A healthy world begins with a healthy woman

Annual Report 2017-2018
GuideStar India is India’s largest and most reliable online information repository with 7,000 NGOs. We have been awarded the prestigious GuideStar India Champion level-Platinum award for 2017 and have joined India’s largest pool of credible NGOs after undergoing a rigorous due diligence process. GuideStar India’s Platinum Certification is the Champion Level Certification indicating that comprehensive transparency, accountability, and good governance procedures are adopted by the organisation with exemplary level of public disclosure. Organisation shares in the public domain, its tax returns filed within due date, audited annual accounts and auditor’s report submitted to tax authorities for two years and that there are no material qualifications in its audited accounts.
VISION

Healthy Women and Children for a Healthy Urban World

MISSION

We work in partnership with communities and health systems building effective and replicable solutions, empowering women and their families in urban slums to improve their health.

VALUES

Excellence

We 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. We believe that “Excellence is work’s real reward and not the glory it brings.”

Commitment

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

Trust

We believe in integrity, reliability, freedom, and maintaining transparency.

Nurture

We create the environment and provide opportunities for growth by constantly seeking and amplifying what works, for the individual, organisation and society we serve. We do this by focusing on strengths, guiding and mentoring individuals and communities, recognizing and appreciating efforts. Thereby, we create a supportive environment for growth.

Valuing every person

We respect every person, recognise individual strengths and capabilities, believe in partnerships and embrace diversity.
In March 2018, I completed five years as CEO of SNEHA. I recall my first site visit when I walked deep into a Mumbai slum – Dharavi, to visit SNEHA’s day care center addressing child malnutrition. As I looked down I saw puddles of murky water and garbage strewn all around, but as I looked up I saw hope in the eyes of the inhabitants and smiles on bright eyed children running around barefoot in peals of laughter, playing simple games. I saw women listen intently to the health information being shared with them, eager to learn and change. I wondered what “greater force” decided the fate of these wonderful women and beautiful children’s ... and mine! I might never find the answer...but I decided there was one thing I could do – provide them the opportunities to keep their hopes alive!

Each day as the teams at SNEHA disperse into the slums across Mumbai Metropolitan Region, we carry opportunities for better health. Pregnant women can deliver healthier babies, malnourished children can be restored to good health, adolescents can become healthier, gender sensitive adults and all women and children can be safe and free from violence. With each step, we move closer to our dream of making this world a healthier place.

The past year has been yet another eventful year. We started the year with our annual ‘Program Planning Meeting’ where all our teams presented their annual plans, coupled with extensive debate and discussion, leading to new ideas and strategies to enhance outcomes and impact.

Our flagship program, Maternal and Newborn health which was initiated in Mumbai and then scaled to 6 neighboring cities of Mumbai Metropolitan Region, got the attention of the Ministry of Health and Family Welfare. We were asked to share our model with the National Health Mission as they compile innovative strategies to address urban health challenges.

Our strong partnership with the public health systems led to a unique partnership where SNEHA was requested by Municipal Corporation of Greater Mumbai (MCGM) to support their efforts for full immunization of all children under the Prime Minister’s ‘Mission Indradhanush’. Our joint efforts were focused on the most reluctant and challenging cases of child immunization, even in areas where we were not implementing programs.

One of the key achievements this year, across all our programs, was strengthening our work with Community Action groups and volunteers to create permanent change agents on the ground and sustain our work. We have also increased engagement with community men to create a more enabling environment for women. Our teams have tried many innovative methods to engage the community like ‘Knowledge Exchange Forums’, volunteer recognition systems and special orientation for male volunteers. We believe that this is the best way to get communities to take responsibility for their own health, nutrition and safety and bring about sustained behavior change and action in communities.

A new initiative introduced this year for pre-conception care, was screening married women aged 18-34 years for some Non-Communicable Diseases (NCD), namely anemia, diabetes, hypertension and obesity, to curb pregnancy related complications and morbidity, besides having long term health implications. Women who were ‘red flagged’ were referred to public health facilities for treatment and we followed up for adherence to medication. This was our first step towards addressing emerging health issues, namely NCD’s, among vulnerable populations.

SNEHA initiated a cluster randomized controlled trial in partnership with University College London and supported by The Wellcome Trust on community mobilization to prevent violence against women and children. Our theory driven trial tests the effects of community mobilization through group education and individual volunteerism to mobilize communities to work against violence on women and children. The goal is to help people understand the nature of violence so that women can make decisions to address violence and potential perpetrators can think through their actions. As a result of this, we hope people will stand up against violence and support survivors of violence to take action.

Our Adolescent Health program has deepened its work with the addition of mental health counseling...
establishing adolescent friendly health clinics at public health posts and increasing safety of young girls and boys. The program beneficiaries conducted a ‘safety audit’ in their informal settlements, mapped ‘safe’ and ‘unsafe’ places as perceived by the girls and in collaboration with the Police, 20 adolescent girls were appointed and trained as ‘Police mitras’ or ‘friends of the police’ and their role is to identify and report to the Police, cases of domestic violence, sexual harassment and child sexual abuse in their area.

A USAID funded partnership between SNEHA, Dasra and Ekur Foundation, Jharkhand to replicate our model on Prevention of Violence against Women and Children (PVWC) through Participatory Learning and Action (PLA) methodology among community groups in Jharkhand showed successful results. It also had a cascading effect through formation of a network of NGO’s, District Legal Aid lawyers and state actors from the women’s commission to work together on the issue of violence against women and girls in Jharkhand. Further it validated SNEHA’s strategy of scaling our evidence based models in other parts of India through partnerships with NGO’s.

In July 2016, SNEHA was appointed as “Mother NGO” for formation of 9,393 Mahila Arogya Samitis or Women’s Health Committees across 95 urban sites in the state of Maharashtra. This was our first Government funded program and gave us an opportunity to be housed within the premises of the National Health Mission and work closely with Government functionaries across all levels. SNEHA decided to take on this challenging time bound project because we saw it as an opportunity to create a community movement towards health. While we have not been able to complete the task as of 31st March 2018, the learnings from this project have been invaluable.

SNEHA’s most recent initiative, Romila Palliative Care, has been scaled through initiation of OPD services at Bhabha Hospital and Holy family Hospital, Mumbai. Further, a network of fifteen palliative care providers in Mumbai has been initiated to advocate for palliative care services for patients with life limiting illnesses in public health facilities. Palliative care modules have been initiated in our Nurse aide training program to provide further employment opportunities to our women.

SNEHA continued its strong focus on quantitative and qualitative research with publications in national and international peer reviewed journals. Our teams presented at key conferences like International Conference on Urban Health 2017, Portugal; National Institute of Nutrition, Hyderabad and Indian Institute for Human Settlements, Bangalore.

We continued to strengthen our organization capacity to improve efficiencies and scale our work. Some key initiatives taken were adoption of PeopleWorks system for human resource operations, enhancing the use of Tableau our Business Intelligence System for deeper data analysis and data visualization through dashboards, Zoho Help desk for IT complaints and Zoho CRM systems for donor database management. We evaluated the time savings in man hours through introduction of technology across programs and domain functions and noted a savings of approximately Rs.6 million.

We strengthened our external communication through the launch of a new website, more coverage on social and print media, awards and accreditations. SNEHA has been ‘Platinum’ rated by GuideStar India for ‘Transparency and Public Accountability’ and certified by Charles Allen Foundation for ‘compliance with due diligence requirements’.

This has all been possible due to the herculean efforts of our committed team who like brave soldiers march into the battlefield each day, overcoming big and small challenges, battling age old beliefs and norms to bring about change in health seeking behaviour, find new ways of addressing field and office constraints to keep the engine running smoothly. We are grateful for the guidance and unstinting support of our Trustees and Advisory board members who help us navigate new challenges and scale new heights.

We could not have achieved any of this without the faith reposed in by us our donors and well wishers, some of whom have been on this journey with us for many years and continue to support our mission with unbridled zeal. We are deeply grateful to each of them and commit to being fully accountable for the trust they place in us.

Finally we thank our partners – public systems, NGO’s, community action groups, volunteers and the large base of women and children whom we serve each day. The hope in their eyes and the smiles on their faces fuel our passion and allow all of us together, to make this world a healthier and safer place.
The Issue

It is estimated that nearly 289,000 women die from pregnancy and childbirth-related complications in India every year. Nearly all these deaths are preventable with adequate care and education. Only 35.7% of women in urban Maharashtra accessed full antenatal care. Government health systems experience capacity constraints and populations residing in vulnerable settlements in urban areas have knowledge gaps in the subjects of pregnancy and newborn care.

What we do

SNEHA follows the principles of systems strengthening to collaborate with public institutions to bring about qualitative improvements in health services for pregnant women and newborns. We also mobilise communities to improve knowledge and attitudes towards maternal and newborn care.

What we focus on

We work to strengthen service delivery in public health institutions through establishment and implementation of a maternity referral network and working with Urban Primary Health Centers to develop and implement effective Antenatal Care processes. We also work with communities to influence health seeking behaviour. Our program works across seven Municipal corporations in and around Mumbai.

HIGHLIGHTS IN 2017-18

SNEHA’s referral network was expanded by initiating intra-regional linkages with Maternity Homes in three new municipal corporations. Some corporations such as Mira-Bhayandar Municipal Corporation and Kalyan Dombivali Municipal Corporation do not have maternity homes, in such cases we initiated linkages to Urban Primary Health Centers (UPHCs). Additionally, we established inter-regional linkages, such as between Bhiwandi Nizampur City Municipal State Hospital and Thane Civil Hospital.

SNEHA’s referral model was appreciated by the Central and State government. Our team was invited by the Deputy Commissioner of the Ministry of Health and Family Welfare, Government of India, to share our experiences in establishing referral networks in low-resource urban settings and to discuss referral protocols.

In Bhiwandi Nizampur Municipal Corporation, our baseline survey showed that 90% of pregnant women register themselves at the health facility but only 61% receive 4 or more antenatal check-ups. Of all deliveries, only 65% took place in an institution. The uptake of the Central Government initiated cash transfer scheme, Janani Suraksha Yojana, wherein women are paid a sum for delivering in a public institution had a poor uptake of 23% of mothers. Further, only 23% women reported having been visited by a health worker during the pregnancy and postnatal period. Only 44% children between 12 and 23 months received all immunisations. These figures indicate that SNEHA needs to carry out intense intervention at the community level. Our team did various micro-planning activities for seven of the most vulnerable communities in three Urban Primary Health Centres in August 2017. This was followed by monthly menstrual surveillance among married women of reproductive age in the community and family planning and immunization education reinforced through Behaviour Change Communication (BCC) across 7000 selected households.

In an endeavor to engage with planners and policymakers, our Maternal & Newborn Health Program organised a meet to bring together Principal Secretaries and Municipal Commissioners on 11 October, 2017. Hosted by Dr. Pradeep Vyas, Principal Secretary, Public Health Department, Government of Maharashtra; the meet was facilitated by Dr. Jayant Kumar Banthia, Former Chief Secretary, Government of Maharashtra and Dr. Sanjeev Kumar, Commissioner (Health) and Mission Director, National Health Mission, Maharashtra Dr. Satish Pawar, Director, Health Services, as well as representatives from seven municipal corporations. The Government representatives encouraged SNEHA to continue working closely with Municipal Corporations, to ensure maximum utilisation of National Health Mission Budget.
FOOTPRINTS OF IMPACT

Growing professionally and personally

Pupsha*, a 37-year-old woman, is a resident of Kalwa near Thane. She lives with her husband, a painter by occupation and their three children. Pupsha worked briefly as a craftswoman in a garment company and left to become a surveyor for health issues, particularly, immunizations, in her community. However, she completely stopped working outside the home after she had children and started doing tailoring work at home, to supplement her husband's sparse income. A few years ago, a SNEHA Community Organizer mobilized community members interested in volunteering as members of Health Committees and Pupsha volunteered to become a member. SNEHA staff had continuous follow up meetings with Pupsha to orient her on SNEHA’s work. She became a part of a Health Committee, gaining knowledge through training and workshops on different subjects such as Antenatal Care, Post Natal Care, HIV, Nutrition, breastfeeding etc. Pupsha began sharing critical health information with pregnant women & lactating mothers in her community. Apart from sharing authentic health knowledge, another important role of a Health Committee Member is to facilitate referrals to health facilities. Pupsha has referred several women in the community to public health facilities for delivery, danger signs during pregnancy and family planning complications. Once, she referred three women to a maternity home for tubal ligation (family planning procedure) and received Rs. 450 as referral incentive. Soon, Pupsha shared with a SNEHA Community Organizer, that she took great pride in working as a Community Volunteer. In due time, there was an opening for a Community Organizer position in the Thane area and Pushpa applied for it and obtained the job.

She was very happy to get an opportunity to work in an area of interest. “Working in SNEHA has been a wonderful experience. After joining SNEHA I have gained knowledge on maternal and newborn health issues. I have built my confidence level in talking with health facility staff, observing ANC clinics in Health Posts, conducting health committee meetings, sharing success stories in large groups. Working in SNEHA has helped me grow professionally and personally,” says Pushpa.

*name changed to protect identity

IMPACT IN 2017-18

- We initiated bi-monthly community events in the Municipal corporation of greater Mumbai region to increase the access to antenatal care services. We have, since, received good response from many Urban Primary Health Centers. Additionally, bi-annual community events were also organized in three selected Health Post areas of all seven Municipal Corporations to celebrate Breast feeding week, Nutrition week. Women’s day where activities such as street plays, godhbharai, puppet shows and fun games on family planning were organized.

- We formed and sustained 145 Health Committees across 7 corporations, out of which 50 committees converted to Mahila Arogya Samitis or Women’s Health Groups. We have been mentoring members of these groups and conducted joint home visits with health facility outreach workers to build community ownership of health. The number of referrals made by group members has improved drastically in the last year.

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90% exclusive breastfeeding rates among babies under 6 months in Bhiwandi Nizampur Municipal Corporation compared to 56% at baseline

91% ANC clinics were functional

41% Health Posts provide all core 9 antenatal care services through weekly clinics

Percentage of complete documentation increased to 81%

Growing professionally and personally

At the community level, one of SNEHA’s many outreach strategies is to conduct events such as baby-showers, or godhbharai. These culturally relevant community events have immense potential in improving the health-seeking behavior of pregnant women while expanding their knowledge of and willingness to use available public health services.

* Blog post about MNH’s culturally-relevant community events featured in the Harvard T. Chan School of Public Health’s Maternal Health Task Force blog
There can be no keener revelation of a society’s soul than the way in which it treats its children.

~ Nelson Mandela

The Issue

It is estimated that 29.3% of children under five years in urban Maharashtra are stunted (low height for age) and 24.9% are wasted (low weight for height). Malnutrition also has an adverse impact on cognitive and emotional development and other physiological issues in adulthood. In vulnerable settlements, implementation of public schemes to tackle malnutrition as well as non-awareness on the part of the users is a challenge.

What we focus on

We focus on training and building capacity of aanganwadi sevikas (government-employed community health workers who deliver ICDS services) to improve health service delivery in our intervention areas. We conduct public awareness activities to improve uptake of ICDS services, while promoting good health practices. We also build capacity among the community members, by recruiting and training community health volunteers to take charge of health and nutrition issues.

What we do

SNEHA’s Aahar programme works in partnership with the Integrated Child Development Scheme (ICDS) to prevent and treat malnutrition in children less than three years of age. We work across 150 aanganwadis (child care centres) in vulnerable settlements in Dharavi and Wadala.

We conducted a four day Training of Trainers (ToT) for 20 ICDS supervisors and two Child Development Project Officers (CDPOs). We disseminated data to sensitize aanganwadi sevikas on how the various aanganwadis have performed. We helped them make a plan of action with goals to improve specific indicators. We also held monthly advocacy meetings with ICDS CDPOs and supervisors to plan strategies and activities. The meetings became a safe space to share concerns, review progress and give feedback. In addition, the team conducted training sessions with 150 ICDS Sevikas on various topics such as vision building, nutrition, referral services, communication skills and home visits.

Our team began exploring opportunities to work with the MCGM by initiating joint collaboration meetings with the Corporation’s Health Post staff. Health Posts are primary healthcare centres in urban areas. Our team was asked to support Health Posts, during immunization drives and camps. As part of this work, our team is working with four Health Posts to improve immunization coverage, particularly identify and counsel children who had dropped out of immunization earlier. In total, 1032 beneficiaries were covered by the team during immunization camps.

We believe in working with community volunteers, so that they take ownership of the community’s health and nutrition. Building capacity among community members to solve for child health and nutrition issues also ensures sustainability of our work. Currently, there are 202 male and 534 female volunteers onboarded in the Child Health and Nutrition program. Most of their work is about supporting the ICDS in its anthropometry work and in mobilizing communities to become active users of State Health services for children. In the July-September 2017 period, we conducted vision building workshops across locations for 420 volunteers. A special orientation program was held for male volunteers in June 2017, which saw the participation of 154 men. We also held a Volunteer Knowledge Exchange forum in February 2018, this enabled us to provide a platform to 550 volunteers, for them to share their knowledge and experience of working with communities. The forum enabled us to plan for future activities, effectively delegate work to volunteers while balancing training with fun activities.

REACHED
12712
CHILDREN

TRAINED
150
SEVIKAS AND

16620
PARTICIPANTS
MOBILIZED
THROUGH
COMMUNITY
AWARENESS EVENTS, GROUP MEETINGS AND CAMPAIGNS

ENGAGING WITH VOLUNTEERS

SUPPORTING THE ICDS

WORKING WITH THE MUNICIPAL CORPORATION OF GREATER MUMBAI (MCGM)
Since SNEHA has been implementing programs to improve child health and nutrition indicators for several years, we have a good connect with communities and a strong grasp on delivering critical health messages. Our expertise has allowed us to provide support to the ICDS in organizing baby showers, initiating solid feeds for infants and nutrition fairs and recipe demonstrations, across each of the aanganwadis we work in. We also help the ICDS to organize group meetings and in felicitating the parents of children who were earlier identified as being malnourished, but who have crossed over to the 'Normal' grade. We activate events and celebrations around national and hallmark days, such as World Breastfeeding Week, National Nutrition Week, Children’s Day, Women’s day and Father’s Day. Through community events and campaigns, we have been able to reach a total of 46,620 participants in April 2017- March 2018.

RESEARCH TO SUPPORT IMPLEMENTATION: With support from SNEHA’s Research vertical, we have undertaken specialized studies to strengthen our programme implementation and support public systems to increase their coverage and improve quality of services: 
- We undertook a study to understand what motivates ICDS staff in two phases. In the first phase, a modified study tool was administered to 138 Sevikas using purposive sampling method in July 2016. Average motivation score was reported at 6 out of 10 score points. In the second phase in 2018, data showed that motivation levels under job satisfaction and conscientiousness have improved over the two phases despite most aanganwadi workers reporting lower levels of dissatisfaction in terms of financial rewards and working conditions. Our evidence hence points towards factoring in non-financial contributors and how these can be used to increase motivational levels among staff working in public health programs.
- We conducted a Partnership Study to understand and reflect on stakeholder relationships and their outcomes. We used customized study tools comprising 10 constructs and qualitative methods. A pilot study was conducted in October 2017 with our staff and the ICDS staff. Results were shared using data visualization techniques.

FOOTPRINTS OF IMPACT

Addressing superstitions and promoting better care

Zikra” is a 3-year old girl living with her parents and two siblings in Wedada, Mumbai’s eastern suburb. Her mother is a homemaker while her father works in a footwear shop. Once, when an ICDS Sevika and a SNEHA Community Organiser were on a home-visit, they noticed that Zikra looked pale and weak. They enquired with Zikra’s mother about the child’s eating habits. Initially, the mother avoided responding to the questions posed. Gradually, after several home-visits made by the Sevika and Community Organiser, the mother revealed that child had been suffering from poor health since birth and that her husband takes Zikra to a religious priest, since he believed that the child suffered from ill-health due to evil forces. The Sevika and Community Organiser strategized about approaching Zikra’s father, and in their next home-visit, counselled him on the importance of regular anthropometry. They requested him to bring Zikra to the aanganwadi for weighing activities. Initially the husband denied and asked the Sevika and Community Organiser to leave his office. However, after regular follow-up visits and counselling, where the Sevika explained how critical it was for the family to seek urgent medical care as Zikra’s health was deteriorating, the father agreed to participate in weighing activities. The next day, Zikra was brought to the aanganwadi and weighed. She was identified as being severely acutely malnourished with a weight of 5.5 kgs and her parents were asked to go to the Nutrition Rehabilitation Centre at Sion Hospital. The Sevika and Community Organiser took Zikra and her parents to Sion Hospital and introduced them to doctors, while assuring them that their child will soon be on the path to recovery. The doctors examined Zikra and confirmed the Severe Acute Malnutrition (SAM) gradation and began Medical Nutrition Therapy for the child. Nutrition counseling was given to Zikra’s mother, to expose the child to a healthy diet for a speedy recovery. The mother paid special attention to Zikra’s eating habits. Simultaneously, the Sevika and Community Organiser took Zikra and her mother to the nearest Health Post to administer vaccines. The child had not taken any vaccines in the last year. With the parents’ proactive involvement and the combined efforts of the Sevika and Community Organiser, Zikra’s health got on a stable path of recovery and in a few months, there, the Sevika introduced them to the doctors. The doctors examined Zikra and confirmed on SAM gradation. They began MNT and other medicines and advised Zikra’s mother to prepare healthy foods to help the child recover faster. The mother paid good attention to Zikra’s eating habits each passing day. The Sevika and Community Organiser also took Zikra and her mother to Antop Hill health post to administer vaccines that were pending over the last one year.

With all the good efforts, Zikra’s health got on a stable path of recovery. When she completed three years, her weight improved to 8.5 kgs. Zikra’s parents thanked the ICDS Sevika and SNEHAs Community Organiser, for persistent follow-up and guidance and in helping their child’s restoration to good health and normal development. Zikra’s parents sincerely thanked the Sevika and Community Organiser for their tireless efforts in helping their child get back to good health.

IMPACT IN 2017-18

Anthropometry coverage of children aged 0-6 years improved from 77% in January 2017 to 81% in February 2018.

Pregnant women registering for antenatal care improved from 54% in January 2017 to 61% in February 2018.

Home visits by Aanganwadi Sevikas for health and nutrition improved from 12% in January 2017 to 19% in February 2018.
**The Issue**

Adolescents comprise 1/4th of India’s population. Adolescence represents rapid change and heightened vulnerability, with long lasting impacts on physical, mental and sexual health, all the way until adulthood. Youth living in vulnerable communities in informal settlements in particular have large knowledge gaps on topics relating to health, gender and sexuality.

What we do

We directly engage with adolescents through a gender-transformative and participatory approach, using Information and Communication Technology tools, to impart behaviour change and authentic knowledge in the areas of physical and mental health, sexuality and social norms and attitudes. We also work with health systems to become more responsive to the needs of adolescents.

Our program is focused on adolescents between the ages of 10 and 19 from vulnerable pockets in Dharavi, Kandivali and Kalwa. We engage holistically with adolescents to ease their physical and emotional transition to adulthood, while moulding them to become contributing citizens.

**What we focus on**

- 4910 adolescents reached across Dharavi, Kandivali, and Kalwa
- 951 adolescents screened for anaemia
- 2000 adolescents were screened for mental health issues and cases identified were taken up for counseling
- 1325 adolescents were screened for body mass index and were treated for common illnesses through health camps.
- 2956 community members reached through adolescent led campaigns on mobility of girls, mental health issues and child sexual abuse

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*For society to attempt to solve its desperate problems without the full participation of even very young people is imbecile.*

—Alvin Toffler

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**Highlights in 2017-18**

In 2017-18, our program participants across our three intervening areas (Dharavi, Kandivali and Kalwa) completed modules in health awareness and nutrition, reproductive health and hygiene, emotional resilience and gender. As our intervention uses aspects of Information and Communication Technology (ICT) to engage participants, we used mediums such as cartoon strips to build awareness on issues such as body positivity, menstruation and the reproductive system. Since consumption of junk food is a regular way of life for young people residing in informal settlements, our modules on nutrition and health have guided several adolescents towards making healthy choices—such as adding vegetables and fruits to their diet, cooking fresh food and eating at home and avoiding street food with questionable ingredients.

Over the last year, we have intensified our efforts to engage with parents to help create a supportive ecosystem for adolescents. We have organized interactions, reaching out to 1000 parents, through orientation meetings, experiential sessions and community events. We organized a series of workshops on mental health of adolescents in Kalwa to help parents build an understanding of mental health issues. We have had exclusive events with mothers to engage with them on topics such as superstition, gender and citizen rights through sporting events, mother-daughter contests and film screenings. Several mothers have come back to us with the feedback that this has enabled them to understand the world of their adolescent children. This not only enabled them to understand the world of their adolescent children better, but has led to having open conversations around women empowerment.

Our team has periodically engaged in building capacity of Health Post staff to ensure provision of quality adolescent health services at public facilities. We developed a module on adolescent competent services based on the Appreciative Inquiry methodology and delivered it as a capability building session to Health Post staff. Following a Training of Trainers with the SNEHA team, 55 Health Post staff members attended workshops in smaller groups to understand the entirety of the Adolescent Health spectrum including the mandate of the Rashtriya Kishor Swasthya Karyakram, a Government of India Health program for adolescents. We initiated visits to Health Posts, so that adolescents could go regularly to avail services related to IFA tablets, Injection TT and deworming tablets and information on reproductive health. To facilitate interface between Health Posts...
and adolescents. Health Post staff are invited to our resource centres to conduct health talks on topics such as contraception, tuberculosis, malaria and monsoon illnesses. We also actively refer adolescents with physiological and mental health issues to the Lokmanya Tilak General Hospital in Sion, Ambedkar Hospital in Kandivali and Chhatrapati Shivaji Hospital in Kalwa.

We facilitated safety audits in Kalwa, undertaken by our participants themselves. The safety audit mapped unsafe and safe places in the community, as perceived by the girls. We also initiated an interaction between the police and the auditors, who presented the audit to the police. The police responded positively and this led to the auditors—20 girls—being identified as Police Mitra or Friends of the Police. The Mitras will refer cases of domestic violence, sexual harassment and child sexual abuse, from their community to the police.

SNEHA’s annual youth festival, Yuvanaad, was celebrated in June 2017 and January 2018. The June 2017 edition of Yuvanaad provided an opportunity to 300 adolescents across program sites with an opportunity to interact with each other on the theme “Safety and Adolescence.” Various competitions such as poster painting, creative writing, poetry writing, JAM and collage making were held. Youth Change agents, leaders identified from our various cohorts, volunteered to co-organise the event. The same group of leaders independently organised the Yuvanaad edition in January 2018. The theme chosen was “Young People Utilising Social Media Safely and Constructively,” and through art, music, debate and dance, our participants got an opportunity to introspect on how they use social media.

388 youth from Dharavi and Kalwa underwent career counseling, vocational guidance and career-ready modules, through our partnerships with NGOs and Government-run initiatives such as Antarang Foundation, Kherwadi Social Welfare Association and National Skill Development Corporation. 55 of them have been connected with livelihood opportunities in the form of jobs and home-based enterprises. These inputs have opened up possibilities of career choices and have also enabled the young people to build marketable skill-sets and become job-ready.

**FOOTPRINTS OF IMPACT**

**Beating impossible odds**

Pooja is an 18-year-old girl living in a vulnerable community in Kalwa. She is the primary caregiver for her mother, who suffers from paralysis and has two younger siblings. She also has three older sisters, who are all married and live with their respective husbands. For several years, Pooja has had to juggle household chores with her academics.

She is an active change agent in our Kalwa cohort and has attended several leadership workshops that we have organised. When she discovered that one of her older sisters was experiencing domestic violence in her marital home, Pooja was instrumental in getting her sister medical aid at a public hospital in Kalwa. “I learnt about seeking help from public health systems for injuries caused by violence and aggression at a SNEHA workshop and decided to use my knowledge to help my sister,” she says.

Pooja is an academically gifted brilliant student and was set on becoming a nurse. When she couldn’t get through her desired course in the first attempt, she joined the National Skill Development Corporation-affiliated Bed Side Nurse Aide course, with the assistance of a SNEHA Community Organiser, who helped her with the paper work and admission process.

However, tragedy struck and it seemed like her life was veered away from her goal—she lost her sister to severe domestic violence injuries and she had to discontinue her course. Prospects looked bleak but Pooja pushed through and navigated herself through the ordeal. It was through her sheer grit that she took the nursing entrance examination again, and this time she cleared with a “Merit” score. Pooja impressed the admissions panel in her interview, and the panelists exclaimed, “Pooja, we are proud of you! We know you will definitely be top of your class.” So touched they were by her story that the Dean of her college came forward and offered her full support by providing her the required course material and books.

Today Pooja is on her way to becoming a nurse and supporting her family and herself. She has travelled a hard road and her journey is not over yet, but she has the steely determination as well as SNEHA’s support to overcome any roadblocks that life throws at her.

**IMPACT IN 2017-18**

- 58% of the adolescents who attended the module on reproductive health showed a positive change in their awareness and knowledge compared to 26% at baseline.
- Out of 951 adolescents (360 boys and 591 girls) screened.
- 553 (58%) were identified as anaemic.
- 183 (33% of total anaemia identified) were lost to follow up.
- 370 (67% of total anaemia identified) completed the treatment.
PREVENTION OF VIOLENCE AGAINST WOMEN AND CHILDREN (PVWC)

I believe that the rights of women and girls is the unfinished business of the 21st Century.

- Hillary Clinton

The Issue

It is estimated that violence affects one in three women globally. The National Health Family Survey IV (2015-16) found that 37% of ever-married women in India have reported partner violence and only 2% of women who have reported violence sought institutional help. Women living in informal settlements, typically in our intervention areas, are particularly vulnerable to violence.

What we do

SNEHA’s PVWC programme aims to prevent and address violence at four levels of society, viz: (i) individual; (b) community; (c) institutions and (d) public policy. Our work seeks to address cases of violence and attend to the needs of survivors through counseling and legal resolution while engaging with communities and public systems to bring about a systemic change in dealing with and preventing gender-based violence.

What we focus on

We focus on crisis intervention and providing immediate and long-term counselling for survivors of violence and facilitate access to medical, legal and police services. Our Community outreach component includes group education and enablement with women, men and adolescents, to plan strategies for primary and secondary prevention. SNEHA partners with public systems, such as the police and public health systems, to enhance their capacity to respond to gender-based violence and implement co-created guidelines. We also use mobile technology to track and report instances of violence in our intervening communities.

HIGHLIGHTS IN 2017-18

We organised a national conference titled ‘Gender Matters: Intersecting mental health and gender’ on 17th and 18th November, 2017. The conference presented an opportunity to highlight the double burden of gender on mental health and was an effort to build synergy and understanding among mental health practitioners and NGOs working on the issue of gender-based violence. The conference included plenary sessions that touched upon the double burden of gender as well as the recent Mental Healthcare Act and its implementation. It also included sessions deliberating the issues around a multi-disciplinary approach to mental health, raising consciousness on mental health and violence, learning from community-based models of mental health. It proved to be a vibrant and inclusive space to discuss the contours of mental distress, across perspectives and sharing response strategies in practice, research and funding opportunities.

We work in partnership with the Municipal Corporation of Greater Mumbai to provide counseling services for survivors of violence. Based on our long-term association with the District Legal Aid Services Authority (DLSA), SNEHA facilitated the launch of a Legal Aid Cell in Savitribai Phule Gender Resource Centre. Our in-house lawyers attended to 273 cases, of which 64 were filed under the Protection of Women from Domestic Violence Act. In order to bring sustainability to our legal aid work, we have initiated para-legal training with our community volunteers, whom we call sanginis. This training is being conducted by DLSA.

Our community-based intervention for mental health is an integrated stepped care model to link different levels of support and care for identification, response and referral. Our inter-disciplinary team of clinical psychologists, psychiatrists and social workers work alongside our foot soldiers, community women volunteers to respond and prevent mental distress arising from instances of gender-based violence. This year, we focused on continuous training of our social workers on counseling techniques to improve our services. Besides counseling, we run regular group therapy sessions for women survivors of violence who have mental health conditions. In 2017, the program conducted two workshops on ‘Understanding Trauma and providing therapeutic interventions’ and ‘Suicide Risk assessment and crisis counselling’ with 25 participants. In the last year SNEHA has partnered with five women’s shelters to provide counselling and psycho-social interventions.
TARA TRIAL

In 2017, we embarked on a new project—a cluster randomised controlled trial on community mobilisation to prevent violence against women and children in Mumbai, funded by Wellcome Trust. Our theory-driven trial tests the impact of community mobilisation through group education and individual voluntarism to mobilise communities to work on preventing violence against women and children. Effects of community mobilisation are being tested across 48 urban informal settlement clusters.

SNEHA participated in a USAID-funded pilot since 2015, to support Ekjut, a Jharkhand-based NGO working on women and children’s health. SNEHA’s role in the pilot was to build Ekjut’s knowledge and to generate evidence that a Participatory Learning and Action (PLA) methodology can be used to sensitize rural communities on gender-based violence. The pilot was a four-way partnership among SNEHA, Ekjut, Dasra and University College, London.

The partnership has demonstrated that well documented learning modules and activities backed by a strong technology-based monitoring system can easily build the capacity of civil society organizations in preventing and addressing gender based violence. Results from the pilot showed a significant change in attitudes towards violence against women and help seeking behavior. Out of 1050 women interviewed at baseline and end line, the proportion of women who experienced psychological violence from husbands in the past year decreased from 64% to 65% (adjusted p<0.001). The proportion of women seeking help for psychological violence from husbands increased from 24% to 47% (adjusted p<0.001). The collaborative work has led to a formation of a network of non-government organizations, district legal aid lawyers and State actors from the women’s commission to work together on the issue of violence against women and girls in Jharkhand. Ekjut has been able to successfully integrate work on violence against women into its programs with support from SNEHA.

Our goal is to help people understand the nature of violence, so that survivors of violence are able to make decisions. Through this work, we also hope to make potential perpetrators think through their actions. As a result of this, people will stand up against violence, individually and collectively, and community members will act to help survivors, will stop accepting violence, and will strengthen community structures that support a conviction that gender-based violence is unacceptable. Our hypotheses are that women and girls will be more likely to disclose violence, that communities will become less tolerant of it, and that the prevalence of intimate partner and domestic violence will diminish.

FOOTPRINTS OF IMPACT

A determined walk towards freedom

32-year old Neeta* came to the hospital for a medical termination of pregnancy. As she was five months pregnant, she was referred to the Women’s OPD for counselling. Neeta told the counsellor that she had been married for three months, though it was her husband’s second marriage. She shared with the counsellor that she was keen to have the baby, but her husband did not want the child and was unwilling to care for her either. Her in-laws were just as unsupportive. When the counsellor probed for more details, Neeta revealed that her husband had been violent towards her.

Neeta was in a dilemma: she wanted to have the baby, but due to the lack of support, financial constraints and marital disputes, she felt her only option was to abort the baby. However, she felt incapable of making a decision. The counsellor held joint meetings with her and her husband, as well as his family members. After several such counselling sessions, Neeta realised that her husband and in-laws would not support her. After much thought, and information and support from the counsellor, Neeta arrived at the decision that she would have the baby, even if it meant doing so on her own.

With the help of the SNEHA lawyer, Neeta filed a case under the Protection of Women from Domestic Violence Act, 2005. She obtained a maintenance order for herself and her child, but her case continues in court. Neeta now lives independently in a rented house with her baby. She has also decided to find a job so she can support the two of them better. Neeta very happily says “when I approached SNEHA, I was so confused with my life. Today when I look back I see a different Neeta full of determination and confidence. I will fight the world for my child”.

*name changed to protect identity

IMPACT IN 2017-18

- 60% of survivors of violence have showed an improvement in access to resources after our intervention.
- 73% of women availing counselling services showed an improved sense of self-esteem.
- 83% of survivors of violence have showed an improvement in their mobility after our intervention.
- 78% of survivors of violence showed an increase in access to resources after our intervention.
- 68% of survivors of violence, whom we have worked with through therapy sessions, said their decision making abilities have improved.
- 60% of women we have worked with through therapy sessions said they felt greater ability to negotiate in sexual relationships.
The health of a community is an almost unfailing index of its morals

– James Martineau

The Issue

Poor maternal nutritional status increases the risk of adverse birth outcomes and impaired child health. It is estimated that one in every two Indian women (55%) suffers some form of anemia and that it is associated with 20-40% of maternal deaths. The cycle of ill-health and malnutrition have inter-generational effects especially on women and children’s health, particularly in vulnerable settlements such as the M/East Ward of Mumbai, where our intervention is implemented.

What we do

We use community spaces to set up resource centres, within the vulnerable settlements. These spaces serve as health information centres and a base for community outreach work for our field staff. We believe effective delivery of bundled interventions can address inter-generational cycles of poor health and nutrition in urban slums, such as Janata Nagar and Dr. Zakir Hussain Nagar (Mankhurd) and Gautam Nagar (Govandi).

What we focus on

Our program is focused primarily on reducing wasting among children under six years of age and in reducing anaemia in pregnant and lactating women and reducing unmet need for contraception. It also includes early registration of pregnancy, institutional delivery and increasing uptake of health and nutrition services in collaboration with Municipal Corporation of Greater Mumbai and Integrated Child Development Services Scheme.

After a year of the SNEHA Centres intervention, it was decided to build greater capacity among the community in public health and nutrition so that they could mobilise women and children to become active and informed users of public health services. We initiated the formation of Community Action Groups (CAGs) to continuously create health awareness and encourage health seeking behaviour among members of the community. We organised thematic trainings for the members every quarter, on topics such as malnutrition, antenatal and postnatal care, anaemia care, family planning and preventing violence and abuse against women and children. After each quarter, we followed up and assessed the retention of the information and its application in the field by the members. The trainings have helped increase awareness levels of government health services, SNEHA’s work and improve overall health-seeking behaviour.

ICDS’ mandate is ensuring optimal early childhood development through its aanganwadis or childcare centres. We conducted two anthropometry trainings for aanganwadi workers, covering the importance of anthropometry, the instruments used while conducting anthropometry, the procedural do and don’ts, how to read the measurements and the correct method of classifying malnourished children into severe and moderate categories and diagnosing stunted growth through growth charts. These trainings allowed us to build a rapport with ICDS sevikas, to initiate joint anthropometry sessions in the community. The training has resulted in ICDS Sevikas sharing with our team, the list of children who’s growth have not been monitored so that our team can follow up with the family and counsel those parents who’s children are categorized as severely or moderately acutely malnourished.

We have been conducting several stakeholder meetings with both ICDS and MCGM across our three intervention areas. These meetings have enabled collaboration and streamlined implementation within public systems. ICDS sevikas, supervisors, Municipal Health Post Staff, Auxiliary Nurse Midwives and Medical Officers alongside SNEHA staff attend these meetings. The forums allow exchange of coverage data, plan for collaborative activities, and solving for challenges. Capacity building and IEC material generation were recognized as areas of support required from SNEHA for ICDS and MCGM. Support in mobilization and participation during community events, data sharing and support with continued availability of medical services and medicines were recognized as areas of support required from ICDS and MCGM by SNEHA. Conducting the meetings had allowed for increased communication among the three stakeholders: ICDS, MCGM and SNEHA Centre; therefore helping in streamlining several healthcare services in terms of awareness, access and delivery.
A health camp was conducted in Oct 2017 with support of Rotary Club Deonar, specifically for married women of reproductive age. A total of 2252 women were screened for non-communicable illnesses including diabetes, blood pressure, anaemia and thyroid. Along with health checkup camp, Body Mass Index checks were conducted of 5622 MWRA's in the three intervention communities. 1043 high-risk women were flagged based on the laboratory reports with 44% identified as anemic, 5% as having hypertension and 3% as having diabetes. The women were referred to the Health Post for treatment and care was followed up on.

Facilities in the M/East Ward was not able to match the demand and this resulted in unplanned pregnancies among women. We collaborated with Mumbai District Aids Control Society and Family Planning Association of India to obtain extra stock and made them available with Community Action Groups for easy availability to community members.

A Due list for immunization is being shared with Community Health Vaccination before orders for fresh vaccination inventory is placed. Repeated advocacy is being done with the Municipal Corporation's Health Department for a Medical Officer to be present during immunization.

We conducted family and couple counseling is conducted with selected households in the community. Focus is on counseling on uptake of family planning methods such as Copper T, condoms and other birth spacing modern contraception methods. SNEHA has also initiated planned home visits for joint intervention with men in the family, for condom demonstration, antenatal care and support to access and complete treatment of malnourished children.

Meena Tai, SNEHA’s Community Organizer was called late one night by a Community Action Group Volunteer, Sakeena saying, ‘Tai, Rizwana was trying to breastfeed her newborn but the milk is coming out from the baby’s nose and mouth.’ Meena Tai requested Sakeena to take Rizwana and her child immediately to the nearest hospital. Sakeena without hesitating took the family to Shatabdi Hospital, where they were told to take the child to Sion or JJ Hospital. The family consulted Meena Tai once more who suggested they should go to either right away. The family however, decided to go to a private hospital. The baby was admitted immediately and underwent a surgery. Meena Tai continued to conduct the follow up with Rizwana and her mother-in-law for 20 days while the baby was recuperating in the hospital. At birth, the baby weighed 1kg and 100 gms, which had increased slightly to 1kg and 800 gms by the time the baby was discharged. However, Rizwana had experienced high stress due to her baby’s condition and stopped producing breastmilk. Meena Tai observed that Rizwana was constantly worried whether her baby would survive and understood that Rizwana’s psychological state was affecting her body’s ability to produce milk.

Deficit in supply of condoms at Health Post-level

The stock of condoms in public Health Facilities in the M/East Ward was not able to match the demand and this resulted in unvaccinated children. This leads to a greater probability of children suffering from health issues and becoming malnourished.

Lack of vaccine supply

Lack of vaccine supply to meet demands, results in unvaccinated children. This is affecting a greater percentage of children due to the demand for a medical officer to be present during immunization.

Poor agency and decision-making ability among women

Despite awareness among women on issues concerning maternal and child health, a few of the indicators were not improving. Male-dominant decision making, particularly with regard to family planning, health spending, and hesitation to seek antenatal care emerged as obstacles for women to express and adopt positive health seeking behavior.

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HEALTHY CITIES PROGRAMME

We cannot live only for ourselves. A thousand fibers connect us with our fellow men.

- Herman Melville

The Issue

Malvani, a high-density settlement in Mumbai’s western suburbs with a low Human Development Index. A high proportion of children in Malvani are malnourished making them vulnerable to a host of health morbidities. Malvani’s population consists of mainly migrants, most of whom are wage labourers working in the informal sector. Their socio-economic conditions force them to live in informal settlements in unhygienic and unsanitary physical conditions, which further exacerbates risk of disease.

What we do

We invest heavily in the first 1000 days of life (between conception and the child’s second birthday) using a community-based model of care. We work on a continuum of care approach from preconception until the child is 6 years of age. To improve women and child health and nutrition we address components of child health and nutrition, maternal and newborn care, family planning and prevention of violence against women and children.

The program’s primary goals are to reduce wasting among children under the age of six years, reduce anaemia in pregnant and lactating women and to improve the unmet need for family planning.

FOCUS ON PRE-CONCEPTION CARE

STREAMLINING SUPPLY AND DEMAND OF TAKE-HOME-RATION

USING MOBILE TECHNOLOGY TO IMPROVE IMMUNIZATION COVERAGE

CREATING CONDOM DEPOTS IN THE COMMUNITY

Moving towards sustainability HCP also engages with community volunteers to ensure that there are sustained health education and action in the community. This year Healthy Cities Program had implemented a new strategy that to create condom depot holders within the community. The rationale behind making condom depot is condom to make them available for free and safe from community stigma. We have established 11 condom depot holders this year. These condom depot holders are community volunteers and are committed to working on Sundays as well.

WORKING WITH A TOTAL OF 11,406 FAMILIES

WORKING TO STRENGTHEN 28 AANGANWADIS

10,097 MARRIED WOMEN OF REPRODUCTIVE AGE

6160 CHILDREN UNDER THE AGE OF 6 YEARS COVERED

HIGHLIGHTS IN 2017-18

When we studied our programme strategies and results, we realized that intervening at the pre-conception stage among Married Women of Reproductive age will help to curb pregnancy-related complications and morbidities. Therefore, we held a health camp for women in the reproductive age, screening 3948 women for non-communicable diseases. 1300 high-risk women were red flagged and referred to nearby public health facilities to avail treatment.

The ICDS provides pregnant and lactating women and young children Take-Home-Ration (THR) consisting of nutritious mixed flours, that they can use to make into various foods and consume at home. One of our surveys pointed to the fact that there was low uptake of THR in the community. We organised special awareness campaigns and demonstration sessions through joint homevisits with ICDS sevikas, group meetings and cookery classes. The uptake has significantly been increasing. We are also working with aanganwadis for joint distribution of the ration and to design formats to track THR consumption in the community.

Using the Government immunization program, Mission Indradhanush, we are mobilizing children from communities to push for higher immunization coverage. An employee volunteer of our donor partner is working on a mobile application, to improve immunization rates. The mobile application is being piloted in our intervention areas. The pilot will test if use of technology along with behavioural change communication by field teams leads to improved immunisation uptake.

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Our baseline survey documented incidences of illnesses, respiratory tract infection and diarrhea in the community and observed skin infection in daily home visits. These showed a link to unhygienic living conditions and inadequate sanitation. In various consultations with the community, members felt a need to work on water, sanitation and hygiene on an urgent basis. It was decided to focus jointly on WASH issues to prevent the infection cycle that can have a direct effect on malnutrition. Our programme works towards creating awareness on the importance of infrastructure and detail the resources needed. This builds capability in the community to approach various authorities to mobilize and implement required State and municipal support. We also work on sensitizing the community to sustain healthy WASH practices at home and surrounding areas.

In order to create an understanding among community members to understand the current WASH-related scenario and community drainage issues, we organised a transect walk, covering chronic spots in the community. A mapping session to identify existing internal and external drainage systems followed this. Community members were then mobilised to conduct dialogue, through stakeholder meetings, with members of the Waste & Sanitation department of PN ward. They began to brief them on the situation and make joint action plans. Community volunteers and the Municipal Corporation, organised meetings with the local Corporator to form the Dattak Basti Yojana, through which a contractor was appointed to maintain cleanliness in the community.

Continuous meetings were organised between community volunteers, hygiene and sanitation department stake holders and SNEHA staff to strategize and plan actions for improving the drainage situation in the community. SNEHA organised a visit for Community Action Group members to Janwani in Pune, to understand waste management. A workshop was organised for 139 volunteers to orient them on the current WASH intervention and to discuss further sustained solutions. Corner meetings were, in turn, conducted by volunteers to create awareness and seek support for the interventions, with members of the community. This was followed by the internal and external cleaning of drainage outlets. Water Flow, was thus, streamlined, due to collective, bottom-up efforts. To sustain this, we formed committees and subcommittees with Municipal officers, contractors of Dattak Basti Yojana and community members. Meetings were held with various committees to clarify roles and responsibilities.

Our Community Organiser found Rubina to be highly stressed and weak. Rubina confided that her husband is married to another woman and doesn’t provide Rubina any economic or moral support. Our Community Organiser referred her to SNEHA’s counseling centre and persuaded Rubina to register her pregnancy in a maternity home. Finally, in her fourth month, after regular counseling and persuasion, Rubina registered her pregnancy at the Health Post.

The doctor at the Health Post suggested to Rubina to check her haemoglobin levels. She was referred to an NGO-run mobile van, where she underwent testing and her haemoglobin levels were diagnosed at 7.5 gm/ dl, considered to reveal moderate anaemia. Our Community Organiser explained to her about normal haemoglobin levels and gave her an anaemia reminder card and explained the importance of consuming iron-rich food and iron tablets and to improve iron content. Our Community Organiser’s subsequent visits revealed that Rubina was dutifully following all instructions— the anaemia reminder card filled with bindis revealed that iron tablets were being taken daily—Rubina was also a regular at antenatal checkups.

During her seventh month of pregnancy, the Community Organiser paid Rubina a home-visit to orient her on the danger signs of pregnancy and when she should seek immediate care. A few days after the visit, Rubina complained about white vaginal discharge and was told by the CO to meet the doctor urgently. When she visited the doctor, he referred her to a Tertiary hospital, and when she should seek immediate care. A few days after the visit, Rubina complained about white vaginal discharge and was told by the CO to meet the doctor urgently. When she visited the doctor, he referred her to a Tertiary hospital, and when she underwent testing and her haemoglobin levels were diagnosed at 12.3 gm/ dl. She also visits the health post for immunization.

 IMPACT IN 2017-18

- **Early registration of pregnancy improved from 29% at baseline to 39% in October 2017**
- **Stunting (low height for age) among children less than six years of age reduced from 43% at baseline to 39% in October 2017**
- **Improvement in contraception prevalence rate from 50% Baseline survey to 58% October 2017**
- **Reduction in anaemia in pregnant and lactating women from 30% Baseline survey to 28% October 2017**

Rubina’s haemoglobin levels improved to 12.3 gm/ dl. She also visits the health post for immunization.

**FOOTPRINTS OF IMPACT**

A healthy family begins with a healthy mother

Rubina Siddiqui is a 27-year-old woman in Malvani. When SNEHA’s Community Organiser visited the community for menstrual surveillance, she met Rubina for the first time. On enquiring about her last period, Rubina shared that she has three sons and would like to have a daughter. In a subsequent home visit, the Community Organiser found Rubina to be highly stressed and weak. Rubina confided that her husband is married to another woman and doesn’t provide Rubina any economic or moral support. Our Community Organiser referred her to SNEHA’s counseling centre and persuaded Rubina to register her pregnancy in a maternity home. Finally, in her fourth month, after regular counseling and persuasion, Rubina registered her pregnancy at the Health Post.

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Rubina’s haemoglobin levels improved to 12.3 gm/ dl. She also visits the health post for immunization.

**SNEHA has been providing ICDS Sevikas with need-based trainings to deliver services effectively in the community. While Sevikas receive training from ICDS, SNEHA’s focus on delivering training on thematic issues, such as breastfeeding and postnatal care, is very useful for ICDS staff, and serves as a refresher for the topic. SNEHA’s trainings also help improve our energy levels and enables us to work effectively in the community. Working with SNEHA is a good experience, because we experience a healthy working relationship. SNEHA understands us very well. I like receiving feedback from SNEHA because it gives us concrete goals and a direction to work towards. In our experience, uptake of Take-Home-Ration in the community was low and several questions were raised about this by senior ICDS authorities. SNEHA’s awareness interventions and recipe demonstrations have seen positive changes and Take-Home-Ration demand has increased in the community.**

- Child Development Project Officer, ICDS
SNEHA’s programs and health services are implemented on a strong evidence-base and research. Data collection for monitoring and evaluation are woven into the organisation’s programmatic DNA. Apart from feeding into program design and feedback, data and research is also used to provide feedback to Governments and advocacy for policy and service delivery action. The research domain works on studies funded by donors whose specific focus is to build a knowledge base for the development sector while also extending support to SNEHA’s on-field programmatic pillars, based on their requirements, in initiating and completing baseline and end line studies, documenting protocols and processes.

QUALITATIVE PROCESS EVALUATION

QUALITATIVE STUDY INITIATED

QUALITATIVE STUDY ENABLING EXCLUSIVE BREASTFEEDING

APPLICATION FOR TRACKING MATERNAL REFERRALS

WE COLLECT INFORMATION ON OVER

8000 RESPONDENTS

50000 HOUSEHOLDS IN MUMBAI’S MOST VULNERABLE SETTLEMENTS COVERED

290 DATA POINTS CONCERNING HEALTH AND NUTRITION OF WOMEN AND CHILDREN

HIGHLIGHTS IN 2017-18

Qualitative process evaluation of three SNEHA programs namely Sneha Centres, Healthy Cities Project and Aahar was initiated to understand the implementation process of the said programs and to determine whether the program activities have been implemented as intended. For Child Health & Nutrition, a qualitative study was designed to assess the community volunteer development framework and to understand the principle mechanisms through which the volunteer program works. For Sneha Centres and Healthy Cities projects, the main aim of the qualitative study was to capture SNEHA’s experiences of working with ICES and MCGM to improve delivery of maternal and child health services.

In order to strengthen the evaluation design and to build a deeper understanding of the program, a number of research studies were initiated. To assess the level of motivation among Aanganwadi workers in Aahar program and to evaluate the impact of the intervention on their motivation level, phase two of the data collection was conducted during the period. Another study was initiated in SNEHA centres areas to assess the burden of developmental delay or disability and associated risk factors in children under six years of age.

An independent qualitative study on understanding factors enabling exclusive breastfeeding among women in urban informal settlements was completed and a paper was drafted based on its findings. The study provides evidence in support of antenatal intervention in child nutrition programs and serves as example of how this can be done in partnership with existing government partners.

The Information Management team developed an in-house solution with the help of a software consultant to automate a cumbersome process of tracking referred pregnant women for the Maternal and Newborn health (MNH) program. The MNH program works with the public health system of Mumbai to ensure smooth referrals of high-risk pregnant women in labour, to seek care from a public health facility. The program tracks the referred women to understand the pattern of referrals and also to monitor the utilization of the referral linkage from lower to higher health facilities. The desktop application automates the manual task and hence reduces the time and resources allocated to track these women.
The Information Management team created an application with the help of a software consultant to automate the preparation of vouchers for mobile/ internet dongle bills. The application pulls information from an excel sheet shared with program and finance teams. The time required to prepare these vouchers by this application has been reduced from six man days to 30 minutes, improving both time spent on the task as well as efficiency.

The team has drafted various Information Management policies with the aim to standardize IM processes and to make IT processes more efficient. Revisiting our policies required a collaborative effort across various teams. Major policies drafted include Internet usage policy, email policy, Assets policy, BI governance policy, IT billing policy.

We undertook an evaluation of our digital initiatives across programs and domains in terms of cost saving of staff man-hours. This cost saving quantifies the man hours saved in conducting processes with a system in place compared to conducting the same processes without a system. Our original forecast was Rs. 2,880,000 and we were able to show a cost saving of Rs. 6,076,574.

**MAJOR PUBLICATIONS IN 2017-18**


Nayreen Daruwalla, Ketaki Hate, Preethi Pinto, Gauri Ambavkar, Bhaskar Kakad, David Osirin. 2017. You can’t burn the house down because of one bedbug: a qualitative study of changing gender norms in the prevention of violence against women and girls in an urban informal settlement in India. Wellcome Open Research 2017, 2:48

**PRESENTATIONS**

1. Panel discussant at Indian Institute for Human Settlements, Bangalore (Sustainable Development Goals and public health interventions).
2. Presentation at National Institute of Nutrition, Hyderabad (Effectiveness of a 1000 days approach to improve exclusive breastfeeding in Mumbai’s informal settlements: evidence from a community-based nutrition program).
3. Presentations at International Conference on Urban Health 2017, Portugal (Community Health Workers are Paid Peanuts: Yet they Care. It is not about the money! Lessons learnt from a community-based program against Malnutrition in urban informal settlements of Mumbai, India).

**WHY DO WE NEED MAS?**

1. Accredited Social Health Activists or Government Health Workers are currently responsible for ~500 households (HH). Their responsibilities include community mobilization, especially among vulnerable populations.
2. MAS promotes community participation in health at all levels, including planning, implementing and monitoring of health programs, to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level.

**COVERAGE 2017-18**

85 URBAN LOCAL BODIES (ULBS) CONSISTING OF 27 MUNICIPAL CORPORATIONS

1969 MAS GROUPS FORMED

10 TRAINING SESSIONS HELD COVERING 825 PARTICIPANTS

**Mahila Arogya Samiti (MAS)**

Mahila Arogya Samiti (MAS) is a local women’s collective of 8-12 women members, covering 500 households in urban settlements. The group consists of an elected Chair, the ASHA (Accredited Social Health Activist) member secretary and an incentivized Primary Health Care Centre worker.

The NHM in Maharashtra, appointed SNEHA as a mother NGO in July 2016, presiding over the formation of MAS groups across 95 urban sites in Maharashtra.

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**Coverage 2017-18**

- 85 Urban Local Bodies (ULBs) consisting of 27 Municipal Corporations
- 1969 MAS Groups formed
- 10 Training sessions held covering 825 participants
The Municipal Commissioner in Mira-Bhayander took personal interest in the achievement of their MAS target. This motivated the Medical Officer of Health and UPHC staff to participate in the training on MAS formation and initiate the MAS formation process. Learning from our experience of opening MAS bank accounts, MBMC UPHC staff and SNEHA team worked together to innovate the process by first identifying women in the slums who have their KYC documents to enroll as MAS Chairs and then select the MAS members in their neighborhood of 100 families. Regular internal updates on progress made by each UPHC and personal visits by senior officials to every bank branch where MAS applications were submitted, greatly contributed to the achievement of the target of 99 MAS. The annual untied fund of Rs. 5000/- was also promptly released by the corporation in every MAS account. The UPHC staff were highly motivated and the SNEHA team reciprocated by conducting training on the use of this fund though it was not part of our mandate.

One MAS used its funds to buy mats for ICDS aanganwadis or preschools, others conducted various awareness activities with the community. ASHAs continue to personally seek guidance from our team.

There was a sea-change in the attitude of the MBMC from, “We have too much work and our field team will work with you” to, “How much MAS target is pending and what support do you need from us? Just tell us.” MBMC continue to remain grateful to SNEHA as they believe they could not have achieved their MAS target of 99 without SNEHA. They appreciate our quality of work and are keen to collaborate with SNEHA for sustaining MAS.

The above process was supported by SNEHA’s MNH Program

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**FOOTPRINTS OF IMPACT**

**Sea-change in attitude**

The Municipal Commissioner in Mira-Bhayander took personal interest in the achievement of their MAS target. This motivated the Medical Officer of Health and UPHC staff to participate in the training on MAS formation and initiate the MAS formation process. Learning from our experience of opening MAS bank accounts, MBMC UPHC staff and SNEHA team worked together to innovate the process by first identifying women in the slums who have their KYC documents to enroll as MAS Chairs and then select the MAS members in their neighborhood of 100 families. Regular internal updates on progress made by each UPHC and personal visits by senior officials to every bank branch where MAS applications were submitted, greatly contributed to the achievement of the target of 99 MAS. The annual untied fund of Rs. 5000/- was also promptly released by the corporation in every MAS account. The UPHC staff were highly motivated and the SNEHA team reciprocated by conducting training on the use of this fund though it was not part of our mandate.

One MAS used its funds to buy mats for ICDS aanganwadis or preschools, others conducted various awareness activities with the community. ASHAs continue to personally seek guidance from our team.

There was a sea-change in the attitude of the MBMC from, “We have too much work and our field team will work with you” to, “How much MAS target is pending and what support do you need from us? Just tell us.” MBMC continue to remain grateful to SNEHA as they believe they could not have achieved their MAS target of 99 without SNEHA. They appreciate our quality of work and are keen to collaborate with SNEHA for sustaining MAS.

The above process was supported by SNEHA’s MNH Program

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**HIGHLIGHTS IN 2017-18**

We have formed a total of 4928 MAS Groups since late 2016, out of which 2329 groups have bank accounts.

We have trained 5000 staff from Urban Local Bodies and Non-Governmental Organisations across Maharashtra.

We have been able to successfully advocate with the National Health Mission for MAS formation

SNEHA has become a member of the State Advisory Group on Community Processes.

We have been able to collaborate with 22 NGOs across Maharashtra and have initiated collaboration with community volunteers.

SNEHA has become a member of the State Advisory Group on Community Processes.

We have been able to successfully advocate with the National Health Mission for MAS formation

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**A well-functioning MAS can result in improved utilisation of health services and bridge the gap between people’s needs and service delivery.**
The implementation of the ‘Sanjeevan Mobile Clinic’ was preceded by a comprehensive needs-assessment study by SNEHA. Their key findings informed us that the majority of the respondents, in fact, do not have access to government health services as they are very far away and that most avail private health facilities, which they find unaffordable. We also found that diagnostic facilities (such as x-rays) were not available in proximity of the community.

The goal of our project is to meet the primary health needs of the underprivileged populations in and around slums in this municipality through free-of-cost preventive, promotive and curative healthcare with a focus on maternal and child health and common illness such as cough, cold, fever, diarrhea, uncomplicated malaria and skin infections. For other widely prevalent diseases such as TB, malaria, dengue strong back up referral linkages will be developed and reported cases will be referred to public or private hospitals. The needs-assessment formed the basis of our program design.

Community engagement forms a major component of Sanjeevan, by providing the community a platform to voice health needs, experiences and issues with access to health services and a platform for convergent action on social determinants related to health. Our Community mobilization are two way participatory strategies. People from the community are involved as volunteers and health committee members, which will be converted to MAS under NUHM. Representatives from the community are involved in the consultative processes. People from the community are involved as volunteers and health committee members, which will be converted to MAS under NUHM. People from the community are involved in the consultative processes. One to one way of communication are adopted for uptake of service. Messages are displayed at meeting hall, and street plays are used to sensitize senior citizens, opinion leaders, public representatives on health issues, especially, promotive measures such as uptake of family planning, screening and preventive check-ups etc.

At the request of SNEHA’s PVWC program that collaborates with the police, 5 health checkup camps were conducted for Police personnel of Dharavi, Shahu nagar, Mahim, Shivaji Nagar-Govandi and Mankhurd police stations in May and August 2017. During this camp, a total of 311 police personnel accessed curative services and 255 police accessed diagnostic services. As a result, 22 police personnel were identified with history of hypertension and advised to continue the treatment from outside, 14 police personnel were diagnosed with hypertension and advised to initiate the treatment and 11 police were diagnosed with diabetes and referred.

10 collaborative Camps were organized with 2070 beneficiaries. Specialist doctors such as a dermatologist, ophthalmologist, pediatrician, gynecologist and orthopedist from the KDMC provided primary health services to patients. Such types of collaborations with Municipal Corporations enable us to provide quality and niche primary health care services to underserved populations. KDMC and SNEHA jointly provided personnel and medicines for these camps.

An anemia detection camp conducted with the participants of our Adolescent Health program in September 2017 with 156 girls. A Complete Blood Count (CBC) CBC test was performed for all girls and identified 25 girls as having moderate level anemia and severe anemia in seven girls. 121 girls were found to have mild level anemia. They were provided IFA tablets and the severely anaemic cases were referred to the public hospital.

On the occasion of World Breast feeding week in August 2017, we organized four street plays on the importance of breastfeeding and sustaining breastfeeding in Indira Nagar, Kalyan and RS Tekdi, Ambivali, reaching out to 550 pregnant and lactating women.
Working with the Sanjeevan mobile van has been an eye opener for me surrounding public health. I have been able to see for myself the issues with quality of supply among public health systems. There is a role to play for non-profits to improve the quality of public health services by working in tandem with health facilities. A well-organised set of staff with their passion and willingness to serve the under-served at Sanjeevan has been an incentive for me.

Overall, this short stint has been immensely satisfying in reaching out to the most vulnerable.

~ Dr. Usha Subramaniam, Doctor at Sanjeevan Mobile Health Clinic

Sanjeevan mobile health clinic provides a platform for the community to voice health needs, experiences and issues with access to health services as well as an opportunity for convergent action.

Timely help and information

Nirmala* is a 22-year-old woman living in Titwala with her husband. Her husband is a serviceman. Once, during a mobilization drive, a SNEHA Community Organizer met Nirmala who was five months pregnant. The Community Organizer informed Nirmala about the Sanjeevan Mobile Health Clinic and that it offered antenatal services. She motivated Nirmala to register her pregnancy at the nearby Rukminibai Hospital, Kalyan. Nirmala visited the mobile health clinic thrice for antenatal care, during the course of her pregnancy. The Community organizer visited Nirmala frequently as well, provided her information about nutrition during pregnancy, how important proper antenatal care is and that Nirmala should avail of postnatal care after her delivery as well. She also touched upon topics such as breastfeeding and family planning so that Nirmala could be aware in advance and plan ahead. Nirmala completed nine months of pregnancy and felt a pain in her stomach. Unfortunately, her husband was not at home, at this crucial juncture. Members of a Health Committee that SNEHA had formed got together and admitted Nirmala to a private hospital in Titwala and informed her husband.

Nirmala delivered a healthy baby boy through cesarean-section. The health condition of mother and child was good.

Nirmala and her husband thanked the Community Organizers saying, “you gave me the right information about pregnancy and the Health Committee members helped me at an important time. My child and I are healthy now because of the timely help and information.”

*name changed to protect identity

The Nurse Aide Programme is an 8-month long course that trains young women to become nurse aides in private hospitals, nursing homes, and maternity homes. Through the course, SNEHA seeks to offer employment opportunities for aspiring nurse-aides and also address a system-wide demand for health care workers. To date, more than 1000 nurse aides have been trained.

We offer theoretical and practical teaching sessions on nursing and medicine, covering systemic care, pediatrics, gynecology and surgery.

We facilitate nurse aides’ transition to working life by providing exposure to real health care environments.

We collaborate with hospitals, nursing homes and other employers to help nurse aides find job opportunities. 90% of our students got placed in hospitals, clinics, nursing homes, diagnostic centres as nursing assistants.

In the last year, we introduced new modules on Palliative Care, newborn care, first aid and pathological testing. The new modules were introduced to broaden our students’ job opportunities to give them an edge in rare and upcoming medical specialisations, such as Palliative Care. These modules were apart from the regular four modules, namely, nursing care, medicine and surgery, gynecology and pediatrics, conversational English and Computer basics.

THE NURSE AIDE PROGRAMME COMPRISSES:

**TEACHING MODULES**

**EXPOSURE VISITS AND GROOMING WORKSHOPS**

**JOB AND INTERNSHIP PLACEMENTS**

**FOOTPRINTS OF IMPACT**

**NURSE AIDE PROGRAMME**

**HIGHLIGHTS IN 2017-18**

SOCIETY FOR NUTRITION EDUCATION & HEALTH ACTION
Our team developed booklets on pathological tests and nursing care. The booklet on pathological tests has a plethora of information about the kind of kits and equipment used for different tests and the one on nursing care is a guide on reading and understanding reports with an index of normal and abnormal ranges as well as specific observations to communicate to hospital supervisors. The booklets have been authored by our trainer, a pathologist, Dr. Sangita Shetty with inputs from Dr. Harvinder Palaha, our medical expert.

We analysed our enrollment data to study referrals for the programme- while 50% enrolments come through mobilization of our team, 33% of our enrolments come by way of referrals from ex-students. Upon investigation among ex-students on why they referred the course, the reasons we heard were ‘job security’, ‘opportunities for placements’, ‘opportunity to earn extra income through door-step services and at General Practitioner clinics.

Based on feedback from our current and ex-students, we have included more criteria before tying up with hospital and health facilities. A need was felt for more day shift jobs and we looked beyond hospitals to include NGO-run OPD clinics, dental clinics, eye clinics and diagnostic services. Health facilities were also identified based on the distance from the residences of the students. Preference was given to hospitals that provided accommodation, as it was a boon to students coming from rural areas.

Realising dreams

Pritam* is a 19 year old orphan hailing from Ratnagiri in Maharashtra. Pritam moved to Mumbai a few months ago and lives with her uncle and his family. Pritam’s uncle found out about the nurse-aide course at SNEHA and encouraged Pritam to enroll in it.

Pritam has been attending the Nurse-aide course for a few months now. Ever since her mother passed away after suffering from cancer, Pritam has been keen to be part of the medical fraternity to help people cope with their illnesses. SNEHA has supported Pritam to help her achieve her dream. She says that she has learnt a lot and also acquired the confidence that she was lacking earlier. With understanding teachers and kind peers she feels at home in her class. She feels optimistic about her future as a nurse now that she knows that she has the support of so many people. “Pritam has shown remarkable improvement,” says her English teacher. “She is quite and reserved can help people who are critically ill. “I’m really grateful to SNEHA for giving me the opportunity to step closer to my dream,” she says finally. “My only dream is, to offer the help I couldn’t offer my mother, to others who need it just as much.”

Etiquettes & values in life are important matters have changed my life style. The family loves me now and they are appreciating SNEHA/TMF

Without hard work and dedication of learning we cannot achieve anything. It was my dream to stand on my feet and also support my family. Now I am having hopes to fulfill my dream. SNEHA is enabling me to have a good career in life.

I want both my daughters to complete their education. They are very young. When I will earn I can also support them along with my husband. They can then have a career of their choice.

SNEHA has been the light for me and this Nurse-Aide course has been a source which paved me the way to my livelihood. SNEHA has committed & dedicated faculties to teach me and also making me understand the situation and how to face it in life.

SNEHA understood my problems and thereby adjusted and supported me a lot to complete the course so that I will be able to stand on my own feet.”

SNEHA has made me really brave. I don’t fear or tolerate unjust behaviour anymore. I’m not as gullible as I used to be. The way they encourage and bring out the best in us is incredible. I will forever be grateful to SNEHA for empowering me.

The way they encourage and bring out the best in us is incredible. I will forever be grateful to SNEHA for empowering me.

SNEHA understood my problems and thereby adjusted and supported me a lot to complete the course so that I will be able to stand on my own feet.”
Dr. Armida Fernandez, Founder and Chairperson, SNEHA experienced the pain of watching helplessly as her only child, Romila, suffered a terminal illness. Despite the fact that she and her husband were both doctors, with access to a large network of specialized doctors, they felt helpless due to the lack of organized palliative care services in Mumbai. Romila Palliative Care, an initiative of SNEHA, was set up in Romila’s memory.

Launched in January 2017 in a Centre adjacent to Holy Family Hospital, Romila Palliative Care (RPC), serves as a reassuring centre for patients suffering from life-limiting illnesses, mainly cancer. RPC provides both home-based and out-patient services, completely free of charge, to ensure that patient has minimum pain and utmost dignity and comfort.

R, a 65 year old patient had cancer of the tongue. When the patient’s wife first arrived at the center, alone, she had complaints about the patient’s health in general. He could not talk and swallow properly, he was too particular about his food and had a lot of weakness. She said he was stubborn and refused to listen and would also not take his medicines properly.

The couple also had lot of inter-personal issues. The counsellor focused on the emotions and thoughts they brought to the counselling sessions to bring about behavior modification. From her side it was sadness and suppressed anger. The patient felt helplessness and anger towards his family. The patient was also trying to hide his addiction towards smoking and drinking.

Subsequently the patient’s wife reported satisfaction with the change in his behavior. Initially the wife had not really believed that counseling could bring about the positive changes she had noticed in his behaviour. She reported that he had started taking his medicines which he had been reluctant to do in the past. Her husband had also proactively called his sisters and spoken to them very nicely. We were also able to convince the patient to make his will which reduced a lot of stress for his wife. The patient also reported that he was feeling much better. Initially the patient did not report pain but in subsequent visits he did have pain and was prescribed morphine which helped to manage the pain. Since he needed an outing he would come to the center with his wife to get his dressing done. As the days passed he could not speak and would communicate to the RPC team through written notes.

As his disease progressed his wife was being pressurized by her relatives and friends to admit him in a hospice, but with the help of the center she continued to have the confidence to look after him at home and the patient died a peaceful death at home. The patients wife was extremely appreciative of our services and continues to regularly refer patients to the center.

“Whatever I needed was given. May God have more such centers. I even thanked God for my illness because I felt “recognized “as a person. Even relatives do not care for me – the way you do.”

- A Patient

The patient was happy and comfortable and always looking forward to your visit. We are very grateful for your loving and very caring services rendered … above all very gentle touch”

“Excellent work done by the whole team, would surely want to recommend Romila Palliative Care…”

- A Caregiver
### FUNDs AND LIABILITIES

<table>
<thead>
<tr>
<th>Rupees (In Millions)</th>
<th>Rupees (In Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trusts Funds or Corp</strong>s &amp; Corpus &gt;</td>
<td></td>
</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>25.05</td>
</tr>
<tr>
<td>Adjustment during the year</td>
<td>0.06</td>
</tr>
<tr>
<td><strong>Other Earmarked Funds &gt;</strong></td>
<td></td>
</tr>
<tr>
<td>- Depreciation fund</td>
<td>-</td>
</tr>
<tr>
<td>- Sinking fund</td>
<td>-</td>
</tr>
<tr>
<td>- Reserve fund</td>
<td>-</td>
</tr>
<tr>
<td>- Any other fund</td>
<td>110.92</td>
</tr>
<tr>
<td><strong>Loans (Secured or Unsecured) &gt;</strong></td>
<td></td>
</tr>
<tr>
<td>- From trustees</td>
<td>-</td>
</tr>
<tr>
<td>- From others</td>
<td>-</td>
</tr>
<tr>
<td><strong>Liabilities &gt;</strong></td>
<td></td>
</tr>
<tr>
<td>- For expenses</td>
<td>7.42</td>
</tr>
<tr>
<td>- For advances</td>
<td>0.43</td>
</tr>
<tr>
<td>- For rent and other deposits</td>
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</tr>
<tr>
<td>- For sundry credit balances</td>
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<tr>
<td><strong>Income And Expenditure Account &gt;</strong></td>
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<tr>
<td>Balance as per last Balance Sheet</td>
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<tr>
<td>Loss: Appropriation, if any</td>
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<tr>
<td>Add: Surplus (as per Income and Expenditure Account)</td>
<td>6.78</td>
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<tr>
<td>Less: Deficit</td>
<td>-</td>
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### PROPERTY AND ASSETS

<table>
<thead>
<tr>
<th>Rupees (In Millions)</th>
<th>Rupees (In Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immovable Properties &gt;</strong></td>
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</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>-</td>
</tr>
<tr>
<td>Additions during the year</td>
<td>-</td>
</tr>
<tr>
<td>Less: Depreciation up to date</td>
<td>-</td>
</tr>
<tr>
<td><strong>Investments &gt;</strong></td>
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</tr>
<tr>
<td>Fixed Deposit with non-banking financial companies (at cost)</td>
<td>12.00</td>
</tr>
<tr>
<td><strong>Movable Fixed Assets &gt;</strong></td>
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</tr>
<tr>
<td>Balance as per last Balance Sheet</td>
<td>27.60</td>
</tr>
<tr>
<td>Additions during the year</td>
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<tr>
<td>Less: Sales during the year</td>
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<tr>
<td>Depreciation up to date</td>
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<tr>
<td><strong>Loans (Secured or Unsecured) Good / Doubtful &gt;</strong></td>
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</tr>
<tr>
<td>Loans scholarships</td>
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</tr>
<tr>
<td>Other loans</td>
<td>-</td>
</tr>
<tr>
<td><strong>Advances &gt;</strong></td>
<td></td>
</tr>
<tr>
<td>To Trustees</td>
<td>-</td>
</tr>
<tr>
<td>To Employees</td>
<td>0.31</td>
</tr>
<tr>
<td>To Contractors</td>
<td>-</td>
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<tr>
<td>To Lawyers</td>
<td>-</td>
</tr>
<tr>
<td>To Others</td>
<td>2.75</td>
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<tr>
<td><strong>Income Outstanding &gt;</strong></td>
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<tr>
<td>Rent</td>
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<tr>
<td>Interest</td>
<td>1.75</td>
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<tr>
<td>Other income</td>
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<tr>
<td><strong>Cash And Bank Balances &gt;</strong></td>
<td></td>
</tr>
<tr>
<td>In Savings account</td>
<td>15.60</td>
</tr>
<tr>
<td>In Current account</td>
<td>-</td>
</tr>
<tr>
<td>In Fixed deposit account</td>
<td>158.02</td>
</tr>
<tr>
<td>With the trustee</td>
<td>-</td>
</tr>
<tr>
<td>With the manager</td>
<td>0.08</td>
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### TOTAL

<table>
<thead>
<tr>
<th>Rupees (In Millions)</th>
<th>Rupees (In Millions)</th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>214.41</td>
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</table>
## Receipts & Payments Account for the year ended 31 March 2018

### RECEIPTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Rupees (In Millions)</th>
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</thead>
<tbody>
<tr>
<td>Opening Cash And Bank Balance</td>
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</tr>
<tr>
<td>- In savings account</td>
<td>18.97</td>
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<tr>
<td>- In deposit account</td>
<td>164.11</td>
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<tr>
<td>- Cash in hand</td>
<td>0.05</td>
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<tr>
<td>Grants &amp; donations received</td>
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<tr>
<td>Corpus received</td>
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<tr>
<td>Interest Income</td>
<td></td>
</tr>
<tr>
<td>- In savings account</td>
<td>1.27</td>
</tr>
<tr>
<td>- In deposit account</td>
<td>9.63</td>
</tr>
<tr>
<td>- Interest on Income tax refund</td>
<td>0.09</td>
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<tr>
<td>Other income</td>
<td>0.76</td>
</tr>
<tr>
<td>Collection from old debtors</td>
<td>0.04</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>376.07</strong></td>
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</tbody>
</table>

### PAYMENTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Rupees (In Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure on the objects of the Trust</td>
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</tr>
<tr>
<td>Payment towards Administrative expenses</td>
<td>6.31</td>
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<tr>
<td>Security deposits</td>
<td>0.26</td>
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<tr>
<td>Capital assets purchased for the organisation</td>
<td>4.17</td>
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<tr>
<td>Investments in Fixed deposits</td>
<td>12.00</td>
</tr>
<tr>
<td>Payment of Income Tax</td>
<td>0.51</td>
</tr>
<tr>
<td>Payment towards current liabilities</td>
<td>0.10</td>
</tr>
<tr>
<td>Closing Cash And Bank Balance</td>
<td></td>
</tr>
<tr>
<td>- In savings account</td>
<td>15.60</td>
</tr>
<tr>
<td>- In deposit account</td>
<td>158.02</td>
</tr>
<tr>
<td>- Cheques on hand</td>
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</tr>
<tr>
<td>- Cash in hand</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>376.07</strong></td>
</tr>
</tbody>
</table>

For B S R & Co. LLP
Chartered Accountants
Mansi Pardiwalla (Partner)

For SNEHA (Society For Nutrition Education And Health Action)
Dr. Armida Fernandez (Trustee)

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**FUNDERS AND DONORS**

**FUNDERS**

- ACG Cares Foundation
- Arts & Health from South West United Kingdom
- Azim Premji Foundation (Azim Premji Philanthropic Initiatives Pvt Ltd)
- Charities Aid Foundation
- Cipla Foundation
- Citibank NA
- Credit Suisse AG
- Credit Suisse AG
- DSP Blackrock Investment Managers Pvt Ltd
- EKJUT
- Glaxo Smithkline Pharmaceuticals Ltd
- Great Eastern Shipping Foundation
- HDB Financial Services Ltd
- HDFC Bank Ltd.
- HT Parekh Foundation
- Impact Foundation
- Indian Institute of Technology Bombay
- Kishore Marwala
- Manan Ltd
- Morgan Stanley India Advantage Services Pvt Ltd
- Morgan Stanley India Primary Dealer Pvt Ltd
- Morgan Stanley India Securities Pvt Ltd
- National Health Mission
- Setco Foundation
- Siemens Ltd
- Tech Mahindra Foundation
- The Global Fund
- The Indian Heart & Lung RSH FDN
- United Nations Population Fund (UNFPA) / UNDP
- University college of London
- Warburg Pincus India Pvt Ltd

**DONORS (FOR DONATIONS OF INR 25,000 & ABOVE)**

- Ada Ribeiro
- AISSA Maritime Pvt Ltd
- Ajay Vijay Chauhan
- Ajit Pal
- Alphagrep Securities Pvt Ltd
- Anand Chandavarkar Foundation
- Anand Vadilal Mehta
- Anthony E Fernandez
- Armida Fernandez
- Arti Havaldar
- Bali Raksha Bharat
- Bipin Kantilal Shah
- Chemtrols Industries Pvt Ltd
- Cynthia Desouza
- Dhruv M Acharya
- Dinesh Balchand Sundarji Doshi Charitable Trust
- Dinshaw Homi Katrak
- Edward Ignatius Saldhana
- Essar Industries
- G M Martin Trust
- Gayatri Kamath
- Giving Rise
- Hemant N Mehta
- Hindustan Lever Educational and Welfare Trust
- HSBC
- Jamil Ahmed Khatri
- Jayalaxmi Charitable Trust
- Joanne Godinho
- JRD Polymer Pvt Ltd
- Julia Maria Aisha De Sequeira
- Julius Baer Capital India Pvt Ltd
- Kalpana Iyer
The SNEHA Annual Fundraiser was held in February 2018 and received a great response, with more than 200 people supporting the fundraiser. The audience enjoyed a scintillating dance performance ‘Flamenco – Kathaa’, a collaborative initiative by Indian Flamenco artist Kunal Om and Kathak exponent Aditi Bhagwat. We also had two beneficiaries of SNEHA’s programmes sharing their experience – an adolescent from the Adolescent Health program at Kalwa and a father and his son from the Child Health & Nutrition program at Dharavi. Their stories of empowerment and coming out of malnutrition were moving and touched the hearts of everyone present. Vanessa D’Souza, CEO of SNEHA, thanked the donors and the Trustees who were present at the event. We were able to raise our highest amount at this year’s fundraiser - Rs.52 lakhs, which will go towards supporting SNEHA’s work.

During the course of the year, the Fundraising team has actively supported the various SNEHA programs. We are happy to report that most of our funders have continued their funding support in the current financial year. Some of the new donors that have supported us this year are Mommy’s Bliss Fund of Tides Foundation for the Child Health & Nutrition program Aahar, H T Parekh Foundation funding the Nurse Aide program and Citi supporting the SNEHA Centre programme. This year also saw a greater contribution through online fundraising campaigns.

We revamped our website and launched it in January 2018, after hiring a specialist design studio, that followed a user-centric, research-based approach to design the site, to appeal to various SNEHA stakeholders. From January to March 2018, our site recorded 29918 page views. The new site is built on a Content Management System that makes it easy for the SNEHA team to make a number of our updates ourselves. It also provides a trustworthy payment gateway for retail donations through the website. Apart from that, the site is optimized for viewing across different browsers and Operating Systems. It also has a special form for survivors of violence to receive crisis information. Several of the pages, including the ones about the Prevention of Violence against Women & Children and MAS programmes as well as crisis intervention information, is also available in Hindi and Marathi. In the next year, we hope to make all the content available in Hindi and Marathi.

We re-launched our blog, www.snehamumbai.org, and feature a variety of voices from SNEHA, including staff and consultants. We share lessons learnt and challenges and successes...
from our field interventions as well as our research and support initiatives.

Our newsletter that goes out once every two months has an outreach of 1500 people, including partners, funders and Government officials. It features news, happenings and media clippings across our programs as well as volunteering and partnership opportunities.

We are Blog Partners for www.thebetterindia.com, India’s most-popular positive news forum and we have published our case stories and successes from our programs extensively on the site. We have also been able to cultivate meaningful relationships with journalists, who work exclusively to produce data-driven stories on forums such as www.indiaspend.com to share our insights and learnings from our programs.

LEARNING AND DEVELOPMENT

The Learning & Development team works with programs to identify training needs to deliver customized workshop style sessions on ‘Mind Management’, ‘Managerial effectiveness’, ‘Listening Skills’, ‘Mindfulness’. We also rope in external resource persons and corporate volunteers to conduct courses on various Microsoft Office packages, particular Microsoft Excel. We have engaged International Coaching Federation (ICF) for coaching and mentoring for senior staff. We also started counseling services for staff, as part of staff well-being initiatives. We will be conducting workshops on emotional well-being for the uptake of the service in the coming year.

HUMAN RESOURCES

After launching People Works to automate critical Human Resources functions, such as leave and attendance last year, the Human Resources team introduced voice-to-text technology for our Community Organisers in 2017-18. This enabled the Community Organisers to overcome their fear of using technology and becoming more involved in the appraisal process.

We also introduced pre-employment and post-employment reference checks to boost our hiring processes. We have introduced new sources of hiring by building a network of Universities and campus relevant to the social sector in order to target their alumni and current batches of students.

MEDIA COVERAGE

‘In tune with SNEHA’s core philosophy of working actively with public systems to institutionalize best practices in urban health, the EHSAS team is also working to mainstream its work by generating evidence from the field and sharing it with public health authorities.’

- Article about mental health initiatives in the adolescent program, www.thebetterindia.com

‘Early identification of pregnant women and assisting them to access public health services are among the main aims of the program. The program’s primary goals are to reduce wasting among children under the age of six years, reduce anaemia in pregnant and lactating women and to improve the unmet need for family planning.’

- Article about SNEHA’s 1000 days Initiative in Malvani, www.thebetterindia.com

‘I got married at 18 and my in-laws initially did not want me to study further; but with the help of the Sneh counsellors, I convinced them to let me study. I completed 12th standard and signed up for first year degree college at Vashwantrao Chavan Open University. I have also registered for a diploma in MSc IT. I tried out for the police entrance a little while ago but couldn’t get in because I’m 154.5 cm (half an inch shorter than the cut-off 155 cm). I really want to join the police academy. I’m going to try again.’

- Article profiling one of our Adolescent Change Agents, DNA

‘With the help of the police, SNEHA was successful in halting an early marriage. “Prompt and timely action of police in coordination with NGOs has the potential to bring a stop to child marriage”, says EHSAS Kalwa Project Coordinator Anjali Pore. SNEHAs next challenge, however, lies in following up with the family members, and creating knowledge about the socio-legal implications of early marriage in the community.’

- Article on how we intervened in a child marriage in one of our intervention areas, www.thebetterindia.com
Fernandez’s Romila Palliative Care, named after her daughter who succumbed to cancer in 2013, is a six month old voluntary palliative care facility in Bandra that has so far looked after 40 patients from various strata in society. ‘It’s not just end-of-life care, we provide treatment and psychological support to patients with life-limiting diseases right from the diagnosis.’ While a massive void still exists in palliative care in the country, Fernandez says it is slowly becoming a priority area and the change is being led by individuals.

- Article on Palliative Care in Mumbai featuring Romila Palliative care in Mumbai Mirror

‘With more stringent laws being passed, public awareness being created, and the media reporting more cases of sexual assault, reporting of cases has increased, but this is still far from being representative of the number of cases that occur,’ Preethi Pinto, Program Coordinator on Prevention of Violence against Women and Children at Mumbai-based SNEHA (Society for Nutrition, Education and Health Action) told IndiaSpend.

- Article on reporting of rape cases in India Spend.

‘We have visited households where a mother has had 17 children. Our field officers have to work very hard convincing them about seeking family planning methods,’ Sonali Patil, Associate Program Director with the Society for Nutrition, Education and Health Action (SNEHA) Centres, which works to curb malnutrition in children and promotes contraception among women, told IndiaSpend.

- Article on child malnutrition in India Spend.

‘Students in this course typically hail from low-income groups, and they typically latch on to this opportunity to be productive members of society. Many of our students have had turbulent lives, so this is their chance to break free from the vicious cycle of poverty,’ observes Ujwala Bapat, Program Coordinator of the Nurse-Aide programme.

- Article on our Nurse-aide program in www.thebetterindia.com

“There cannot be true democracy unless women’s voices are heard. There cannot be true democracy unless women are given the opportunity to take responsibility for their own lives. There cannot be true democracy unless all citizens are able to participate fully in the lives of their country.”

- Hillary Clinton