



COMMITTED
COMMUNITIES
DEVELOPMENT
TRUST

COMMUNITY VOICES

Annual Report
2017-18

Address: 42 Chapel Road, Bandra (W), Mumbai- 400050

Tel: +91-22-66881900/01 Fax: +91-22-2644 3345

Email: contact@ccdtrust.org | Website: www.ccdtrust.org

Facebook: www.facebook.com/ccdtrust | Twitter: @CCDTrust



VISION

A World Where Every Child Counts;
A World of Children Living in Dignity

MISSION

Community Action Combatting
Hunger, Disease and Discrimination

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FOREWORD



Every One Counts!

The past year has been a period of much introspection, dialogues and meaningful action by the CCDT staff and our community volunteers. The success stories inspired us to look closely at what brought about the changes, at the long-term social impact and the local realities in the city that affect not only the present, but that of generations to come. The other side, we see the ever-increasing violence and anger, gender insensitivity, lawlessness and so on. Violence only begets violence. Age old problems which fundamentally cannot be overcome, but can be outgrown by transformation of our thinking.

It needs to necessarily start, with a more powerful approach - that of building solidarity in the community itself, sharing together their strengths and using their individual capacities in collaborative action resulting in a Community Action Plan.

This will result in stronger positive relationships on an equal basis. Role reversals take place in such settings. We see this success clearly in our Mother and Child Health and Nutrition Program spread over 4 districts of Maharashtra and in Mumbai City where malnutrition is reduced amongst children between age group of 0-2 years. This was made possible by the Public Private Partnership (PPP) model encouraging strong networking with the Communities and Mothers Groups.

Another milestone reached this year was capturing the interest and support of the youth, involving them in the desired process of transformation in making their communities safe for its children and women. Their innovative ideas and commitment has earned the attention and respect of the adults. Empowering the youth into becoming responsible and caring leaders is going that extra mile forward in people knowing their entitlements and how to access the same.

Thank you for adding value to our programs. We look forward to your continued support and passion to the cause of children and their families, for a more empowered community with hope for a world of opportunities. To our partners, donors and well wishers we owe you a lot, above all for reposing your trust in us to forge ahead in our mission for a more equitable world.

Sara D'mello

— **Founder & Managing Trustee**

CEO'S NOTE

I take this opportunity to place on record my deepest gratitude to all supporters and partners of CCDT who have contributed in their own special way. It is your encouragement and patronage that inspires CCDT to reach out to the most neglected and vulnerable of our society.

I convey my appreciation to the Trustees for their invaluable guidance and direction to the Trust. I would also like to thank all authorities for their unstinted support and cooperation.

Finally, I express my sincere indebtedness for the sustained passion and perseverance of each member both past and present of the CCDT family for shaping its accomplishments and charting its journey into the future.

I assure all stakeholders of our total dedication and diligent efforts in fulfilling our Mission in pursuance of attaining the articulated vision.

— **Ninad Phatarphekar**
Chief Executive Officer

OUR PROGRAMS

We at CCDT have worked for over 28 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.



Health & Nutrition

Nourishing India's Future



Child Protection

Safeguarding the Rights of Vulnerable Children — Building Safe Communities



HIV/AIDS

Mitigating the Impact of HIV/AIDS on Families & Children



Adolescent Empowerment

Building Tomorrow's Leaders

Nourishing India's Future

HEALTH & NUTRITION



Eradicating Malnutrition
In One Generation

Urban Nutrition Initiative

Successful Interventions

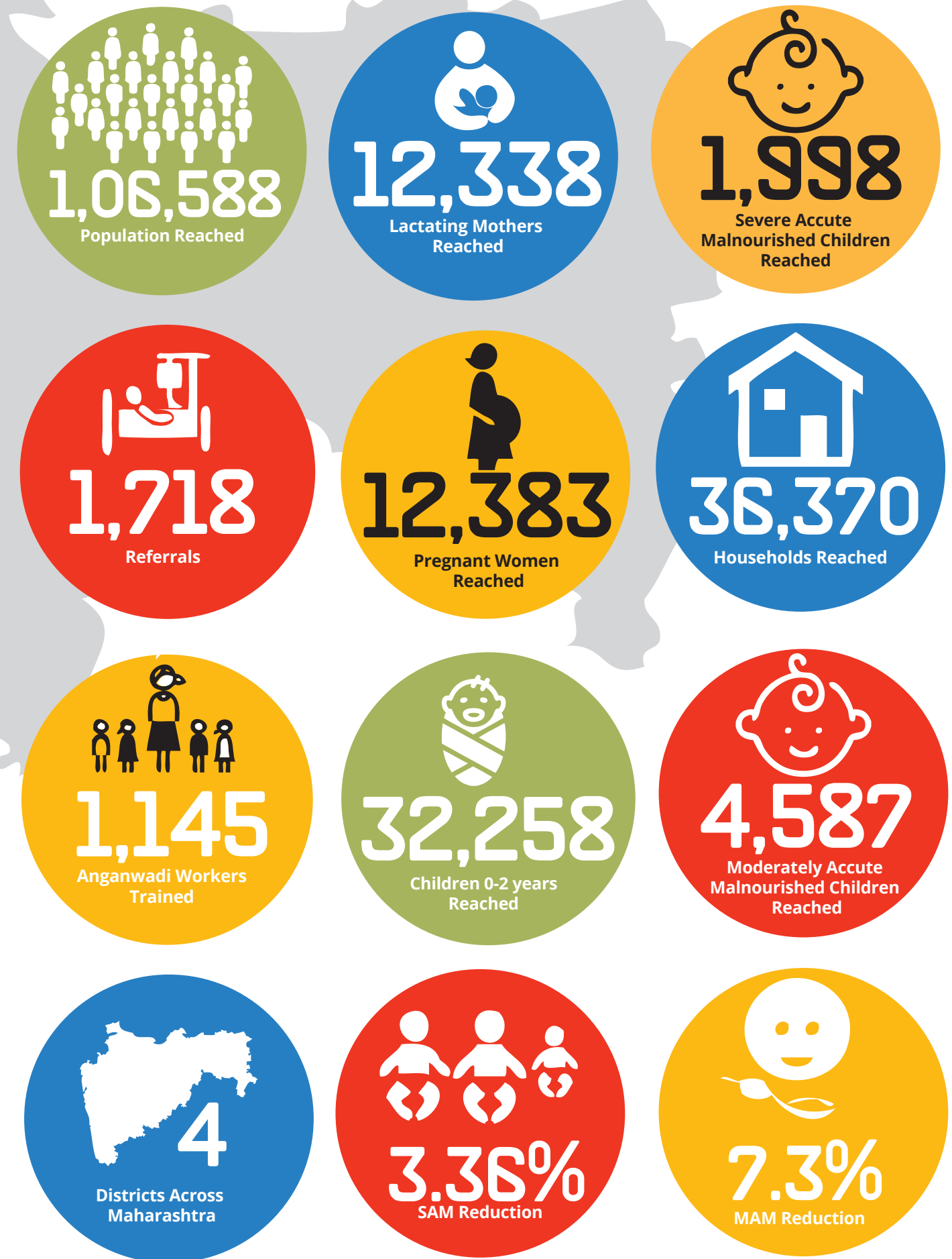
- Strengthening ICDS
- Enhancing Demand Generation for ICDS Services
- Home-Visits and Counseling for Child Rearing and Feeding
- Growth Promotion and Monitoring
- Referrals
- Enhancing Maternal Health and Nutrition

Few challenges facing the global community today match the scale of malnutrition, a condition that causes an estimated 45% of deaths of children under age five. To address malnutrition, Honorable Prime Minister Narendra Modi recently launched the National Nutrition Mission which aims to improve the nutritional status of children, pregnant women and lactating mothers.

The first 1000 days is considered crucial— the period during a woman's pregnancy and the child's first 2 years of life is termed as critical in preventing malnutrition. It was with this focus that CCDT successfully implemented an Urban Nutrition Initiative (UNI) in partnership with the government, other NGOs and Tata Trusts to reduce malnutrition in 8 districts across Maharashtra, over the last three years.

The program aimed to improve the health-seeking behaviour of mothers and community members in high-burden ICDS projects, as well as build their capacity to access and generate demand for health and allied services. The UNI model ensures that the community is at the center of both demanding for services and ensuring these are effectively delivered — and is therefore sustainable, scalable and low-cost.

Secretary of the Department of Women and Child Development in Maharashtra, Ms. Vinita Singal, who recently spoke at a dissemination meet organized by CCDT on the program's impact and outreach, shared that through such consolidated efforts, "we can eradicate malnutrition within one generation."



IMPACT STORY

“The air was filled with bamboo dust and fine threads. Sitting in the midst of it was a tiny girl almost skin and bone. She could barely move. The sight immediately alarmed me”

This was how Apurva Katkar, UNI Community Organizer first encountered 16-month-old Reena Mane (name changed). Her anthropometric measurements confirmed her to be severely acute malnourished (SAM). While Reena’s mother was away for domestic work, Reena’s two older siblings and her mother’s sister who lived in the neighborhood cared for her. Her mother would return home only late in the evening. When the Community Organizer visited Reena’s home in Kunchi Kurve slum community (Kalina) she discovered that the family was raising chickens in the house itself and the floor was littered with their droppings. The chickens and children lived and played in the same area. The clothes worn by children were not clean and the food remained uncovered in one corner of the house.

When the Community Organizer explained to Reena’s mother how critical her child’s health was and insisted that she receive immediate medical intervention, Reena’s mother shared that she worked all day and didn’t have time to take her daughter to a medical facility. However, after several home visits, Reena’s mother began to understand the severity of her daughter’s poor nutrition and health. She shares, “Reena was 16 months old but she did not have enough energy to even chew food. She barely walked and would keep sitting most of the time. As I realized that this was the effect of negligence, I was terrified. Thereafter, both the Community Organizer and the Anganwadi Worker accompanied me to the hospital, explained what is required to be done —nutrition, sanitation and most of all my attention and care—to help my daughter catch up.”

Had it not been for the Community organizer and Anganwadi Worker my daughter may not have even walked. I was lucky to get the necessary guidance.”



The Anganwadi Worker and Community Organizer accompanied Reena’s mother to the Nutrition Rehabilitation Treatment Center at Chota Sion Hospital and helped initiate Medical Nutrition Therapy (MNT) for Reena. Over time, the Community Organizer convinced Reena’s mother to keep the chickens outside the home and sweep the floor, bathe the children, cook breakfast and cover the food.

Through home-based nutrition counseling sessions, Reena’s mother learned to make the MNT mixture more palatable by mixing it in dal, rice or applying it over chapatti and serving it as a roll. She also learned what nutrients could be purchased within her daily budget and started to prepare sheera, upma, poha and eggs for breakfast. Reena is now gaining weight, running around and playing — a marked difference from the time when she could barely even stand up. Positive changes are not limited to Reena alone. Her mother shares:

“Today I have the confidence to visit the hospital on my own. Whenever needed, I take Reena for a health checkup and also for monthly weighing as it helps me to keep track of my child’s growth.”

Enhancing the health of India's most marginalized tribals

Sahyog: Tribal Health

As India enters its eighth decade of independence, the fruits of development are yet to reach the most disadvantaged. On society's fringes are 700 tribal communities that have only been further marginalized by the India growth story. Compared to the rest of the country, tribal women struggle to access adequate maternal health services across the continuum of care. For instance, only 10% of tribal women meet the recommended protocol of four antenatal visits and a mere 18% have institutional deliveries. Consequently, more than half of all maternal deaths in India occur in tribal communities.

Poor health plagues not just tribal mothers, but also their children. Mortality rates among tribal children are among the highest in the nation by a significant margin. The Infant Mortality Rate (IMR) among tribal children is 30% higher than the national average and 61% higher for tribal children under-five. Between 1992 and 1998, tribal areas recorded only a 10% reduction in IMR as opposed to a 25% reduction logged for the rest of the nation. So not only do tribal children lag behind, but they are also the slowest to benefit from any progress on the healthfront. Although the government has formulated special programs for tribal communities and allocated significant resources to bring them from margins to center, they still occupy the fringes.

Sahyog is implemented by a consortium of NGOs which includes CCDT, DSS (Door Step School) and CASP (Community Aid and Sponsorship Programme) supported by Plan International (India Chapter). The program 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 and WASH-related activities in these two areas and strives to improve the health of pregnant women and lactating mothers, children between 0-6 years and adolescents between 12-18 years. 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

Successful Interventions

1. Enhance maternal & child health and nutrition:

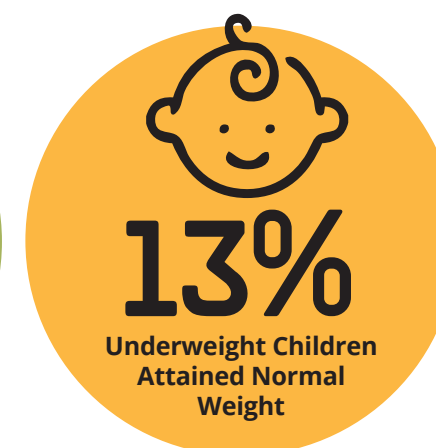
Sahyog employs a multipronged strategy to enhance tribal nutrition within the project area. Pregnant women and lactating mothers are screened for high risk, and children at-risk of and with malnutrition are identified through anthropometric measurements. They receive focused intervention through individualized home visits, mothers' group meetings, and nutrition demonstrations on child care practices, nutrition and optimal feeding practices coupled with provision of supplementary nutrition.

2. Train a local workforce:

CCDT's Sahyog program works with community-based health providers who are often the first point of access for tribal women and children. The program builds the capacity of Anganwadi workers who bridge the gap between communities and the health system. Moreover, community-based monitoring mechanisms have been strengthened and a cadre of community members form Community Based Monitoring Groups and Mata Samitis (particularly responsible for monitoring ICDS services).

3. Improve access to government schemes and services:

CCDT trains Anganwadi Workers and handholds them to ensure provision of quality health and educational services. The Sahyog team in coordination with the ICDS Supervisor has worked diligently to make health services of ICDS accessible to other unreached hamlets with no ICDS. Empowering communities to demand for services has led to the initiation of a functional Anganwadi centre at an adivasi pada in Aarey colony.



IMPACT STORY

Expanding the reach of ICDS to include India's most marginalized tribals

As the clock ticks 11, you will see children bathed and dressed neatly, carrying tiny bags and running towards the 'Anganwadi' center. This is starkly different from the situation that existed six months earlier. It was not unusual then for these children to be loitering around the hamlets and playing in mud.

This Anganwadi center is located in Morshipada — a tribal hamlet at Aarey colony in Goregaon, Mumbai — that started functioning early this year in February. The center now serves over 76 children (under six years of age) from 81 households in the pada. An Anganwadi worker monitors the weight and height of these children, provides supplementary nutrition and educates parents to ensure optimal growth and development of these young children.

"We all joined hands to ensure that young children from our Adivasi pada have access to the same opportunities of health and education services that children residing in other urban areas of Mumbai receive," says Mr. Ashok Gadge, a community leader from Morshipada.

"CCDT enabled us to advocate for our rights, it brought the community together and demonstrated how we could appeal to the government and ensure that ICDS services reached our pada".

- Ashok Gadge, Community leader

"Through several meetings with ICDS Supervisor Ms. Shinde and our persistent demands for a functional ICDS center, the government finally deputed an Anganwadi worker and helper to survey the community. As a community, we proposed a common area that could be used as an Anganwadi center and our children started accessing ICDS services last month. This is just the start. We have a long way to go in ensuring that our children get access to all the services and provisions that they are entitled to, and grow up as healthy individuals."

The Morshipada Anganwadi is just one example of how Sahyog has expanded the reach of ICDS to include India's most marginalized, urban tribals. The Sahyog team in coordination with the ICDS Supervisor Ms. Gurkhe has worked diligently to make health services of ICDS accessible to other unreached hamlets. Now 108 children, adolescents, pregnant women and lactating mothers from eight unreached tribal hamlets in Borivali National Park have access to supplementary nutrition, height and weight monitoring, health education and referral services on account of the program.



Some of the key achievements of the program, in terms of enhancing health indicators of mothers, pregnant women and children include:

- 100% institutional delivery
- 100% of pregnant women received four antenatal care checkups
- 100% of newborns with normal birth weight
- 95% of children exclusively breastfed for six months
- 100% of underweight children completely immunised (1st booster DPT) till 2 yrs of age

Anticipating that it is vital to not only initiate Anganwadi centers but also monitor service provision and ensure quality — Sahyog's team has worked toward the formation and strengthening of Mata Samitis. Mata Samitis comprise a committee of women from the community who are responsible for monitoring the quality of ICDS services. Sahyog has facilitated the formation of nine Mata Samitis with 93 members across 22 hamlets of Borivali and Goregaon.

Varsha Carde, a 24 year old Mata Samiti member of Navapada shares, "Initially we had no clue about what we could do, but the monthly meetings held by Poonam tai (Sahyog staff) and the Anganwadi tai helped us to understand our role better. We now monitor the quality of Take Home Ration (THR), raw ready-to-cook packed food given to children aged six months to two years, pregnant women and lactating mothers. When the stock of THR comes we check its expiry date, ensure that no packet is torn and monitor distribution."

"When we observed that some women would not take TRH as they did not know about its nutritional value and how to prepare meals — in coordination with the Anganwadi worker we explained the nutritive content of THR as well as demonstrated recipes made from THR such as ladoos, kheer, etc. This has resulted in women actively demanding for THR each month."

mMitra

Major complications that account for nearly 75% of all maternal deaths include: severe bleeding, infections, high blood pressure during pregnancy, complications from delivery and unsafe abortion. The key to avoiding the onset of these conditions is providing medical care and education to pregnant women throughout their pregnancy. Furthermore, many of these complications can be prevented, detected, or treated during antenatal care visits with trained health workers. Thus, increasing “Birth Preparedness and Complication Readiness” by raising awareness of danger signs and improving access to information, communication and transportation of pregnant women and lactating mothers, is pivotal to reducing maternal and infant mortality and morbidity in urban slum communities. *The program employs the following interventions for pregnant women, lactating mothers and infants:*



Pregnant Women

- Registration of pregnant women into the program and screening for high-risk (home visit)
- Follow-up within 15 days of registration (over phone)
- Follow-up at seventh month to screen for high risk (home visit)

High-Risk

- Follow-up within 15 days of registration (home visit)
- Monthly follow-up (home visits)



Lactating Mothers

- Registration of new mothers into the program (home visit)
- Follow-up within 15 days of delivery (home visit)



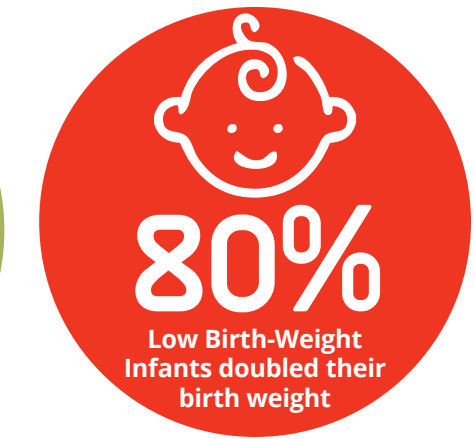
Infants

- Screening for low-birth-weight infants at birth (home visit)
- **High-Risk**
- Monthly follow-up (home visits)

mMitra is a free mobile voice call service that provides timed, targeted, comprehensive, and culturally appropriate preventive care information to reduce maternal and infant mortality and morbidity in urban slums. Voice calls are specific to the woman’s gestational age or the age of the infant and are sent directly to the enrolled women in their chosen language and timeslot. mMitra thus uses mobile phone technology to engage with women in urban slums from their early days of pregnancy until the child is one year old.

In a bid to maximize reach and give as many children as possible a healthy start to life, Committed Communities Development Trust (CCDT) and ARMMAN partnered together to implement the program in July 2014. CCDT registers all pregnant women and lactating mothers in R/North and R/Central wards of the Mumbai Municipal Corporation, the Mira-Bhayander area and the Vasai, Nallasopara and Virar areas. Since 2014, CCDT has reached 75,092 pregnant women and lactating mothers through the program.

Successful Interventions



IMPACT STORY

“Being a nurse I knew all about pregnancy. However, experiencing anything first hand is always unnerving — as was my first pregnancy. It was the mMitra voice calls and Sunita didi’s (Project staff) regular visits that put me at ease. They acted as ‘my health reminders’. After a tiring day at work, the call would jog my memory - giving that additional push to act upon the information.”

“Initially I was unsure about registering with mMitra. It was the continuous positive feedback from other pregnant women on how useful the calls were that motivated me to enroll with the program. I was three months pregnant then. Within 15 days I started to receive mMitra calls. I was surprised that the information shared through the calls matched exactly with the changes that I was experiencing physically and mentally,” shares 25 years old Prarthana Patil, a nurse at Dhaniv Health Post at Nallasopara.

Prarthana was identified as a case of high-risk pregnancy as she merely weighed 36 kgs and her hemoglobin was 10 gm/dl. The community organizer regularly visited her each month and through these visits conveyed the importance of consuming nutritious meals across food groups. Iron-rich nutritious recipes that were easy to cook were shared with her. As Prarthana approached her last trimester she was given information on birth preparedness and complication readiness.

Prarthana shares the benefits of these visits and information: “The specific details that Sunita *didi* (project staff) shared and the mMitra calls helped to ensure that I was thoroughly prepared. Gradually I started to put on weight and gained 11 kgs during the entire pregnancy and even my hemoglobin reached normal levels. I delivered a healthy baby with normal birth weight.”

Even post-delivery, Prarthana continued to benefit from the program. She shares, “at times my mother-in-law would be reluctant to listen to what I would say on childcare. This worried me, because I was planning to resume working and leave my baby in her care. Understanding my anxiety, Sunita *didi* encouraged me to listen to mMitra voice calls on speaker mode — thus educating others in my family as well. Moreover, Sunita *didi* interacted with my family members during her visits and reiterated the importance of breastmilk and the right nutrition for a child. These visits and information convinced my mother-in-law to adhere to infant and child feeding practices and my child was well looked after even when I was away at work.”



“ I proudly share with my colleagues that my baby was exclusively breastfed for 6 months even as I resumed work earlier. It was particularly the information on how to extract and store my breastmilk that helped in ensuring the same. At seven months my baby weighs 7000 gms and is very active. mMitra has become an integral part of my life .”



Mitigating the Impact
of HIV/AIDS on Families
& Children

HIV/AIDS

Mitigating the Impact of HIV/AIDS on Families

Home-Based Care

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.

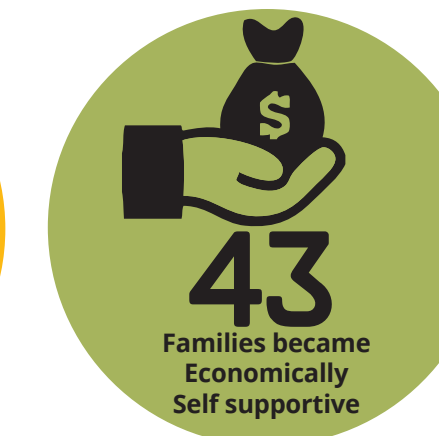
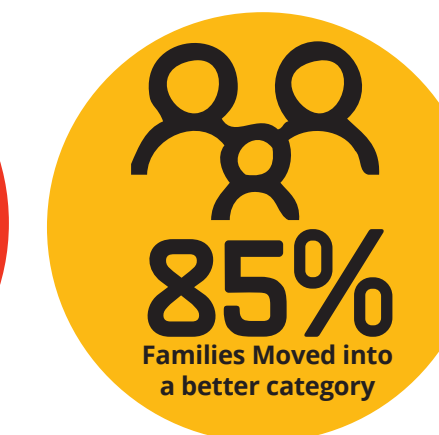
CCDT mitigates the impact of HIV/AIDS on families and children across every ward in Mumbai city. Affected or infected families are able to access testing, treatment and support services. Over 20,000 children have been served through CCDT's HIV programs since 1995.

The uniqueness of CCDT's intervention lies in maintaining a balance between prevention, care, and support in the initiatives designed to fight the HIV/AIDS epidemic on one hand, and on the other, to empower infected and affected individuals, families and children to become self-reliant. The program addresses the biggest challenge that the HIV infection poses before families – maintaining the fabric of the family while retaining its sense of selfworth and dignity and empowering it to address the associated issues arising from HIV/AIDS.

CCDT's Home-Based Care program provides comprehensive care and support to families and children infected/affected by HIV. The program aims to mitigate the impact of HIV/AIDS on families unable to cope with deteriorating health, emotional stress and fear of uncertain death. With this objective, the 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. Over 8,000 families have been served through this program.

Successful Interventions

- **Psychosocial & Counselling Support**
- **Nutrition Support**
- **Medical Support**
- **Preventing Stigma & Discrimination**
- **Building Support Systems**



IMPACT STORY

“Sonali is a chef now. She has been given an appreciation award by the Business Head of her Company. I couldn’t have asked for anything more”

This journey began when Sushila, a single mother, registered for care and support under HBC. Sushila is sero-positive and her husband died thirteen years ago due to HIV and TB co-infection. Upon registration, Sushila and her middle daughter Sonali were motivated to attend support group meetings while her younger daughter Simran became an active member of the child parliament group (organized by CCDT to advocate for the rights of children affected by HIV). Participating in support group meetings gave Sushila hope as she was struggling with her deteriorating health and had to give up her job. Through HBC’s support group meetings, Sushila learned to disclose her HIV status to her three daughters and secure their support.

During home visits, HBC staff members discovered that Sushila’s daughter Sonali had studied till 9th grade and then dropped out of school to look after her mother. Staff members repeatedly encouraged Sonali to complete her education, but to no avail. The HBC team then recommended a vocational training course run by Kotak Education Foundation. Over several counseling sessions, the team managed to convince Sonali that her future prospects would improve drastically if she completed the vocational training course and that she too could then contribute towards household expenses. Sonali enrolled in the program, never missed a single class and completed her course at Kotak Unnati. The course equipped her with English speaking skills, computer basics, personality development tips and an understanding of hotel management.

“The change in my daughter Sonali is very evident. Initially she would be very quiet, mostly home bound. But now she beams with confidence. It is a proud moment for me that Sonali has completed a year at work. She has been invited by Kotak to share her experience and mentor the new batch of students. I look forward to her becoming a trainer soon.”



Providing Holistic Care to Orphaned/Vulnerable Children Affected by HIV

Residential Care

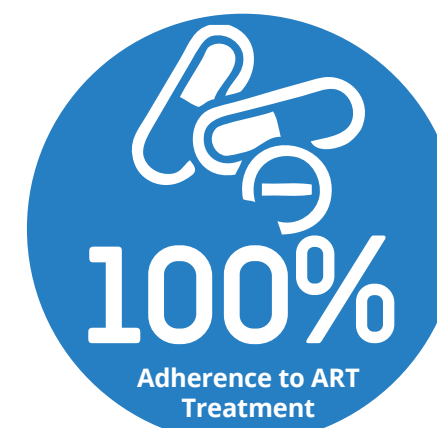
Residential Care Program (RCP) is a comprehensive program that addresses crisis situations in the life of orphaned and vulnerable children. In an economically disadvantaged family, the death of parents due to HIV/AIDS invariably results in the disintegration and destitution of the family. Ignorance, stigma, and discrimination attached with HIV/AIDS often discourage extended family members, struggling to make two ends meet themselves, to come forward to take care of the child. Even if one parent is alive, it is very hard for him/her to manage everyday life due to inevitable loss of income and job opportunities.

Despite our efforts at enabling the family infected/affected by HIV/AIDS to eschew institutionalization of the child, there are situations that force some children to seek shelter and support. The program focuses on restoring a wholesome childhood to children in crisis, providing opportunities for their growth and development till they are either reintegrated with their family, or extended family, or start living in group homes or on their own.

Infected and affected children live together in the residential centers, with the only differentiation between them being that infected children receive special health care and antiretroviral therapy (ART). However, the scenario is very different across India, where the tendency is to create special institutions for HIV-positive children under the pretext that they are in need of specialized care. With all children living side by side, regardless of their sero-status, Residential Care centers lead by example, highlighting that segregation of HIV positive children compromises their rights and dignity.

Successful Interventions

- **Health and Nutrition Support**
- **Strengthening Family Ties**
- **Psychosocial & Counselling Support**
- **Legal Aid**
- **Education**



IMPACT STORY

“Here, I have learned to dream. From working as a helper in a bakery — to now pursuing hotel management from Sai Institute of Hotel Management and Training, I see my dream gradually unfolding,”

These are the words of 18-year-old Suresh. A sharp contrast from who he was when he first came to CCDT's Residential Care Program at age 14. Suresh was a school dropout who had been working in a bakery to support his mother and younger brother. Suresh had lost his father when he was a young boy to HIV, and his mother was home-bound and struggling with deteriorating health on account of HIV and TB co-infection. She could neither work nor care for the children. It was then that both Suresh and his 8-year-old brother were admitted to Aakaar and Ashray centers of CCDT'S Residential Care Program, respectively.

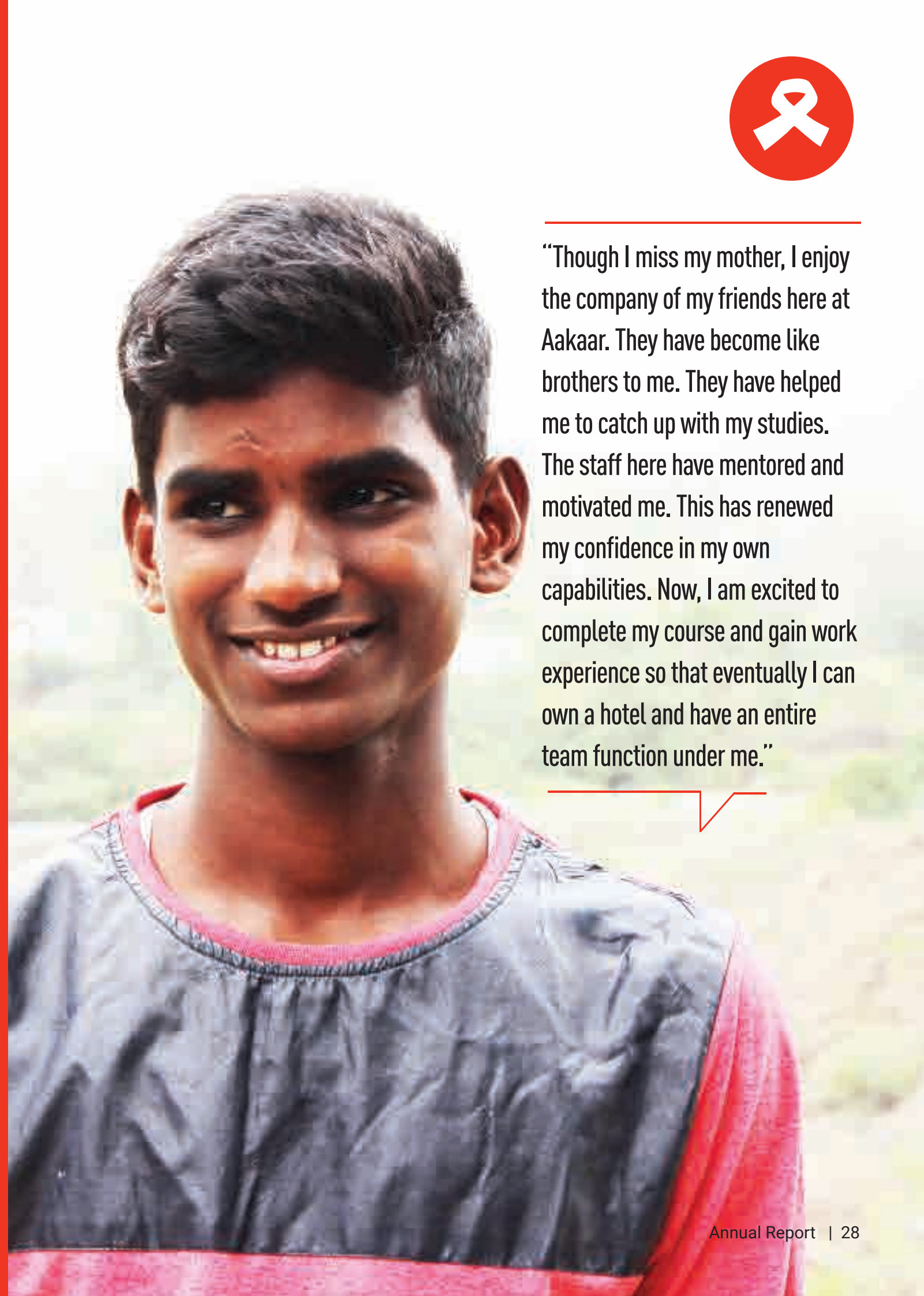
During a health checkup Suresh was diagnosed with TB. He was immediately put on treatment and given a special diet to enhance his nutritional status and immunity. Simultaneously, staff at the center counseled Suresh and encouraged him to adhere to his treatment.

When Suresh first joined the program he would remain aloof and keep to himself. Gradually, through counseling and encouragement from staff at the center, he began to make friends and started participating in outdoor games. As his health improved, Suresh began to take an interest in his studies. He couldn't read or write because he had been out of the education system for years on account of his family's dire situation. However, with extra tutoring from the program's teachers, Suresh was able to reach the required levels in writing and reading for his age — and excel.

Animesh, a Project Officer at Aakaar center reflects, “As Suresh was turning 18 years of age, we began to review his future prospects and initiated career guidance sessions. We had observed that Suresh loved to cook and spent a lot of time helping out in the kitchen and preparing meals at the center. During the career guidance sessions, Suresh expressed an interest in Hotel management and we enrolled him in a Certificate course in Hotel management and Catering Technology. Suresh is excelling in this program and is a role model for his younger brother, as well as other children in the program.”



“Though I miss my mother, I enjoy the company of my friends here at Aakaar. They have become like brothers to me. They have helped me to catch up with my studies. The staff here have mentored and motivated me. This has renewed my confidence in my own capabilities. Now, I am excited to complete my course and gain work experience so that eventually I can own a hotel and have an entire team function under me.”





Safeguarding the Rights
of Vulnerable Children

CHILD PROTECTION

Childline & Railway Childline

Childline '1098' is a national, 24-hours, toll-free, helpline for vulnerable children up to 18 years of age, in need of protection from exploitation and abuse. CCDT addresses all cases in the suburbs of Mumbai (from Dahisar to Andheri). 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 Juvenile Justice system and Women and Child Welfare Department and endeavors to either reunite the child with his/her family, or place the child in a shelter. Additionally, CCDT's team endeavors 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.

Successful Interventions

- Responding to Calls
- Case Intervention
- Outreach and Awareness Activities
- Open House
- Networking and Sensitization Activities

Railway Childline: 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. 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, near platform number eight (CST) 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.*



IMPACT STORY

As soon as CCDT's Railway Childline team at Chhatrapati Shivaji Terminus (railway station in Mumbai) received a call from Ahmednagar Childline in the morning they sprung into action. Three boys aged 15-16 years had run away from their homes and were reported missing. These children were carrying cash, jewellery and mobile phones which they had stolen from their homes, rendering them even more vulnerable.

CCDT staff member, Diwakar Unhalekar, shares details of the rescue operation undertaken by his team:

"Our Railway Childline team immediately began surveillance to track these children. However, our efforts through the day did not yield results. It was during the night shift, when we were screening local and outstation train platforms, that we saw three boys walking towards the main entrance. Our efforts had paid off. We identified them as the run-away children based on photos that their parents had shared with us."

"To put the children at ease, I approached them while my teammates remained nearby. The children were very reluctant to talk at first. I made general conversation about how they looked new to the city, tried to make them comfortable, offered them some food — and gradually introduced myself.

"The children confided that they were friends and had come to Mumbai to see the city. I helped them to understand how worried their parents were — and that because of the cash and jewelry they were carrying, they were very vulnerable to robbery and harm. Through our counselling efforts, we managed to convince them to come to our Childline kiosk."

CCDT's team immediately contacted Ahmednagar's Childline center and informed the children's parents. The team placed the children at a Children's Home and presented them before the Child Welfare Committee (CWC) the next day. They were reunited with their respective families. All three families were relieved to have their children back home and safe.

Appreciating the efforts undertaken by the CCDT Railway Childline team, a CWC member stated the following:

Once again CST Childline team reaffirmed our trust in them. The team responded quickly and put their full strength behind the rescue operation — and found the children on the very same day. Had it not been for these joint efforts, the children could have been lost to the vagaries of this city."



IMPACT STORY

CCDT's Childline team received a call about a woman attempting to sell a one-year-old child, Yogesh (name changed), for two lakhs. The team was also informed that her 13-year-old sister Priya (name changed) too was at risk of trafficking. CCDT's Childline team immediately tracked the case and located the woman and both the children. On further enquiry, the team learned that Yogesh and Priya's mother was HIV +ve and had passed away three months ago from the illness. She had sent, her daughter Priya and her younger son Yogesh to live with their maternal aunt when she became too ill to look after them.

"Yogesh was very weak. I saw Priya serving him raw milk. Being a child herself, she was too small to take care of her younger brother. Yogesh had a bad skin infection but his aunt refused to take him to the doctor for treatment. Priya was a drop out while the aunt's daughter, of the same age as Priya, went to school. Moreover the aunt sent Priya to work as a domestic help to earn additional income and had left her in charge of her younger brother's care"

- CCDT Childline Team Member

On learning these details, CCDT's Childline team went to the police station to seek legal help to rescue the children. The aunt confessed that she was planning to give Yogesh to an extended family member in exchange for a certain amount. Although both children were clearly at risk, the police refused to register the case and handed the children back over to their aunt.

CCDT's Childline team immediately advocated with the Child Welfare Committee (CWC) and ensured that a summons was issued to the police to rescue the children. However, the police refused to respond despite the summons, and CCDT advocated even further with the Deputy Commissioner of Police (DCP) to intervene in the case. Thereafter, acting on instructions received from the DCP, the police produced the children before CWC — and both Yogesh and his sister Priya were immediately placed in a child care institute as directed by the Child Welfare Committee (CWC).

Following up on the case, Childline's team members sought an affidavit that allowed Priya to apply for admission into school. The team continued to keep tabs on both children, and noted that Yogesh's health and nutrition levels have improved. *Like Priya and Yogesh, Childline has rescued and provided care and protection to 3,495 children.*



Building Safe Communities

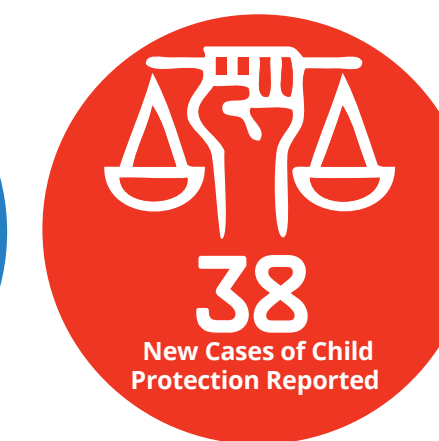
Around 120 million Indian children (below the age of 18) live in urban areas and lack adequate housing and safe settlement. These children are exposed to crime, disaster risks and unhygienic spaces – that impact their growth, development, safety and protection. Sustainable Development Goal 11 is directed at urban equity and eradicating poverty by providing equitable access to physical and social infrastructure and enhancing quality of life. Ensuring that cities are safe and child-friendly is central to the achievement of this goal.

CCDT has been partnering with UNICEF India since 2014 to reduce equity gaps in cities, adapt urban planning and budgeting for children, promote a safe, clean and resilient urban environment for children and strengthen evidence, advocacy, partnerships and participation of children and youth to promote action in support of child-friendly, safe and child-inclusive cities.

CCDT's program 'Building Safe Communities' currently being implemented in Shivaji Nagar, R-North ward, reduces the risks and vulnerabilities urban children and communities face and builds their resilience by creating social safety and security nets. The program is an attempt to develop evidence-based models to address the protection concerns of children in vulnerable urban areas.

Successful Interventions

- Mapping risks and vulnerabilities of urban children in select wards and slums of Mumbai
- Developing a Safe Community model at the ward level with the participation of communities and local stakeholders
- Implementing and monitoring the roll-out of the Safe Community Model



IMPACT STORY

“I still vividly remember how awful it was to use our community toilet in the evening. Boys and men from our community would loiter around the toilet and intentionally block the space. We had to brush past them in order to use the toilet. The feeling was awful”

- Roshini Phansekar (age 12)

Roshni Phansekar vividly recalls how things were before implementing the ‘Building Safe Communities’ program. Young boys and men from Shivaji Nagar (an overcrowded, resource-poor slum community in Dahisar east) used to occupy the road outside one of the community toilets and eve tease girls and women who used the toilet.

After participating in several sessions organized by CCDT’s Building Safe Communities team, Roshni realized that the eve-teasing issue at their community toilet was an issue her group could take up and advocate for change. Roshni encouraged other girls and a few women from the community to get involved as well. They approached the Community Child Protection Committee (CCPC) in their area — a committee that had been set up through CCDT’s program to address issues related to child safety and create a protective environment for all children in the community.

Each CCPC comprises an 11-13 member committee including children, youth, parents, ICDS staff, women’s group members and key persons from the community. The committee works towards enhancing child protection and monitoring mechanisms within the community, so as to ensure child-friendly and safe communities.

CCPC members discussed the issue of eve teasing at the community toilets during their weekly meeting. They strategically decided to address this issue during the Mohalla Committee meeting — given that key decision makers: police officer (Mr. Vijay Kandalgaonker), Child Protection Officer (Ms. Kajal More) and the owner of the community toilet were a part of that committee. Their strategy proved successful and the committee agreed to have police officers patrol the area around the community toilets.



For a few days after police patrolled the area, incidents of eve teasing around the toilets reduced drastically. However, over time the patrolling discontinued, and women and girls using the toilets were harassed once more. To address this, CCPC members advocated with a Senior Police Inspector and Corporator Harish Chedda for sustained police patrolling.

The committee’s efforts paid off, and the area is now free of eve teasing. Roshni and other girls/women from the community are able to use the toilets without any risk to their safety or dignity. Roshni shares that earlier, they would never use the toilet alone and always went in pairs of two or in a group, for safety reasons. However, now the area is safe and they can use the toilet at any time of the day or night without a problem.

“We learned how to resolve a persistent problem in the community — as a group. CCDT helped us forge together and build our collective strength. We advocated for our right to dignity and a safe community — and learned to work together to make this happen. I’m only twelve, and yet I have been able to make a lasting change in my own community. This program has enabled each of us to find our voice.”



Building Tomorrow's Leaders

ADOLESCENT EMPOWERMENT

Adolescent Empowerment

Adolescents benefit from opportunities to develop their leadership that recognize their lived experiences and value their participation. In India, adolescents have a striking lack of knowledge, agency, self-efficacy and decision-making power — all critical measures of empowerment.

CCDT's 'Adolescent Empowerment Program' empowers adolescents to be able to contribute meaningfully to their own development and positively influence development efforts within their communities. The program engages adolescents (aged 11–18 years) from marginalized slum clusters in Mumbai, with scarce opportunities for education and livelihood — who are exposed to violence, despair, substance abuse and diseases.

The program encourages adolescents 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 draws attention to unhealthy social

practices such as child marriage, gender inequality, violence against women and exploitation of children. The program strives to build 'today's citizens; tomorrow's leaders' — and produce a new generation of young leaders committed to advancing social justice.

To achieve this CCDT's AEP program facilitates the formation of adolescent groups within the project area and offers these groups life skills training, provides age-appropriate information and builds their leadership skills. This training and information equips adolescents with the skills to effectively deal with day-to-day challenges in an empowered manner. The program also involves parents and community leaders within the project area in an endeavour to build a local support network for adolescents.

Successful Interventions

- *Lifeskills Education and Information Sessions*
- *Building a Support Network for Adolescents*
- *Creating Safe Spaces in the Community*
- *Formation of a Bal Surksha Manch*
- *Formation of Community Child Protection Committees*

CCDT's AEP program engages children, community members and key stakeholders and enhances their participation in issues of concern within the community. Through this involvement, community members learn to use available resources, leverage government systems and schemes, as well as advocate for their rights. For the duration of the program, adolescents participate in intensive self-development modules, enabling them to respond to any form of abuse post-completion of the program. The program thus leaves behind strong child leaders, engaged committee members, and intensively trained volunteers to lead the process of sustainable social change in their respective communities. It enables adolescents to realize their collective strength to overcome crisis and become self-sufficient.



IMPACT STORY

“Just like Pooja who was out of school, there will be other children in the community who drop out. It is important to ensure that the rights of these children are not violated. We need to be vigilant and work towards ensuring that all the children in our community are able to enjoy their rights. CCDT’s program has taught me how to do just that.”

Harsh is an active member of the children’s group formed through CCDT’s Adolescent Empowerment Program (AEP). Harsh shares that it was only after he participated in AEP group sessions that he learned about Child Rights and the Childline helpline 1098 that provides 24x7 support to children in distress. Through the program, Harsh has learned to identify and build a social safety network of people responsible for ensuring the safety of children including parents, neighbours, police,

Child Welfare Committees and the community at large. Harsh shares how he and his group members have gone about advocating for children’s rights within their community:

“After a session on the Right to Education, we identified 11-year-old Pooja who had dropped out of school. Along with other group members we reached out to her parents – and explained the importance of education as well as Pooja’s right to be educated. We also approached other adults, including our parents, to discuss the importance of school with Pooja’s parents. We relentlessly followed up until Pooja’s parents agreed, and she was enrolled in school.”

“All that we learn at our AEP group sessions – we apply to our lives. For the first time, I assessed my school on several metrics including the availability of separate toilets for boys and girls, children-to-teacher ratio, etc. We also had a session on ‘Self Awareness’ that helped me realize my strengths and capabilities and enhanced my confidence. I now know my ‘Five Stars’: the five important people in my life, who make up my ‘Protection Net’. As I shared this with my friends at school, they too were keen to learn more and identified their 5 Stars and protection net. Now we know who form our protection shield and can be reached for support.”

Harsh is one of the many active members of AEP’s children’s group. He has transformed from a quiet, introvert - into a confident adolescent and a proactive advocate of children’s rights. He motivates other children to attend and actively participate in AEP sessions.



FINANCIAL STATEMENT OF F.Y. 2017-18

20/10/201820/10/2018					
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, 2018					
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	1,25,08,899.09	Balance as per last Balance Sheet	59,04,630.84	59,04,630.84
Add : During the year	0.00		Additional during he year	-	
			Less : Sales during the year	-	
Other Earmarked Funds :-			Depreciation up to date	-	0.00
(Created under the provision of the trust deed or scheme or out of the Income)					
Depreciation Fund	-	1,29,69,808.46	Investments :-		
Sinking Fund	-		The Market value of the above investments is Rs _____		
Reserve Fund	-				
Any other Fund	1,11,95,600.46	1,29,69,808.46	Movable Assets :-		
Funds for Bus of Umeed Project	17,74,208.00		Vehicle against Specific Fund		
Loans (Secured or Unsecured) :-					
From Trustees	-	0.00	Other Assets :-		
From Others	-		Balance as per last Balance Sheet	25,24,959.00	24,24,160.00
			Additions during the year	3,50,557.00	
			Less : Sales during the year	5,580.00	
			Depreciation for the year	4,45,776.00	
Liabilities :-					
For Expenses	9,03,877.68	9,03,877.68	Loans (Secured/Unsecured): Good / doubtful		
For Advances	-		Loan Scholarships		
For Rent and Other Deposits	-		Other Loans (Deposits)		
For Sundry Credit Balance	-	9,03,877.68	Advances :-		
			To Trustees	-	31,97,261.36
			To Employees	-	
			To Contractors	-	
			To Lawyers	-	31,97,261.36
			To Others	31,97,261.36	
Income and Expenditure Account :-			Income Outstanding :-		
Bal. as per last Balance Sheet	35,24,520.09	52,38,162.34	Rent		0.00
Less : Appropriation , if any	-		Interest On Fixed Deposits		
Add : Surplus	17,13,642.25		Other Income		
Less : Deficit (As per I & E A/c)	0.00	52,38,162.34	Cash and Bank Balances :-		
			a) In Savings Account with Bank		50,693.11
			In Fixed Deposit Account with		1,77,95,923.00
			b) with the trustee		
			c) with the Manager Cash In Hand		532.00
Total		3,16,20,747.57	Total		3,16,20,747.57
As per our report for even date					
For Ashok Jayesh & Associates					
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./-					
Partner Chartered Accountants					
(CA Jayesh D. Sangani)					
Auditors					
Dated at 15.09.2018					
M.No. 36041, F.R.No. 100655W					
Dated at 15.09.2018					
Trustee					
Trustee					

FINANCIAL STATEMENT OF F.Y. 2017-18

SCHEDULE - IX					
The Bombay Public Trusts Act, 1950.					
[Vide Rule 17 (1)]					
Name of the Public Trust : COMMITTED COMMUNITIES DEVELOPMENT TRUST					
Registration No.: E-12988(Mumbai)					
Income and Expenditure Account for the year ending 31st MARCH, 2018					
EXPENDITURE	Amount (Rs.)	Amount (Rs.)	INCOME	Amount (Rs.)	Amount (Rs.)
To Expenditure in respect of properties :-			By Rent (Accrued) (Realised)		-
Rates,Taxes,Cesses	-	-	By Interest		
Repairs and maintenance	-		On Fixed Deposits (Accrued) (Realised)	-	
Salaries	-			7,15,287.00	
Insurance	-	-	On Securities Bonds (Realised)	-	
Depreciation (by way of provision of adjustment)	-		On Loans		
Other Expenses	-		Income Generation Loan	-	
To Establishment Expenses		56,17,140.00	On Bank Account		
To Remuneration to Trustees	-	0.00	Saving Account	2,06,797.00	
To Remuneration	-		On Income Tax Refund	394.82	9,22,478.82
To Legal & Professional Expenses	-				
To Audit Fees		72,600.00	By Dividend		-
To Contribution and Fees	-	-	By Donations in Cash or Kind		4,33,27,933.39
To Amount written off:			By Grants (Respect of Specific Purpose Fund)		
(a) Bad Debts	-		Unspent balance Grants B/f.	1,69,24,859.15	
(b) Loan sponsorship	-	-	Add: Grants recd. during the year	3,68,04,025.55	
(c) Irrecoverable Rents	-		Less: Unspent balance tranfd. to Grants	96,56,090.70	4,40,72,794.00
(d) Other Items	-		By Income from other sources		
To Miscellaneous Expenses	-	5,109.00	(in details as far as possible)		
To Depreciation	-		Miscellaneous Income		0.00
To Loss on Fixed Assets	-		I.G.P.Income		-
To Amount transferred to Reserve or specific funds.			Profit on Sale of Fixed Assets		549.00
To Expenditure on objects of the Trust :-			By Transfer from Reserve		-
a. Religious	-	3,01,32,790.24	By Deficit carried over to Balance Sheet		-
b. Educational					
c. Medical Relief					
d. Relief of poverty	-	8,09,15,263.96			
e. Other Charitable objects	-				
To Surplus carried over to Balance Sheet					
		17,13,642.25			
TOTAL		8,83,23,755.21	TOTAL		8,83,23,755.21
As per our report for even date					
For Ashok Jayesh & Associates					
For Committed Communities Development Trust					
Sd./-					
Partner Chartered Accountants					
(CA Jayesh D. Sangani)					
Auditors					
Dated at 15.09.2018					
M.No. 36041, F.R.No. 100655W					
Dated at 15.09.2018					
Trustee					
Trustee					

OUR PARTNERS

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
Armman
Bajaj Finance Limited
Bal Raksha Bharat
Childline India Foundation
Cox & Kings Foundation
Fundacion Conelsur
Jesuitenmission, Germany
Karnataka Health Promotion Trust
Mission Del Sorriso
Plan International (India Chapter)
Rajmata Jijau Mother Child Health & Nutrition Mission
Tata Social Welfare Trust
United Nations Children's Fund

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International Reinsurance & Insurance Consultancy & Broking Services Pvt. Ltd.
Jeetendra Bhatia
Maria-Teresa Martinez Donate
Rekha Mishra
Universal Medicare Pvt. Ltd.

"CCDT has been doing commendable work in spearheading the Urban Nutrition Initiative project by co-ordinating and synergising the efforts of other partner organisations like Vachan, AAA's, FMCH and Nutrition Mission and Issue. The objective of reducing malnutrition in the project areas amongst children between 0-2 years is being met with diligence. CCDT is a professional NGO, efficient and proactive in their approach. Reports and documents to Tata Trusts are always submitted on time."

– TATA TRUSTS

"CCDT has partnered with the Child Protection Section of UNICEF Maharashtra for building a model of Safe Communities and neighborhoods for children and adolescents in the urban context (Mumbai). CCDT has a dependable, results-oriented team that demonstrates flexibility and openness to innovate. CCDTs evidence based approach and ability to engage with communities as well as policy makers makes it a versatile organization well equipped to represent the rights of children."

– UNICEF India

"Cox & Kings Foundation has remained a steadfast partner of CCDT for their relentless work in the field of healthcare and rehabilitation. We are happy to have been associated and bring about a sustainable change in the lives of those marginalized through this bunch of amazing people. Our society is in need of various experts who work towards making it a better place for children and adults alike. We are proud to say CCDT has indeed made enormous contribution to the lives of the children with the pillars of passion and compassion."

– Cox & Kings CSR Team

CCDT's UNI program builds the capacity of health functionaries to deliver better services to every corner of urban slums. It simultaneously builds the capacity of the community; especially pregnant women and mothers, to demand for better ICDS service delivery and ensure accountability. UNI is a successful, scalable and sustainable model, and if we are to eradicate malnutrition in one generation, this is a model to endorse and support.

– Ms. Suprabha Agarwal,
Director, Nutrition Mission,
Government of Maharashtra



Every Child Counts

SPONSOR A SMILE

AND FOLLOW HIS/HER FOOTSTEPS TOWARDS ADULthood

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

- INR 5,000 to sponsor one child for one month (Nutrition, Medical, Education)
- INR 2,000 to support one child's education for a month
- INR 3,500 to sponsor one meal for a center
- INR 1,500 to support one child's nutrition for a month
- INR ____ towards overall support of a child

Full Name

Address

Email

Phone

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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