account for the year ending 31st MARCH, 2017

EXPENDITURE	Amount (Rs.)	Amount (Rs.)	INCOME	Amount (Rs.)	Amount (Rs.)
To Expenditure in respect of properties :-			By **Rent** (Accrued)		
Rates,Taxes,Cesses	-		**On Fixed Deposits** (Accrued)	-	
Repairs and maintenance	-		(Realised)		-
Salaries	-		**By Interest**		
Insurance	-		**On Securities Bonds** (Realised)	-	
	-		(Realised)	15,06,842.00	
To Establishment Expenses	-	**30,71,260.92**	**On Loans**		
To Remuneration to Trustees		-	Income Generation Loan	-	
To Remuneration		-			
To Legal & Professional Expenses		**57,375.00**	**On Bank Account**		
To Audit Fees		**69,300.00**	Saving Account	1,75,786.00	
To Contribution and Fees		-	**On Income Tax Refund**	19,364.27	**17,01,992.27**
To Amount written off:					
(a) Bad Debts	-		By Dividend		-
(b) Loan sponsorship	-				
(c) Irrecoverable Rents	-		**By Donations in Cash or Kind**		**3,66,69,396.00**
(d) Other Items	-	-			
			By Grants (Respect of Specific Purpose Fund)		
			Unspent balance Grants B/f.	3,07,06,337.91	
			Add: Grants recd. during the year	2,73,25,468.06	
			Less: Unspent balance tranfd. to Grants	1,69,24,859.15	**4,11,06,946.82**
To Miscellaneous Expenses		-			
To Depreciation		-	**By Income from other sources**		
To Loss on Fixed Assets		**82,450.18**	(in details as far as possible)		
To Amount transferred to Reserve or specific funds.			Miscellaneous Income		**3,000.00**
			I.G.P.Income		-
			Profit on Sale of Fixed Assets		0.00
To Expenditure on objects of the Trust :-			By Transfer from Reserve		-
a. Religious	-				
b. Educational	**2,71,37,599.55**		**By Deficit carried over to Balance Sheet**		**19,77,153.16**
c. Medical Relief	**5,10,40,502.60**				
d. Relief of poverty	-				
e. Other Charitable objects	-	**7,81,78,102.15**			
To Surplus carried over to Balance Sheet		0.00			
TOTAL		**8,14,58,488.25**	**TOTAL**		**8,14,58,488.25**

As per our report for even date
For Ashok Jayesh & Associates

Sd./-
Partner **Chartered Accountants**
(CA Jayesh D. Sangani) **Auditors**
Dated at 24.07.2017 M.No. 36041, F.R.No. 100655W

For Committed Communities Development Trust

Sd./- Sd./-
Trustee **Trustee**
Dated at 24.07.2017

THANKING OUR DONORS

We'd like to thank our donors for their generous contributions that have enabled us to serve the most vulnerable children, mothers and communities.

Amics Del CCDT
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Your contribution of INR 5,000 will provide:

EDUCATION **HEALTH** **NUTRITION** **A SAFE SPACE**

for a child at one of our Residential Care Centers

about the program

At our Residential Care Centers we restore a wholesome childhood to children in crisis, that are orphaned and vulnerable, by providing health and nutritional care, psycho-social support, education, sports, recreation, family-life values and personality development until they are 21 years of age or reintegrated with their families, or extended family, or start living on their own. We currently house 92 children in four residential care centers and two group homes for working boys and girls.

what we provide

- Health and Nutrition
- Medical Support
- Education
- Psychosocial Support, & Counseling
- Legal Aid
- Future Planning

SPONSOR A SMILE

Full Name .....

Email .....

Phone .....

Address .....

.....

PAN Number .....

I have enclosed a total of INR _____

(words) _____

Date:

Please send your completed form to
Committed Communities Development Trust

42 Chapel Road, Bandra (W) Mumbai 400050, India
Phone: +9122 66881901/09821157358 **Email:** resource@ccdtrust.org

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