ANNUAL REPORT

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COMMITTED COMMUNITIES DEVELOPMENT TRUST

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Our Partners

We deeply acknowledge and thank our following partners for their unwavering support

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Foreword

"Life is for living."

-A remark made by our group of Persons Living with HIV and AIDS (PLHAs).

We seek inspiration from the world around us, strengths from the challenges we face and renew our resolve with each failure. Working with people who are marginalized, stigmatized and discriminated because they are economically vulnerable and infected or affected with HIV/AIDS; with children who are sick, orphaned, and, abandoned and face abuse and exploitation on a daily basis, can be extremely demanding. This Report tries to highlight the achievements of our families that beat all odds to overcome injustice and the deprivation they encounter in trying living each day.

CCDT partnered with UNICEF Maharashtra, in a State-level advocacy initiative around Child Protection and HIV, in order to create a strong platform, to facilitate engagement between Civil Society and the State. The two-day Consultation resulted in recommendations influencing policies and practice around alternative care-home based care, residential care, protection of children from neglect, exploitation and abuse; access to ART, quality health care and other basic services.

Working closely with the community and children's groups and strengthening the capacity of 28 School Management Committees resulted in the enrolment and retention of 304 children who drop out of school. Our volunteers from the community have requested CCDT to take forward their concerns about the lack of secondary schools in the R north ward and improve the quality of services in the Municipal Hospital. This stems from the strong advocacy initiatives of the CCDT team that led to the improved functioning of new ICDS centers, and the holding of immunization camps in areas that were not covered by the Municipal Health Services.

We supported 108 children with our Residential care program. 13 of these children, who had lost both parents, were reintegrated with their extended family members. With 100 per cent adherence to ART, 29 out of 46 children registered considerable growth in CD4 count. We are aware that the number of children with us appears small given the fact that many more need such care in Mumbai alone. Our focus, however, has been on providing personalized care to each child thus facilitating comprehensive and quality childhood, to all 'our' children.

The year also saw us take a concrete step towards initiating a full-fledged After-Care program for children above 18 years of age. Considering the near-total absence of After-Care centers for children leaving institutions, we are proud of our baby step in an area where little has been done thus far. Running After Care Homes continues to be a challenge for the Government and child-care institutions alike.

A baseline study was conducted, with 1200 households from new as well as old intervention areas in Dahisar, Borivali National Park, and Nallasopara. The study has underlined some issues of grave concerns in the fields of Health, Education, and Child Protection. The health facilities continue to be abysmal; the access to them remains far from easy. In many of the slum clusters the health seeking behavior remains gendered and superstitious. Lack of schools at a prescribed distance and adequate number of ICDS centers, coupled with poor teaching and below-par service provision respectively, impact the children negatively. Little of what we have been able to achieve so far could have been feasible or, even meaningful, had the people, especially the children not lent their energy and support to us. In attempting to enable communities and individuals marginalized and stigmatized, we find ourselves enabled.

Hope lives because some never give up. Anil is one, George another, Sunita and Aasiya and all those hundreds whose stories we seek to capture in this Report. We are also aware that there are still thousands whose stories remain unchanged and untold.

Sara D'Mello

Managing Trustee

Home-Based Care (HBC) program

CCDT's HBC program was one of the earliest responses to the debilitating impact of HIV/AIDS on families and children in India. Initiated in 1995, the program underlined the need to work on care and support, a gap left by the overall national response that focused on prevention alone.

The continuum of care and support is vital in preventing the HIV/AIDS impacted families from falling apart, which is the reason why children are abandoned to a life of deprivation, abuse and exploitation. The program is spread across 12 wards of Mumbai.

Crisis Intervention Centers (CICs)

Although we strive to ensure that children do not get uprooted from their habitat, there are situations, like the death of the primary caregivers, followed by, the absence of support from extended family members, when HIV/AIDS impacted families find themselves incapable of supporting their children. CICs provide a safe, secure and healthy environment to orphaned, abandoned, and vulnerable children and seek to enable them to reach their optimal potential.

The program stands as the only one of its kind in running a truly inclusive Center for children in need of care and protection. It considers segregation on the basis of sero-status detrimental to children's rights and dignity. It has four age and gender-specific Centers.

Integrated Community Development (ICD) program

Under this program we work with marginalized communities living in slums and clusters in Mumbai and its outskirts, enabling them to address issues around health and education to minimize vulnerability. Conscious of the multiple deprivations faced by these communities, the program emphasizes empowering children and youth so that they can avail of entitlements due them, on their own.

Focusing on issues related to health, education, and child protection, the ICD program reached out to 1,59,900 people across all intervention areas.

Training, Research and Alternative Communication (TRAC)

Through training, research, monitoring and evaluation, strategic planning and communication, TRAC seeks to strengthen organizational capacities and facilitates critical understanding on relevant issues. It monitors and evaluates programs and helps the organization in firming up its strategic choices. Along with documenting organizational learning, it also creates training and awareness-building material for diverse stakeholders.

With the belief that the best place for a child to grow is the child's own family, CCDT ensured that 1084 children escaped homelessness and institutionalization and continued to stay, or were rehabilitated, with their families in 2012–13.

Highlights

Consultation on Child Protection in the Context of HIV/AIDS

CCDT, in partnership with UNICEF, convened a State-level Advocacy Consultation on Child Protection and HIV/AIDS. Held on 8 and 9 August 2012, the Consultation brought together 22 organizations, and several academics and government officials to discuss and recommend reforms to existing government policies and practices regarding children infected, affected and vulnerable to HIV/AIDS. It firmly upheld the need to move beyond sheer survival-related programming and offered critical recommendations in the domains of health rights, institutional and non-institutional care and support, legal rights and the Right to Education for children infected, affected and vulnerable to HIV/AIDS. The recommendations were submitted to the Maharashtra State's Minister of Women and Child Development, Smt. Varsha Gaikwad, Minister of Health, Shri Suresh Shetty, as well as to Shri Ujjwal Uke, Principal Secretary, Department of Women and Child Development (DWCD), who had graced the event with their presence, and pledged their support to the cause.

Ensuring Child Protection

State Coordination Committee: A part of the State Coordination Committee for Child Protection, appointed by Honorable High Court of Mumbai, CCDT has advocated on issues like minimum standards and quality of institutional care, and licensing with the DWCD.

State Resource Group: CCDT is a member of the State Resource Group to strengthen government efforts to effectively ensure Child Protection in the State. Initiated at the behest of Honorable Minister of DWCD, Smt. Varsha Gaikwad, the group has reviewed and advocated changes on

- GR on State Adoption Resource Agency and Care Plan
- Criteria of licensing
- Issues regarding the structures and operations of Integrated Child Protection Scheme (ICPS) and functioning of ICPS Society
- State Child Policy.

A compilation of all such recommendations has been sent to the DWCD ministry.

ChildrenSpeak: A State-level Conference on Child Participation

A State-level Conference on Child Participation, *ChildrenSpeak*, was held on 27-28 December 2012. Over 160 children from 18 NGOs across Maharashtra led intensive discussions on issues related to health, education, labor, violence, poverty, and gender-based discrimination. The Conference sought to further our earlier efforts through two National Workshops at advocating the participation of children in issues related to their lives.

ChildrenSpeak marked a significant departure from conventional events for children, in that it offered them a space to air their views and opinions on issues that are relevant to their lives. Children narrated instances of how they have worked together in their communities to ensure entitlements and end discrimination and abuse. Their resolve inspired us all to commit ourselves to enable child participation in decision-making processes at every level.

Ms.Varsha Gaikwad, Honorable Minister of Women and Child Development, inaugurated the Conference and Mr. Sunil Prabhu, Honorable Mayor of Mumbai, was the Chief Guest at the function. Both Mr. Prabhu and Ms. Gaikwad expressed solidarity with the children, in their effort to be heard.

The Conference felicitated the following individuals who have relentlessly upheld children's voices and opinions in Maharashtra:

Mr. Manjul Bhardwaj – Play director, writer, facilitator, and founder of 'The Experimental Theatre Foundation'

Mr. Rajiv Tambe – Educationist, columnist, and social activist

Ms. Sanchi Jiwane – Actor and theatre director of several plays for marginalized children

Ms. Shilpa Ranade – Animator and illustrator of children's books

Actor-director-producer of Marathi films and serials Mrs. Kanchan Adhikari, actor and TV host, Mr. Aadesh Bandekar, and actress Ms. Manava Naik graced the felicitation ceremony.

Overwhelmed by its model of supporting marginalized families and children impacted by HIV/AIDS, the Mayor invited CCDT to develop and submit a scheme on strengthening the support system for vulnerable children in Mumbai. "We need to come out with a scheme... which will not only support families but also children from underprivileged sections of the society, "said Mr. Prabhu[1].

Advocacy

- CCDT is a co-convener of the Maharashtra chapter of Jan Swasthya Abhiyan[2]. This year, it put on the

1. *Kannan, Shwetha, December 28, 2012. Hope is a good thing. [online] Available at: http://www.afternoondc.in/city-news/hope-is-a-good-thing/article_72396 [accessed on 12 June 2013]*

2 JSA is the Indian arm of the People's Health Movement, a worldwide attempt to establish health and equitable development through comprehensive primary health care and action on the social determinants of health.

table several pressing concerns regarding access to the Rajiv Gandhi Jeevandayee Arogya Yojana, a scheme that aims at providing 'free quality critical care for low-income families'. A complete database of cases where people were denied benefits under the scheme was prepared. This called attention to the gaping inadequacies in the implementation of the scheme.

- In 2006, a Swiss pharmaceutical company, Novartis took the Indian government to court over its patent law. The company challenged the Indian Patent Law seeking to extend the patents on their products, and stop generic companies producing the same medicines at a fraction of their price. This would have adversely affected people's access to affordable medicines. CCDT supported Mumbai AIDS Forum (MAF) in opposing this move of the pharmaceutical giant. Community members, too, joined in the protest. The Supreme Court verdict which came out on the 1st of April 2013, dismissed Novartis' claims and stood by the people's right to affordable medicines.
- As an active member of MAF, CCDT has repeatedly argued the issue of patients kept on the same ART-drug combination for 10-12 years, in spite of no increase in CD4 count and regular susceptibility to infections. In order to alert NACO and Maharashtra State AIDS Control Society (MSACS) on the issue, CCDT participated in a survey of its community members on Antiretroviral Therapy (ART) to know whether they had undergone Hepatitis B, Hepatitis C and viral load testing, and their present-past ART regimen. These, along with findings submitted by other NGOs in the Forum, will help MAF to draw up an advocacy plan.

Home-Based Care Program

- *The total number of People Living with HIV/AIDS (PLHIVS) in India is estimated at 21 lakh in 2011. Children (<15 years) account for 7% of all infections, while 86% are in the age group of 15-49 years. Of all HIV infections, 39% (8.16 lakh) are among women.*
- *Using globally accepted methodologies and updated evidence on surviving HIV with and without treatment, it is estimated that about 1.48 lakh people died of AIDS-related causes in 2011 in India. Deaths among HIV infected children account for 7% of all AIDS-related deaths.[3]*

The declining numbers of new infections may be a cause to rejoice, but there is a caveat. Government statistics remain silent about affected children and those who are vulnerable to the infection. Loss of livelihood, opportunistic infections, and stigma attached with the infection results in disintegration of families and abandonment of children. Children are pushed out of schools, yoked in exploitative labor, suffer malnutrition and are vulnerable to HIV/AIDS or other diseases. In such a scenario, addressing the root causes for generational vulnerability to HIV/AIDS should be the need of the hour.

HBC is designed to:

Mitigate the impact of HIV/AIDS on families, individuals, and children through care and support

- Address incidences of stigma and discrimination related to HIV/AIDS
- Capacitate families and individuals to become self-reliant

HBC is committed to a comprehensive continuum of medical, nutritional, psycho-social, economic and educational support to ensure:

- The infected individual receives adequate care within the family
- The family does not disintegrate, and
- Children remain within the family, and are not exposed to vulnerabilities, among which is the possibility of contracting HIV/AIDS.

3. Ministry of Health and Family Welfare 2012, HIV Estimations 2012 Report Released, media release, accessed on 11th June 2013, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=89785>.

The program is carried out through three projects, CHILD (1995), Saksham (2005) and Chaha (2007).

A total of 643 families and 1,030 children availed of care and support throughout the year.

Highlights

166 families were made self-reliant because they could:

- accept their HIV status
- practice self-care and nursing care of infected persons
- access government services independently
- undertake disclosure of sero-status within the family, and
- ensure that children attend schools

186 families were enabled on disclosure

- Total 129 individuals disclosed their sero-positive status
- Of which, 41 cases were about informing children of their positive status

Disclaimer : Photographs used in this report are indicative only.

Sakshamata ki Ore (Towards Self-reliance): 550 community members narrated their journey to Self-reliance

For the first time 550 community members, comprising of PLHIVs, CLHIVs with whom disclosure of status had taken place, caregivers of orphaned children, community volunteers, and relevant duty bearers came together on a common platform on March 16, 2013. They shared their trials and triumphs, fears and hopes in a larger collective and demanded an end to stigma and discrimination in government Health Care Centers.

As part of the event, a panel discussion was held with several government representatives. HBC community members questioned the poor quality of health and PDS services, identified systemic bottlenecks preventing access. Dr. Arun Bamne, Program Director, MDACS and Executive Health Officer, Public Health Department, Brihanmumbai Municipal Corporation (BMC), was the chief guest of the event, joined by Dr. Sanjay Kumar Funde, Medical Officer of Health (L ward); Dr, Shaila Mhatre, Chairperson, Child Welfare Committee (CWC); Dr. Rankhambe, Medical Officer ART Consultant, Mumbai District AIDS Control Society (MDACS); Mr. Baba Patil, Community Development Officer (L ward); Mr. Vijay Ajnikar, in-charge IEC MDACS; and Mr. Pandit Shukla Rathod, Rationing Officer.

Community Volunteers raised their voice against stigma and discrimination

- This year 40 community members became HBC community volunteers, a network that bolsters families' resistance to HIV/AIDS. Awareness building campaigns on HIV/AIDS reached out to 9,250 people, with their support.
- Five community volunteers participated in initiatives against stigma and discrimination
- Four community volunteers participated in a ten-day international photography project, 'Through Positive Eyes', conducted by photographer Gideon Mendel and Professor David Gere in collaboration with the Heroes Project and MDACS. An outcome of this was 'My Photographs, My Story', a powerful visual narrative of the struggles, frustrations and fulfilments of infected individuals, through a series of photographs.
- One community volunteer played the protagonist in a documentary film, 'HIV NOT OK PLEASE', which was aired by IBN Lokmat, on 2 December 2012. The documentary aimed at building awareness among truckers, a high-risk group.

Aasiya, a 22–year–old woman, lives with her husband and two children. She is HIV positive and from an extremely poor family. When we first met her, she was very worried about her life and her children's future. She needed emotional and psychosocial support to overcome her anxieties and material support to put her life back on track. She was encouraged to join Support Group meetings which gave her information and strength to deal with HIV/AIDS and its impact on her family. During one such meeting, she was informed about the BPL card and the process of availing one.

When she went to get her card she was harassed by the official there. She approached the Senior Ration Card Officer to get her work done. She received the ration card but, to her horror, discovered her positive status mentioned on it. Refusing to accept this humiliation, Aasiya discussed the matter with the CHILD project staff and confronted the Officer. The Officer was embarrVassed. He apologized and ordered his subordinate to make the correction right away.

33 incidences of stigma and discrimination were reported

- While 18 of them were addressed by the community members themselves, the remaining 15 cases were addressed with the help of program staff

103 adults and 79 children were linked up to schemes and sponsorship programs

- 65 individuals were linked to the BPL ration card while 38 were linked to Sanjay Gandhi
- Niradhar Yojana (SGNY), through which an applicant receives Rs. 600 per month till his/her children turn 25
- 29 children were linked to Bal Sangopan Yojana (BSY), a foster care scheme that provides Rs 425 per month to the foster family for the upkeep of a child
- 50 children were linked to World Vision's education and health sponsorship program in which they could avail of monetary support

Challenges

- Since the first detection of HIV/AIDS in 1986 till the present, there has been little improvement in the societal attitudes towards people with infection. The fear of being identified and excommunicated continues to prevent individuals from undergoing diagnosis or seeking timely care and support, which in turn affects their chances of survival.
- Some families refused to seek home-based care and support even in extreme situations; many others decided to get registered at an advanced stage of crisis. Either way, this rendered it difficult for the program to reach out.

Case Story

It was through a community volunteer that George's case came to Project CHILD. He was HIV positive, had lost both his parents when he was only a year old and was living with his grandmother, Jennet.

In the first meeting, Jennet spoke at length of her grief at the child's health and her fear that there was no one to take care of him after her death. She doubted her ability to take proper care of the child and even considered the possibility of sending him to an institution. George had contracted tuberculosis (TB), and did not go to school. Afraid of accidental disclosure, his grandmother did not want him to attend a school. There was no stable income for the family.

In initial home visits Jennet's fear and misconceptions about HIV/AIDS were allayed. George was sent for DOT treatment for TB. This was followed by CD4-testing, preparing him for a prolonged treatment, and encouraging him and his grandmother to attend support group meetings.

Jennet was gradually convinced to enroll George in a school.

When she went to get her grandson admitted, she inadvertently disclosed his positive status. His admission was immediately rejected. In spite of several attempts on Jennet's part to assure the teacher that the infection does not spread through human touch, and that her grandson had an equal right to study in the school with others, the school doors remained closed to George.

Undeterred, she raised the issue during a Support Group meeting. Group members encouraged her not to let go, but to take the issue to the Principal or the Trustees. On her request, project staff agreed to accompany her.

In the meeting with the Principal, she pointed out that refusing admission on account of sero-positive status would amount to violation of human rights and the Right to Education Act. She dispelled the Principal's fear about other children contracting HIV by offering precise and correct information. The project staff explained that segregation on the basis of sero-status undermined the dignity of children and cited CCDT's Crisis Intervention Centers as an example, where children stayed and grew up together without any problems. Their arguments broke through ignorance.

George, presently, studies in the same school. There has been a remarkable improvement in his health, as well.

Jennet today is an active member of our Support Group. She says, "I will help others to raise voice against stigma and discrimination. I will tell them never to keep quiet…."

Crisis Intervention Centers

In the city of plenty, millions of childhoods are under duress of poverty, hunger, disease, violence, substance abuse, labor and a host of other avoidable, yet unchallenged, causes.

Consider the following:

- *Of about 27 million children born every year, nearly two million do not live to the age of five. Among those who do, over 40% are malnourished. 79% of children below three are anemic.*[4]
- *In 2011, the crimes against children reported a 24% increase from the previous year. The State of Maharashtra accounted for 10.2% of the crimes committed against children.*[5]
- *Evident from the 2008-09 HIV estimates (latest Sentinel surveillance rounds), in 2009, the number of HIV infections has decreased from 24.42 lakh in 2008 to 23.95 lakh in 2009. However, the per cent distribution of HIV infections for the age group 0-15 years has increased from 4.20% in 2008 to 4.36% in 2009, indicating increased number of HIV infected children in 2009 (ibid.).*
- *There are no estimates of the number of children who are orphaned due to HIV/AIDS.*
- *There is no effort to estimate the number of children who are vulnerable to the infection.*
- *There are no institutions in Mumbai to provide residential care and support to infected and affected children without segregation.*

CICs attempt to provide a safe, secure and healthy space for orphan and vulnerable children till they are either reintegrated with their family, or extended family, put up with a foster family, or start living in group homes or on their own. The centers provide the following components of care and support to facilitate an enabling childhood:

- Counseling and complete health care
- Comprehensive education and vocational skill-building

4. Children in India: The Statistics, Friends of Salam Balak Trust, n.d., Available at: www.friendsofsbt.org/statistics.
5 Children in India 2012: A Statistical Appraisal, GOI.

- Recreation and sports
- Legal aid in matters of inheritance/property disputes
- Reintegration and follow-up

Our program reached to 108 children this year.

Centers	Ashray (1995)	Ankur (1993)	Aakaar (2004)	Umang (2005)
Gender and age	Boys and girls from 2-12 years	Girls from 13-18 years	Boys from 13-18 years	After-care Program for college-going and employed youth under 25
Location	Bandra	Badlapur	Khandala	Mahalaxmi

Highlights

Distribution of children	No. of children
Children living in CICs	78
New admissions	*10*
Secured employment from above	*2*
Reintegrated children	13
Secured employment from above	*4*
Children in vocational training institutes	8
Children in boarding schools	6
Youth employed and living independently	3
Total number of children with CICs	108

All our children responded positively to counseling

The counseling issues included trauma, disclosure of status, and adjusting to an institutional setting. We noticed that children who were previously afraid of expressing themselves or speaking freely showed an increased level of confidence and maturity after counseling.

91 out of 108 children recorded normal growth

Among the children who could not do so, 10 were

new admissions, and seven suffered from severe opportunistic infections.

29 out of 46 positive children registered an increase in their CD4 count; of these 26 were on ART

We observed 100 per cent adherence to ART this year; significant among them is a child whose CD4 count rose from 90 to 1794 within a year of admission to the Center.

Standards of nutrition and hygiene were strictly adhered to; children's growth was closely monitored; opportunistic infections and other ailments received immediate treatment, and medical check-ups of all children were conducted periodically.

78 children in schools, 12 in colleges and nine in vocational training courses

Nine out of 11 children passed their Secondary School Certificate (SSC) examination this year, seven got enrolled into junior colleges in Mumbai and two opted for vocational training program.

	In school	In college	In vocational training
In Centers	68	7	1
Outside Centers (reintegrated, living in other institutions for education, or vocational training, employed)	10	5	8

Education to all children is intrinsic to any program committed to their growth and development. The same holds true for CICs. However, the above-mentioned statistics assume a different meaning if one considers that 46 children were HIV positive and 29 of them were on ART. They had to constantly deal with stigma, ART-induced mood swings, sleeping disorders, headaches, skin rashes and at times, opportunistic infections, which adversely affected their studies. Due to extra educational support and constant monitoring of education levels, 90 per cent of them improved their levels.

Recreation and Sports

Uniformly encouraged across all our Centers, recreation and sports enabled children to stay fit and learn crucial life-skills like, teamwork, decision-making, initiative, and leadership.

- A stipulated leisure time was built into the regular schedule of the Centers. Children regularly participated in yoga and meditation, dance, music, theater, basketball, cricket, football, and other sports.
- Summer camps allowed children to indulge in fun and frolic, interspersed with learning: the children of Ashray and Ankur-Asmita went on an excursion to a tribal village in Ambivali where they interacted with people and learnt about Warli Art. They also went to an Emu farm and got to know more about birds and their life cycle. Workshops on drama and communication were organized for all children.

Proof of Identity and Right to Inheritance

Children who lose their parents to AIDS sometimes find their inheritance denied to them. Obtaining a legal proof of identity is important in itself and more so, once the child moves out of the Center.

- All our children have at least one legal proof of identity.
- 54 children were supported to open their bank accounts. They were oriented on its operation and encouraged to save.

- Timely legal intervention in two eligible cases resulted in the restoration of children's rights to their ancestral property.

Reintegration of 13 children

The process of reintegration is quite challenging: in case of orphans, the Centers work closely with extended family members or explore foster care options; in case of HIV positive children, reintegration is preceded by informing and capacitating caregivers to provide adequate care and treatment to children.

- Through prolonged engagement with identified families, 13 children were reintegrated, and are currently under follow-up.
- Not all children have families to go back to. Many of them brace themselves for independent living outside the Centers after they turn 18. This year, seven youth became financially independent and started living independently.

Challenges

- While reintegration is a cherished goal of the program, the process involved is often strenuous for the child. The preparedness for an independent living starts much before a child turns 18 as it requires a period of understanding, adaptation, and radical readjustment to the new realities of living in a family or community. A successful reintegration demands full cooperation of the recipient family.

Case Story

Anil came to Ashray at the age of six. He had lost his parents and had no one to take care of him. A shunt operation early on in life had spurred certain neurological complications: it slowed down his response, and his ability to retain information. At Ashray, Anil kept to himself; his condition did not permit him to move around. Additionally, he found it difficult to do regular chores. All this, made him reticent; he made no friends.

The social workers and counselors in the Center spoke with him regularly. Once he started trusting them, they encouraged him to speak up and interact with others. With time, Anil started interacting with some of the children in the Center.

When he turned 13, Anil was sent to Aakaar. He went to school with the other boys, till he reached seventh grade when, he found the syllabus very difficult. Even with a lot of effort, he could not understand or retain much information. He discontinued schooling. It was hard for him to choose to discontinue when he saw everyone around him going to school and learning new things. He still needed help to perform basic tasks.

Anil turned to gardening to keep himself engaged. During this phase, he underwent intensive counseling sessions. It gave him some strength. One day, of his own volition, he decided to learn a skill, earn, and become independent. It was neither a hasty nor impulsive decision. Anil no longer wanted to be dependent on others. He wanted to find a way out of his present

condition. He knew his difficulties; counseling and medical support gave him hope that with a little more effort it was possible to overcome them.

Anil was placed with a company on the outskirts of Pune. Initially, a staff member lived with him to help him to adjust to the new place and assist him in his everyday activities. Anil reminded himself every day that it would be possible for him to live independently. Slowly, he became adept at taking care of himself and soon after he managed to travel on his own. It was indeed heartening to witness his rapid improvement: he gained confidence, interacted freely, and was doing well at work. It was a triumph of his will-power and conviction. The staff member who lived with him throughout the day, now needed to visit him just for a couple of hours in the morning and the evening.

Today, Anil lives by himself. He cooks, cleans, interacts, travels, goes out with his friends, shops for his daily requirements, pays his rent and manages his finances. CIC staff visit him occasionally. When asked how he's doing, he reassures the visiting staff with, "I am doing fine" and a smile disarming like no one else's.

Integrated Community Development Program

- *In 2011, India's urban population stood at 377.1 million or 31.16 per cent of the total population. At 50.8 million, Maharashtra has the highest urban population of which Mumbai accounts for 18.41 million (36.24 per cent).*
- *Maharashtra also has the highest number of slum blocks of any state – over 21,000 out of a total of just over 1 lakh for the whole country. 41.3 per cent of Mumbai's 18.41 million people live in slums. (Census of India, 2011).*
- *Nearly 1.7 million children in Mumbai, the highest in India, live in slums (Slums in India- a statistical compendium, 2011).*
- *47 per cent of children across our ICD intervention areas are in paid domestic work while 37 per cent are employed in household industry.*[6]

The worst spectacle of urban poverty and inequality is in the growing number of slums. Each slum cluster is a chilling narrative of destitution, where residents are routinely forced to live without basic amenities: proper housing, drainage, water, solid waste disposal, schools, playgrounds, and hospitals. Chronic illnesses, severe malnutrition, illiteracy, substance abuse, violence and exploitation foreshadow the lives of slum-dwellers.

Every year, thousands of childhoods decompose in the stench and squalor of heaps of garbage. Lack of hygiene, drinking water, proper food and nutrition make children weak and sick. They drop out of education, engage in substance abuse and get trafficked and pushed into exploitative labor. 36 percent of children across all ICD areas were forced out of schools due to their compulsion to take on household work (ibid.).

An attempt to address the vulnerabilities faced by children in such contexts has to begin with involving and enabling the community in overcoming vulnerabilities. Only then will the severe and unrelenting deprivation be overcome.

The ICD program engages with issues of urban poor, especially in the field of health and education. The strategy is broadly two-pronged:

- Building awareness among marginalized children and their communities on their entitlements and enabling them to eventually realize these independently

6. CCDT's Baseline Study on issues of Health, Education and Vulnerability in Borivali, Dahisar and Nallasopara, 2013.

Geographical areas	Dahisar (East)	Dahisar (East)	Dahisar (West)	Nallaso-para	Bandra
Number of clusters	58	25	15	19	3
Projects	Pehel	Spandan	Manthan	Wajood	Umeed
Reach	40,000	40,000	40,000	30,000	9,000

- Working with government systems to ensure that quality health and educational services are easily accessible

For change which is participatory and sustainable, the program encourages and enables community members, especially children and youth, to take up issues around education, health and hygiene.

The program reached out to 1,59,900 marginalized slum-dwellers of Mumbai and Thane through five projects, Pehel, Spandan, Manthan, Wajood, and Umeed.[7]

Highlights

Awareness building

- Umeed and Spandan projects conducted sessions

Campaigns	Reach
Malaria	72,784
Hygienic practices	52,974
Malnutrition (run in collaboration with 96 ICDS Centers)	3,550
Child Sexual Abuse (Khulkar Bolo/ Speak Up)	15,656

  with stakeholders on TB reaching upto 250 individuals (through 16 sessions) and 412 individuals (through 29 sessions) respectively
- 90 children's groups, 60 women's groups, 27 youth groups, 70 teachers from Integrated Child Development Scheme (ICDS), 88 CBOs, and 65 community volunteers were made aware of the RTE Act, Maternal Child Health (MCH), and PDS

A total of 717 children took part in the awareness campaign on malaria, hygienic practices and child sexual abuse.

7. Umeed is a consortium comprising of three other NGOs in addition to CCDT. While the three partner NGOs work on education, child rights and livelihood among the youth, CCDT's focus is on ensuring better health and hygiene in the project areas.

Working with the system to ensure access to quality services

Facilitating immunization

17 areas across Dahisar East and West, Bandra East and West, and Nallasopara received immunization for the first time.

Working with the ICDS to overcome malnutrition

Regular home visits, nutrition demonstrations, weight check-ups, parents' meetings and strengthening linkages with ICDS for supplementary nutrition were taken up to ensure that 160 malnourished children gained weight in Garib Nagar, Pipeline, and Patel Nagar of Bandra.

Bhimnagar got its first immunization camp and Panchamba a borewell

Bhimnagar and Panchamba along with Patkalpada are slum clusters in Nallasopara. These clusters are considered 'illegal' on account of being 'settled on a forest land'. The people there face the worst form of disenfranchisement: they are not even counted in the Census of India! Government health services have failed to reach here. As per the findings of our Baseline Study, 66.7 per cent households reported that the Municipal Counselor or the Ward member were never accessible.

Bhimnagar gained access to its first immunization camp ever. Due to the tireless efforts of the team, an ICDS Center was also initiated.

Pachamba's inhabitants had to dole out exorbitant sums to 'water mafias' to provide for their daily water requirements. Project staff with the community members pressurized the Corporator to release funds for repairing a borewell. He also agreed to construct a new water tank in the area. Panchamba's 1,500 inhabitants are no longer at the mercy of 'water mafias'.

Strengthening School Management Committees (SMCs)

- SMC members across 22 schools in R/north and six schools in R/central wards were capacitated on the RTE Act. The opportunity to do so arose out of a successful collaboration with the Education Department of the Municipal Corporation of Greater Mumbai (MCGM).
- The team secured quality of and access to mid-day meal in five out of eight schools through intensive engagement with SMCs.
- 304 dropped-out children were re-enrolled.

Addressing the problem of garbage disposal and lack of toilets

In consultation with children, the program identified 19 areas facing acute garbage disposal problems. Establishing linkages between officials of Solid Waste Management and community members and through consistent follow-up, 12 of these areas began to receive regular garbage disposal services. Efforts are on to ensure the same in the remaining seven locations.

For three years 1,561 inhabitants of Garib Nagar did not have a community toilet. Youth and women of the community got together and persuaded the Corporator to visit the locality to assess the situation. He not only undertook the tour but also released funds for the construction of a community toilet. It got constructed in January.

The fulfilment of a demand, no matter how big or small, through a collective effort was the message people took home.

Enabling Leadership

- In all, 6,643 children were reached out through, Taaron ki Khoj, a series of ice-breaking activities through which children in the intervention areas were informed about CCDT, its ICD program, and Maitree groups of children. These activities helped in the formation of 169 new groups pushing the total number to 302 groups of 3,523 children.
- 30 child leaders were identified across three ICDs in Dahisar. They participated in a youth camp and three workshops, which focused on developing leadership, communication skills, presentation skills, and critical thinking.
- Eight child leaders participated in ChildrenSpeak, a State-level Conference on Child Participation. They put up a play on the advantages of enabling children to participate and lead community-based initiatives.
- 262 community volunteers (148 old and 114 new) were capacitated through regular meetings.
- 203 volunteers joined the efforts at spreading awareness on malaria, hygienic practices, and child sexual abuse in the community
- They facilitated the re-enrolment of 201 dropped out students out of the total 304 re-enrollments
- 17 volunteers functioned as active SMC members in their respective communities
- 90 left out children were brought to ICDS with the active involvement of community volunteers and child leaders

CCDT took initiative and developed an MIS for the Umeed consortium. The system allows the program to monitor and evaluate the work and its impact on every single family with the program along the domains of health, education, child rights, and livelihood.

Challenges

- Deprived of access to basic public health facilities, families are compelled to turn to private hospitals and clinics during an emergency. This further strains their fragile financial status. As such, restoring their faith in public health services has been quite a challenge.
- Since SMCs decentralize decision-making within the school, they face resistance and discouragement from school authorities.
- Inadequacy of resources, such as water, forms a serious hurdle in the process of adopting hygienic practices within the community.

- Ensuring involvement of male members in our activities within the community often prove very difficult. Their long working hours and absence during most part of the day adds to the problem.

Case Story

Gender-based discriminatory attitudes take root early, develop a symbiotic relationship with poverty and other deprivations, and threaten the possibility of girls' survival and growth into healthy individuals.

Hear about Savita, a one-year-old child, weighing 3.5 kilos, and with a weak spinal cord. When Wajood's project team visited her family they learned the truth behind her condition: her family wished her death. The parents had consciously worked towards it. The child had not received a single dose of immunization. She was severely malnourished but parents resisted any attempt to get her treated.

The family lived on a monthly income of Rs. 3000 which was far from sufficient. Savita had three siblings: all of them sisters. Her parents refused to bring up another girl child since she would become an 'economic burden'. They desired a son.

Ensuring Savita's healthy survival was the foremost priority. This meant convincing the family of the criminal nature of their act. Both proved equally difficult.

The team tried out several alternatives, like provision of supplementary nutrition by ICDS Center in the community, direct support for medicines and nutrition, dialogue with key stakeholders from the community, but their efforts were repeatedly frustrated. The family refused to cooperate. The team didn't give up. It took the child to Virar Mahanagar Palika Hospital, Thane Civil Hospital, J.J. Hospital, and to the CWC, Bhiwandi. ICDS Commissioner and the police, all were informed. They found it equally difficult to deal with the parents' obstinacy.

Giving up at this juncture would have certainly meant death for the child. The community was mobilized to persuade the family till it relented. Savita's parents had to bow in front of the collective pressure. Finally, they took the girl to a private doctor.

Savita is slowly beginning to show some signs of recovery. She still has a long way to go. But we are glad that she is able to get medical assistance at last.

STOP PRESS!

We just heard of the demise of Savita. She could not withstand a severe diarrhea. Or so we are told. She died at the home she never had.

Perhaps, the help reached her late. Perhaps, her parents resisted for way too long. Perhaps, the community should have intervened earlier. What is certain, however, is that all of us, collectively, failed one–year–old Savita.

CCDT Childline

Childline '1098' is a national 24 hours outreach service for children in need of care and protection. The project is supported by the Union Ministry of Women and Child Development and links State Government, NGOs and allied systems, and the Corporate Sector. CCDT Childline covers the geographical area from Kandivali to Bhayander. In some critical cases it goes as far as Virar. Highlights of its work this year are as follows:

- Intervened in 407 cases; 242 cases were reached within one hour of receiving complaint
- 183 children were rescued with the help of allied systems like JAPU and the police; out of which 143 were child labors and 40 were rescued from railway platforms
- Surveyed and identified 247 child beggars in collaboration with Juvenile Aid Police Unit (JAPU)
- Conducted six rescue operations in Dahisar, Borivali, Mira Road and Bhayander

Highlights

Street children become volunteers

This year 12 street children became Childline volunteers. These children were from those who had landed up on railway platforms and city pavements, and joined a growing mass of child laborers, beggars and remained vulnerable to different forms of abuse and exploitation.

CCDT Childline brings together such children to form a network of support for 'newcomers', and also to inform Childline whenever they witness any child in crisis.

Mass awareness to reach children in crisis

18 mass awareness campaigns were conducted in the community. 12,159 people were familiarized with Childline's services to help children in crisis.

Strengthened relationship with Mira-Bhayander Municipal Corporation

Association with Mira-Bhayander Municipal Corporation gave us the opportunity to conduct sessions in Municipal schools on Child Rights, Child Protection, and Childline 1098 service. These sessions reached out to 86 children and 59 teachers in two schools.

CCDT Childline rescued 45 children of which 41 were rehabilitated. The remaining four are with the CWC.

Training, Research, and Alternative Communication (TRAC)

TRAC comprises of Training, Research, Strategic Planning, Monitoring and Evaluation, and Communication. It strengthens and monitors organizational interventions, captures its experiences and facilitates programmatic and strategic choices.

Highlights

- Capacity enhancement on rights-based programming, a Baseline Study and development of results-based program indicators to fine-tune organizational interventions
- Development of communication platforms to dialogue with partners and other stakeholders
- Documentation of organizational experiences and learning

Training

To strengthen the quality of intervention and improve its effect, this year capacity enhancement was carried out on the following issues:

- Rights-based Programming
- Child Participation
- Stigma and Discrimination

Research

To bring greater clarity on the issues we engage with, determine the needs of the community, and sharpen the focus of our interventions, the following research-related activities were undertaken:

- Assessment of methods used in awareness building campaigns on malaria and hygienic practices.
- Handouts in malaria campaign and corner meetings in the campaign on hygienic practices were found to be the most effective methods.
- Identification of gaps in ICDS services across our ICD program areas.

Monitoring and Evaluation:

To review, monitor and evaluate organizational progress M & E undertook the following tasks:

- Developed work-plans with key results and indicators that were informed by Results-Based Management framework
- Developed recording and reporting formats for all programs
- Initiated development of the organizational MIS
- Facilitated Half-Yearly and Annual reviews of all projects and programs

TRAC was invited to evaluate two NGOs for their targeted interventions projects under Rajasthan State AIDS Control Society (SACS).

The following were some of the crucial findings (in percent):

Health and nutrition services	Regularity	Pehel (Dahisar East)	Spandan (Dahisar East)	Manthan (Dahisar West)	Wajood (Nallasopara)
Informing community (pregnant and lactating mothers, adolescent girls, children of age 0 - 6 years)	Monthly	79.4	100	60	28.6
Providing IFA tablets, de-worming tablets to the beneficiaries	When required and as suggested by doctors	82.5	37	23.3	42.9
Identifying children and pregnant women for TT / Booster dose with the help of ANM	Monthly	90.5	63	36.7	28.6
Complementary feeding for pregnant and lactating women	Every day	73	22.2	20	14.3
Health checkups for children, pregnant women and lactating mothers	Monthly	76.2	22.2	40.0	14.3
Distribution of supplementary food to children in 0 - 6 years age group with major disability, serious illness	Daily	50.8	74.1	13.3	0.0

Communication

The following activities were undertaken to facilitate effective communication with partners, donors, government, and civil society:

Development of Communication platforms for the organization through revamping CCDT's Website, Blogs and Social networking pages in Facebook and Twitter

- Publication of
  - Annual Report 2011-12
  - Quarterly newsletter, Goonj - two issues
- Generation of Information, Education Communication (IEC) material in Hindi for awareness building campaigns on Malaria, Hygienic practices, Malnutrition and RTE
- Documentation and publications:
  - *Non-institutional and Institutional Initiatives against HIV/AIDS: Home-based Care and Crisis Intervention Centers*: a documentation of CCDT's CICs and HBC Programs
  - *State Consultation Report on Advocacy Initiative around HIV and Child Protection*: a report on the proceedings and recommendations of the State-level Advocacy Consultation on Child Protection in the context of HIV/AIDS, held in partnership with UNICEF

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, 2013

FUNDS & LIABILITIES	AMOUNT	AMOUNT	PROPERTY AND ASSETS	AMOUNT	AMOUNT
Trust Funds or Corpus :-			**Immovable Properties:- (at cost)**		**59,04,631**
Balance as per last Balance Sheet	1,22,18,899		Balance as per last Balance Sheet	-	
Add : During the year	28,000	**1,22,46,899**	Additional during he year	-	
			Less : Sales during the year	-	
Other Earmarked Funds :-			Depreciation up to date	-	
(Created under the provision of the trust					
deed or scheme or out of the Income)			**Invesments :-**		**0**
Depreciation Fund	-		The Market value of the above investments		
Sinking Fund	-		is Rs .		
Reserve Fund	-				
Any other Fund	76,04,858		**Furniture & Fixtures :-**		**30,78,767**
Funds for Bus of Umeed Project	13,07,459	**89,12,317**	Balance as per last Balance Sheet	-	
			Additions during the year	-	
Loans (Secured or Unsecured) :-			Less : Sales during the year	-	
From Trustees	-		Depreciation for the year	-	
From Others	-	-			
			Loans (Secured/Unsecured): Good / doubtful		
Liabilities :-			Loan Scholarships		
For Expenses	4,30,888		Other Loans **(Deposits)**		**2,93,319**
For Advances	-				
For Rent and Other Deposits	-		**Earmarked Assets**		
For Sundry Credit Balance	-	**4,30,888**	Bus for Umeed Project		**13,07,459**
			Advances :-		
			To Trustees	-	
			To Employees	-	
			To Contractors	-	
			To Lawyers	-	
			To Others	36,14,159	**36,14,159**
Income and Expenditure Account :-					
Bal. as per last Balance Sheet	25,05,757		**Income Outstanding :-**		
Less : Appropriation , if any	-		Rent		
Add : Surplus	10,45,985		Interest **On Fixed Deposits**		**23,977**
Less : Deficit (As per I & E A/c)	0	**35,51,742**	Other Income		
			Cash and Bank Balances :-		
			a) In Savings Account with		**1,873**
			In Fixed Deposit Account with		**1,09,17,473**
			b) with the trustee		
			c) with the Manager **Cash In Hand**		**188**
Total		**2,51,41,845**	**Total**		**2,51,41,845**

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

Sd./-
Partner **Chartered Accountants**
(CA Jayesh D. Sangani) Auditors
Dated at 16.09.2013 M.No. 36041, F.R.No. 100655W

+ Income Outstanding : The above Balance Sheet to the best of my/our contains a true account
(if accounts are kept on cash basis) of the funds & Liabilities & of the property & assets of the Trust

For Committed Communities Development Trust

Rent :
Interest :
Other Income :
Total Rs :

Sd./- Sd./-
Dated at 16.09.2013 **Trustee** **Trustee**

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, 2013

EXPENDITURE	AMOUNT	AMOUNT	INCOME	AMOUNT	AMOUNT
To Expenditure in respect of properties :-			**By Rent** (Accured)		
Rates,Taxes,Cesses	-		(Realised)		-
Repairs and maintenance	-		**By Interest**		
Salaries	-		**On Fixed Deposits** (Accured)	52,334	
Insurance	-		(Realised)	3,27,581	
Depreciation (by way of provision of adjustment)	-				
Other Expenses	-	-	**On Securities Bonds** (Realised)	3,67,299	
			On Loans		
To Establishment Expenses		**39,34,341**	Income Generation Loan	-	
To Remuneration to Trustees		**-**			
To Remuneration		**-**	**On Bank Account**		
To Legal & Professional Expenses		**55,000**	Saving Account	84,876	
To Audit Fees		**68,652**			
To Contribution and Fees		**-**	**On Income Tax Refund**	1,074	**8,33,164**
To Amount written off:					
(a) Bad Debts	-		By Dividend		-
(b) Loan sponsorship	-				
(c) Irrecoverable Rents	-		**By Donations in Cash or Kind**		**4,04,35,707**
(d) Other Items	-	-			
			By Grants		**1,55,00,718**
To Miscellaneous Expenses		-	(Respect of Specific Purpose Fund)		
To Depreciation		-	**By Income from other sources**		
To Loss on Fixed Assets		**5,811**	(in details as far as possible)		
To Amount transferred to Reserve or specific funds.			Miscellaneous Income		-
			I.G.P.Income		**27,742**
			Profit on Sale of Fixed Assets		**456**
To Expenditure on objects of the Trust :-			By Transfer from Reserve		-
a. Religious	-				
b. Educational	2,80,79,278				
c. Medical Relief	2,36,08,718				
d. Relief of poverty	-				
e. Other Charitable objects	-	**5,16,87,997**			
To Surplus carried over to Balance Sheet		**10,45,985**			
Total		**5,67,97,786**	**Total**		**5,67,97,786**

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

Sd./-
Partner **Chartered Accountants**
(CA Jayesh D. Sangani) **Auditors**
Dated at 16.09.2013 M.No. 36041, F.R.No. 100655W

+Strike off whichever is not applicable
For Committed Communities Development Trust

Sd./- Sd./-
Trustee **Trustee**
Dated at 16.09.2013

VISION

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

MISSION

Community action combating hunger, disease and discrimination

COMMITTED COMMUNITIES DEVELOPMENT TRUST