

SNEHA



08-09
IN REVIEW



Every Woman & Child Counts.

16 SNEHA has interventions in more than 16 wards of Mumbai, including P/N, K/W, H/E, G/N, F/N, M/E R/C, R/S, P/S, M/W, E, DT, N, S, and L.

1315 women's groups meetings held that talked to women about safe institutional delivery, with the objective of reducing neonatal and maternal mortalities and morbidities. **1157** women attended these meetings regularly. These women, in turn, worked with another **1400** women to spread the same messages.

We worked with **277** staff at **14** health posts, **600** staff at **24** maternity homes, **4** peripheral hospitals and **1** tertiary hospital from Mumbai's public health system.

Vital level equipments provided to **3** Maternity Homes and **1** peripheral hospital.

15,468 COUPLES IN THE CHILD BEARING AGE AND **1,542** PREGNANT WOMEN MOBILIZED TO CHANGE CARE SEEKING BEHAVIOR AND PROMOTE SAFE PREGNANCIES AND INSTITUTIONAL DELIVERIES.

14,488 home visits and **98** group sessions conducted to bring about change in Maternal and Neonatal Health care seeking behavior.

36 Swasthya Sahelis (community volunteers) identified and trained in Maternal and Neonatal Healthcare to work on this issue in their communities.

36 programs held in which **1064** people were exposed to Appreciative Inquiry which successfully helped build rapport with and motivate stakeholders to work on Maternal and Neonatal Healthcare.

Established **3** Community Resource Centres in slum areas that disseminate relevant information on Maternal and Child Health to the community.

Convened a consortium meeting with **40** multi-sector representatives (Municipal Corporation, professional medical bodies, community members, and corporates) to ensure a sustainable body to guide, monitor, and advocate our work on Maternal and Neonatal Health.

Worked with **86** women in the community to set up self help groups and nutrition committees

500 Adolescent girls across four vulnerable, low income areas in Ghatkopar given life skills education focusing on health, nutrition and reproductive and sexual health.

More than **75 %** and above children in the day care centers have shown weight gain

PRESENTED **2** PAPERS AT THE 7TH INTERNATIONAL CONFERENCE ON URBAN HEALTH, VANCOUVER

272 victims of violence provided with legal aid, guidance, financial and counseling support. **3** community initiated Women's groups taken ownership to help women and children in crisis in their areas.

Around **8000** people sensitized to the issue of Violence Against Women through various campaigns.

16 cases of congenital heart disease in 0-10 year old children in local communities referred to hospitals with **4** successful surgeries.

5600 People from vulnerable communities benefited from our Medical, Physiotherapy, Homeopathy and Pathology Out Patient Services.

45 clients in distress were counselled and offered financial aid.

25 adolescent girls trained as Nurse Aides, **46** girls enrolled in tailoring classes.



From the desk of the Executive Director...

Dear Friends and well wishers,

It gives the SNEHA team great pleasure to present the annual Report for the year 2008-2009. The last year has seen a new team take over the management of the organisation, and finding its feet.

The year for the organisation has therefore been one of consolidation of existing work, and strengthening internal processes of finance and administration. The year has also seen the establishment of an internal knowledge management centre called “ Snehamanathan”, which as the name suggests will function to consolidate knowledge and offer it out to the organisation and the external world as nectar. The work has therefore continued in existing areas and the portfolios remain the same as before, however, we are slowly transitioning into a programmatic approach. This will be complete by the next year.

As usual we have had some extraordinary stories of change and interventions that made a difference to the lives of women and children living in the slums of Mumbai. Some of these are told in the pages before you.

One of the highlights for us was the foundation day(27th November) which had to be postponed, as the terrorist attack was just a day prior. It had been planned as a celebration with all our community partners. The entire team worked together to inform everyone , reschedule the dates and the final celebration was a success beyond our expectation. More that 600 health care professionals of the municipal corporation, Aanganwadi staff, women , youth and men came in to join the celebration and together create the meaning for “being on the journey of health together” (Hum Hain Raahi Swasthya ke). That was for me the true meaning of partnership, and it was very humbling to receive so much love and affection from the communities we work with.

On a more academic note, SNEHA has begun to make its presence felt as an organisation that makes a difference to Urban Health. Our research has been well appreciated, and papers have been published in international journals. Our staff has been invited to present on the work being done on Urban Health with respect to the models being tested and the research conducted so far.

We only ask that we can continue to live up to and go beyond the expectations that have been created and make a difference to the lives of women and children living in Urban Slums.

Because every woman and child counts...

Dr. Wasundhara Joshi

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Vision, Mission, Values...

VISION..

To dedicate our energies, expertise and resources to ensure quality nutrition, education and health care of women and children.

MISSION..

To impact quality of care and influence urban health policies through innovative solutions to problems in nutrition, education and health in urban communities.

To build sustainable and replicable models of intervention and partnerships that empower women to change their lives and those around them.



VALUES..

NURTURE:

Creating the environment and providing opportunities for growth by constantly seeking and amplifying what works - for individuals, the organisation and the society we serve.

We do this by focusing on strengths, guiding and mentoring individuals and communities, recognizing and appreciating efforts; thereby creating a supportive environment for growth.

VALUING EVERY PERSON:

Respecting every person, recognising individual strengths and capacities, believing in partnerships and embracing diversity.

COMMITMENT:

We are dedicated to the work we do. It is seen through our passion, initiative and involvement.

TRUST:

Trust is believing in integrity, reliability, freedom; and maintaining transparency.

EXCELLENCE:

To achieve excellence by consistently striving for quality through seeking the best in knowledge, practice and outcomes; while holding on to our values of discipline, adaptability and humility.

Board of Trustees ..

Dr. Armida Fernandez, MD, DCH

Founder & Chairperson: She was Professor and Head of Neonatology at Lokmanya Tilak Municipal General Hospital and Medical College for over 25 years and Dean of the hospital for 3 years. She was honoured as an Ashoka Fellow in 2004 and is the past president of the National Neonatology Forum.

Ms. Patricia Soans, BA

Co-Founder & Member: She is involved in fund raising for SNEHA. She is also active in social welfare services through her church and had been associated with the Parent Teacher Association (PTA) for schools in Santacruz.

Dr. Sindhu Shanbhag, MBBS

Secretary: She has worked in the Brihanmumbai Municipal Corporation and retired as a Medical Officer (Administration) at K.B. Bhabha Hospital, Bandra. She was also Officer on Special Duty at the Integrated Centre for Women and Children at Urban Health Centre, Dharavi.

Dr. Jayashree Mondkar, MD, DCH

Treasurer: She is currently Professor and Head of Neonatology at LTMG Hospital and serves as the Director of the Human Milk Bank

Dr. Ruchi Nanavati, MD

Member: She is Professor and Head of Neonatology at King Edward Memorial Hospital. She is a member of the Governing Body of National Neonatology Forum, Principal Investigator and Key Trainer for Kangaroo Mother Care.

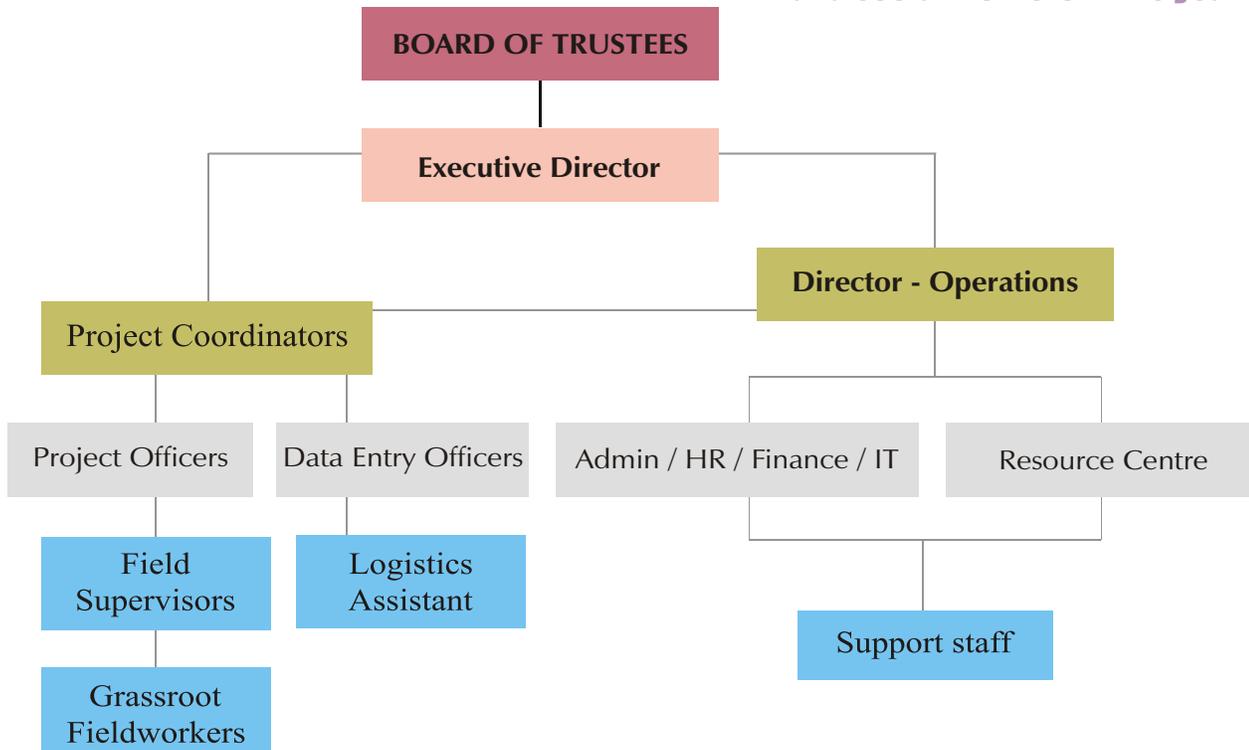
Ms. Blanche Saldanha, BSc, BEd

Member: She has been an executive member of the Board of Directors and member of the promoter group of Glenmark Pharmaceuticals Ltd. As Director-Exports, she headed the company's international operations and has over 23 years of experience in the pharmaceutical industry.

Dr. Shanti Pantvaidya, MD

Member: She was a medical teacher for 35 years and served as Professor and Head of Anaesthesiology Services at LTMG Hospital for 20 year. She has been a Project Coordinator at SNEHA, looking at standardizing & implementing clinical maternal and newborn services in public hospitals..

Organogram SNEHA was founded by a group of dedicated medical professionals and social workers in the year 1999.



Our Programs...

SNEHA believes that all its interventions need to bring about change that is systemic, sustainable and replicable. We work closely with Mumbai's public health systems and under-served communities

MATERNAL & NEONATAL HEALTH (MNH)

To improve the health and survival of mothers and newborn infants in the less privileged communities in Mumbai through effective community action.

CITY INITIATIVE FOR NEWBORN HEALTH (CINH) works with community members in urban slums to achieve improvements in maternal and newborn care practices and care seeking; and with municipal health service providers to strengthen decentralised primary care, achieve provision of quality antenatal and postnatal care at health posts, encourage continuous quality improvement in maternal and neonatal services and test replicable models of interventions to improve maternal and newborn health.

SNEHA SURE START works to significantly increase individual, household and community action that directly and indirectly improves maternal and newborn health and to enhance systems and institutional capabilities for sustained improvement in maternal and newborn care and health status.

EMPOWERING WOMEN AGAINST DOMESTIC VIOLENCE

To provide interventions necessary for a woman or child in distress to help them overcome their crises.

CENTRE FOR VULNERABLE WOMEN AND CHILDREN (CVWC) provides immediate intervention to women and children experiencing violence, prevention of Violence Against Women (VAW) through community outreach activities and effect long term intervention for the empowerment of women.

CHILD HEALTH & NUTRITION

To decrease child malnutrition, and provide relief to children with congenital heart disease.

NUTRITION: MODEL I - COMMUNITY ACTION & MODEL II - DAY CARE CENTRES work to decrease child malnutrition (age group 0-3 years) and improve the infant and young child feeding practices of the mothers in urban slum communities.

HEART TO HEART identifies children (aged 0-12 years) with congenital heart disease from slum communities and provides necessary medical intervention and rehabilitation

HOLISTIC HEALTHCARE FOR SENIOR CITIZENS

To provide holistic health care to senior citizens on a preventive and curative level, and provide them with social, recreational and skill oriented activities, which enhance their well being.

MEDICAL, PHYSIOTHERAPY & HOMEOPATHY Out Patient Services
PATHOLOGY LAB

LIFE SKILLS FOR ADOLESCENT GIRLS

GIRLS GAINING GROUND empowers adolescent girls so that they are well informed and can reduce the problem of child malnutrition in their families and communities, and contribute towards improving the nutritional status of children in the state / country.

SWASTHYA SEVIKA (NURSE AIDE) PROGRAM identifies adolescent girls from local slum communities and trains them as healthcare personnel to care for the ill and infirm.

RESOURCE CENTRE (SNEHA MANTHAN)

This is our internal resource centre, envisaged to integrate the working areas of research, training and advocacy along with education and awareness activities towards empowering the urban population and working towards "Health for All".

City Initiative For Newborn Health

Date of Inception: June 2004

Status: Ongoing

Target Group:

The facilities component targets 277 staff at 14 health posts, 600 staff at 24 maternity homes, 4 peripheral hospitals and 1 tertiary hospital as well as community women who access these facilities.

A population of around 2,83,000 is covered by the community intervention and control trial across 6 municipal wards of Mumbai.

Project Area and Population Coverage:

The facility intervention covers public health facilities from 16 wards: P/N, K/W, H/E, G/N, F/N, M/E, R/N, R/S, P/S, M/W, E, D, T, N, S, and L.

48 communities from 6 wards of Mumbai: F/N, G/N, H/E, K/W, M/E and P/N.

Goal:

To improve the health and survival of mothers and newborn infants in underprivileged communities in Mumbai and to establish a continuous quality improvement (CQI) cycle at municipal health providers enabling them to provide designated level of quality care.

Objectives:

- ◆ To work with community members in urban slums to achieve improvements in maternal and newborn care practices and care seeking.
- ◆ To work with municipal health service providers to strengthen healthcare delivery:
 - To begin provision of high quality antenatal and postnatal care at health posts.
 - To encourage continuous quality improvement in maternal and neonatal services at maternity homes and hospitals and along the referral chain.

Methodology:

The Community mobilization intervention strategies are designed to encourage change through community participation, using self-sustaining group activities, and appreciative inquiry. It is designed as a cluster randomised controlled trial which will be evaluated along with the evaluation of the primary health care strengthening program. Facility interventions are planned to improve maternal and neonatal health at all of levels, from primary to tertiary.

SNEHA believes in using the method of Appreciative Inquiry (AI) to bring about behaviour change

Progress during 2008-09:

Facility:

- Increase in the utilization of services at the health posts and maternity homes.
- The Municipal Corporation of Greater Mumbai (MCGM) has engaged actively in the process of change, instituting regular clinical training across the city, introducing partographs at all maternity hospitals and sanctioning the establishment of more clinics.
- New referral link established between one peripheral hospital and maternity home.
- Antenatal, postnatal and neonatal (APN) clinics started at two new health posts making it a total of eight health posts conducting clinics. Early antenatal registration has gone up from nil to 20 percent with 20 percent pregnant women paying two or more visits.
- Eleven maternity homes underwent a training program titled 'Aamhi Badal Aanu Shakto' ('We are capable of bringing about a change') organized under the aegis of the MCGM with SNEHA as the resource agency.
- Vital level equipments provided to three maternity homes and one peripheral hospital through a partnership with the Saurashtra Medical and Education Trust.
- SNEHA invited to be a member of the Integrated Health and Family Welfare Governing Society of the MCGM.

Community:

- The intervention that began in May 2006 ended in March 2009. Of the 244 women's groups formed, 150 women's groups have completed the entire cycle of planned intervention. Interviews of women's group members and stakeholders have been completed for the process evaluation of the intervention.
- Data collection: Routine ongoing surveillance to test the impact of the intervention. Interviews of traditional birth attendants to understand their status, studies on empowerment of women in terms of "agency", domestic violence and mental health during pregnancy.
- Data disseminated through presentations at national and international conferences, and submission of papers for publication.

Future Plans:

Facility: To raise funds to expand work with Health Posts and Peripheral Hospitals and to impact the policies of MCGM as a governance council member.

Community: Ongoing surveillance and data analysis for final impact report, completion of all sub studies, process evaluation of surveillance and intervention, dissemination of data with a view to impact health policies at the city and state level.

SNEHA Sure Start



Inaugurating a Community Resource Centre

Date of Inception: January 2007

Status: Ongoing

Target Group:

Pregnant women, newborns, public and private health institutions providing maternal and newborn care services, youth (18 years and above), community based organizations.

Project Area and Population Coverage:

4 vulnerable slums of N-Ward, Ghatkopar - Kirol Village, Kamraj Nagar, Vikhroli Parksite, and Varsha Nagar covering a population of 203,167.

Goal:

To sustainably enhance maternal and newborn health status through effective community action.

Objectives:

- ◆ To significantly increase individual, household and community action that directly and indirectly improves Maternal and Neonatal Health (MNH)
- ◆ To enhance systems and institutional capabilities for sustained improvement in maternal and neonatal care and health status.

Methodology:

Sure Start is an initiative in MNH by PATH, an international health NGO, which is aimed at significantly reducing maternal and newborn mortality and morbidity and designed to complement and support national and state policies and programs. SNEHA is one of the 7 lead partners in the Sure Start initiative in urban Maharashtra. At the community level, the project works with expectant mothers and newborns through home visits and group sessions to improve health behaviors and mobilizes women, youth, and community based organizations. It also aims to set up and run community resources centers (CRCs). It works with public and private healthcare providers to standardize and improve quality of

maternal and newborn healthcare through introduction of clinical protocols, conducting clinical training, forming antenatal/postnatal/neonatal (APN) clinics, and establishing a formal referral system. Community members and health service providers form action groups involved in improving MNH in their areas and a multi-sector consortium has been developed to sustain the project. Appreciative Inquiry and participatory methods are used throughout all project work.

Progress during 2008-09:

- Institutionalizing home visits, group sessions, and data collection of pregnant women and their newborns through a comprehensive and well-planned system.
- Establishment of 3 CRCs
- Establishment of 1 APN clinic at a health post
- Conducting clinical training for GPs through 3 Continuing Medical Education sessions
- Convening a consortium meeting with 40 multi-sector representatives (Municipal Corporation, professional medical bodies, community members, and corporates) to ensure a sustainable body to guide, monitor, and advocate MNH work initiated by project

Future plans

The next year will continue to focus on implementation. Conducting home visits and group sessions, running of CRCs, training of healthcare providers, establishing and running of APN clinics, and establishing a referral system will be continued to improve MNH quality and standard of services and MNH status in community. International accreditation of healthcare facilities will also be explored with public and private health systems to standardize and improve quality of care. To ensure that the project work is sustained, a strong focus will be put on strengthening the local action groups and the consortium. On-going rapport building with stakeholders as well as on-going inputs and capacity building for staff will be done.



Celebrating Breastfeeding week through culturally relevant street plays at public hospitals

Centre for Vulnerable Women & Children

Date of Inception: November 2000

Expected end-date: Ongoing

Target Group:

Women and children in distress and community groups

Project Area and Population Coverage:

Dharavi and neighbouring areas- a population of more than 6,50,000. Services also accessed by clients from different parts of Mumbai.

Goal:

To reduce violence against women and children in urban slums of Dharavi through intervention, prevention and community organization programs.

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Objectives:

- ◆ To offer immediate Crisis Intervention to the survivors of violence and their families and to work with them on a long term basis to rebuild their self esteem and self worth
- ◆ To network with allied systems for a coordinated response to Violence Against Women and Children (VAWC) and to elicit participation and ownership to work on this issue through collective action
- ◆ To organize community groups to enable them to recognize violence as a serious concern
- ◆ To create a resource pool of knowledge and documentation

Methodology:

The Centre facilitates a blend of social work and psychotherapeutic interventions which are need based. In order to build healthy and functional families, a non threatening approach is adopted which focuses on involving the perpetrators to bring about a behavioral change. Community organization is used as a strategy to work on the prevention of VAWC in the communities.

Progress during 2008-09:

- 272 clients received guidance and support, of which 96 have reconciled with their families
- In 38 cases, women were able to negotiate their streedhan or maintenance and legal counseling enabled 72 women to initiate divorce/maintenance/property acquirement proceedings in court.
- Improved relationship with the police has enabled them to compliment our intervention in 38 cases.
- 3 Women's groups in the community have taken ownership for carrying out independent action
- Poster on "Conflict, crisis and abuse in Dharavi, Mumbai: experiences from six years at the Centre for Vulnerable



An awareness program on Child Exploitation

Women and Children" awarded the first prize at the International conference on Gender-based Violence and Sexual and Reproductive health.

- In house publication " Empowering Survivors of Violence" and a movie on the centre's work completed.
- Local level network of Dharavi NGO forum comprising of 18 NGOs strengthened and the issue of VAWC integrated in the mainstream.

Future Plans:

- Strengthening of local level networks
- In depth work in clusters of the Pilla Bungalow Health Post
- Coordination with the Burns Unit and strengthening links with Social Work and Preventive and Social Medicine departments of LTMG Hospital, Sion, to facilitate mainstreaming of VAWC as a public health concern
- To create a resource pool of knowledge and documentation in the area of domestic violence

Case Study:

The case of Melony (name changed) was referred to CVWC from the Psychiatry Department of a tertiary hospital.

Melony who wanted to become a woman, underwent a sex reassignment surgery. She and her partner (Asif) (name changed) approached the centre to help her acquire the legal status of a woman. In depth interviews revealed other kinds of discrimination (housing, etc) that they faced from their families and society. The counseling process including psycho education and role education was initiated with both of them.

The couple was also accompanied to India Centre for Human Rights and Law for legal counseling on acquisition of her legal status. They were counseled to get married immediately. The couple got married and Melony acquired her legal status. They have learnt to cope with all kinds of situations.

Nutrition Model I - Community Action



A mohalla (community) session in progress

Date of Inception: December 2006

Status: Ongoing

Target Group:

Children in the age group 0-3 years and their mothers. 86 community women who are members of self help groups and nutrition committees. 10 Anganwadis and 2 health post staff; and pregnant women covered by both.

Project Area and Population Coverage:

700 households in the Kunchikurve and 2500 households in the Kumbharwada communities of Dharavi

Goal:

To improve the health and nutrition of mothers and children

Objectives:

- ◆ To improve care seeking practices of mothers
- ◆ To improve the livelihood capacity of women
- ◆ To reduce malnutrition in children aged 0-3 years old
- ◆ To improve infant feeding practices of mothers with babies in the age group of 0-3 years

Methodology:

A household baseline survey and anthropometric measurements of under-three year old children conducted to understand the demography, care seeking and feeding practices of mothers with children. Self Help Groups (SHGs) formed in both areas to initiate savings and income generation. Sessions ranging from breastfeeding, complementary feeding, government services, to illness management in children conducted with these groups, which acts as a peer influence strategy to bring about a change in the care seeking practices of the women. Interactive and participatory techniques used while conducting sessions and workshops with the nutrition committee and self help groups.

The design also incorporates strengthening government systems by working with the state's ICDS program and Health posts for

improving the services for outreach, delivery and quality in both the communities. Monitoring through supportive supervision and use of Appreciative enquiry forms a vital part of work with the system.

Progress during 2008-09:

- Assessing prevalence of malnutrition in both the areas
- Formed four SHGs, 3 of which have begun saving
- Formed two nutrition committees that are currently referring children to Anganwadis and Day Care Centers. They are also actively engaged in awareness generation activities in the area
- Health and nutrition sessions with the SHG members

Future plans/next steps:

- Income generation activities in the SHGs that are functioning for 6 months or more
- Setting up new SHGs, increasing the visibility of the Nutrition committees in the community
- Campaigns and events around nutrition and health in the community

Case Study:

Seema, about 21 years of age comes from a Muslim community in Kunchikurve. Earlier her family was of the view that Muslim girls should not go out of the house or work as that was the role of the male members in the family. Seema's mother, Sultana was part of the Phase I of our project and would attend the nutrition sessions. Our field workers would often visit the family and try to persuade them to allow the girls more exposure to the outside world, to be able to stand on their own feet and gain independence. Slowly, the men in the house got convinced and agreed on the terms that SNEHA will ensure that nothing goes wrong in sending Seema outside the house for work.

As Phase II began, Seema was appointed as the crèche teacher for the Day Care Centre at Kunchikurve. Initially, Seema was skeptical whether she would be able to handle 20 children and take responsibility for their health and development. However, as time went by, and the crèche staff underwent training, Seema's confidence in her abilities and her teaching skills greatly improved. She can now manage the centre and takes keen interest in the development of the children.

Seema has also tried to bring about change in her immediate neighborhood by convincing people to send their children to our Day Care Centres. She gained the respect of the community people and people look up to her as she is a 'teacher'. Her brother can see the changes in the household and at the centre. He admires the work of his sister and now encourages her to excel even further.

Seema participates actively in meetings at the office and at the centre. She voices her opinion with confidence and ensures parents and mothers listen to what she has to say.

Sultana and many other women from this particular SHG are highly motivated and have joined the Nutrition Committee formed in their area in order to influence the care seeking of other families in the community. One can justly say that over the year, this family has been truly empowered!

Nutrition Model II -Day Care Centres



Day Care Centre at Kumbharwada, Dharavi



Parent Meeting at Kunchikurve DCC, Dharavi

Date of Inception: June 2008

Status: Ongoing

Target Group:

40 Children in the age group of 0-3 years. Mothers of the children attending the Day Care Centers (DCC).

Project Area and Population Coverage:

700 households in the Kunchikurve and 2500 households in the Kumbharwada communities of Dharavi

Goal:

To reduce malnutrition in children in the age group of 0-3 years through systemic innovation

Objectives:

- ◆ Early identification of malnourished children in the age group of 0-3 years
- ◆ To manage cases of under nutrition with Grade I and II in children in the age group of 0-3 years.
- ◆ To prevent under nutrition in the age group of 0-3 years.
- ◆ To refer Grade III and IV undernourished cases to the Nutrition Rehabilitation Center (NRC)

Methodology:

The model has two levels of intervention. At the systems level, model Day Care nutrition centres are run for malnourished children in grade I and II, below 3 years of age at the nodal anganwadi centers with the complete involvement of the anganwadi workers. The Anganwadis in the area are assessed and supervised for service provision. This is to ensure 100% coverage and early identification of undernourished children for management.

The other identified children get treated on an outdoor basis. Preference is given to children of working women. The grade III and IV undernourished children are referred to the Nutrition

Rehabilitation Centre (NRC). The children at the DCC receive 4 wholesome meals a day and get assessed monthly for change in weights.

Monthly parent meetings are conducted at both centers to ensure behavior change towards accepting and following appropriate feeding and care-seeking practices. Children are discharged when they consistently show weight gain in the Normal grade; in two consecutive monthly weight measures.

Progress during 2008-09:

- Five children have already been discharged within the four months since the DCC's have been fully functional after attaining a Normal grade of nutrition
- The DCCs have been hugely appreciated by the community and the enquiries for enrolment are encouraging
- Mumbai Mobile Crèches, an organisation which works with the children of migrant workers, has trained our crèche teachers, who can now ensure the quality of care given and focus on the nutritional needs and weight gain in the child, as well as the overall development of the child

Future plans/next steps:

Streamline systems and processes
Ensure regular attendance by the children
Focus on building family engagement and capacity building of the community to ensure health and nutrition of the children

Appreciative Inquiry shifts the focus from a problem oriented approach to a possibility oriented one, and looks at the existing strengths of an organization or community and focuses on positive attributes as a basis for creating a desired future.

Swasthya Sevika



Swasthya Sevika students

Date of Inception: August 2008

Expected end-date: Ongoing

Target Group:

Vulnerable adolescent girls not pursuing higher education / career who are educated upto the 10th Gradel

Project Area and Population Coverage:

A group of 25 girls from in and around Ghatkopar

Goal:

To create a trained work force that can act as support staff or nurse-aides to nurses to provide for better care to the ill and infirm in an understaffed health sector

Objectives:

- ◆ To provide knowledge, skills and attitudes to drop-out girls through both theoretical and practical vocational training
- ◆ To help trained students find suitable jobs
- ◆ To provide additional income generation for vulnerable individuals and families

Methodology:

Admission of girls is granted based on age 16-18 years old and whether she is 10th pass or fail, interested in nursing and willing to work shifts.

The 1-year course is designed to enable the trainees to work immediately upon completion of the course. The first six months is theoretical training covering the prescribed syllabus. The trainees are also placed for practical learning in hospital set-ups

under high levels of supervision and monitoring during this period. The second six months is an internship with a health institution in which the girls receive a nominal stipend.

Upon satisfactory completion of the course, a certificate and job placement assistance is given.

Progress during 2008-09:

- Course inaugurated at Hindu Sabha Hospital (a charitable hospital) in Ghatkopar
- 25 girls registered for the course and 21 girls passed the theoretical exam and have started their internships at 3 health institutions
- English classes conducted for the girls

Future plans/next steps:

In the next year, a new batch of students will be started at the Santacruz project site.

Case Study:

Amrin comes from a poor economic family. Her father has a bun bakery but the income was not sufficient to feed a family of seven. As a result, despite being a bright student, Amrin had to leave her studies when she was in 8th Standard.

She started working in a dispensary to help her family financially. When she learned about the Swasthya Sevika Course at SNEHA, she immediately came to enquire about it. Even knowing that she may have to wait a year for a job placement because of age limitations (she was under 18 years of age), she was still keen to join the course and said she would not mind waiting.

Amrin turned out to be one of the brightest students of the batch. Despite having studied only upto the 8th Standard, she gave competition to the rest. Her experience in working in a dispensary helped her in the subject. Her English was also better than others.

She passed with 93% and is currently pursuing her internship.



Convocation ceremony

Girls Gaining Ground

Date of Inception: April 2008

Status: Ongoing

Target Group:

Adolescent girls

Project Area and Population Coverage:

1000 adolescent girls in 4 vulnerable slums of N-Ward, Ghatkopar Kiroli Village, Kamraj Nagar, Vikhroli Parksite, and Varsha Nagar

Goal:

Empowering adolescent girls with the knowledge required to reduce the problem of child malnutrition in their families and communities, and contribute towards improving the nutritional status of children in the state / country.

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Objectives:

- ◆ Empower members of adolescent girls' groups to become self confident, well informed and responsible decision makers, by creating awareness especially in the context of health and nutrition, building their life skills, and equipping them with some vocational skills.
- ◆ Address issues of child and adolescent health and nutrition at the community level through the members of the adolescent girls' groups.
- ◆ Through these groups at community level, advocate for issues related to child and adolescent health and nutrition

Methodology:

The GGG project facilitators form groups of approximately 25 adolescent girls and take the girls through a series of sessions on life skills education focusing on health and nutrition, reproductive and sexual health and involve them in advocacy on health and nutrition related issues in their own communities.

Progress during 2008-09:

- Reached out to approximately 500 adolescent girls across 4 vulnerable areas who regularly attend sessions in their communities
- These girls have increased levels of confidence and discuss issues related to reproductive and sexual health openly without any hesitation, which was not the picture at the beginning of the project.
- Formed and sustained 20 groups of adolescent girls which have now become active self help groups promoting peer education and support among the group members



Adolescent girls at one of the sessions

Future plans

- Cover another group of 500 adolescent girls from vulnerable communities.
- Conceptualise and Implement a similar life skills program for boys from vulnerable communities.
- Partner with other organisations to work on assessing and enhancing the vocational skills of the girls.

Case Study:

Meena, a 2-year old child, whose parents were unable to care for her was placed with her aunt. She was a beautiful child: curly hair, fair skin, and so friendly. Despite her good nature, her aunt would beat her without reason.

The neighbors would hear her cries and try to interfere, but the aunt would fight with them too. They contacted our Facilitator to help with the case. The Facilitator spoke to the aunt who said the problem was Meena's sharp fingernails. The Facilitator cut her nails and the aunt promised all would be better...but within 2 days the beating began again, this time with a metal pipe.

One day, Meena was made to stand naked with her hands tied to a stick above her head in the sun on a box. This time her cries were heard by the adolescent girls who had been attending our sessions for 4 months. They reported this to their Facilitator and she told them to tackle the case as she was confident of their abilities.

The girls took a picture of Meena with their cell phone and went to the police station. Seeing the picture, the police came to see Meena and explained that a medical report would also be required. The girls took Meena to Rajawadi Hospital, got a medical report and filed a police complaint. Meena now lives at Children's Aid Society (Chembur). Her reunion with her parents is being followed-up.

SNEHA Shakti



Senior Citizens utilising the Pathology facilities



A Cancer awareness program in session

Date of Inception: November 2003

Expected end-date: Ongoing

Target Group:

Slum Communities in the vicinity of Santacruz, with a special focus on senior citizens, adolescent girls and children in the 0-12 age group

Project Area and Population Coverage:

Slum Communities in and around the Shastri Nagar and Gazdar Bandh and Bhim Wada areas.

Goal:

To provide holistic health care services, vocational training and opportunities for income generation to the women from the community

Objectives:

- ◆ To provide Out Patient Medical Services to the economically poor at nominal costs
- ◆ To provide promotive, preventive and curative health care facilities for the senior citizens
- ◆ To provide vocational training and income generating opportunities to adolescent girls and women
- ◆ To detect and treat congenital heart diseases in children in the 0-12 year age group

Methodology:

- Community Mobilization and Outreach through surveys,

health camps and awareness programs for senior citizens.

- Medical and Homeopathic Outpatient services.
- Physiotherapy Services
- Pathology laboratory
- Home Visits with Medical services for the home bound senior citizens
- Recreational and holistic health facilities like Yoga and Art of Living, workshops to create awareness on various issues and disseminate information for the senior citizens
- Medical outreach services to home bound senior citizens
- Tailoring classes for adolescent girls and Income Generation activity for women
- Networking and facilitation for surgical intervention for children [0-12 yrs] identified with congenital heart disease

Progress during 2008-09:

- Four successful surgeries were conducted on children diagnosed with Congenital Heart Disease
- Out Patient Department - 3103 beneficiaries
- Physiotherapy - 863 beneficiaries
- Pathology Lab - 1311 beneficiaries
- Homeopathy - 218 beneficiaries
- Tailoring Activity - 46 girls enrolled
- Kids Heart Care - 16 referrals/ 4 surgeries
- Counseling, Referrals and cases for financial aid - 45

Future plans/next steps:

Sustainability of the projects and replicating some of the activities in the community

Starting a crisis centre

Networking with support systems

Expanding the Swasthya Sevika Program

Developing Income Generation activities for community women

Working on Home Based Care for Senior Citizens

SNEHA's interventions are highly participatory and democratic, both of which encourage ownership and ensure sustainability.

Funding, Partners, Donors...

Funded by

PATH
ICICI-SIG
Wellcome Trust
Indian Heart & Lung Research Foundation
Bhavishya Alliance
Volkart
Women to Women International Fund
Mars Restaurants Pvt. Ltd.
The Bombay Community Public Trust
Yuva
Saurashtra Medical & Edu. Charitable Trust
Ammada Trust
Tech Mahindra

Donors

Glenmark Pharmaceuticals Ltd.
Reliance Industries Limited
Luis & Fiona Miranda
Ivan Manuel Menezes
Charisma Shelter Pvt. Ltd.
Abhay Pandey
Tata Institute of Social Sciences
Jerome Schmitt
VCam Investment Managers Pvt. Ltd.
Tata Sons Ltd.
Bank of India, Mahalaxmi Branch
Mr. & Mrs. Gandhi
All India Institute of Local Self Government
Mehranji Edulji Bilimoria Charitable Trust
Patricia Soans
William Flora Hewlett
MWA Kamp
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Tony Lewis
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Citizen Credit Coop Bank Ltd.
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BPL Mobile Communications Ltd.
Birla Sunlife Insurance Co. Ltd.
Bajaj Allianz General Insurance Co. Ltd.
Pranav Mehta
Gordon Institute of Business Science
Sayee Hegade
G.P. & Jayashree Hegade
Gourmet Restaurants Pvt. Ltd.
Nandan Shanbhag
Minex Metallurgical Co. Ltd.
Lumena Lobo
Hindustan Lever Educational & Welfare Trust
Melvin & Frances Tellis
Robert Kuth
George Castelino
Juliet Castelino
Aruna & Michael Mascarenhas...

Partners

Municipal Corporation of Greater Mumbai Public Health Department

SNEHA partners with the health department with an objective to decrease maternal and neonatal mortality in the city.

Lokmanya Tilak Municipal General Hospital (LTMGH) and Medical College

LTMGH partners with SNEHA in all activities for the CINH and the Senior Citizen's projects.

Kishori

Aimed at empowering adolescent girls, this project trains young women to become self-sufficient. Partners are FOGSI, UNICEF, and LTMGH.

Family Welfare Agency

An agency providing family based health education, recreation programs, homebound outreach, as well as a day care centre for senior citizens.

UCL Institute of Child Health, London

The institute helps us to evaluate the interventions made by the City Initiative for Newborn Health project in the community and facility aspects.

We are grateful to all our funding agencies, partners and donors for their kind support over the years.



Accountability & transparency..

Board Members Remuneration

Consultancy fees paid to

Dr. Armida Fernandez - Rs. 2,09,187

Dr. Shanti Pantvaidya - Rs. 2,36,250

All other members of the Board of Trustees work on a voluntary basis and are not paid any remuneration

Remuneration of highest paid staff member

Rs. 60,000 per month

Remuneration of lowest paid staff member

Rs. 1,500 per month

Total cost of National Travel

Rs. 255,538

Total cost of International Travel

Rs. 1,80,553

(Expenses for attending and presenting at the 7th International Conference for Urban Health at Vancouver, Canada)

Distribution of staff based on remuneration bands

(All staff and paid full time consultants taken into account)

Gross Remuneration per month including benefits	Female	Male	Total
Less than 5000	56	2	58
5001-10000	27	1	28
10001-25000	18	5	23
25001-50000	7	0	7
50001-100000	1	0	1
Total			117

FORM NO. 10B

(See rule 17B)

Audit Report under Section 12 A (b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions

*I / We have examined the balance-sheet of

SNEHA (SOCIETY FOR NUTRITION EDUCATION & HEALTH ACTION)

(Name of the trust or institution)

as at 31/03/2009 and the profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said trust or institution.

*I / we have obtained all the information and explanation which to the best of *my / our knowledge and belief were necessary for the purposes of the audit. In *my / our opinion, proper books of account have been kept by the head office and the branches of the abovenamed *trust / institution visited by *me / us so far as appears from *my / our examination of the books, and proper returns adequate for the purposes of audit have been received from branches not visited by *me / us, subject to the comments given below :-

In *my / our opinion and to the best of *my / our information, and according to information given to *me / us, the said accounts give a true and fair view -

(i) in the case of the balance-sheet, of the state of affairs of the abovenamed *trust / institution as at 31/03/2009, and

(ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on 31/03/2009

The prescribed particulars are annexed hereto.

VINOD S. MEHTA & CO.
CHARTERED ACCOUNTANTS



Signed @

PARAG V. MEHTA
PARTNER

Place

Date 25 SEP 2009

NOTES :

1. * Strike out whichever is not applicable.

2. @ This Report has to be given by -

i. a chartered accountant within the meaning of the Chartered Accountants Act, 1949 (38 of 1949); or

ii. any person who, in relation to any State, is, by virtue of the provisions of sub-section (2) of section 225 of the Companies Act, 1956 (1 of 1956), entitled to be appointed to act as an auditor of the company registered in that State.

3. Where any of the matters stated in this report is answered in the negative, or with a qualification, the report shall state the reasons for the same.

Finances - Balance Sheet

Balance B/F.	10,839,819.21		
* Income Outstanding :-			
Rent	472,941.20		
Interest	357,317.28		739,858.48
Other Income			
Prepaid Expenses			
Rent	25,938.00		25,938.00
Others			
Cash and Bank Balances :-			
(a) In saving Account with ICICI A/c	161,129.00		
(b) In saving Account with PNB-FCRA A/c	118,898.00		
(c) In saving Account with PNB Bank	524,747.52		
Cash on Hand	18,754.00		825,528.52
In Fixed Deposit Account with			
(a) With the trustee			
(b) With the manager			
Income and Expenditure Account :-			
Balance as per Balance Sheet			
Less: Appropriation, if any			
Add: Deficit as per Income and			
Less: Surplus Expenditure Account			
Total Rs...	10,435,144.21	10,435,144.21	
As per our report of even date			
* Income Outstanding : The above Balance Sheet to the best of my/our belief contains a true account of the Funds and Liabilities and of the Property and Assets of the Trust.			
Rent			
Interest			
Other Income :			
TOTAL Rs. :			
For MRS. VINOD S. MEHTA & CO. PARTNERS & CO. CHARTERED ACCOUNTANTS			
			
PARAG V. MEHTA			
-PARTNER			
For MRS. SNEHA (Society for Nutrition Education & Health Action) For SNEHA (Society For Nutrition Education & Health Action)			
			
TRUSTEE			
<i>As per our report</i>			
Dated at : 25 SEP 2009			
Dated at : 25 SEP 2009			

Finances - Income & Expense

The Bombay Public Trusts Act, 1950

SCHEDULE - IX
[Wide Rule 17(1)]

Name of the Public Trust M/S. SNEHA (Society for Nutrition Education & Health Action)
Income and Expenditure Account for the year ending 31ST MARCH, 2009

Regn. No. E-17858 (MUM)

EXPENDITURE	RS.	RS.	INCOME	RS.	RS.
To Expenditure in respect of properties :-			By Rent (accrued) + (realized)		
Rent, Rates & Taxes	35,152.00				
Repairs and maintenance	55,568.00				
Salaries	1,990,014.00		By Interest (accrued) + (realized)		
Insurance	-	1,780,734.00	On Securities		
To Printing & Stationery		98,919.00	On Loans		
To Staff Welfare		58,038.00	On Saving Bank A/c	28,164.00	
To Conveyance		182,356.00	On Fixed Deposit	776,612.01	
To Bank Charges		5,007.00	On RBI Bond	252,631.00	
To Remuneration to Trustees		-	Less - Interest on Specific Fund FD transferred to Specific Fund	1,085,807.01	913,048.01
To Telephone Expenses		18,543.00		142,761.00	
To Audit Fees		85,775.00			
To Workshop Expenses		-	By Donations in cash or kind		5,306,379.00
To Amount written off :-		-	By Grants		
(a) Bad Debts		-	By Income from other Sources		150,737.00
To Miscellaneous Expenses		-	By Transfer from Reserve		-
To Depreciation		-			
To Amount transferred to Reserve or Specific Funds		192,155.00			
To Expenditure on Objects of the Trust		448,000.00			
(a) Religious		-			
(b) Educational	1,265,632.00				
(c) Medical Relief	103,033.00				
(d) Relief Poverty	-				
(e) Other Charitable Objects	-				
To Surplus carried over to Balance Sheet		1,366,672.00			
		2,133,115.01	By Deficit carried over to Balance Sheet		
		6,370,162.01			6,370,162.01
Total Rs		6,370,162.01	Total Rs		6,370,162.01



For M/S. VIKOD S. MEHTA & CO.
CHARTERED ACCOUNTANTS (INDIA) LTD.
PARTNER

As per our report of even date
Dated at 25 SEP 2009

* Strike off whichever is not applicable
For M/S. SNEHA (Society for Nutrition Education & Health Action)
For SNEHA (Society For Nutrition Education & Health Action)
TRUSTEE

Have a minute there, God?

February 2009. I was walking down a familiar lane, to the shoe shop. The dusk was just setting in, and nobody could have guessed that this dark night, was not one of a shining moon. It was the one that threw the darkest twist into my life. Suddenly I felt strong hands pulling me into a rickshaw. They tied up my mouth. The fierce look in their eyes didn't seem like temptation, it seemed like sheer rage.

We reached somewhere in Chembur and they pushed me into a flat on the 7th floor. They were two people. A brash woman and a ruthless man. She picked up her cell phone and called somebody. Said something that sent shivers down my spine. She said, "Come fast the girl that you want, is ready". I said very assertively, that I will never let anyone take advantage of me. My words, not surprisingly, fell on deaf ears.

Two men, dressed in trousers and full white shirts entered. Goosebumps started cramming all over my body. I could feel my heart beating in my throat. The first man took his trousers off. Held my hands and forcefully pushed me down. I helplessly yelled. I could feel the pain as his nails pierced into my skin. He took my clothes off. And, felt me. The humiliation was overpowering. He then raped me.

Then almost immediately, he went inside and the second man came out. To do, just the same thing. They hurt me, hit me and bruised me. The marks of which, will probably scar my heart forever. The woman came out next. I was hoping that although she was an abettor, the humanity in her would hold my hand and save me from these beasts. I was wrong. She came out and caressed my breasts. She kissed me all over and fingered me. I could no longer feel anything. I was brain dead.

The first man too, came out and had his chance at raping me. They locked me up and made me sleep naked in the bathroom all night. I was shivering with fear and that moment, I asked myself: "Is there really a God?"

I didn't realize how that heinous night passed. My blood had turned cold. The next morning, another man came home. He tried to rape me. But I was motionless. He had anal sex with me. The pain was no longer felt. Trepidation had benumbed my senses.

After a while the woman came and asked me to get dressed. She took me downstairs, to the shops. I took the chance. I focused all my rage and yelled as loudly as I could. Luck, finally favored. The woman panicked and ran away. I immediately took a rickshaw and ran home. As I entered my house, I saw the same fear in my parents' eyes. They were hysterically worried. My mother ran towards me. And, once I felt her soft arms around me, my faith in life was restored. I had a reason to be alive.

That was when my father approached SNEHA. The battle has been unending, and till now it's unsolved. It was a small fight between our family and an influential local politician's son. And, this is how he decided to take revenge. We have seen nights where we didn't sleep a wink because of fear. We've spent days living in our car. Because, our house was swarmed by the politicians men.

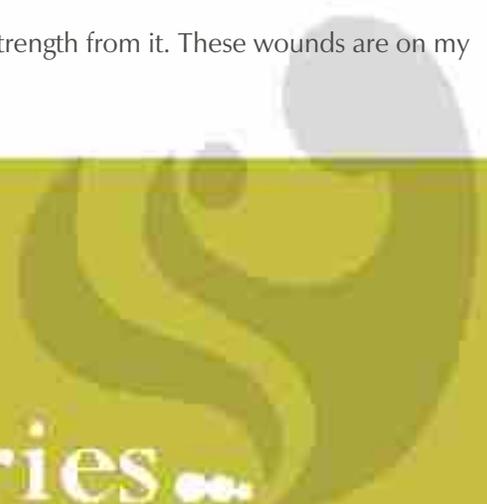
The only people in my life are my parents and SNEHA staff. They supported us, as far as they possibly could. We've changed SIM cards and since the day I filed this FIR, I've lived an invisible existence. SNEHA contacted senior officials in the Crime Department. Because of whom, they filed the case.

I am fourteen years old, and every single day, I try to put this behind me. **They washed my shore, and took my pearl. They left an empty shell of me.**

These feelings I try to forget. And every single day, I tell myself, that I should draw strength from it. These wounds are on my heart, they fill, slowly, with every passing day.

I thank SNEHA for the love and support they have given me.

As reported by Anupama, Volunteer-SNEHA



Our Stories



SOCIETY FOR NUTRITION,
EDUCATION AND HEALTH ACTION



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