

# ANNUAL REPORT 2013-14



*A childhood to every child. Together we can make it happen!*



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# Our Partners

We deeply acknowledge and thank our partners and numerous individual donors for all their support to CCDT, enabling us to go from strength to strength each year

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United Nations Children's Fund (UNICEF)

Universitat Pompeu Fabra (UPF), Spain

United Way of India

United Way of Mumbai

Volunteers in Service to Education in India (VSEI)

Western India Culinary Association

Eric Borges

Neetu Kapoor and Ranbir Kapoor

Rafael Metternich

# Foreword

Mumbai is the wealthiest city of India. It is a city with the largest GDP for any city in South, West, or Central Asia; a city whose annual budgetary layout for its Municipal Corporation can easily give complex to several States of Asian, South American and the African countries. Not without reasons, this residence of Bollywood and the commercial hub of resurgent India is referred to as a city that manufactures dreams and aspirations. And yet, about 62 per cent population of Mumbai, i.e., over nine million people living in its slums sans basic amenities, present quite a compelling counter-narrative to its glitter and glitz, prosperity and promise.

Decrepit health facilities, abysmal educational institutions, non-existent sanitation, water and electricity in the hands of the private mafia – the everyday life of its slum-dwellers is full of avoidable hardships and risks.

Given its 24 years of engagement with the marginalized children and their communities in Mumbai and Thane districts, Committed Communities Development Trust (CCDT) is fully aware of the extent of work required to ensure a life with dignity to them.

We share with you a snapshot of our work in 2013-14.

There were challenges; there were some heart-warming results too. 966 children have continued to live in their homes, with their families, in their communities, defying the threat of marginalization and institutionalization. Five of our children from Crisis Intervention Centres, three girls and two boys, have begun their lives independently, earning, and living in group homes with minimum support from us. 250 community volunteers from Dahisar slum-clusters have been enabled to address community issues, in a way ensuring sustainability and, therefore, facilitating our exit from there. As a first research assignment for an external stakeholder, we did a qualitative study for Plan India, which explored the Health, Education, and Livelihood conditions prevailing among the tribal inhabitants of Sanjay Gandhi National Park (SGNP) and its impact on children.

We are now ready with a five-year business plan with strategic goals and key results for 2014-19. A nearly two-month long strategic planning process was followed to develop result and evidence-based intervention plans to move from activity-driven to change-oriented work. The programme-wise highlights of the business plan include:

## **Home-based Care Programme (HBC)**

Reaching out to S, F-south, and F-north wards, the programme expands from 12 to 15 wards of Mumbai. It will also focus upon building linkages with all government hospitals across Mumbai to obtain easy referrals to families in need of care and support.

It will now be reaching out to 1000 families each year, instead of the current 600.

The Programme will also intensify its engagement with children between 12 to 15 years by providing life-skills education and enhancing their employability skills.

## **Residential Care Programme (RCP)**

The four Crisis Intervention Centres (CICs) will now together be referred to as Residential Care Programme (RCP). The Programme will extend its support to around 200 children, an increase from the current 84.

## **Community-based Interventions**

The Integrated Community Development programme (ICD) has been concluded.

Maitree, which was earlier a part of ICD, has now been recast as Adolescent and Youth Empowerment Programme.

## **New Intervention**

CCDT has been invited by the state government to lead a consortium against malnutrition in 10 districts of Maharashtra.

We embark on this journey with a new resolve: *A childhood to every child. Together we can make it happen!*

And, as always, we continue to count on your wishes and support!



Sara Lizia D'Mello, Managing Trustee

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*Disclaimer:*

- Photographs of all children have been used after consent from them.
- Names of all children used in the case stories have been changed to protect their identities.



# List of Acronyms

AIDS	Acquired Immuno Deficiency Syndrome	JAPU	Juvenile Aid Police Unit
ART	Antiretroviral Therapy	JSA	Jan Swasthya Abhiyan
B.Com	Bachelor of Commerce	MCGM	Municipal Corporation of Greater Mumbai
B.M.S	Business Management Studies	MDACS	Mumbai District AIDS Control Society
BPL	Below Poverty Line	MDC	Mentally Deficient Children
CBM	Community Based Monitoring	NGO	Non-Governmental Organization
CCDT	Committed Communities Development Trust	NUHS	National Urban Health Mission
CEA	Clinical Establishment Act	OPD	Out-Patient Department
CEO	Chief Executive Officer	OVC	Orphan and Vulnerable Children
CHILD	Children of HIV Positive Individuals Living in Dignity	PDS	Public Distribution System
CIC	Crisis Intervention Center	PLHA	People Living with HIV/AIDS
CSG	Common Support Group	RCP	Residential Care Programme
CV	Community Volunteer	RPF	Railway Police Force
CWC	Child Welfare Committee	RTE	Right to Education
DOT	Directly Observed Treatment	SGNP	Sanjay Gandhi National Park
DWCD	Department of Women and Child Development	SMC	School Management Committee
GDP	Gross Domestic Product	SNDT	Shreemati Nathibai Damodar Thackersey
GRP	General Reserve Police	SSC	Secondary School Certificate
HAMSAB	Help A Mother Save A Baby	TB	Tuberculosis
HBC	Home-based Care	TOT	Training of Trainers
HIV	Human Immuno Deficiency Virus	TRAC	Training, Research and Alternative Communication
HSC	Higher Secondary Certificate	UNICEF	United Nations Children's Fund
ICD	Integrated Community Development	UPF	Universitat Pompeu Fabra
ICDS	Integrated Child Development Scheme	WCD	Women and Child Development
ICTC	Integrated Counseling and Testing Center		

# Organizational Highlights

■ **CCDT's five-year Strategic Plan:** A renewed five-year strategic plan for all programmes of the organization was put in place through an intense Strategic Planning process led by our Trustee and Special Advisor. Internal discussions were held between the Core Working Group and the Programme Directors. This was followed by the training of senior staff members on planning tools such as Results-Based Management, Conceptual Framework Analysis and the Triple A Approach. The Programme teams were tasked to identify the key challenges and prioritise the areas of change and the results to be achieved. Moving away from activity-based implementation, this plan emphasises on achievement of results to bring about change within the communities that CCDT works with. The TRAC unit, in coordination with our Strategic Advisor, utilized these new approaches to review the draft five-year strategic plans for all the programmes. Following several iterations, the exercise culminated in a Strategic Planning Meet on 26 February 2014 where all the teams presented the final results for peer review and feedback from the Board members. Keeping in mind the five-year results, every team also developed its Annual Work Plan for the year 2014- 2015. A mid-term evaluation is also planned after two and a half years, which offers the opportunity to revisit the Plan and make mid-course corrections if warranted.



■ **State Resource Group:** A member of the State Resource Group to strengthen government efforts at ensuring Child Protection in the State, CCDT contributed to firming up of the first draft of the Maharashtra State Child Policy.

On 5 October 2013, CCDT in collaboration with DoorStep School organized a Consultation with children on the Maharashtra State Child Policy where 110 children, including 46 from CCDT, shared their recommendations.

■ **State Coordination Committee:** As a member of the State Coordination Committee for Child Protection – a committee appointed by the Honorable High Court of Mumbai, CCDT advocated for Child Protection measures and improving services in the Mentally Deficient Children (MDC) Homes.

■ **2-9 October 2013:** CCDT received the proceeds from Abbott Healthcare's 'Joy of Giving Week' amounting to Rs. 75,551



■ **28 - 29 October, 2013:** Organized by the Forum for Child Protection and HIV led by UNICEF, of which CCDT is a nodal partner, a State-level Consultation, 'Positive Growing... the way ahead', was held in Pune. 79 representatives from 26 organisations participated on discussions regarding the issues and needs of adolescents living with or affected by HIV.



■ **10 October 2013:** A child from our HBC programme shared her life story during an event organized by the Consulate General of Canada with Plan India, Dasra, and CCDT to mark the International Day of the Girl Child. Veteran actor, Shabana Azmi, was the Chief Guest at the event.

■ **Jan Swasthya Abhiyan:** CCDT is a co-convener of the Mumbai chapter of Jan Swasthya Abhiyan (JSA). A training was conducted on Community Based Monitoring (CBM) for all JSA members and an application was submitted to ICDS department for getting a GR for starting the CBM process in selected ICDS centres. NGOs were mobilized for education on inclusion of patient's rights in the Clinical Establishment Act (CEA) and a signature campaign and press conference on CEA were also organized. CCDT also represented the NGO perspective in the CEA committee meeting at Thane.

■ **October 2013:** CCDT participated in Madhyam, a two-day interactive event among NGOs and corporate houses and individuals, organized by High Street Phoenix (HSP) and United Way of Mumbai. Our stall stood out for its interesting array of interactive and informative games and received the highest number of visitors and people, who pledged their support, and donated to the cause.



■ **17 December 2013:** A State-level Dissemination Workshop Positive Caring: Institutions and Beyond, was held as a second initiative of the Forum for Child Protection and HIV in the year 2013. CCDT's Institutional and Non-Institutional Initiatives, CIC and HBC Programmes respectively, with families and children infected/affected by HIV/AIDS and Pune-based Prayas' experience of engaging with adolescents infected by HIV/AIDS were presented and discussed with a 55 strong audience of members from educational institutions and like-minded organizations.

■ **22 September 2013:** Ranbir Kapoor and Neetu Singh fielded questions by Amitabh Bachchan on the sets of the popular TV show, Kaun Banega Crorepati. They won Rs. 12.5 lakh and donated it to us for the upkeep of 84 children living in our four CICs.



# Home-based Care (HBC) Programme

**H**ome-based Care (HBC) programme seeks to ensure that the families impacted by HIV/AIDS do not disintegrate, that the rights of children within these families are protected. The programme is premised on a belief that the family is the most conducive place for a child to grow and attain his/her optimum potential. HBC, therefore, strives to prevent institutionalization where possible. However, despite our best efforts, there are situations when an impacted family or the extended family members are unable to care and protect the child within the family, thus seeking residential support for these children.

Through the programme, we aim to address not merely the clinical impact of the illness, but also its psychosocial and economic impact on the affected families. It is a comprehensive rights-based approach which has children and their families at its centre, providing customized support to overcome the crisis. The programme also has a provision for modest financial support to enable families to become self-supportive.

Home-based Care Programme			
Projects	CHILD	Saksham	Chaha
Area/ Wards	H East, H West, M East, and M West	K East, L, and N	R North, R Central, R South, P North, and P South

## 1. Provide complete care and support towards mitigating impacts of HIV/AIDS

- Building linkages with 215 key stakeholders from ART (Antiretroviral Therapy) centres, DOT centres, ICTC, health post, government hospitals, and NGOs helped the team to identify 754 HIV impacted families in need of support to deal with the impact of HIV on their lives.
- A total of 630 families (369 registered new and 261 old) and 966 children availed of care and support throughout the year. Apart from this, 80 HIV impacted families (out of 754) who were unwilling to register with the programme, were given basic understanding about HIV and available government services.
- 100% eligible families were provided with 'comfort bag' to help them meet their nutritional requirements every month. 37 adults and 19 children with the co-infection of T.B. and HIV could

adhere to treatment due to the psychosocial support and additional nutrition support provided by the programme.

- 515 (100%) families could complete their treatment for opportunistic infection due to the monetary medical support and medicines provided by doctors and nurses during monthly centre based OPD.
- Some children who lived with their extended family/grandparents and children from child-headed families could continue their schooling due to the education sponsorship extended to them.
- Counselling support was provided to 83 HIV impacted individuals and 43 children so that they could cope with trauma due to diagnosis, disclosure, treatment adherence, deteriorating health, death, dwindling economic resources, and/or, stigmatization.



## 2. Strengthen efforts at addressing incidences of stigma and discrimination related to HIV/AIDS in the community

- From family members and neighbours to institutions meant to provide care, from employers to schools, people infected/affected by HIV are routinely discriminated. 335 (out of 407 identified) families were capacitated on ways to deal with stigma and discrimination
- Of the 17 families who reported incidences of stigma and discrimination, 16 were able to initiate action against it by themselves.
- 25 new community volunteers were added to the brigade of 48 existing volunteers to address stigma and discrimination, along with other issues. The outstanding performance of 20 volunteers was acknowledged and appreciated in a felicitation ceremony held in February 2014.



### 3. Strengthen the capacity of families and individuals to become self-reliant

- 374 families became self-reliant and were successfully phased out from the programme.
- Out of 172 eligible families, the monthly income of 114 families increased, as:
  - 81 families were linked to Small Scale industries
  - 33 families got linked to Sanjay Gandhi Niradhar Yojana
  - 26 women were linked to widow pension scheme
  - 6 families started their business successfully with the loan provided by the programme
  - 12 families received BPL ration card
  - 5 families were linked to vocational courses, and
  - 5 families were linked to Antodaya Yojana
- 407 out of 411 (99%) HIV positive adult members disclosed their status to their spouse/adult member of the family, 54 out of 174 (31%) parents disclosed their HIV status to their children and 16 out of 42 (38%) parents and care givers disclosed their child's HIV status to them.
- Capacity of 277 eligible families was enhanced on nursing care, of which 219 families started to practice it fully. Whereas of the 253 families capacitated on self care, 222 families started to practice all its components.

*14 children who had dropped out from school were re-enrolled; 24 children are to be enrolled in the next academic year as they had dropped out in the last quarter. 14 children, above 17 years, were linked to vocational courses as they were not interested in continuing their schooling.*

*966 children continued to enjoy their childhood with their families and in their own communities.*

*This year, not a single child from the families registered with the programme was institutionalised.*

## Highlights

- *HIV/AIDS bill tabled in Rajya Sabha:* CCDT has been part of the National Coalition for HIV/AIDS campaign to get the HIV/AIDS bill tabled in the Parliament. Drafted in 2005, the Bill makes stigma and discrimination against HIV/AIDS infected and affected persons a punishable offence. It contains several affirmative measures for individuals and families impacted by HIV/AIDS and covers both government and private sectors. The hard work fructified; the Bill was tabled in the Parliament on 11 February 2014.
- *Apno ke sang rehene ki, khwahish bachapan jine ki!* (The desire to live with our family, the desire to live our childhood!) 300 families from all the 3 projects of HBC, and 34 stakeholders came together to draw inspiration from each other and to underline the belief that despite adversities, the best place for a child is in a family. The meet was aptly titled Apno ke sang rehene ki, khwahish bachapan jine ki! Children shared their stories on the importance of family to them, as well as their concerns about growing up in a family confronted with the infection ensued crises.
- *Strengthening support system for PLHAs-Community Volunteer (CV) Meet:* Over 56 community volunteers spread across intervention areas are truly the backbone of the HBC programme. They are a 24x7 support system available in the community, reaching out to people and families in need. Two CVs' meets were organized this year, which saw the participation of more than 56 CVs from all HBC projects. The first meet facilitated the introduction of all the volunteers across HBC and helped develop a bond among them. In the second meet, in addition to sharing their experiences of working as a CV with the programme, they also came forth with a plan to address the concerns



of impacted families reluctant to register with the programme, to follow up with the phased out families, and to address stigma and discrimination incidences in the community. 20 such Community Volunteers were felicitated during the event for their hard work and commitment towards their role in the community.

- *Children's Camp:* Children from our registered families, in the age group of 12 to 18 years, came together for a one day residential camp organized to connect with adolescent children and the issues they face. 89 children joined the camp and discussed love, relationships, and friendships, topics that are seldom discussed in a public forum. Beginning with light-hearted sharing on relationships and break-ups, the discussions moved towards more serious issues like, 'Can those infected by HIV/AIDS get married?', 'Is caste an important consideration in marriage?'

## Partnerships and Linkages

The HBC programme benefited from having developed linkages with nine ART Centres, 30 ICTC Centres, 22 DOT Centres, 88 Health Posts, 19 Government hospitals, 47 NGO and nine vocational training centres, along with the Redress cell of MDACS, Mumbai AIDS Forum, Lawyer's Collective, and Justice Venture International.

### Support from grant making institutions

- MAC Aids Fund has supported the CHILD and Saksham projects.
- Volunteers in Service for Education in India has supported us for our income generation programme.

### Individual donors

- Two individuals extended financial support for our Common Support Group (CSG) meeting.

## Challenges

- Continuing the engagement with the most critical families when they migrate or drop-out is very difficult.
- Providing institutional care to bed-ridden PLHAs is difficult due to a limited number of Community Care Centres (CCCs) in Mumbai.
- Maintaining 100% treatment adherence, when the government fails to provide the required health services regularly, such as ART, remains an ongoing challenge.

## Case Story

SJ, 52-year old, is living with HIV since the last 10 years. Having overcome the initial trauma and crisis, he has become a strong volunteer for the programme. 'My entire life changed with the support of the project CHILD... Now I help other People Living with HIV/AIDS (PLHIVs) and spread awareness about HIV/AIDS.'

SJ is now one of our most formidable community volunteers. He reaches out individuals who are traumatized and shares information about available medical help, ART, counselling, and other services and support.

He does not restrict himself to his locality alone. Wherever he goes, he ensures that the information on HIV/AIDS is effectively imparted. Recently during his visit to his native place in Uttar Pradesh, he inquired about the government's system regarding ART medicines and visited ART centres. When he learned of the positive status of his neighbour, he helped the concerned family as it was unaware of the ART treatment and had not visited any hospital for treatment. He went to them and first disclosed his HIV status and won their trust. It helped him share detailed information about HIV/AIDS and ART treatment. He managed to assure them that with proper testing and treatment one could live a long life. He shared that from the last 10 years he had been taking ART treatment and living just fine. His disclosure and sharing gave a much needed ray of hope to the family. The person with infection got his CD4 test done and began the ART treatment. This is just one of the several instances when SJ has provided help to people in need.

# Residential Care Programme (RCP)



Although CCDT strives to ensure that children are not uprooted from their families and familiar surroundings, there are circumstances – like the death of the primary caregivers, followed by, the inability of the extended family members or relatives to support the orphaned child – when institutional care remains the only option to care and protect them. Many a time HIV/AIDS impacted families are unable to take care of their children, primarily due to their extreme poverty and/or deteriorating health. Challenges are further compounded in the case of children of sex workers or other stigmatized groups.

To the extent it is possible outside home, the programme seeks to restore a wholesome childhood to children residing in its four age and gender specific centres. The programme works towards their growth and development till they are successfully reintegrated with their respected families, extended family, or start living in group homes or on their own as responsible independent young adults. Even after reintegration into the family/community, CCDT continues to extend its contact and reassuring support.

This year the programme supported 120 children and youth (between the age group of 2 to 21 years). 84 children are in four Centres, 5 youth in two Group Homes, 4 boys in internship programme and 5 children in Foster Care. The programme continues to follow-up with the 22 children who were reintegrated during the year.

## Health and Identity

- 70 (34 infected and 36 affected) out of 84 i.e., 83%) children in the centre have recorded normal growth.
- All 71 children referred to counselling for emotional stability received customised counselling. All of them have responded quite positively.
- 28/29 (97%) medical treatment adherence was recorded in all centres especially to ART.
- There was not a single case of stigma and discrimination, violence, and sexual abuse in any of our centres.
- Keeping the impeccable record of running a truly inclusive centre since the last 17 years, once again, we had no case of transfer of infection through contact despite the fact that the ratio of infected-affected children living together in our centres is 60:40.

## Crisis Intervention Centres and Group Homes

- **Ashray** centre for boys and girls in the age group of 2- 12 years started in 1995, situated in Bandra west, has 36 children
- **Ankur** centre for girls in the age group of 12-18 years started in 1993, situated in Badlapur, is a home for 22 girls
- **Aakaar** centre for boys, in the age group of 12-18 years, started in 2004, situated in Khandala, is a home for 20 boys
- **Umang** centre, a transit home for boys/young men pursuing college education or vocational training, in the age group of 17-21 years, started in 2005, situated in Mahalaxmi, is a residence of six boys
- **Two Group Homes** have five working youth (three females and two males) in Bandra and Santacruz respectively.

- All 84 children in the Centres have a bank account.
- All 120, children and youth, secured at least one identity proof.
- Through our legal support and follow-up, an eligible orphaned child received his family inheritance.



- Care, support, and nurturing for physical and mental development.

## Education

- All eligible 68 children attended school, 12 attended college and one youth went for a vocational training course.
- All eligible six children cleared SSC examination and now they are pursuing junior college.
- All three children who took HSC examination cleared it successfully. One has taken up B. Com.; another B.M.S., and the third one is following Bachelor in Social Work.
- A computer lab was started at Ankur and Aakaar centre, along with a library at Aakaar, with the kind support of Smile foundation.
- A Learning Centre has been started for the youth going to college and doing vocational training.

## Employment

- Two youth after completing their respective graduation in Hotel Management, and Banking and Insurance are employed now.
- All four youth following vocational courses have got jobs after completing their respective courses.
- Additionally, all five youth in the Rural Technology course have successfully completed their courses and have secured internships in different parts of Maharashtra.
- 20 out of 27 (74%) children who were below their class levels in studies, improved by one class level.

## Rehabilitation and Reintegration

- CCDT seeks to rehabilitate and reintegrate children back into their families, where applicable, and society at large as productive and responsible citizens. Two

new Group Homes, one each for boys and girls, were set up this year. The youth were thoroughly prepared for a life outside the protected walls of an institution; and, as a result, today they live independently with minimal handholding from us.

- All four eligible children were reintegrated as per the plan. Three of them are staying with family and one is living independently in the community.

## Sports and Recreation

- For the first time, a 10-day indoor and outdoor sports camp was organized at Aakaar from the 21st – 30th April 2013. The boys from Aakaar and Umang learnt the basics of chess and football. The initiated ones learnt how to plan their game strategically and play as a team. After this camp, four boys got selected to be part of a football academy in Khandala.
- 10 boys from Aakaar centre won 1st place in a folk-dance group competition organised by Childline, Pune.
- Three special children have excelled in sports, one boy stood first in table tennis at the state-level and two girls represented Maharashtra at an inter-state football tournament in Hissar, Haryana.
- One boy won first prize in the singles category (boys 12 to 15 yrs) of Maharashtra State Table Tennis Tournament for Special Children.

## Highlights

- *Summer Camp:* Children got together for a week-long summer camp to celebrate the diversity of India by exploring its history, culture, language, music and dance, and cuisine.
- *Children's Day:* This year, the staff from Bahar Infocons Pvt. Ltd. not only sponsored the children's day event at Apostolic Carmel Convent School, but also put up a cultural show for them. The children who had completed their graduation and higher secondary school examination were felicitated and shared their views on the significance of education.
- *Ashray turns 18!* Set-up in November 1995, Ashray celebrated its 18th birthday on 1 November, 2013. So far, the centre has sheltered, supported and guided 276 children. They have now become young adults and are living independently. It was heart-warming to see children who had come to us as toddlers as masters of the ceremony, sharing their experiences and struggles, and celebrating their successes.





## Working with the Government

*The Special Rehabilitation Centre for Rescued Minors (Special Home) was started by the government in the year 2000 with the mandate of providing for the basic needs of rescued minor girls, as per the High Court order. It was first of its kind in India to provide shelter to the rescued minor girls. CCDT, in the same year got associated with the Special Home in the capacity of a Core Member of Monitoring and Guidance Committee, along with other NGOs, with the common aim 'to strengthen community outreach initiatives by developing and sustaining relationships with allied systems and resources, thereby creating an enabling environment for vulnerable and [at] risk children.' DWCD assigned CCDT the responsibility of providing psychosocial support and counselling to the girls. Therapeutic interventions were also provided to those who needed it. This year 15 cases were referred to us for psychosocial counselling.*

## Partnerships and Linkages

### Volunteers

- A total of 28 volunteers from various colleges, institutions, and corporate offices spent their valuable time with the children at the centres, assisting them with their education and recreational activities.
- Four volunteers from Universitat Politècnica de Catalunya Barcelona, Spain, spent two eventful months with children at Aakaar and Ankur centres. Their engagement included conducting workshops on architecture, Spanish food and health, and Olympic Games.

### Support from grant-making institutions

- The Kewal Ramani Foundation continued its generous support to all our centres.
- The Smile Foundation supported the setting up of a library at Aakaar centre and computer labs at Ankur and Aakaar centre.
- Cox & Kings continued to support Ankur centre.
- Charities Aid Foundation provided educational support to children at Ashray and Ankur.

- Amics Del Mumbai continued to support Ankur and Aakaar centres.
- UPF, Spain extended its support to Ashray centre.
- United Way of Mumbai contributed to the reconstruction of the kitchen at Ashray.
- Western India Culinary Association provided support for the education component of our programme.

### Individual donors and supporters

- 256 individuals extended financial support to us through the year.
- Several individual donors provided support in kind by donating food grains, clothes, stationary, furniture and other materials to all four centres.

## Challenges

- Unavailability of schools for special children in Khandala and Badlapur.
- Lack of residential vocational training centres for HIV-positive slow learners, making their reintegration difficult.

## Case Story

Hemant was little when he joined us. His parents were no more and his relatives had refused to look after him due to his positive sero-status. At that time, Hemant was unable to comprehend why his family left him in the care of others.

This year Hemant completed 10 years with us. He has always been a rank-holder in his class.

One day he expressed the desire to go and meet his extended family. The extended family members were shocked to see Hemant. They thought he was no more.

Hemant later came to know that his mother had left quite a substantial sum of money. Together with the CCDT staff, Hemant gathered all the needed legal documents and followed up with phone calls and meetings with all the people involved. It was a tedious process, but he never gave up. Finally, he received his rightful inheritance, which has been deposited with his bank.

He wishes to use this money to fund his college education.

# Integrated Community Development (ICD) Programme



**T**hrough its Integrated Community Development (ICD) Programme, CCDT engages with issues related to Health, Education and Child Protection of communities in slum-clusters of Mumbai, and its suburbs, with special focus on children.

The programme has reached out to 1, 94,431 people and 6449 critically marginalized families during this year through its five projects in Dahisar, Nallasopara and Bandra East, viz. Pehel, Spandan, Manthan, Wajood and Umeed.

ICD Programme					
	Pehel	Spandan	Manthan	Wajood	Umeed
Population (derived from our Home Visits)	51555	52896	49645	30000	10335
Areas (groups of slum clusters)	9	4	3	3	3
No of critical families	1215	1482	1041	630	2081

## Health

We worked to improve the access to and quality of health-related services like hospitals, dispensaries and health posts, ICDS, immunization, PDS, potable water, and sanitation.

- The programme enabled the community to register a demand for a dispensary and health post in Dahisar and Nallasopara. At the moment there is none. As a

result of our intensive mobilization and relentless follow-up, the demand for dispensary and health post in Dahisar has been incorporated under the National Urban Health Mission (NUHM).

- 92% (665/720) of identified unregistered pregnant women and 83% (30/36) of identified women with home delivery were registered with the hospital and received required services. The project ensured that 99% (751/755) deliveries were institutional. 40 high risk mothers (who were either below 18 and above 35 years; anaemic or suffering from any other critical illness, like high BP, HIV, or TB; have had a history of abortion or miscarriages, were low weight/obese or less than four feet tall, or those who have conceived after many years of their marriage) received support under Help A Mother, Save A Baby (HAMSAB) intervention across all projects.
- Immunization camps were held for the first time in 13 clusters of Nallasopara East with 848 children, upto 5 years of age, receiving immunization shots for the first time in the community.
- All 64 identified children between 0 to 36 months with chronic illness and disability, such as Tuberculosis, kidney and heart ailments, physical handicap, hearing impairment, etc., were linked with required services.
- Continuous engagement with the ICDS has led to 10 ICDS centres in Bandra (East and West) following all the six norms, namely: Health Check-ups, Immunization, Growth Promotion and Supplementary Feeding, Referral Services, Early Childhood Care and Pre-school Education, and Nutrition and Health Education.
- Involvement of community members in regular monitoring has resulted in improvement in the quality and quantity of supplementary nutrition in 21 ICDS centres in Dahisar and Nallasopara.
- Responding to the non-availability of ICDS centres in 25 clusters, which deprives 677 children from enrolment in ICDS and supplementary nutrition, and 1878 children from weight monitoring, the programme submitted an application for opening up of 25 new ICDS centres (13 in Dahisar and 12 in Nallasopara) to the Child Development Project Officer. This could be possible only due to the active involvement of the community.
- The persistent follow-up of ration card applications of 85 uncounted families in Nallasopara helped to complete the mandatory verification process which precedes the issuance of ration cards. The same process has been initiated for 700 families of Ganpat Patil Nagar in Dahisar.

## Education

- We endeavoured to improve access and quality of education services in the project areas in terms of increasing availability of Municipal schools and the implementation of the RTE Act in MCGM schools.
- The community was galvanized; 8173 signatures were collected, and an application was submitted to the MCGM Education Department and Nallasopara Nagarpalika respectively to open
  - A secondary school in Dahisar, and
  - A primary school in Nallasopara
- Concerted efforts led to the formation and regular functioning of School Management Committees (SMCs) in 26 municipal schools of Dahisar, resulting in a marked improvement in overall enrolment and retention of children in 10 schools where processes were intensely monitored. Four schools witnessed infrastructural improvement in the form of getting separate classrooms, water facilities, and toilets. Three schools also took measures to abolish corporal punishment. Around 42% (174/417 children with 100 children from age-group of 6-10 years and 74 children from 11-14 years; including 93 girls and 81 boys) dropped out children from Dahisar and Nallasopara were re-enrolled and retained in schools as a result of a thorough follow-up process.
- 50 children (30 girls and 20 boys; of which 32 were from std. I to IV, 17 were from std. V to VII and one from std. VIII) identified as weak in studies regularly attended learning support classes run by CCDT in Dahisar. They have shown visible improvement in reading, writing, comprehension, and mathematics.

## Child Protection

- We continued our work on child protection, with special attention to Child Labour and Child Sexual Abuse through the year.
- We reached out to 78,377 people living in slum clusters of Dahisar, Bandra (East), and Nallasopara through an 11-day long intensive, door-to-door awareness campaign on Child Labour in July and August alone.
- 33 identified cases of Child Labourers and one case of Child Sexual Abuse were intervened; concerned families were counselled and familiarized on the provisions of the RTE Act, the Protection of Children from Sexual Offences Act, and Childline.

## Highlights

- The Programme today has a network of 250 community volunteers. They are empowered to engage with issues pertaining to their areas and carry forward the community development processes put in place by the Programme. They are also entrusted to be mentors to our child leaders in the community. Government authorities, including Medical Officer of Health, Administrative Officer of Education Department, Senior Police Inspector, etc., joined us on 3 December 2013 to acknowledge and felicitate their hard work.
- Initiation of Learning Support Classes in three Municipal Schools in Dahisar has benefited 88 students from std. IV to VII.
- 'Hope on the Wheels', a bus equipped with a laptop, LCD projector and many other communication and interaction facilities, plies as a mobile training space. It provides a safe and conducive environment for the trained team of Project Officer, Social Workers and Community Organizers to carry out qualitative interactions on sensitive issues with women, children and adolescents. It has proved to be an effective way to engage with the community that invariably struggles with the issue of inadequate space to meet and interact.

## Partnerships and Linkages

### Volunteers

- Process documentation of intervention with ICDS and Health post was done by a student volunteer from La Trobe University (Melbourne, Australia).
- Three students placed from Flame University (Pune) and SNDT (Mumbai) did a study on education of children and nutritional status of people living in slums of Nallasopara.
- Two students from Tata Institute of Social Science (Mumbai) conducted a survey on availability, accessibility and utilisation patterns of healthcare services of the community.
- A volunteer did a study on garbage disposal in Umeed Communities of Garib Nagar and Pipeline.

### Support from grant making institutions

- Plan International (India Chapter) supported CCDT's health intervention within the Umeed Consortium.

## Challenges

- Indifferent and apathetic attitude of concerned authorities towards slum dwellers pose a major challenge for the Programme while ensuring smooth access to government services.
- In the absence of any livelihood programme for the adults, the intervention with child labourers continues to pose a formidable challenge.



## Maitree- Adolescent and Youth Empowerment Programme

**M**aitree stands for friendship. CCDT's Maitree Programme fosters this friendship and sets in motion a peer learning process by connecting marginalized children on issues affecting them and their communities. Among others, it seeks to develop life skills among children. The Programme currently works with 3111 children in 278 groups, between 9 to 18 years, in the slum communities of Dahisar in Mumbai and Nallasopara in Thane.

Working with the leaders of tomorrow, today: 556 children were developed as Leaders of Change. The following are some examples of their efforts at positively impacting the world they inhabit

- Rustication of a school teachers found to be sexually abusing children
- Restoration of a non-operational water tank in Ram Nagar Dongari
- Awareness-building on addiction in the community through street plays in Ganapat Patil Khadi
- Regularization of garbage-collection services in Shingte and surrounding areas
- Prevention of HIV testing by a doctor without proper pre-test counselling
- Campaign against Child Labour in their community

Bal Sangathan, a collective of child leaders mandated to advocate on issues affecting them and their community was formed in Dahisar. From August 2013 to January 2014, slum clusters in R/north Ward witnessed the unfolding of a unique electoral process where 238 groups of children from Dahisar elected 90 Area Leaders (52 boys and 38 girls), 18 project-level leaders (nine boys and nine girls) and seven pan-CCDT intervention level leaders (three boys and four girls). This Sangathan was formally launched in the community through an event named Humse Ho Duniya (The World Begins with Us) which was planned, organized and implemented by the child leaders.

### Highlights

Two of our child leaders were selected to be a part of a seven-member theatre group through a series of workshops on Leadership, conducted by Manjul Bhardwaj, Director of Experimental Theatre Foundation. They presented a play Drop by Drop: Water in various theatres, schools, colleges and communities of Germany, Slovenia and Austria.



### Challenge

Developing children as leaders, instilled with a range of required abilities, in a short span of time is a continuous challenge.

### Partnerships and Linkages

Our key partners in sustainable community development process include local Corporators, political representatives, SMC members, mahila mandals, youth groups, and organisations like Rationing Kriti Samiti, Majlis, Sakhya and Asmita Education Trust. The linkages developed with ICDS officials and those from Health, Education, Water and Solid Waste Management departments of MCGM and Vasai Virar Mahanagar Palika have played a key role in facilitating our achievements.

#### Support from grant making institutions

- Plan International (India Chapter) supported our Maitree programme.

### Case Story

Be the Change You Want to See

At the age of 16, Susmita from Ishwar Nagar, Dahisar, has been supporting her college education. Her father lost his job. Life was tough for Susmita. Yet it could not shake her determination to fight for her rights and that of her community members.

In December 2013, an HIV-testing camp was being conducted in her community. It came to her notice that the test was being done without the mandatory pre-test counselling. She confronted the doctor at the camp and asked him to stop this immediately. Surprised by her courage and straightforwardness, the doctor apologized and assured her of doing the pre-test counselling.





This is just one example of Susmita's efforts to bring about a change in her neighbourhood. Her other initiatives include supporting CCDT team in monitoring of supplementary nutrition at ICDS centre and supporting women's groups.

Susmita joined Maitree in January 2012 and was

selected as a Peer Educator. In the process of forming the Bal Sangathan, she was first elected as Area Leader, then became project-level Leader and, subsequently, she was elected as a pan-CCDT level leader.

Through her various initiatives, Susmita seems to have driven home the point: Be the Change You Want to See.



Aarti Waghmare, Age: 11 years



Shradhha D, Age: 6 years



# CCDT Childline



**C**CDT partners with Childline '1098', a national 24 hours free, phone emergency outreach service for children in need of care and protection. The partnership strengthens CCDT's overall efforts at striving for protection of children and their rights. The Childline project is supported by the Union Ministry of Women and Child Development (WCD) linking state government, NGOs and allied systems, and the corporate sector. CCDT Childline operates between Kandivali and Virar.

## **1. Optimizing efforts to reach a child in distress:**

We saw 26% rise in the cases received this year. Compared to 407 cases intervened in the previous year, this year 514 cases were addressed. 289 cases (242 in the previous year) were reached out within one hour of receiving the complaint. The rate of reaching out to children within an hour of receiving a call increased by 3% this year.

## **2. Working with the community and allied systems for rehabilitation of children:**

We rehabilitated 76 children with their families. 19 children were provided government shelter.

- CCDT Childline has developed strong linkages with DWCD, Juvenile Aid Police Unit (JAPU), Task Force of Child Beggars in Mumbai, Child Welfare Committees of Bhiwandi (Thane) and Mankhurd (Mumbai), State Commission for Protection of Child Rights, Labour department, all the local 11 Police stations, three MCGM schools, Mira-Bhayander Health Department, and shelter homes in Mumbai and Thane.
- 12 awareness programmes were conducted in 20 unreached pockets and 11,171 people were made aware of Childline services.
- 500 police from 11 different police stations, 422 staff across five railway stations, 15 staff of JAPU from the intervention areas, 41 Railway Police Force (RPF), 40 General Reserve Police (GRP), and eight staff of the DWCD were sensitised on child protection issues and support required for Childline while handling cases of child protection.

## **3. Encouraging children to volunteer:**

10 new volunteers were developed from a group of 40 street children and five out of eight old volunteers are



sustained. These child volunteers are often the first and most crucial help-point for children in crisis.

#### **4. Protecting children from child labour and child beggary:**

59 children (55 child labourers and four child beggars) were rescued with the help of allied systems like JAPU and Labour department.

## **Highlights**

- *Encouraging street children to volunteer:* This year 10 street children became our Childline volunteers. CCDT Childline brings together such children to form a network of support for 'newcomers'. They also inform Childline team whenever they witness any child in crisis. These volunteers were taken for an exposure visit to CWC Mankhurd where they met with its Chairperson and received a brief about work of the CWC and children homes.
- CCDT Childline has consistently intervened on child protection with the concerned government authorities. One such instance was a meeting with Mr. Devore, District Officer (DWCD) at Chembur, to discuss the issue of denial of admission to a child in Mankhurd Children Home during the night. Following this discussion, a memo was sent to the Superintendent of the Home and the CEO of Children Aid Society. Since then such refusals have stopped altogether.

## **Partnerships and Linkages**

### **Support from grant making organizations**

- Childline India Foundation supports CCDT's Childline project.

### **Individual donors and supporters**

- A donor extended support for CCDT Childline's workshop with child volunteers.

## **Challenges**

- Intense pressure from people with political affiliations and local leaders during the rescue operations of child labour and child marriage.
- Finding a shelter home especially for children of single parents and for mentally challenged children.
- Lack of adequate cooperation from the GRP, especially in dealing with cases / incidences that took place in the night.

## **Case Story**

Eight-year old Rajani, lived with her family on a construction site. She met with an accident on Mira Road and was admitted to KEM hospital for emergency treatment. We took up the case. Staff ensured that police investigated and took action on the FIR filed against the driver. When the offender was arrested, he was made to pay part of the medical expenses for the girl. Rajani, who was in a critical condition, needed immediate surgery but her parents could not afford it. We intervened and got her admitted to a trust owned Hospital in Mira Road. The medical expenses were provided from the Emergency Medical Fund of Childline.

After her discharge, Rajani's family was linked to an NGO, which provided basic ration supplies like milk and eggs for the girl. This helped her make a speedy recovery; she is now able to walk.



## Training, Research, and Alternative Communication (TRAC)



**T**RAC aims to strengthen, monitor, and evaluate organizational interventions, and enhance skills and overall capacity of staff on issues relevant to their work. It uses various methods and media - print, website, blog, face book, news and stories - to share organizational experiences with the wider world and contribute to the brand building efforts of the organization.

### Training

- Community Mobilization: 28 staff members, including Social Workers, Project Officers and Senior Project Officers, were trained on how to partner communities to ensure sustainability and accountability of our programmes.
- Key personnel have learnt effective presentation of data.
- A Training of Trainers (TOT) module on Stigma and Discrimination has been developed for practitioners working in the field of HIV/AIDS.

### Research

Organizational experiences were captured through the following studies:

- The Educational Plan for Orphan and Vulnerable Children (OVC) of Residential Care Programme was

reviewed to understand the nature of educational support and the time required by children in crises to reach to their age-appropriate education levels. The Study put together the following documents:

- Age-wise Developmental Milestones
- Nature of Crises and Time Required to Overcome Them
- Standards for Language and Mathematics (up to Std. iv)
- Maitree Process Documentation

- With the support of Plan India, the journey, milestones, processes and challenges of Project Maitree - which was initiated in 2006 and marks the Organisation's engagement with children and youth on issues of HIV/AIDS, sexuality, gender and so on - was documented in detail.

### Monitoring and Evaluation

- With the aim of putting in place a robust monitoring system with emphasis on evidence-based results:
  - Training on data entry was conducted with all key staff from each programme to enable accurate and timely data capturing.
  - Data Validation exercise was undertaken to review and bridge gaps in the data documentation



process across all programmes.

- Half-Yearly and Annual Reviews were held for all programmes.
- TRAC, in coordination with Dr. Pillai, reviewed the draft five-year strategic plans for all the programs.
- TRAC also contributed to the fine-tuning of programmes' Annual Work Plans and indicators.

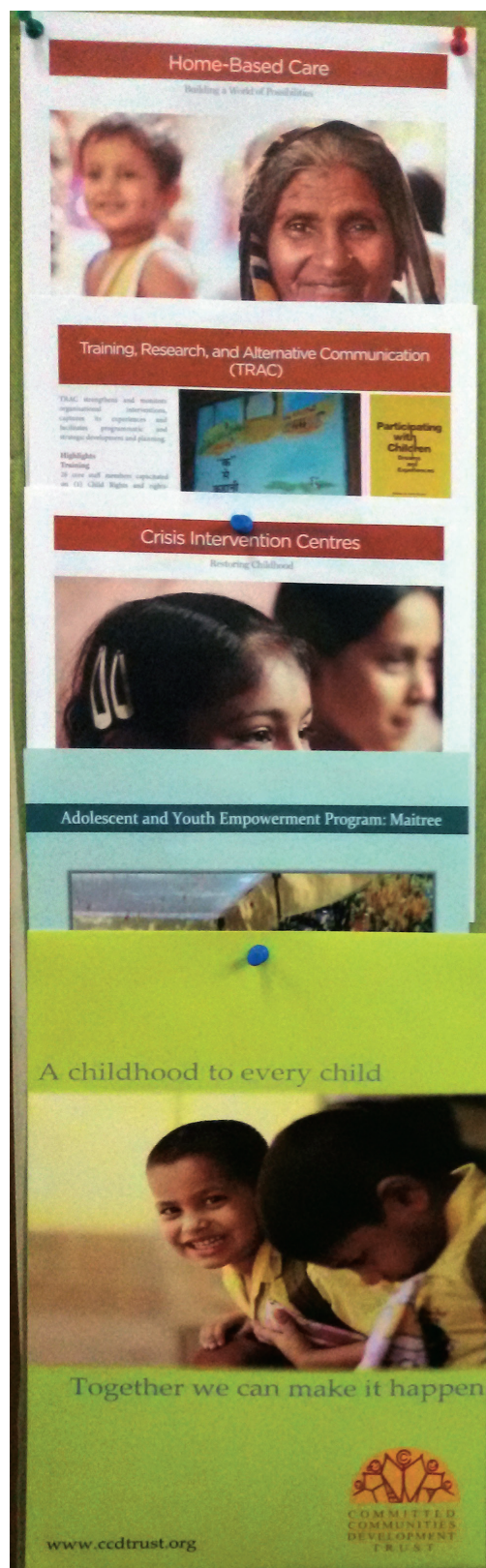
## Communication

Organisational experiences and advocacy initiatives were documented and shared through:

- Three quarterly issues of Newsletter, Goonj.
- A Report on the State-level Dissemination Workshop, 'Positive Caring: Institutions and Beyond' for UNICEF.
- A Resource Mobilization Kit.
- 49 updates on the blog and 92 updates on Face book page on organisational events, announcements and achievements, and news articles relevant to its domains, resulting in 5,864 visits, 21,094 page views and 3,811 unique visitors to our website.

## Highlights

- Situation Analysis in Sanjay Gandhi National Park: Commissioned by Plan India, a qualitative study exploring the Health, Education, and Livelihood conditions prevailing among the inhabitants of SGNP and its impact on children was conducted in six out of 28 padas located in the Mumbai Suburban part of SGNP. The Study found that the inhabitants of the National Park have been forced to exist without basic resources and livelihood opportunities, continually threatened with eviction, and looked down upon with suspicion by government authorities as 'encroachers on forest land'. The impact on children's well-being was glaring: malnutrition was rampant, drop-outs frequent, and substance abuse among children and youth disturbingly common. The Study recommended interventions to address issues pertaining to health, education, livelihood, and child protection across the padas.
- With the aim of generating evidence based results, a data validation exercise was undertaken with all the Programmes.



# Financial Statements for FY 2013-2014

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, 2014					
FUNDS & LIABILITIES	AMOUNT	AMOUNT	PROPERTY AND ASSETS	AMOUNT	AMOUNT
<b>Trust Funds or Corpus :-</b>			<b>Immovable Properties:- (at cost)</b>		
Balance as per last Balance Sheet	1,22,46,899.09		Balance as per last Balance Sheet	59,04,630.84	
Add : During the year	0.00	1,22,46,899.09	Additional during he year	-	
			Less : Sales during the year	-	
			Depreciation up to date	-	59,04,630.84
<b>Other Earmarked Funds :-</b>			<b>Invesments :-</b> (As per Schedule )		0.00
(Created under the provision of the trust deed or scheme or out of the Income)			The Market value of the above investments is Rs_____.		
Depreciation Fund	-		<b>Movable Assets :-</b>		
Sinking Fund	-		Vehicle against Specific Fund		17,74,208.00
Reserve Fund	-				
Any other Fund	80,22,669.50				
Funds for Bus of Umeed Project	17,74,208.00	97,96,877.50			
<b>Loans (Secured or Unsecured) :-</b>			<b>Other Assets :-</b>		
From Trustees	-		Balance as per last Balance Sheet	30,78,766.67	
From Others	-	0.00	Additions during the year	8,35,952.00	
			Less : Sales during the year	-1,26,556.44	
			Depreciation for the year	-6,67,054.76	31,21,107.47
<b>Liabilities :-</b>			<b>Loans (Secured/Unsecured): Good / doubtful</b>		
For Expenses	3,69,623.00		Loan Scholarships		
For Advances	-		Other Loans (Deposits )		2,82,449.26
For Rent and Other Deposits	-		<b>Advances :-</b>		
For Sundry Credit Balance	-	3,69,623.00	To Trustees	-	
			To Employees	-	
			To Contractors	-	
			To Lawyers	-	
			To Others	28,58,643.25	
					28,58,643.25
<b>Income and Expenditure Account :-</b>			<b>Income Outstanding :-</b>		
Bal. as per last Balance Sheet	35,51,741.82		Rent		
Less : Appropriation , if any	-		Interest On Fixed Deposits		0.00
Add : Surplus	61,162.05		Other Income		
Less : Deficit (As per I & E A/c)	-	36,12,903.87	<b>Cash and Bank Balances :-</b>		
			a) In Savings Account with Bank		1,653.14
			In Fixed Deposit Account with		1,20,83,473.00
			b) with the trustee		
			c) with the Manager <b>Cash In Hand</b>	138.50	
<b>Total</b>		<b>2,60,26,303.46</b>	<b>Total</b>		<b>2,60,26,303.46</b>
As per our report for even date For Ashok Jayesh & Associates			+ Income Outstanding : The above Balance Sheet to the best of my/our contains a true account of the funds & Liabilities & of the property & assets of the Trust (if accounts are kept on cash basis) For Committed Communities Development Trust		
Sd./-					
Partner	Chartered Accountants		Rent	:	
(CA Jayesh D. Sangani)	Auditors		Interest	:	
			Other Income	:	Sd./-
Dated at 07.05.2014	M.No. 36041,	F.R.No. 100655W	Total Rs	:	Sd./-
			Dated at 07.05.2014	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, 2014

EXPENDITURE	AMOUNT	AMOUNT	INCOME	AMOUNT	AMOUNT
<b>To Expenditure in respect of properties :-</b>			By Rent (Accured)		
Rates,Taxes,Cesses	-		(Realised)		-
Repairs and maintenance	-		By Interest		
Salaries	-		On Fixed Deposits (Accured)	-	
Insurance	-		(Realised)	8,10,638.00	
Depreciation (by way of provision of adjustment)	-		On Securities Bonds (Realised)	-	
Other Expenses	-	-	On Loans		
To Establishment Expenses		24,53,680.50	Income Generation Loan	-	
To Remuneration to Trustees		-	On Bank Account		
To Remuneration		-	Saving Account	1,16,786.00	
To Legal & Professional Expenses		33,708.00	On Income Tax Refund	-	9,27,424.00
To Audit Fees		67,416.00	By Dividend		-
To Contribution and Fees		-	By Donations in Cash or Kind		3,91,05,017.15
To Amount written off:			By Grants (Respect of Specific Purpose Fund)		
(a) Bad Debts	-		Unspent balance Grants B/f.	70,88,087.62	
(b) Loan sponsorship	-		Add: Grants recd. during the year	1,63,24,393.50	
(c) Irrecoverable Rents	-		Less: Unspent balance tranfd. to Grants	-79,24,105.74	1,54,88,375.38
(d) Other Items	-	-			
To Miscellaneous Expenses		-	<b>By Income from other sources</b>		
To Depreciation		-	(in details as far as possible)		
To Loss on Fixed Assets		63,416.44	Miscellaneous Income		2,010.00
To Amount transferred to Reserve or specific funds.			I.G.P.Income		-
			Profit on Sale of Fixed Assets		0.00
<b>To Expenditure on objects of the Trust :-</b>			By Transfer from Reserve		-
a. Religious	-		<b>By Deficit carried over to Balance Sheet</b>		-
b. Educational	2,85,94,901.23				
c. Medical Relief	2,42,48,542.31				
d. Relief of poverty	-				
e. Other Charitable objects	-	5,28,43,443.54			
To Surplus carried over to Balance Sheet		61,162.05			
<b>TOTAL</b>		<b>5,55,22,826.53</b>	<b>TOTAL</b>		<b>5,55,22,826.53</b>
<p align="center">As per our report for even date  <b>For Ashok Jayesh &amp; Associates</b>  Sd./-    Partner  (CA Jayesh D. Sangani)  Dated at 07.05.2014 M.No. 36041,</p>			<p align="center">+Strike off whichever is not applicable  <b>For Committed Communities Development Trust</b>  Sd./- Sd./-  Trustee Trustee  Dated at 07.05.2014</p>		
<p align="center"><b>Chartered Accountants</b>  <b>Auditors</b>  F.R.No. 100655W</p>					





*A childhood to every child. Together we can make it happen!*



Committed Communities Development Trust | 42, Chapel Road, Bandra (W), Mumbai-400050

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