

ANNUAL REPORT 2014-15



Celebrating



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

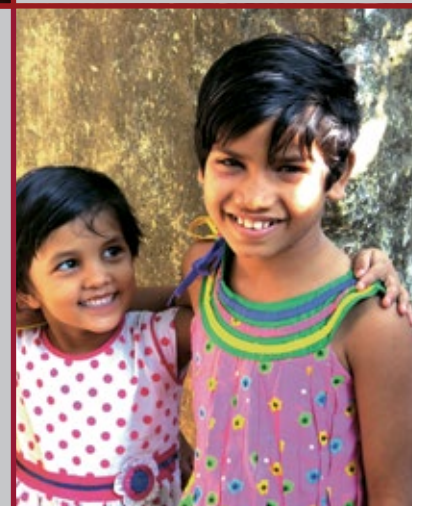


Our Vision

*"A world where every child counts...
A world of children living in dignity"*

Our Mission

*"Community action combating hunger,
disease and discrimination"*



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Our Partners

We would like to thank every single staff member and volunteer of CCDT who has worked passionately, selflessly and tirelessly to serve families and children of Mumbai’s most vulnerable communities. It is noteworthy that a major percentage of our staff comes from the communities we work with.

Abu Jani Sandeep Khosla	Thomson Reuters My giving Campaign
Amics Del CCDT	United Nations Children's Fund
Aparna Foundation	United Way of Mumbai
Armman	Universitat Pompeu Fabra
Charities Aid Foundation India	Volunteers In Service To Education In India (VSEI)
Childline India Foundation	C. Kewal Ramani & Family
Cox & Kings Foundation	Karan Johar
ELCA Cosmetics Pvt. Ltd. (MAC AIDS Fund)	Maria Teresa Martinez Donate
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Mission Del Sorriso	Nitin Bhushan
Nirlon Foundation Trust	Ramon & Hameeda Boix
Plan International (India Chapter)	Sameer Shroff
Save the Children, Bal Raksha Bharat	Sanjay Virendrakumar Arora
Tata Social Welfare Trust	Sidharth Malhotra

We are very thankful to all our supporters - individuals, government officials, local and international donors, corporate, foundations and partners for helping us bring smiles to the most deprived children.

We look forward to the continued support and encouragement as we venture into new geographic areas and interventions, and scale up our work. We realise that there is much to be done to help the marginalised and deprived sections of our society and it shall always be our endeavor to work harder and push ourselves to higher goals in supporting these sections and restoring dignity and hope to our children.

Foreword

The celebration of CCDT’s silver jubilee this year is also an opportunity for us to stop, think and look back on our journey of the past 25 years. We started in 1990, with communities that were hitherto not even visited, with people that lived on the fringes, devoid of access to the most basic of services. We started with nothing – but the founder armed with her vision and commitment to bring ‘hope amongst despair’. We have moved on to take on newer challenges, with renewed vigour, to make a visible difference in the constituencies that we work with. Needless to say all of this has been possible only because of the belief and faith invested in us, but more importantly from the very families that we work with, our children, our staff, the numerous donors, our trustees and the various government agencies that continue to partner with us. It is also a happy coincidence that the United Nations Convention on the Rights of the Child also celebrates its 25th year of the Convention on the Rights of the Child. More so as our approach from inception, has been child centric, enshrined in the principles of Human Rights and Child Rights.

Giving HIV/AIDS a human face - and going beyond to live life with hope and new aspirations has led us to expand our Home Based Care Programme from 12 to 15 wards in Mumbai. Our children in crisis – a programme for children infected and affected by HIV/AIDS moves from strength to strength as our fresh graduates begin living independently. Once a child of CCDT, they continue to give back to what was their home for several years.

Our years of work where no one ventured, be it the leprosy colonies or the tribals of the Sanjay Gandhi National Park (SGNP) focused on enabling families to access basic services be it health, education, water and sanitation and livelihoods. Our work in helping mothers save a baby was a very small initiative in nutrition education and counselling, nutrition demonstration accompanied by a hot nutritious meal to pregnant and lactating mothers till their infants completed two years.

This small initiative to save the lives of babies that died due to severe malnutrition has now materialised into a State level initiative- the Urban Nutrition Initiative (UNI) in partnership with the Nutrition Mission of the Government of Maharashtra, technical support of UNICEF Maharashtra and the support of the Tata Trust. The UNI is thus a Public Private Partnership which believes in the concept of collective philanthropy. This is based on the premise- Optimal results with minimum resources. With the UNI, we now move for the first time from Mumbai to include Thane, Nasik and Nagpur to reach out to eight of the 20 high burden projects in Maharashtra.

Our new initiatives with Save the Children- the Shubh Aarambh programme looks at the health and nutrition of children and adolescent empowerment. The recently introduced initiative- Sahyog- with Plan India (who has been a long and stead fast partner in CCDT’s journey) also focuses on Health, Nutrition and Education as three pillars in our work with the communities of the SGNP.

All our programmes are integrated in that each programme contributes to the other. With a young India with 40% of our population comprising youth, it stands to reason that we work with young adolescents to enable them to be responsible and productive adults for themselves and their families and thereby to society at large. Often times the focus on adolescent girls is to make them ‘healthy mothers’. We depart from this traditional norm because we believe that if young girls are educated and enabled to make responsible decisions that affect their lives, they will be better mothers tomorrow.

For the child we help today will one day grow up to become the adult who will carry India along the path to future development, and assume the responsibility for the future. The child cannot carry that burden alone. Their fate is our fate- their future ours. Partner us in this journey, for together we can make a bigger difference.

Sara Lizia D'Mello

Sara Lizia D’Mello, Managing Trustee

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List of Acronyms

ART	Antiretroviral Therapy
AWW	Anganwadi Workers
BAIF	Bharatiya Agro Industries Foundation
CDPO	Child Development Project Officers
CHVs	Community Health Volunteer
CP	Child Protection
CWC	Child Welfare Committee
CYLs	Community Youth Leaders
DCPU	District Child Protection Unit
DND	Do Not Disturb
DOT	Directly Observed Treatment
DWCD	Department of Women and Child Development
FTMOs	Full Time Medical Officers
HBC	Home Based Care
Hb	Haemoglobin
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counseling and Testing Center
JAPU	Juvenile Aid Police Unit
JCL	Juvenile in Conflict with Law
MAM	Moderate Acute Malnutrition
MCGM	Municipal Corporation of Greater Mumbai
MDACS	Mumbai District AIDS Control Society
MIS	Management Information System
MOH	Medical Officer for Health
MSACS	Mumbai State AIDS Control Society
MUW	Moderate Underweight
PLA	Participatory Learning Activities
PPP	Public Private Partnership
RCP	Residential Care Programme
RJMCHNP	Rajmata Jijau Mother and Child Health and Nutrition Mission
SAM	Severe Acute Malnutrition
SCPCR	State Commission for Protection of Child Rights
SD	Standard Deviation
SGNP	Sanjay Gandhi National Park
SUW	Severe Underweight
TB	Tuberculosis
UNCRC	United Nations Convention on the Rights of the Child
UNI	Urban Nutrition Initiative

About CCDT

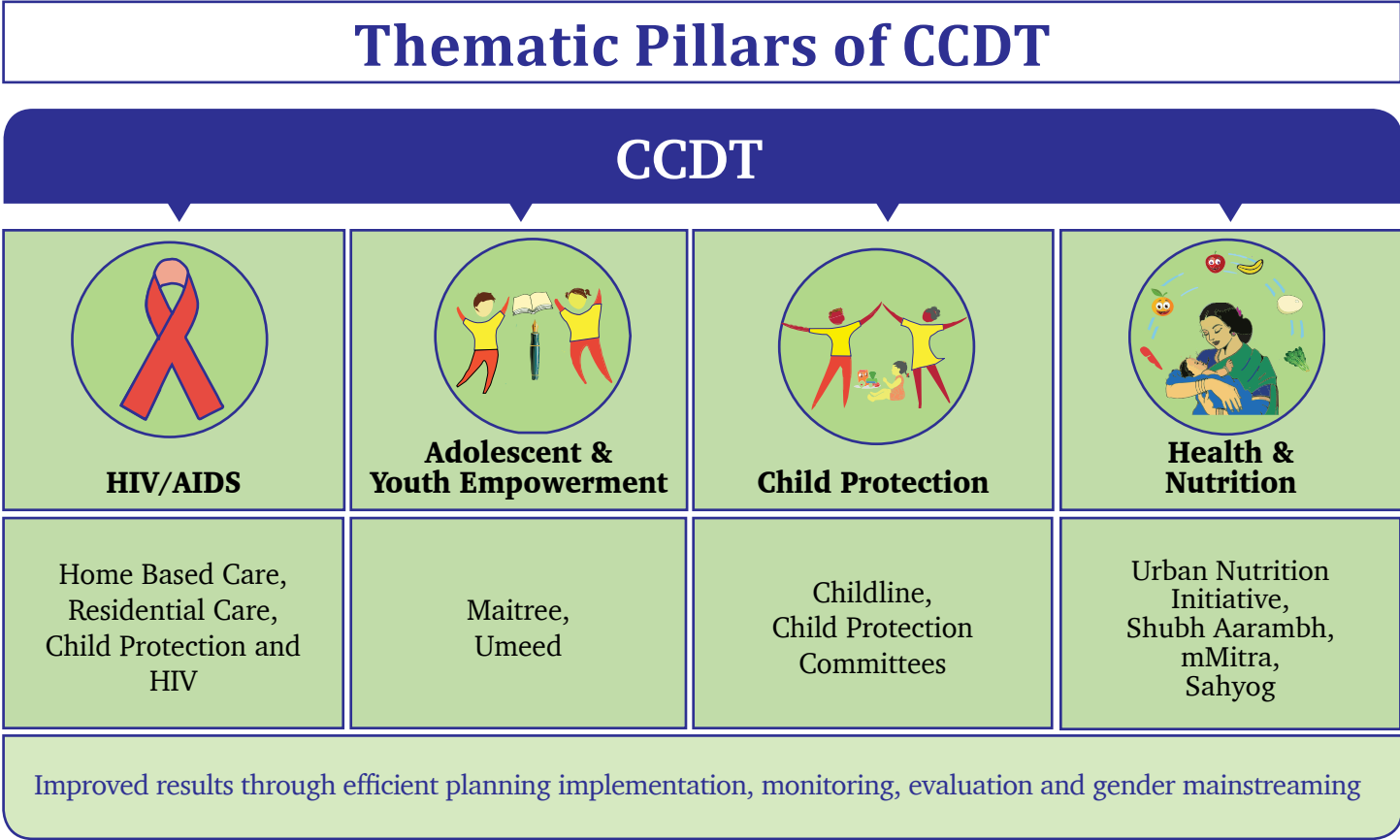
Founded in Mumbai in 1990 as a voluntary, secular trust registered under the Bombay Public Trust Act of 1950, Committed Communities Development Trust (CCDT) grew out of the experience of working among a self-settled colony of leprosy patients in Borivili, Mumbai.

Community and Child participation are the core focus areas of CCDT's interventions. Engaging with the community, the inalienable context of a child, the organization seeks to enable and empower the most deprived for sustainable change in society. More than 60 percent of our staff comes from the communities with which we work.

Marginalized communities and children have been the key

in creating our strategies and programmes. An important step the organisation took twenty years ago, is the HIV Programme which was initiated based on an assessment of the needs of the children and their communities. CCDT became the first organisation to realise the need to move beyond prevention, to the provision of care and support to HIV infected/affected families. Stigmatised, orphaned and vulnerable, the lives of children are further complicated by the intricate web of inequalities and discrimination of gender, caste, class, religion, and HIV status.

Over the years, as part of the organisation evolution, CCDT structured its programmes around four key thematic pillars.



HOME BASED CARE PROGRAMME



Family - The Best Place For The Child To Grow... “Keeping Families Together”

Enabling HIV/AIDS Impacted Families to be Self-Reliant through a Continuum of Psycho-social, Health (medical & nutrition), Education, Legal & Livelihood Support that Children are not Abandoned, Institutionalised, or End up Living off the Street

The HIV/AIDS epidemic is unravelling decades of progress in survival across the globe. CCDT is one of the pioneer organisations in Mumbai, providing care and support to HIV infected/affected families and children. CCDT's Home Based Care (HBC) programme works with these families and children to ensure that families do not fall apart as a result of HIV and children continue to enjoy their childhood in their own families and communities. With the continued support of Municipal Corporation of Greater Mumbai (MCGM) and Mumbai District AIDS Control Society (MDACS), over the last 20 years, CCDT has been able to provide care and support to more than 10,000 (direct and indirect) HIV infected/affected individuals.

Our Home Based Care Programme provided comprehensive care and support to a dynamic population in the fifteen municipal wards of Mumbai, primarily in Health, Education (including Life Skill Education for children from 12 to 18 years of age) and Livelihood, to 768 families and 1,301 children, infected/affected by HIV. This was achieved under the four projects of HBC, namely- CHILD: M/E, M/W, S; Saksham: K/East, L, N, P/South; Chaha: P/North, R/North, R/Central, R/South; and Nirmiti: H/East, H/West, F/South and F/North. With the success of this programme, we are planning to further expand the programme to cover all the 24 wards of Mumbai.



Children Camp at Safale

ACHIEVEMENTS AND HIGHLIGHTS

■ Programme expanded from 12 to 15 municipal wards:

In accordance with the expansion plan, on 26th June 2014, the HBC Programme initiated its interventions in three new municipal wards, where we provided care and support to 129 families and sensitised 14 families on HIV/AIDS.

■ Programme reach out:

- Linkages with 157 key stakeholders from Anti Retro-viral Therapy (ART) centres, Daily Observation Treatment (DOT) centres, Integrated Counselling and Testing Centres (ICTC), health post, government hospitals, and NGOs helped the team reach 1,286 HIV impacted families, who were afraid to seek treatment due to stigma and discrimination. The programme engaged with 768 families, of these, 510 families were new registrations and 195 were from the previous years, who received the care and support services based on their needs. A total of 63 HIV impacted families, unwilling to register with the programme, were sensitised on HIV and the available government services.



Stakeholder's Meet

- To enhance the process of referrals and further strengthen the partnership, a Stakeholders Meet was organised on 19th July 2014, where 66 ICTC counsellors and Six ICTC Supervisors, 16 ART Counsellors, the Additional Project Director MDACS, the Joint Director ART, the Joint Director Targeted Intervention Projects, ART Consultant, District Tuberculosis (TB) Officers and Senior Treatment Supervisors participated.

■ Care and Support Services:

The programme provided Care and Support services so that resource depletion does not adversely affect the family and therefore the child.

- Comfort bags (food supplements suggested by a doctor and nutritionist) were provided to 705 registered families towards the last week of the month when they had exhausted all their supplies. The additional nutrition along with psychosocial support helped 61 adults and 26 children co-infected with TB and HIV to adhere to medical treatment.
- All the 532 families, in need of medical support, could complete their treatment for opportunistic infection due to the monetary support and free medicines provided by CCDT in our centre based clinics.
- Education sponsorship helped all the six children to continue schooling (three children living with their extended family/grandparents and three with child-headed families).
- Sixty one HIV infected/affected individuals and 38 children who struggled to cope with issues of HIV/AIDS could lead a positive life due to the individual counselling support provided by professional counsellors.

■ Strengthening Families to become Self-reliant:

The team strengthened the capacity of families to become self-reliant by means of economic support, capacitating on basic self and nursing care, accepting HIV status, understanding importance of HIV status disclosure to family members and raising their voice against stigma and discrimination. A total of 114 families of the 195 old families were strengthened to become self reliant, as a result 1,299 children are enjoying their childhood with their own families/communities and only two children had to be institutionalised.

- Of the 104 families, monthly income of 59 families increased due to the efforts made by the team, such as: 43 families were linked to small scale industries/jobs, nine families to Sanjay Gandhi Niradhar Yojana, two families to Below Poverty Line card. Sixteen families could start their businesses with loans provided by CCDT. Also, 45 families were provided support to acquire all required legal documents.



Nursing Care demonstration by a Community Volunteer

- With rigorous follow-up by counsellors and residential disclosure camps, four HIV positive adult members disclosed their status to their family members, 30 parents disclosed their HIV status to their children and 10 parents and care givers disclosed their child's HIV status to them.
- A total of 265 families were trained on nursing care, of which 158 families started to practice all the components of nursing care. From the 212 families trained on self care, 148 families started to practice all the components of self care.
- This year 204 families were trained on identifying and resolving stigma and discrimination incidences. Sixteen families who faced stigma and discrimination could initiate action against it without support from staff members. To extend support to the families in the community, the team developed 16 new community volunteers and engaged with 58 old community volunteers.

■ Engagement with Children:

The HBC team engaged with children in groups, as well as individually, during home visits, where 180 children between 12 and 18 years of age, from registered families, were able to understand violation of Child Rights including child labour and child sexual abuse.

■ A community member's testimony in “Stree Shakti Documentary”:

Ms. Priya Devnath, a HIV positive community member from CHILD Project featured in a documentary “Stree Shakti” that was aired on Doordarshan, a National Television channel. The show deals with empowered women who seek to empower others.

■ Key Events:

Common Support Group meeting from a peer learning perspective:



Common Support Group Meeting

- More than 550 members from old and new registered families came together during the Common Support Group meeting and voiced “Haan Mein Positive hu, Par hu...!” (Yes, I am HIV positive, but I am still alive...). Through dramas, testimonies, dance, etc. the community volunteers showcased on how one could create wonders when one tries to change one’s own perspective towards life. It was amazing to see the children and youth talk confidently on the significance of HIV status disclosure.

World AIDS Day:

- To observe World AIDS Day, awareness programme was organised near Bandra railway station along with M.A.C. (one of our key partner) volunteers. Ribbon with an oath, ‘I will not discriminate any HIV infected/affected person’, was tied and pamphlets distributed to more than 2000 individuals. The team also participated in a rally organized by the Mumbai AIDS Forum on ‘No More Stock Out’, where non-availability of ART and issues related with HIV/AIDS were voiced.

Family Meet:

- A Family Meet of self reliant families was organised, for them to reconnect with each other. The team conducted group discussions with families to understand their experiences after being phased out from the project as self reliant families.

KEY PARTNERSHIPS

- MDACS, Redressal cell of MDACS
- ART centres, ICTC centres, DOT centres
- Health Post

- Mumbai AIDS Forum
- Lawyers Collective
- Justice Venture International
- Young Men’s Christian Association, Ghatkopar

MAJOR CHALLENGES

- Intervening with HIV/AIDS infected/affected families and children in the community is a challenge owing to the strong stigma and discrimination attached with the illness.
- Economically weaker families being unable to practice treatment adherence primarily due to the stock out of ART drugs and the inability of families to purchase ART from private pharmaceutical stores.
- Very adverse economic and living conditions, such as residing near garbage dumping grounds and drainage areas, makes it difficult for families to practice self care and nursing care, even though they are aware of their importance.
- Long procedures coupled with tiresome paper work make marginalized and uneducated families reluctant to make use of benefits from government welfare schemes.

CASE STUDY:

Restoring hope and living positively...

Mohammed Abdul (name changed), aged 26, is HIV positive. He resides with his wife and two daughters who are HIV negative. Abdul was also co-infected with T.B. He was unable to provide financial support to his family due to his ill health and poor economic conditions and this led to financial crisis. Abdul was extremely disappointed with his condition and had completely lost hope.

He was registered with the Saksham project in August, 2014 for care and support. He then started attending support group meetings. The information sessions held during these meetings helped him overcome his fear of HIV/AIDS. Through these meetings he was introduced to peers with whom he could openly share his problems, queries and anxieties. Additionally, individual sessions and regular psychosocial support from team members helped him restore hope and look at life positively. At present Abdul is taking ART regularly and has completed his T.B. medicine course. With the help of CCDT’s short term loan, he started his own business of selling vegetables and is now able to support his family.

RESIDENTIAL CARE PROGRAMME (RCP)



Home Away From Home...

Restoring a Wholesome Childhood to Children in Crisis, Providing Opportunities for their Growth and Development until they are Reintegrated with their Family or Start Living on their Own

India has approximately three times the population of the United States of America in just one third of the space. It has 31 million orphans and vulnerable children. To add to this, 60,000 children in India are born with HIV and the number continues to amplify (Reference: THE STATE OF THE WORLD’S CHILDREN 2009 - Maternal and Newborn Health) – http://unicef.in/Uploads/Publications/Resources/pub_doc5.pdf.

The Residential Care Programme (RCP) of CCDT attempts to mitigate the debilitating effects of HIV on children. The programme attempts to provide a holistic growth for the children at risk/in crisis, most importantly, children infected/affected by HIV/AIDS and children of Women In Prostitution. It provides improved health, nutrition, education, psychosocial care, protection and recreation, while emphasising on giving children the much needed enabling environment for their growth and development, helping them achieve their full potential.

This year, the programme supported 134 children and youth in the age group of 2 - 21 years. Ninety children are currently present across four centres, six youth in two Group Homes, 12 youth in other institutions, five in foster care and 21 children have been reintegrated with families, extended families / general communities.

• An Overview of RCP’s centres for the year 2014-2015

ASHRAY	• Started in the year 1995, the centre houses 42 children (both boys and girls) between 2-12 years of age. The centre is located in Bandra, Mumbai
AAKAAR	• Started in the year 2004, the centre houses 18 boys between 13 – 18 years of age. The centre is located in Khandala, Maharashtra
ANKUR-ASMITA	• Started in the year 1993, the centre houses 22 girls between 13 - 18 years of age. The centre is located in Badlapur, Thane
UMANG (Transit Home)	• Started in the year 2005, the centre houses eight boys above 18 years of age. The centre is located in Mahalaxmi, Mumbai
GROUP HOMES	• Started in 2014 for employed youth. Group Home 1 houses four girls and Group Home 2 houses two boys

ACHIEVEMENTS AND HIGHLIGHTS

■ Health Status:

- Seventy out of 90 children have recorded normal growth, indicating proper nutrition and medical support.
- Of the 46 children who are HIV positive, 40 are on ART. All the 40 children adhered to the ART treatment which is critical to improving their health and chances of survival.

■ Academic Accomplishments:

- Twenty out of 20 children have improved significantly by one academic level through remedial teaching.
- Fourteen out of 14 youth have enrolled for their college education this year.
- This year, 14 of 16 children successfully cleared their 10th standard examination. All seven children who appeared for the 12th standard examination passed and are currently pursuing higher studies in either a formal educational system or in vocational programmes.
- One of our children, from the 10th standard scored 78% and wants to pursue his career in engineering.

■ Career Progression:

- Twenty one out of 21 children above 16 years received career guidance – aptitude tests, sessions on resume and interview preparation and career counselling. This was important to support a smooth career growth for future employment.
- Six out of six youth are pursuing vocational training.



Children seen supporting one another during a Sports Activity

- All 19 employed youth associated with the programme are living independently.

■ **Our Basic Rights to Identity and Inheritance:**

- All 134 children have at least one identity proof made, such as: Birth certificate/Aadhaar card.
- Two boys obtained their passports after independently managing the application process.
- One of the girl child obtained her family inheritance from her aunt that helped in buying her own house, which is an indication of RCP's focus on ensuring children possess what they rightfully deserve.
- There were no cases of stigma and discrimination recorded at the centres, schools and other educational institutions.



Older children engrossed in an outdoor game

■ **Extra-curricular Accomplishments:**

- Eighty seven out of 90 children were involved in both indoor and outdoor sports activities at the centre and at schools.
- All 90 children were actively involved in drawing, painting and sketching activities at the centre and at schools, which helped them nurture hobbies.
- Three children (two girls and one boy) won medals in cricket, softball, 50 mts running and long jump at the state level. Two other girls participated in the English Marathon and completed two rounds of the competition.
- Eight Aakaar boys participated in a Folk Dance competition organized by the Pune Childline and won the First place for the third consecutive time.

■ **Key Events/Activities:**

Linkages!

- The CWC Chairperson, Ms. Sharda Talreja and member of the CWC, Mr Virochan Raote visited the Ashray centre on 25th June, 2014 and met with the children and staff.

Celebrating Together!

- A get together was organised on 25th January 2015, for the children residing at the four centres and for the youth living independently. The event was organised for the children, younger and older, to enhance the feeling of togetherness.
- A step towards 'Celebrating Together' was when the Umang boys oriented the younger children on festivals.

This year's Dahi Handi festival was celebrated by Umang and Ashray children together. A detailed presentation was made by one of our children who shared the significance of the festival to all the Ashray children. The presentation was followed by celebrations.

- Another example was when the siblings of one of our children celebrated their sister's birthday at Ashray. The children cherish spending time with their siblings staying outside the centres and celebrated the feeling of togetherness.

Observing World AIDS Day!

- The Ashray children and Umang youth together planned and implemented an awareness initiative on HIV/AIDS at the Bandra Police Station. The initiative included a street play performed by a group of professionals for the police inspectors and constables.



Children participating during the Summer Camp Activities

- Our children also planted saplings in memory of all those who lost their lives to HIV/AIDS.

Summer Camp!

- A summer camp was conducted in May 2014 for three days for 66 children between the age group of 10 to 18 years. This was organised by Magic Bus to make children understand the importance of team work and self-motivation. Through the camp, the children were provided with opportunities for self development and this was a very enriching experience for them.

■ **Completion of online registration formalities of all four centres!**

- Ashray, Aakaar, Ankur-Asmita and Umang are now registered under the Department of Women and Child Development (DWCD).

KEY PARTNERSHIPS

Volunteers and Individual Donors:

- A total of 258 individuals provided financial support this year.
- Three corporate and 1,302 individual donors provided material support in the form of food grains, clothes, furniture and stationery.
- We had a total of nine volunteers this year from various colleges, institutions who spent their valuable time teaching the children. They conducted several events to celebrate festivals and marker days.
- Three volunteers from Universitat Politecnica De Catalunya Barcelona, Spain spent two eventful months with children at the Aakaar and Ankur-Asmita centres. Their engagement included conducting workshops on basic math, health, architecture, science etc.

Grant Making Institutions and Families:

- The Kewal Ramani family continued its support to all our centres.
- Cox and Kings continued to support the Ankur-Asmita centre.
- Amics Del Mumbai continued to support Ankur-Asmita and Aakaar centres.



Children seen involved in a tower building activity, with the help of a staff member

MAJOR CHALLENGES

- Difficulty in locating suitable institutions that have the resources to train developmentally challenged youth to be competent and self-sufficient.
- The 24x7 nature of the RCP programme makes it highly human resource intensive and raising funds for such programmes is one of the key challenges.
- Enrolling children in age appropriate academic standard/classes.

CASE STUDY

Determination, Dedication and Diligence- towards a bright future...

Sandip, a nine year old, was brought to the Ashray centre by a social worker from Mumbai Central in 2003. His father had passed away and mother who was admitted in RCP, succumbed to HIV later. None of his relatives were ready to take care of him and his brother Dilip, aged 11, was also residing in Ashray. Sandip was enrolled in a Hindi medium school and was average in studies.

When he turned 12 years old he was transferred to our Aakaar centre. Sandip was interested in electrical work and often involved himself in this kind of work at Aakaar. He passed his SSC board exam, obtaining 39.60% and decided to pursue an ITI Electrician course at Don Bosco, Kurla. He was then shifted to our Umang centre to pursue the ITI course and develop his language in English. The ITI Electrician course was in English due to which he found it difficult to understand the syllabus. To tackle this challenge, Umang reached out to an English teacher to tutor him. Sandip worked very hard and passed his vocational training course securing 63%. Having the focus and persistence, Sandip got all his documents including birth certificate, PAN card, election card and passport made.

Sandip because of his determination, dedication and diligence, is now working with a well known electrical company in Powai and is staying in a group home with his brother who is employed with an automobile company.

CHILD PROTECTION AND HIV INITIATIVE



Advocating and Empowering Children and Adolescents who are Infected or Affected by HIV

Adolescence is a vulnerable phase, fraught with a host of biological, cognitive, social and emotional changes. For adolescents living with HIV, it becomes all the more complicated. They are the first generation of children born with HIV transitioning into adolescence due to the advent of Antiretroviral Therapy. As these adolescents grow older, it is imperative to ensure that they continue to remain healthy in this phase of their lives as well. This entails paying attention to them, listening to their needs, empowering them to make essential life choices and supporting them through care and support.

The Forum on Child Protection and HIV was initiated in 2012 to strengthen advocacy on the rights of children and adolescents infected and affected by HIV/AIDS. The Forum involves a cross section of organisations and stakeholders who have been actively engaging on various dimensions of HIV/AIDS in Maharashtra. Multiple discussions and consultations within the members of the Forum as well as experts brought to the fore the emerging concerns of infected/affected adolescents, such as, health, education, social and emotional development, legal rights, home-based and institution-based care. Although there is a plethora of modules available on adolescent life skills education, reproductive sexual health and so on, the pressing need for a comprehensive module for adolescents infected/affected by HIV led to the activities for developing this module.

CCDT, as part of the Forum on Child Protection and HIV, is in the process of developing and completing the module "Aao Baat Karein" for empowering adolescents who are infected/affected by HIV. To initiate this process, multiple focused group discussions were held with groups of infected/affected adolescents, and also there were multiple discussions with organisations engaged with infected/ affected adolescents. A day long consultation was held with the Forum members

on 12th September 2014, to review the framework of the module. Thereafter, the module was developed and a follow up Consultation to review the module was held on 28th and 29th October 2014, which saw representation of 41 individuals from 20 organisations including Mumbai State AIDS Control Society (MSACS) and Mumbai District AIDS Control Society (MDACS). Subsequently, 22 facilitators from nine organisations were trained as trainers on the module in December 2014. The module was then pre tested as a three day residential workshop with the adolescents, by the organisations, namely, CCDT and Chirag based at Mumbai, and Snehalaya based at Ahmednagar. Continued support was provided to these organisations for the pre testing workshop. Based on the feedback and learnings from the pre testing, revisions were made in the module and the process of publishing the module was initiated. The development and publication of this module is being supported by UNICEF, Maharashtra.

The overall objective of the module, aimed at adolescents infected/affected by HIV in the age group of 12 to 19 years, is to create spaces for empowerment by providing opportunities to build appropriate perspective, gain the requisite knowledge and practice required skills to enjoy their developmental journey. It will include specific discussion points for sub age groups, adolescents residing in institutions or in their families. The module will have detailed notes for facilitators that would help as a quick reading reference while also providing technical information. Additionally, the module will be accompanied by a resource kit CD.

The module is going to be a powerful tool that will help facilitate the process of empowerment of adolescents, encouraging them to explore and express themselves effectively for living a fulfilling and dignified life.



Presentation during the Consultation on Development of the Module



Consultation to Review the Module

MAITREE PROGRAMME



Children as Leaders of Change...

Empowers the Children to be Leaders of Change for Themselves, their Families and their Communities

Maitree, one of the key programmes of CCDT, looks at children as capable individuals with their own views, opinions and potentials to be the important stakeholders in the process of community development. It is a programme designed to empower the children and youth of marginalized slum clusters in Mumbai and Thane, where they are endeavouring to find their identity with diminishing opportunities for education and livelihood, and exposure to violence, despair, substance abuse, diseases...the list goes on. Engaging with children and enabling them to be better individuals and thus better friends and uniquely extending this friendship to their own communities is one of the key area of intervention of Maitree.

Initiated in June 2006, the programme has evolved in response to the needs expressed by children and youth, to further empower and facilitate leadership skill development. The programme engages with age specific groups of children and youth between 12-21 years, empowering them through regular group interactions, trainings, workshops, orientation and exposure visits and then supporting them to be the leaders of change. Leadership building among children is a core component of the programme. Bal Sangathan, a larger collective of children, is another success story, which was initiated in 2011. The leaders of this larger collective have been voted by children themselves and it marks the journey

of Maitree children towards sustaining their hopes, dreams and aspirations.

As part of the continuous improvement process, during the year the programme introduced pre-test and post-test assessments in group interactions as well as trainings. Another change was in the age group where we concluded our interventions with children between 9-11 years and initiated new engagement with the youth between 19 and 21 years, who have been part of Maitree programme as children, to support them in making their career choices and vocational trainings.

During the year, the programme has engaged with 2,735 children in the age group of 12 to 18 years across 281 groups in Dahisar and Nallasopara and 28 youth between 19 and 21 years in a group in Dahisar. From these 2,735 children, there exists a strong brigade of 645 child leaders.

ACHIEVEMENTS AND HIGHLIGHTS

■ Developing modules and capacitating children:

The seven components that the programme focuses on while strengthening and capacitating children are life skills, avoiding substance abuse, responsible sexual behaviour, child rights, gender discrimination, community issues and leadership.



Child Leaders of Nanhi Muthi

Under the life skills component, the team developed a set of modules on assertiveness, decision making and coping with emotions. Also modules on the components of avoiding substance abuse and responsible sexual behaviour were developed.

Numerous extensive trainings and interactions on these topics took place throughout the year which led to the following results:

- Out of 2,011 children who were educated on the ill effects of substance abuse, 1,682 children understood the issue, which was validated by the pre-post test assessments
- From the 1,624 children, 1,406 children demonstrated awareness on HIV/AIDS, and from the 573 adolescents, 525 demonstrated awareness on safe sex practices, which were substantiated during the pre and post test assessments
- From the 553 child leaders, 333 child leaders co-facilitated the interactions on life skills which helped 1335 out of 1697 children learn three life skills – assertiveness, decision making and coping with emotions, which was validated by the pre-post test assessments
- Out of 240 child leaders, 216 from Dahisar were trained on child rights and entitlements

■ **Initiating a new health service facility:**

Continuing the legacy of the Integrated Community Development interventions of CCDT, Maitree team along with the community members facilitated the initiation of a dispensary at Pachamba in Nallasopra East by Mahanagar Palika. This was significant as earlier the community did not have such health services.

■ **Employability Skills Course:**

This is a new initiative of the programme in collaboration with Antarang Foundation for the youth between 19 and 21 years. Eighteen youth benefited from this weekly course which provided them a platform to identify their own skills, achievements, abilities, interests, values, motivations and weaknesses, compiling a Curriculum Vitae, discussing career goals and aspirations, delivering presentations, debating, and setting realistic career goals. The course helped two youth in getting a job.

■ **Nomenclature, logo and constitution of Bal Sangathan:**

This year Maitree's Bal Sangathan developed its nomenclature and logo through consultative processes with 75 child leaders. The amalgamation of ideas and creativity of all the leaders gave a distinctive identity to their Sangathan and named it as "Nanhi Muththi". A logo depicting their quest for knowledge, the importance of coming together and staying together was also created. Twenty five leaders from the various

leadership cadres got together and brainstormed about the Constitution of Nanhi Muththi. As part of the Constitution, the leaders formulated guiding principles, defined roles and responsibilities, entry and exit laws for the members of the Sangathan.



Logo of Nanhi Muththi developed by Child Leaders

■ **Small steps, big changes:**

This year the soldiers of Nanhi Muththi took three significant initiatives. The first initiative was towards creating awareness amongst family members to not force their children to procure drugs. This led to 73 families not forcing children for the same. The second initiative focused on creating awareness of Child Rights as part of the silver jubilee celebration of The United Nations Convention on the Rights of the Child (UNCRC). A total of 350 children participated in the campaign through rallies while sloganeering 'Nanhi Muththi Nanhe Haath, Eete Nahi Kitaabe Ho Saath', (Tiny Fist, tiny hands, are not for bricks but for books) 'Nahi Kareng Abhi Kamai, Karni Hai Hume Khel Padhai', (We do not want to become labourers, but want to play and study) etc. Organising multiple Sports Days for the group members coordinated by the leaders of Nanhi Muththi, to celebrate Children's Day was the third initiative of the Sangathan.

■ **Nanhi Muththi ka Safar:**

This event was organised by Nanhi Muththi to felicitate and invite the youth, who had conceptualised the formation of the larger collective. The invitees were requested to be the member of the Advisory committee of Nanhi Muththi. Sixty three youths and children were a part of this event.

■ **Focused intervention through risk assessment:**

The programme conducted risk assessment of every child enrolled with the programme to understand his or her risk

of getting into substance abuse, dropping out from school and being a child labourer. The assessment helped in identifying 91 children who were forced to procure drugs by their parents. CCDT's intervention empowered 81 children (58 boys, 23 girls) who refused to procure drugs for their parents. The two learning support centres of the programme prevented 29 Maitree children from dropping out of school. In addition, 14 of the 36 school drop outs were re-enrolled and retained in school.



Children conducting a rally on Child Rights at Nallasopara



Children celebrating Sports day at Maitree

■ **Child Leaders Annual Meet:**

In the eight annual meets, 1,221 children participated in their respective geographical areas. The meets focused on the themes of community issues, child labour, child sexual abuse, Right to Education and access to health services.

■ **Orientation and Exposure Visits:**

Four orientation visits helped 142 child leaders understand the functioning of the Integrated Counselling and Testing Centre (ICTC) in Shatabdi hospital and the services available

at the ward office and health post. Forty two children had an orientation visit and engaged with the children from Bal Sangathan of Vidhayak Sansad. Twenty four child leaders also participated in an exposure visit to Pune and interacted with children from Seva dham, Maher and Mobile crèche.

KEY PARTNERSHIPS

- Antarang Foundation
- Singapore International School
- Metrica Solutions
- Vasai Virar Mahanagar Palika
- Don Bosco Training Institute
- SNDT University

MAJOR CHALLENGES

- Sustaining groups of children impacted by issues of demolition and migration.
- Ensuring all children are covered during monthly interactions, as children have academic pressures and also additional house responsibilities.

CASE STUDY

Setting A Courageous Example...

Paresh, 17 years of age, who has been associated with Maitree since 2011 is the group leader of Maitree at Bhim Nagar, Nallasopara.

One day While Paresh was having lunch at his home, he heard a child screaming in the neighborhood. Hearing the scream, he immediately ran in the direction of the scream and stopped near a hut, where he found a five year old boy being sexually abused by a man.

Paresh was shocked at the sight but he knew he had to do something immediately. He knocked on the door, shouted and gathered other community members. They broke open the door and beat up the abuser. The child's parents were called and suggested to lodge a police complaint against the abuser. Paresh not only encouraged but also accompanied them to the police station the same evening.

When the abuser got to know about the police complaint, he was furious and threatened Paresh to withdraw the complaint. But Paresh had made up his mind, so he paid no heed to the threats. Maitree team was his major source of strength during this challenge and helped him in getting support from the community.

Knowing that the entire community was supporting Paresh, the abuser absconded from the community.

The conviction and determination of Paresh has set a courageous example for all.

PROJECT UMEED

Enabling Community to Realize their Rights...

Initiated in 2010 with the support of our partner Plan India, the Umeed project currently engages with an estimated population of 10,325 people residing in 2,081 households in the slum pockets of Bandra, namely Garib Nagar, Pipeline and Patel Nagar. The programme focuses on enabling children and youth, especially girls and women, through concentrated and intensive capacity building efforts, to realise their right to a healthy life. This year the programme focused on specific issues like garbage disposal and malnourishment amongst children in the community.



Child Leaders and Community Based Monitoring Committee members meeting in Hope on Wheel Bus

ACHIEVEMENTS AND HIGHLIGHTS

- All the 13 Integrated Child Development Scheme (ICDS) centres in the project area followed the six ICDS norms namely Health Check-ups, Immunization, Growth Promotion and Supplementary Feeding, Referral Services, Early Childhood Care and Pre-school Education, Nutrition and Health Education. Also, these activities are now being monitored by Child Leaders and Community Based Monitoring committee members.
- The Health and Solid Waste Management department of Municipal Corporation of Greater Mumbai (MCGM) is providing regular services in the form of daily garbage collection and health camps in the community.
- Nineteen community volunteers were capacitated on Disaster Management to handle natural calamity and fire disaster.



Awareness session with Child Leaders

- Seventy three identified malnourished children in follow up, were intervened and provided supplementary nutrition to help combat malnourishment.
- Ten women and 12 adolescent girls were trained on computer basics.

KEY PARTNERSHIPS

- ICDS
- Health post
- Vasti Swachata Yojana
- Sujaya Foundation
- Tata Institute of Social Sciences
- Health Mantra

MAJOR CHALLENGE

Engaging and enabling parents of identified malnourished children to inculcate healthy eating habits amongst children and also clarifying their misconceptions relating to healthy growth of children.



Child Leaders and Community Based Monitoring Committee members meeting

CCDT-CHILDLINE PROGRAMME

Child Protection- Just A Call Away...

A National 24 hours Free, Phone Emergency Outreach Service Strengthening CCDT's Efforts at Striving for Protection of Children and their Rights

Mumbai, the largest metropolitan and “dream” city attracts not only adults but also children from all over India. The city in turn becomes a hub for runaway, trafficked and missing children. Childline “1098” is a national, 24-hour, free, emergency phone and outreach service for all such children in the age group upto 18 years who are in need of care and protection. The programme is supported by the Union Ministry of Women and Child Development and links state government, NGOs, other allied systems and the corporate sector.

Initiated on 14th February 2008, CCDT Childline covers the geographical area from Kandivali to Bhayander and in case of emergency, cases up to Virar. This year the project has reached out to 567 cases of children in need of care and protection. The programme has 16 child volunteers who support in referrals and follow up of children, especially on railway stations.

ACHIEVEMENTS AND HIGHLIGHTS

- A survey of Juvenile in Conflict with Law (JCL) was conducted in administrative zones 11 and 12 on the basis of the list received from Deputy Commissioner of Police, Juvenile Aid Police Unit (JAPU) and the data of 73 JCLs was submitted to the Police for further follow up.
- Eighty three child labourers were rescued through 16 rescue operations with the support of government system and these children were then reintegrated with their families with the support of Child Welfare Committee.
- Ten child beggars were re-enrolled and retained in school.



CCDT Childline team trains Police Officers of Nallasopara on J. J. Act

- Eight new child volunteers were identified and capacitated along with eight old child volunteers and the programme received referrals of 12 children in distress, from these volunteers.
- Childline India Foundation has invited CCDT to take up a new Childline Sub-Centre at Chattrapati Shivaji Terminus Station.

KEY PARTNERSHIPS

- Department of Women and Child Development, Juvenile Aid Police Unit, local police stations.
- Child Welfare Committee- Bhivandi and Mankhurd.
- State Commission for Protection of Child Rights (SCPCR).
- Labour department.
- Seven shelter homes in Mumbai/ Thane (Prem Sangh, Dreams Home, Swami Vivekanand, Samtol foundation, Don Bosco, Ankur, Karuna).

MAJOR CHALLENGES

- Finding a safe temporary shelter home for children particularly the developmentally challenged.
- Resistance faced by the team during community intervention especially in case of child marriage.
- As the child volunteers are always on the move, sustaining them and ensuring regular interactions with them gets challenging.
- Enrolment of child beggars in school.



Creating awareness about Childline for better reach out



Open House where children express their views about Childline



Volunteers meeting

CASE STUDY

Saving Three Lives...

Gauri, 16 years old, was staying at Borivali station along with her one and half year old son. Gauri, herself a child, was mothering another child and they both were in need of care and protection. The caller who referred the case informed us that she had run away from home due to abuse. After the initial intervention of providing basic nutritional and medical support, the team presented the case to Child Welfare Committee (CWC). Considering the need of the case, the CWC issued an order to Asha Sadan, which is a home for rescued and children in distress, for the admission of Gauri as well as her son.

The medical examination at Asha Sadan revealed another shocking fact that Gauri was again five months pregnant. This aggravated the situation further as she had crossed the tenure of pregnancy for undergoing a safe abortion, leaving no option but to continue the pregnancy. Initially Gauri was very scared and did not provide much information about herself. With continuous visits by the CCDT team and counselling from Asha Sadan, Gauri shared the dreadful reality of her life and how she landed at Borivali station from Nallasopara. She was not married but had been the victim of abuse by her own father and brother. The abuse resulted in making her a mother in childhood and also her current status. Her father and brother wanted to force her into prostitution and she somehow managed to run away from home.

The CCDT team immediately updated the CWC with all these details and they sent summons to Nallasopara police station to produce Gauri's father and brother in the CWC. Currently Asha Sadan is ensuring proper nutrition and medical care for both Gauri and her son. The CCDT team conducts regular follow up visits to Asha Sadan for emotional support to Gauri.

The timely intervention by CCDT Childline has helped in saving the lives of three children- Gauri, her son and her 2nd child.

CHILD PROTECTION COMMITTEES...AN INITIATIVE



Towards Safe Communities for Children...
Strengthening Children, Community and Duty Bearers towards Child Protection and Building Safe Communities

Committed to the issue of protection of children UNICEF India along with the consortium partners, initiated an intervention in July, 2014 on Child Protection (CP) and building safe communities in Mumbai. The consortium partners are CCDT, Pratham and YUVA implementing the programme in three selected communities, Shivaji Nagar of R/North ward, Rafiq Nagar and Lallubhai compound of M/East ward respectively. The programme works towards building a model of safe communities through a participatory approach involving children and adults of the community. A Safe Community reduces risks of urban children and communities and builds resilience. Built on the bedrock of participation, arriving at a Safe Community Model is an important step in conceptualizing protection of urban children within their local communities.

CCDT's intervention in this programme was focused on mapping and identifying specific challenges, needs and resources in Shivaji Nagar with regard to child protection reaching out to a population of 25,000 individuals. This was done leveraging processes like tool development, pilot testing of the tool, identification and training of child and adult researchers from the community and orientation of the programme to various stakeholders. Efforts were also made towards convergence with child protection systems like the



Children reading the concept note on Community Mapping

District Child Protection Unit (DCPU) and Childline. As part of the preventive approach the team created a plan on developing a demand infrastructure of community organizing to address vulnerabilities to violation of child protection. Also, the responsive approach plan, developing a supply infrastructure that addresses cases of abuse, exploitation, harm and violence; and facilitation of access to services (early childhood care, adolescent health, education, police and other protection services) was developed.

ACHIEVEMENTS AND HIGHLIGHTS

- Identified specific CP challenges, needs and resources in Shivaji Nagar through a participatory approach involving children, community, CP structures and other stakeholders
- The indicators for mapping and sample size for mapping at household, community and ward level were discussed and finalised through a series of workshops and meetings between all the partners including UNICEF.
- Twelve children and three adult volunteers were trained as researchers for community mapping and these volunteers actively participated in pilot testing of the tools.
- The pilot testing with 10 forms of each part of the Observation Checklist along with 40 Child Interview Schedules and 40 Adult Interview Schedules was further instrumental in finalisation of the tools for data collection for participatory mapping.



Children voice their concerns to the Mayor of Mumbai during the UNCRC week celebration



Children enjoy the energizer during Tool Development Workshop

- **Strengthened the capacities of communities to respond to abuse, exploitation and violence against children**
- A two day residential workshop was conducted with fifteen children from Shivaji Nagar in the age group of 13 to 18 years, where they were educated on the history of Child Rights. Further to the workshop, these volunteer children were able to identify incidences of violation of child rights from their communities.
- More than 100 children and 50 community members were contacted through various activities like sports day, article writing competition, corner meetings and awareness rallies during The United Nations Convention on the Rights of the Child (UNCRC) week celebration.
- **Strengthened the CP systems and services to respond effectively towards protection issues related to children**
- The linkages established with DCPU of Mumbai and



Orientation meeting with children for Community Mapping suburbs helped in eliciting their participation and contribution in implementing the programme.

KEY PARTNERSHIPS

- UNICEF
- Pratham
- YUVA
- Action for Children's Environment
- DCPU, Mumbai and Suburbs
- Childline
- ICDS

MAJOR CHALLENGES

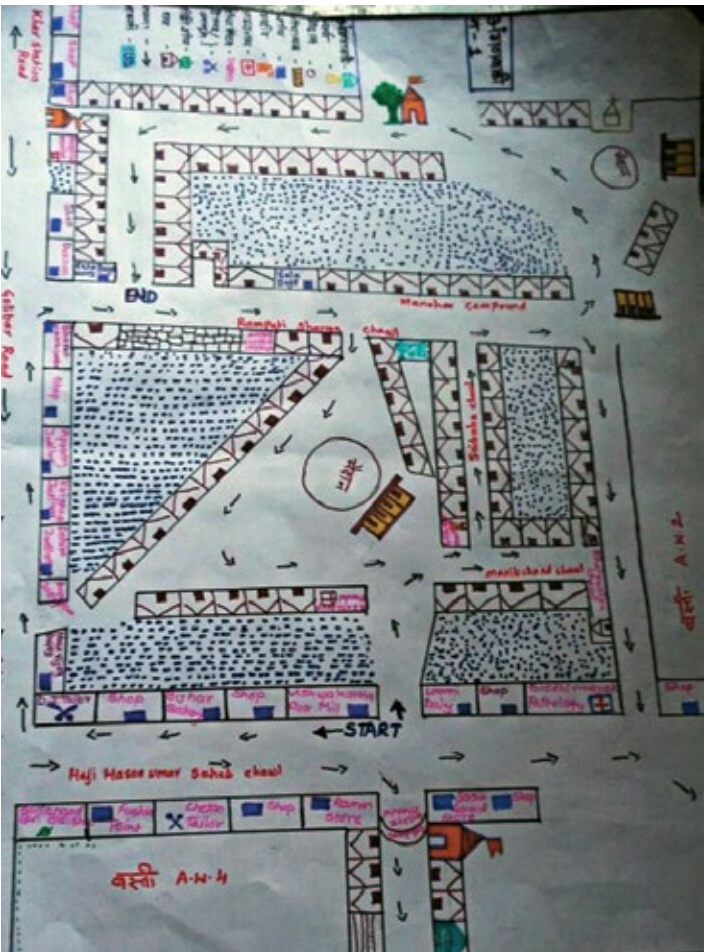
- Making the community realise child protection as an issue, imposing a challenge to the future of the child.
- The personal commitments and responsibilities of child and adult volunteers at times limit their participation in the programme.



URBAN NUTRITION INITIATIVE



A Journey of Thousand Smiles...
Strengthening ICDS to deliver care for first 1000 days (minus 9 to 24 months)



Resource Mapping

It is an established fact nationally and globally, that malnutrition in the first two years of life negatively impacts the physical and cognitive development of children, eventually leading to irreversible damage. The first 1000 days i.e. the period during a women's pregnancy and the child's first two years of life represent a crucial window of opportunity to prevent malnutrition.

The Comprehensive Nutrition Survey that was conducted in 2012 for urban areas of Maharashtra (with a sample size of about 1,200 children) reveal the following facts that further substantiates the need to provide support in the State to address the issues of malnutrition:

- Stunting (Height for Age) below -3 SD (Standard Deviation) is 7.3%, below -2 SD is 20.6%,
- Wasting (Weight for Height) (Severe Acute Malnutrition (SAM)) below -3 SD is 4.1% and (Moderate Acute Malnutrition (MAM)) below -2 SD is 15.1%,
- Underweight (Weight for Age) (Severe Underweight (SUW)) below -3 SD is 6.2% and (Moderate Underweight (MUW)) below -2 SD is 19.5%.

The Urban Nutrition Initiative (UNI) based on the premise of 'optimal results with minimum resources' and with the objective to reduce malnutrition by reaching out to children in the age group of 0-2 years, pregnant women and lactating mothers was initiated in September 2014. UNI is a low cost Public Private Partnership (PPP) between Rajmata Jijau Mother and Child Health and Nutrition Mission (RJMCHNM), TATA Trust and Committed Communities Development Trust (CCDT) partnering with other field NGOs working in the area of Maternal and Child Health and Nutrition. The project is being implemented in two phases in eight high burdened ICDS projects through four NGOs viz: CCDT (Mumbai), VACHAN (Nashik), Amhi Amchya Arogyasaathi (Nagpur) and ISSUE (Nagpur) with technical support from UNICEF and RJMCHNM.

HIGHLIGHTS OF THE CONSORTIUM

- 25th April 2014: State Consultation on PPP to mitigate urban malnutrition was organised by CCDT with funding support from Plan India. Representatives from RJMCHNM, UNICEF and field NGOs were present. The idea to initiate a consortium of NGOs under the leadership of CCDT was mooted.
- 30th June 2014: A positive response was received at the video conference held with 104 urban Child Development Project Officers (CDPO) and NGOs, in which Ms. Vandana Krishna, Director General RJMCHNM presented the concept of the partnership model.
- 16th and 17th October 2014: An interaction to partner and work towards the common goal to reduce malnutrition was held between NGOs and CDPOs from 20 high burden ICDS project areas. This was organised by RJMCHNM with support from CCDT and had representatives from UNICEF, the TATA Trust and Commissioner, ICDS.

- 21st November 2014: An NGO consultation was held with implementing partners to discuss content clarity, expectations, budgets and the need to work with mutual trust and respect. This provided an opportunity to zero in on four large project partners with 100% coverage viz. Khar (E) and Santacruz (E); Malegaon; Bhiwandi-Nizampur and Nagpur City 1 and also four smaller projects with 15 high burdened ICDS projects each viz. Nashik City 2, Nagpur City 2, Nagpur City 3 and Kamteewadi.

HIGHLIGHTS OF THE PROJECT

- CCDT as an implementing partner initiated UNI in Khar East and Santacruz East from September 2014 in 220 AWCs to be intervened in two phases of 18 months each. The project plans to cover an estimated population of 2,00,000, reaching out to a projected target of 8,000 children between 0-2 years of age (including 480 SUW children and 1520 MUW children), 2,000 pregnant women and 2,000 lactating mothers in a period of three years.
- Meetings with ICDS functionaries, both at the higher level (CDPO and ICDS supervisors) and at the field (Anganwadi workers (AWW)) were held to update on UNI activities.
- Secondary data regarding total population outreach of each AWC, total number of pregnant women, lactating mothers and children in the age group of 0-2 years were collated from the ICDS registers. This data has given us an overview of the existing magnitude of malnutrition in the field area as well the extent of outreach by the ICDS.
- As part of the Participatory Learning Activities (PLA), a transect walk (a systematic walk along a defined path or transect across the community/project area to explore

- the existing resources and to gain better understanding of the community) was organised in the community in collaboration with ICDS to map the resources in the community. The team mapped approximately 23,000 households with an estimated population of 1,00,000, most of them being permanent residents.
- Community resource maps of 107 AWCs were made and the activity was completed within a period of two months by the Community Organisers.
 - A facility survey of selected AWCs was also conducted to determine the available infrastructure and ICDS services being offered.

KEY PARTNERSHIPS

- TATA Social Welfare Trust
- RJMCHNM
- UNICEF
- ICDS
- Urban Health Department
- Divisional Commissionerate
- Municipal Corporations
- VACHAN
- Amhi Amchya Arogyasathi
- FMCH
- ISSUE

MAJOR CHALLENGES

- Absence of anthropometric measures, making it difficult to identify SAM and MAM.
- Limited access to data of children between 0-2 years, making it difficult to identify missed out target population.



Resource Mapping



Staff and ICDS Sevika conducting transect walk

SHUBH AARAMBH PROGRAMME



Ensuring the Overall Well-being of Children...
Overall Growth and Development of Children through Nutrition, Education and Sports



Active play session with children in Yeoor

Initiated in July, 2014 Shubh Aarambh is a National consortium of Save the Children, Magic Bus and implementing partners supported by Mondelez International. CCDT is the implementing partner in Mumbai and Thane district covering two locations – Wadala and Yeoor.

The key objectives of the programme are

- Improving health seeking behavior
- Community-based health services
- Nutrition and childhood development
- Strengthening future resiliency of targeted population.

Nutrition education, Kitchen Garden and Active Play are the three activity pillars of the programme.

The Shubh Aarambh programme covers a population of 49,259 (46,434 in Wadala and 2,825 in Yeoor) from the 10,276 households (9,711 in Wadala and 565 in Yeoor). The programme engages with pregnant women and lactating mothers, children up to 14 years and adolescents between 15 and 18 years.

ACHIEVEMENTS HIGHLIGHTS

- Increased awareness, knowledge and practice within communities and children on healthy lifestyles and nutrition.
- The programme team successfully established a strong relationship with various community stakeholders including parents, children, community leaders, Integrated Community Development Scheme (ICDS) workers and government officials such as Community Development Officer (CDO), Child Development Project Officer (CDPO) and the Police. All the officials expressed their readiness to support the implementation of the programme.
- Fifty nine mothers' groups with 923 mothers of children up to six years were formed and regular monthly meetings were conducted on the importance of health and nutrition.
- Twenty seven adolescent groups with 351 adolescents between 15 and 18 years were formed and regular monthly meetings on improving health seeking behaviour were conducted with them.



Participatory Rural Appraisal training with Anganwadi teachers



Kitchen garden training with staff

■ **Regular play/sports activities helping the children and youth to stay active and fit.**

- Hundred and eight Active Play sessions were conducted with 1,551 children between 7 and 14 years across 70 groups.
- Ninety Community Youth Leaders (CYLs) were identified and oriented on Active Play and their role in conducting sessions with children groups in the community.
- Eight sports events, four in Wadala and four in Yeoor, were conducted with 1,206 parents and 1,353 children.

■ **Increase in number of households with access to fresh fruits and vegetables.**

- Team was capacitated on understanding kitchen garden and how they can be cultivated in communities of Wadala and Yeoor through orientation visits to Bharatiya



Parents sports day

Agro Industries Foundation (BAIF), Krishi Vikas Kendra, Krishi Paryatan Kendra.

KEY PARTNERSHIPS

- Magic Bus
- Save the Children
- Mondelez International
- Health Department of Mumbai and Thane Municipal Corporations Education Department of Mumbai and Thane Municipal Corporations
- ICDS
- Sports Officers
- Police

MAJOR CHALLENGES

- Lack of space for meetings, Active Play sessions and kitchen gardening in Wadala.
- Engaging with adolescent girls in certain community clusters due to gender biased attitude.
- Lack of support from local community leaders.

CASE STUDY NOTE

Reconnecting to childhood...

It is interesting to note how women reconnected with their childhood, shed their inhibitions: “We are thrilled to participate in sports events...it brought back all memories of our childhood...initially we felt a little shy but later on we truly enjoyed it like children...we would like to participate in sports regularly and we are sure our children too would enjoy it”, this was the collective feedback from women after they enthusiastically played football. Later, on request, the team also organised a Kabbadi event for them.

mMITRA PROGRAMME



mMitra, a m-health programme

Mobile Health Messaging through Automated Voice Calls to advance reduction in mortality & morbidity of mothers children and neonates.

CCDT initiated the mMitra Programme, in July 2014 with support from Armman. mMitra, a m-health programme, uses mobile phone technology to engage with women and children from the urban slums from their early days of pregnancy until the child is one year old.

In the mMitra programme, regular, timed and targeted information is provided through automated voice calls, on preventive care and simple interventions in case of emergencies to women. The voice calls are sent directly to the women in local language, specific to women’s gestational age or the age of the new born.

mMitra covers R/North and R/Central wards of Mumbai Municipal Corporation, Mira-Bhayander area of Mira-Bhayander Municipal Corporation and Vasai, Nallasopara and Virar areas of Vasai-Virar Municipal Corporation. mMitra reaches out to a population of more than 10 lakhs.

ACHIEVEMENTS AND HIGHLIGHTS

■ **Programme reach**

The programme registered 16,252 pregnant women and lactating mothers, where most of the women are receiving targeted culturally appropriate comprehensive information calls on preventive care and simple interventions that includes nutrition, immunisations (during Ante natal and Post natal periods), bodily changes, risks and care during pregnancy, neonatal care (up to 1 month) and infant care (up to 1 year).

■ **The Government extends support to mMitra**

Written permission was obtained from the Medical Officer for Health (MOH) of R/North, R/Central wards, Mira-Bhayander and Vasai-Virar Municipal Corporations to support mMitra. Gradually, the Indira Gandhi Maternity Home at Mira road, a government hospital also consented to enrol women under mMitra in its premises.

■ **Linkages built and strengthened**

Linkages were built with Full Time Medical Officers (FTMOs) and Public Health Nurses (PHNs) of 20 Health Posts and with Supervisors of four Integrated Child Development Scheme (ICDS) centres. These officials then deputed their 55 Community Health Volunteers (CHVs), 25 Link workers, five ICDS helpers to function as Arogya Sakhis, to register women in mMitra.

Due to continual collaboration, linkages were built with 12 private maternity homes at Dahisar who have agreed to refer women to mMitra.

■ **Strengthening of Arogya Sakhis**

A total of 99 Arogya Sakhis were continuously engaged to strengthen their reach to pregnant women and lactating mothers on various aspects of mother and child health.

■ **Common Arogya Sakhi Meeting**

As part of the best practice sharing, 108 Arogya Sakhis across both the projects, came together and celebrated International Women’s day. The programme was attended by 22 stakeholders from Health Posts, ICDS and Private Maternity Homes.

KEY PARTNERSHIPS

- Municipal Corporations namely R/North and R/Central wards Municipal Corporation of Greater Mumbai, Mira-Bhayander Municipal Corporation, Vasai-Virar Municipal Corporation
- Health Posts
- ICDS
- Private and Government Hospitals and Maternity Homes
- General and Private Practitioners
- Diagnostic Centres, Blood Banks
- NGOs



Arogya Sakhi registering a lactating mother for mMitra voice calls

MAJOR CHALLENGES

- Inability to register eligible women under mMitra as either the mobile phones are unavailable with the women in the provided time slots (9 a.m. – 9 p.m.) or women do not understand the languages of the voice calls (Hindi or Marathi, as they are from Southern states of India).
- Difficulty in sending targeted information to pregnant women who are neither aware of the date of their Last Menstrual Period nor are registered in the hospital.
- Since mMitra is a new initiative, and the numbers of registrations are not to the extent to not fall under the DND (Do Not Disturb) category, thus deactivating DND on the mobile phones of all the registered women is challenging.



A mother listening to mMitra voice call

CASE STUDY

Just a call away...healthy mother, healthy child

Sanvi, aged 23, was six months pregnant when the Community Organizer and Arogya Sakhi registered her with mMitra. It was her first pregnancy.

Sanvi weighed a mere 42 kilos and was moderately anaemic with haemoglobin (Hb) eight gm/dL. The staff informed her about anaemia and how lack of care could impact her child’s development. Soon she started getting the mMitra voice calls and would eagerly wait to listen to them. It covered information on various aspects such as nutrition, anaemia management, birth preparedness, personal hygiene etc.

Sanvi took special care of her diet and nutrition. Subsequently at the time of her delivery, her Hb levels improved considerably to 10.2 gm/dL. Sanvi delivered a healthy baby of 2.75 kilos.

After her delivery, Sanvi promptly followed the instructions to give a missed call to mMitra. She was automatically registered for the Postnatal Care voice calls. She followed all the information with regard to postnatal care, child care, exclusive breast feeding and immunisation. Sanvi’s child has now grown to be a six month old exclusively breast fed child.



Registering a pregnant woman in mMitra



Training of Arogya Sakhis



FINANCIAL STATEMENT OF F.Y. 2014-15

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, 2015					
FUNDS & LIABILITIES	Rs.	Rs.	PROPERTY AND ASSETS	Rs.	Rs.
Trust Funds or Corpus :-			Immovable Properties:- (at cost)		
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	2,00,000.00	1,24,46,899.09	Additional during the year	-	
			Less : Sales during the year	-	
			Depreciation up to date	-	59,04,630.84
Other Earmarked Funds :-			Investments :- (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		
Depreciation Fund	-		is Rs _____ .		
Sinking Fund	-		Movable Assets :-		
Reserve Fund	-		Vehicle against Specific Fund		17,74,208.00
Any other Fund	1,40,81,628.00	1,58,55,836.00			
Funds for Bus of Umeed Project	17,74,208.00		Other Assets :-		
Loans (Secured or Unsecured) :-			Balance as per last Balance Sheet	31,21,107.47	
From Trustees	-	0.00	Additions during the year	9,25,533.50	
From Others	-		Less : Sales during the year	66,720.16	
			Depreciation for the year	7,68,383.50	32,11,537.31
Liabilities :-			Loans (Secured/Unsecured): Good / doubtful		
For Expenses	5,44,351.28		Loan Scholarships		
For Advances	-	5,44,351.28	Other Loans (Deposits)		3,77,269.26
			Advances :-		
For Rent and Other Deposits	-		To Trustees	-	
For Sundry Credit Balance	-		To Employees	-	
			To Contractors	-	
			To Lawyers	-	
			To Others	38,88,221.99	38,88,221.99
Income and Expenditure Account :-			Income Outstanding :-		
Bal. as per last Balance Sheet	36,12,903.87		Rent		
Less : Appropriation , if any	-		Interest On Fixed Deposits		0.00
Add : Surplus	4,47,821.79	40,60,725.66	Other Income		
Less : Deficit (As per I & E A/c)	-		Cash and Bank Balances :-		
			a) In Savings Account with Bank		1,397.13
			In Fixed Deposit Account with		1,77,50,473.00
			b) with the trustee		
			c) with the Manager Cash In Hand		74.50
Total		3,29,07,812.03	Total		3,29,07,812.03
As per our report for even date For Ashok Jayesh & Associates					
The above Balance Sheet to the best of my/our belief contains a true account of the funds & Liabilities & of the property & assets of the Trust For Committed Communities Development Trust					
Sd./- Partner Chartered Accountants (CA Jayesh D. Sangani) Auditors					
Sd./- Trustee					
Dated at 13.05.2015	M.No. 36041,	FR.No. 100655W	Dated at 13.05.2015	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, 2015					
EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
To Expenditure in respect of properties :-			By Rent (Accrued)		
Rates,Taxes,Cesses	-		(Realised)		-
Repairs and maintenance	-		By Interest		
Salaries	-		On Fixed Deposits (Accrued)	-	
Insurance	-		(Realised)	6,87,807.00	
Depreciation (by way of provision of adjustment)	-		On Securities Bonds (Realised)	-	
Other Expenses	-	-	On Loans		
		25,00,846.49	Income Generation Loan	-	
To Establishment Expenses			On Bank Account		
To Remuneration to Trustees	-		Saving Account	97,521.00	
To Remuneration	-		On Income Tax Refund	6,736.00	7,92,064.00
To Legal & Professional Expenses	0.00				
To Audit Fees		67,416.00	By Dividend		-
To Contribution and Fees	-		By Donations in Cash or Kind		4,33,63,316.00
To Amount written off:			By Grants (Respect of Specific Purpose Fund)		
(a) Bad Debts	-		Unspent balance Grants B/f.	79,24,105.74	
(b) Loan sponsorship	-		Add: Grants recd. during the year	2,38,40,415.76	
(c) Irrecoverable Rents	-		Less: Unspent balance tranfd. to Grants	1,32,86,548.50	1,84,77,973.00
(d) Other Items	-	-	By Income from other sources		
			(in details as far as possible)		
To Miscellaneous Expenses	-		Miscellaneous Income		4,000.00
To Depreciation	-		I.G.PIncome	-	
To Loss on Fixed Assets		66,570.16	Profit on Sale of Fixed Assets		0.00
To Amount transferred to Reserve or specific funds.			By Transfer from Reserve	-	
To Expenditure on objects of the Trust :-			By Deficit carried over to Balance Sheet		-
a. Religious	-				
b. Educational	2,93,29,402.58				
c. Medical Relief	3,02,25,295.98				
d. Relief of poverty	-				
e. Other Charitable objects	-	5,95,54,698.56			
To Surplus carried over to Balance Sheet		4,47,821.79			
TOTAL		6,26,37,353.00	TOTAL		6,26,37,353.00
As per our report for even date For Ashok Jayesh & Associates					
For Committed Communities Development Trust					
Sd./- Trustee					
Sd./- Trustee					
Partner Chartered Accountants (CA Jayesh D. Sangani) Auditors					
Dated at 13.05.2015	M.No. 36041,	FR.No. 100655W	Dated at 13.05.2015		



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Years of changing lives



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



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