



APNALAYA

Building self-sustaining communities since 1973



# ANNUAL REPORT

2017 - 2018

## Our Vision

*To enable underserved people to improve health, livelihood and gender relation*



### Saleha continues the good work!

Our cover girl from the previous year, Saleha, has continued to lead with example and inspired many of her peers. She has been working with Apnalaya as a youth volunteer and as a child champion for Save the Children, another Non-Governmental Organisation in the area, in their menstrual hygiene campaign.

Utilizing the skills learnt through Apnalaya's citizenship training, she now conducts awareness sessions through various creative mediums like street plays and talk shows.

She was selected for attending the Ashoka Youth Venture Panel in April 2017 at Ashoka's office in Bangalore. In 2018, she also participated in the panel supporting the rights of street children at St. Xavier's college, jointly organized by Youth Ki Awaaz, an online platform and Save the Children India.

Along with Saleha, our youth are working hard to highlight issues of the community and have been able to make considerable progress. Our objective is to create more such young champions who articulate the community needs, champion causes and work to achieve a good quality of life in M East ward area.

### Apnalaya is registered under:

The Societies Registration Act 1860 No.75/73 G.B.B.S.D dated 28/2/1973

The Bombay Public Trust Act 1950 No.F-2830 dated 18/4/1973

Section 80-G of the Income Tax Act – No. DIT(E) MC/80-G/1869/2008/2008-09

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Livelihood and Mission 24 Photo Credit: Payal Kumar  
Education and Citizenship Case Story Credit: Hazel Hopkinson

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# Message from the President



2017-2018 has been an exciting and challenging year for Apnalaya – but then we always say that! Development work is always full of challenges, and the excitement comes from the very nature of the work. To be able to bring about some improvement in the lives of the most impoverished in this city is an exciting prospect, and the work that Apnalaya is doing now in M East Ward and beyond is slowly but surely yielding results.

Involving people in their own development sounds almost trite. Those of us who are lucky enough always had options from which to choose – whether to study, what to study, when to marry, even where to live, and so forth – but for many living in extreme poverty there are no choices. So to strengthen a young girl's resolve to stay on in school rather than marry as her parents want her to do is a struggle. So equipping people with the knowledge and confidence to be able to make their own choices forms the foundation of much of our work now.

Once we have imparted those skills we progress onto enabling people to use those skills not only for their own good but for that of their community. When Arun first talked about training people to be 'community volunteers', many of us were a little sceptical. How could we expect people living on the edge, fully engaged in survival, to find the time and energy to participate in volunteer groups working on issues that impact on the lives of the larger community? Well, we were wrong, as you will find out in this report!

Annabel Mehta

# Message from the CEO

The stark irony of the space and time we inhabit is difficult to miss. Cities are burgeoning, simultaneously as a significant number of its residents are being disenfranchised. We now have booming urbanisation juxtaposed with fragile urbanity. In this city of dreams, migrants turn the wheels of everyday life yet find themselves in an extremely tension-filled relationship with the agglomeration we call *shehar*. The city needs and consumes their labour, but wishes they were somehow out of sight.



Eviction and dislocation are the tools by which the income-poor are routinely ghettoised in resettlements and unauthorised *bastis*, conveniently brushed off to the margins of the city.

The most vulnerable citizens discover daily that the nation to which they have pledged allegiance has perhaps not pledged allegiance to them.<sup>1</sup> Leaving behind a dreadful past in rural India, these broken citizens endure the challenges cities throw at them because they do not want to give up; they want to live and chase their dream of a life with dignity. Meagre amenities test their resolve by making their everyday life extremely difficult. The poor spend a far greater percentage of their lowly income on basic needs like water, food, education and healthcare than the better-off populace of the city.

A significant number of people and institutions including Non-Governmental Organisations (NGOs) and philanthropists reach out to help. Apnalaya, since its inception, has chosen to work with the most disadvantaged population and it does so by enabling the income-poor people and the community to participate in their development. At Apnalaya, we use awareness enhancing, behavioural change, citizenry, social entitlements, and governance to rewrite people's stories.

There have been positive signs at the governmental level as well, thanks primarily to the officials in the local municipality ward office. Their willingness to work closely with community volunteers capacitated by Apnalaya is the reason why this year 3666 families have successfully acquired basic amenities such as potable water, metered electricity and cooking gas connections.

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<sup>1</sup>With apology, I paraphrase James Baldwin, who, in a 1965 debate, 'Is the American Dream at the expense of the American Negro?', famously articulated: "It comes as a great shock...to discover that the flag to which you have pledged allegiance...has not pledged allegiance to you." <https://bit.ly/2LSlbnF>

**Our 2017-18 at a glance:**

<b>Comparative data on select indicators: 2016-17 vs 2017-18</b>			
<b>Indicators</b>	<b>Year<sup>2</sup></b>		<b>India</b>
	<b>2016-17</b>	<b>2017-18</b>	
<b>Health</b>			
Proportion of children (aged 0-6 years) in underweight category	40%	40%	29% <sup>3</sup>
Proportion of children (aged 0-6 years) in stunting category	53%	48%	31% <sup>2</sup>
Proportion of children (aged 0-6 years) in wasting category	14%	17%	20% <sup>2</sup>
Neonatal Mortality Rate (per 1000 live births)	10	25	25 <sup>4</sup>
Infant Mortality Rate (per 1000 live births)	25	38	35 <sup>3</sup>
Under 5 Mortality Rate (per 1000 live births)	30	50	43 <sup>3</sup>
Proportion of children aged 12-23 months with complete immunisation	72%	73%	64% <sup>2</sup>
Proportion of pregnant women with anaemia	76%	73%	58% <sup>2</sup>
Proportion of anaemia in adolescents	56%	12%	NA
Proportion of institutional deliveries	96%	98%	89% <sup>2</sup>
Cases with disability handled	397	567	NA
<b>Education and Citizenship</b>			
Number of children and youth assisted to continue formal schooling	321	370	-
Number of individuals trained in life skills and citizenship	474	337	-
Number of community leaders engaging in civic actions	120	177	-
Number of families benefitted through community-led civic actions	200	3666	-
Number of individuals accessing Community Resource and Advisory Centre for Health, Education, Livelihood and other social entitlements	447	700	-
Number of domestic violence cases handled	141	142	-
<b>Livelihood</b>			
Number of individuals trained in employability	549	626	-
Number of women and youth earning a livelihood	322	447	-

The year gone by for Apnalaya shows that we have succeeded in improving health seeking behaviour significantly. This is shown by the marked improvement in adolescent health, institutional births and ante-natal care measures taken up by pregnant women. The determination to educate children too has got stronger. A greater number of women are

<sup>2</sup>Apnalaya monitoring data

<sup>3</sup> National Family Health Survey-4, 2015-16

<sup>4</sup> World Bank data, 2016

coming out to work. Girls are seeking to study higher than ever before. Most significantly the number of people who are now aware of and accessing their civic entitlements has gone up.

There are some areas where we have achieved significant amount of success; and, there are others where we continue to struggle. For instance improving health seeking behaviour alone will not impact and bring down malnutrition or stunting or Infant Mortality Rate (IMR) drastically. It has to be accompanied by serious systemic intervention for infrastructural development in M East Ward and the speed at which the systemic changes are unfolding requires to accelerate. M East Ward continues to be short on civic amenities. The government holds a contrary view as they work with a much smaller number of people than what the actual population in that area is:

Population – counting/under-counting		
Source	Apnalaya	Government
Shivaji Nagar	5,74,953	2,35,000 (Health Post Data)
M East Ward	13,00,000+	8,07,720 (Census of India, 2011)

Since most of the government welfare measures are based on the number of people in a given geography, the undercounted shall automatically be pushed out of the social welfare net. This is akin to disenfranchisement. This is a much larger issue on which both the government and the civil society organisations must work together.

I am delighted to share with you our 2017-18, in hope that, together, we shall make 2018-19, and years after that, better and brighter for all of us, especially for those who bear gloomier days more than their share. We have managed to improve on most of the human development indicators, and this has become possible chiefly due to the resolute people of Shivaji Nagar and, of course, our partners and supporters who stay invested in our vision and mission. I thank you all on behalf of my team for helping us do what we love doing the most.



# Introduction

Apnalaya has been working with the most marginalised informal settlements in Mumbai since 1973. In 1976, we began our programme in Shivaji Nagar in M East Ward. Our aim is to enable people and communities so that they participate in their development.

We firmly believe that such a participatory approach and working with the government is the best way to make a sustainable difference in the lives of marginalised people.

Working in underprivileged urban communities, our interventions tackle inter-generational cycles of (1) ill-health (2) poverty and (3) poor education. We use an *Integrated Community Development (ICD)* approach.

The cycle of inter-generational marginalisation is a result of several 'lacks' – from under-nutrition and poor health to poor or no education, which then results in under-skilling and under-employment or joblessness; and from limited opportunity to exclusion on account of gender and/or caste, and so on. That in turn may result in poverty, poor health, and poor skills rendering people incapable of breaking the cycle.

The ICD approach in our current intervention areas involves interventions in health, education and livelihood with a two-pronged methodology of (1) Mitigating the immediate and urgent issues and (2) Enhancing people's capacities to be self-reliant in negotiating their everyday life.

Mitigating the immediate and urgent issues necessitates direct involvement of human and financial resources to deal with issues that can be life threatening. Some examples of this are severely malnourished children, cases of providing better access and mobility to people with disabilities, or ensuring children and youth do not drop out of formal education due to financial pressures.

The second methodology is about a transition from being people to becoming citizens. It seeks to enable people and train groups of volunteers in the community to understand their social entitlements and responsibilities. These volunteers engage in civic action by using constitutional methods to access their civic entitlements. The community members form Development Collectives or Samoohik Vikas Samitis to learn their entitlements, respond to civic and social issues, and engage with government institutions to improve their lives.

In the long run this dual approach would affect a qualitative improvement in (1) basic health infrastructure, (2) access to secondary education, and (3) opportunities for sustainable livelihood.

The essence of ICD reflects the integrated nature of the United Nations Sustainable Development Goals (SDGs) and the need to develop collaborations to achieve them – to have a people-centred perspective towards various aspects of marginalisation in a given area.

At the heart of our programme is rigour towards research, monitoring and data collection which enables data-driven decision making and advocacy. The quality of our interventions

are enhanced by our technology-based methods for issue-identification, tracking and resolution.

### **Key highlights of 2017-18**

- *We had zero maternal mortality and complete immunisation for 73% children in our intervention area*
- *3666 families and 18,366 individuals moved towards a life of dignity as a result of civic action by community volunteers resulting in amenities such as functioning toilets, street lights, legal water connections and metered electricity connections*
- *Mission 24 was launched in partnership with the Municipal Corporation of Greater Mumbai (MCGM) to construct civic amenities and hand them over to the MCGM to improve access to healthcare, education, and open spaces*
- *We provided employability and job-related training, referrals for jobs and support for income generation activities to 823 people*
- *We won the Platinum Award by GuideStar India for being a transparent and accountable organisation*





# HEALTH AND DISABILITY

*Mother Care*

*Child Care*

*Adolescent Health, Nutrition, Anaemia and WASH*

*Disability*

*Apnalaya runs technology-enabled interventions for greater impact*

Our work relates to the following Sustainable  
Development Goals



*Gulnaz is married to Abdul and has three daughters and a son. Both husband and wife are non-lettered. Abdul works as a janitor and his monthly earnings range from Rs. 6,000 to Rs. 8,000. They have to pay approximately Rs. 2,000 towards renting the small, damp, and dingy eight by ten feet room they live in.*

*Originally from a small village in Bihar, they migrated to Mumbai after three of their children were born. During each childbirth, Gulnaz lost massive amounts of blood due to the lack of basic healthcare in the village. She had an extremely low haemoglobin level of 9.3 when she was pregnant with her third child, Nikhat. As Gulnaz was underweight with a body weight of just 40 kg, Nikhat was a low-weight baby. Mother and child both had severe health problems for months after.*

*During monthly growth monitoring visits, Apnalaya's health workers discovered that Nikhat was severely malnourished and in the Severe Acute Malnutrition (SAM) category. They referred her to the doctor who recommended Medical Nutritional Therapy (MNT) and Supplementary Feeding Programme (SFP) routines. Nikhat gradually became healthier and graduated to the Moderate Acute Malnutrition (MAM) category.*

*All this while, Gulnaz was pregnant with her fourth child. Through continuous counselling, Apnalaya's health worker explained to Gulnaz the need for a medically attended delivery in the hospital. She was registered in a government hospital in her first trimester. She began going for regular check-ups and ultrasounds, took vitamin supplements and received treatment for anaemia. Her own health improved and in time she had a healthy delivery of a normal birth weight baby.*

*Gulnaz then joined a Mother and Child Support Group with Apnalaya and gained useful knowledge on issues such as family planning, correct breastfeeding methods, sanitation and nutritious meal preparation. Gulnaz feels that had it not been for Apnalaya, it was likely that she might not even have survived her fourth pregnancy or have a healthy baby.*

## Background

Of the total 24 wards in Mumbai, M East Ward is 24th with regards to overall human development indices<sup>1</sup>. It is located adjacent to Asia's oldest and second largest waste dumping ground where 4500 metric tonnes of garbage is deposited every day. The dumping ground is a source of toxic environmental pollution and health hazards all year long.

Some of the most glaring figures of inadequacies related to basic amenities and access to minimum standards of living in M East Ward are as follows:

- 77% of the people here live in cramped informal settlements.
- The Infant Mortality Rate is 66, per thousand live births and is twice that of Maharashtra.
- Every second child is malnourished.
- In Shivaji Nagar, given the population of 6,00,000, there is one dispensary (60 more required), four health posts (12 required) and 0 maternity homes (two required).<sup>2</sup>



- Toilets are a scarce resource with just one toilet per 135 people.

In Shivaji Nagar, M East Ward, the average monthly family income is just Rs. 7,802 per month<sup>3</sup>. The abject poverty of families here makes it difficult for them to access adequate nutrition for pregnant and lactating mothers as well as young children. Care and support for people with disabilities also becomes extremely difficult.

## Health Programme

Our Health programme seeks to break the cycle of inter-generational poor health through a holistic life-cycle approach with interventions in the areas of maternal health, child health and adolescent sexual and reproductive health and rights (SRHR). Our programme focuses on the following aspects:

- Identification and tracking of high-risk cases in maternal and child health ensuring timely medical intervention.
- Improving health seeking behaviour for adolescents and adults especially pregnant and lactating women.
- Working with the government to improve availability, access and quality of health services.
- Creating a team of community volunteers as well as training frontline health staff of government agencies to improve implementation of government health schemes.

<sup>1</sup> Mumbai Human Development Report 2009

<sup>2</sup> Calculations are based on the Implementation Framework of National Urban Health Mission No.L.19017/1/2008-UH Government of India Ministry of Health & Family Welfare May 2013

<sup>3</sup> Arun Kumar and Annabel Mehta (Eds.). 2017. *Life on the Margin: Charting Realities*. Apnalaya, Mumbai. Henceforth referred to as Kumar and Mehta, 2017.

- Ensuring active participation of the community members in government community health interventions.

## Key Interventions

### Maternal, New-Born, Child Health & Nutrition (MNCHN)

379 community volunteers, 50 staff members and four medical doctors reach out to 7,600 households every month to collect data on the health status of pregnant women, lactating mothers, and children (0-6 years), and spread awareness on MNCHN and share other relevant information.

*Maternal Health and Nutrition:* Under this intervention we focus on the following areas:

- Identifying and tracking cases of high-risk pregnancies using technology and ensuring timely medical interventions.
- Ensuring ante-natal examinations and care for all pregnant women in our area of intervention including tracking their consumption of Iron and Folic Acid (IFA) tablets, calcium and administration of anti-tetanus vaccines.
- Ensuring post-natal examinations and tracking of any persistent medical conditions.
- Educating new mothers on correct breast-feeding practices and care for new-born babies and infants.
- Creating awareness about modern methods of family planning as it has a direct influence on maternal health.



### Outcomes

- To reduce mortality among mothers and improve maternal health
- To improve health seeking behaviour among pregnant women and new mothers

- Anaemia among pregnant women reduced from 76% (in 2016-17) to 73% in 2017-18
- 98% registration of institutional births, a 2% jump from the previous year, and 9% more than the all-India rate
- 89% (613/688) children received exclusive breast-feeding
- Zero Maternal Mortality Rate (MMR) in our area of intervention in comparison to 0.17% (174 per 100,000 live births) nationally
- 50% couples use modern methods of family planning compared to 45% last year. 32% women practice family planning compared to 29% last year. 18% men practice family planning which is better than the national average for men that is 9.3%.

*Child Health and Nutrition:* Under this intervention we focus on the following areas:

- Conducting a nutritional assessment using anthropometric measurements and Infant and Young Child Feeding (IYCF) practices.
- Following the methodology of Community Management of Acute Malnutrition (CMAM); identify children suffering from SAM and ensure the administration of MNT supplements under proper medical supervision.

- Monitoring the familial dietary habits along with those of children and adolescents and demonstrate healthy food preparations to ensure (a) adequate nutrition to the child and (b) ensure he/she is able to move from SAM to MAM and not slip back.
- Strengthening referral mechanisms for children with SAM to the Nutritional Rehabilitation Centre (NRC) and follow up after they are discharged.
- Using innovative technology to digitally identify and document cases of malnutrition.
- Linking adolescents to the Integrated Child Development Services (ICDS) system for supplementary food and IFA tablets.

#### Outcomes

- To reduce malnutrition and mortality among children with special focus on children in the age group of 0 to 6 years
- To improve adolescent health and health seeking behaviour

- *In 2014-15, the immunisation rate for children of 12-23 months age stood at 29%. We have increased it to 70% which is higher than the national rate (64%).*
- *The percentage of underweight children has plateaued at 40% since last year.*
- *There has been a significant reduction in proportion of anaemia in adolescents from 56% last year to 12% in 2017-18.*

**Health volunteers:** Our programme focuses on the following areas:

- Forming mothers' groups as peer support groups in the community to assist frontline Health and ICDS workers.
- Organising awareness campaigns on Water Sanitation and Hygiene (WASH), nutrition and IYCF practices using Behaviour Change Communication (BCC) tools.
- Building capacity of government frontline health workers of ICDS, National Urban Health Mission (NUHM) and Municipal Corporation of Greater Mumbai (MCGM) Health Department in screening, identifying and referring children with SAM and advocating the CMAM programme.
- Advocating for improvement of basic health services and infrastructure.

#### Outcomes

- To enable the community to access civic entitlements related to health and work with local government authorities to improve health services in the area

#### Continuing Challenges

We have made consistent improvement in several health indicators including women's health, complete immunisation of children and adolescent health. We still face a challenge in the status of 'wasting' among children. Wasting has increased from 14% in March 2017 to 17% in March 2018. Though lesser when compared to the national figure of 20%, it is still quite alarming.<sup>4</sup> Possible reasons for these regressions include new migration and, therefore, new enrolments to our programme, and seasonal factors, like rain bringing toxic water from the landfill into people's houses.

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<sup>4</sup> NFHS 4 - Urban

In the last year there were 26 under-five deaths, out of which 21 were infant deaths (including 13 neonatal deaths). Of the 21 infant deaths 10 were attributed to pneumonia and 11 to other infections.



Most of these cases were reported from Indira Nagar and Rafi Nagar – two of the most impoverished slum clusters in Shivaji Nagar that are located the closest to the dumping ground.

### Partnerships

In 2017-18, we started the following new partnerships in MNCHN and adolescents:

- Institute of Biomedical Engineering, University of Oxford, for a device-based, automated diagnosis of pneumonia, where we referred 100% of the 897 cases
- CareNX in the area of identifying and linking high-risk pregnancies to the nearest government health post
- Livinguard in the area of menstrual hygiene, popularising bio-degradable, economical, reusable sanitary napkins

*Our health team observed a weeklong Nutrition-themed event in September aiming to popularise healthy food habits and nutritional practices. The Nutrition week engaged stakeholders such as, Mother Support group leaders, parents of infants of 06-12 months and those of children with SAM.*

*Our team along with our partner 'Foundation for Mother and Child Health Organization' and paediatrician, Dr Vivek Randive used various creative and effective modes like training, group discussions, nutrition demonstrations and quiz competitions.*

Our plans for the coming year include expanding the reach of the CareNX services to all 15 health posts of M East Ward, covering a population of around 13,00,000. We also aim to improve universal birth registration by using the *Sharuk for Identity* mobile application. Health workers will first identify families where children do not have a birth certificate and register them on the application which will connect them to a lawyer who will help them get a birth certificate.

### *Programme achievements this year*

- *Zero maternal mortality indicates improving health status of women*
- *73% complete immunisation of children is an outcome of persistent awareness building efforts by 379 community volunteers*
- *Non-clinical assessment showing significant reduction in adolescent anaemia from 52% in 2016-17 to 12% in 2017-18.*

## Disability Support and Prevention

Our Disability programme adopts the model of social construction wherein the focus is to address their issues through a collective effort in collaboration with the community. The idea is to dismantle social barriers and help people live independently and with dignity.

There are multiple interrelated challenges as follows:

- There is a lack of awareness of proper pre-natal care to prevent birth defects and late detection of disabilities in children.



- People with disabilities are stigmatised and excluded by the community.
- There is also lack of sensitivity and awareness among local government officials.
- Opportunities for education, training, and livelihood are mostly inaccessible.

The approach towards tackling disability involves improving *Awareness, Access, and Agency*.

These three components of the programme are not linear but complement each other.

In improving **awareness** our programme focuses on the following aspects:

- Work with pregnant women to prevent disability: There is regular monitoring and tracking of pre-natal care received by all pregnant women in the intervention area. Referrals are made to appropriate medical services with financial assistance to access the same.
- Sensitisation of the community: The community is sensitised through awareness campaigns, street plays and training to be responsive and caring to the needs of people with disabilities.
- Capacity building of local government staff and health workers: Training programmes are conducted by experts about the causes and prevalence of disabilities in the community as well as the rights of people with disabilities.

In improving **access** our programme focuses on the following aspects:

- Early identification of disability: This involves thorough monitoring and tracking of children for the first 1000 days to assess any developmental delays and ensure appropriate referrals as well as financial services to access the same.
- Care and support through day-care facilities: The day-care facilities support and enhance the psychomotor and psychosocial development of the children to ensure they are school-ready. Once they are sufficiently prepared to go to school they are linked to special schools and financial assistance is provided for completing formal education.

- Certification and referrals for health, education, and livelihood and linkages to government facilities: The programme has an end-to-end engagement where people with disabilities are identified, the appropriate certificate of the type and extent of impairment is procured, and they are linked with special schools, training centres or employment and they are given financial assistance to access the same.

In improving **agency** our programme focuses on the following aspects:

- Samoohik Vikas Samiti (Development Collective): Apnalaya has capacitated a team of 90 volunteers including people with disabilities on primary knowledge of preventing disability during pregnancy and caring for disability. These volunteers have begun identification and referrals on their own. They are also conducting awareness to create an inclusive environment for people with disabilities and training other volunteers. The volunteer groups will also help people with disabilities access better education, training and livelihood opportunities, as well as their other civic entitlements.

### Outcomes

- To enable the community to build an environment that is inclusive of individuals with disability, addresses their needs and provides better educational and livelihood outcomes for them

- *The disability support and prevention programme has worked with 934 individuals so far, of 567 cases were active in 2017-18.*
- *127 children (105 enrolled in special schools and remaining 22 in mainstream schools) were provided educational support.*
- *74% (26/35) of the children enrolled in the day care showed improved psychomotor and social skills*
- *77 women from Mother Support Groups and 30 pregnant women were trained on causes of disability, disability prevention, societal attitudes to disability prevention, and gender and disability.*



*We have reached 73% of complete immunisation*



## LIVELIHOOD

*Women entrepreneurship through Self-Help Groups  
Community Child Care  
Livelihood for women who have experienced violence  
Employability*

Our work relates to the following Sustainable Development Goals



*Khushboo came to Mumbai in 2016. After losing her share of land and other resources in a family dispute, she moved to Shivaji Nagar in M East Ward along with her husband and two children in search of a better livelihood.*

*After struggling for days, her husband started earning around Rs. 6,000 to Rs. 7,000 per month by running a 'Paan' shop (small business selling betel leaves and nuts) in the area. That was not enough for a family of four with two children going to primary school. Khushboo wanted to contribute to the living expenses.*

*Community volunteers with Apnalaya trained her on basic sewing skills. Soon she became a part of the Soavlabhan project, aimed at bringing financial self-reliance to women. Under this project Khushboo was trained to design and sew apparel and accessories like handbags from natural fabrics. During her first month, she stitched 300 bags and earned Rs. 6,000.*

*She uses her earnings to pay the school fees of her children and buy clothes. She aspires to set up a small tailoring shop at home and buy a house at her native place.*

## Background

To understand the great and urgent need for livelihood interventions, it is important to reflect on how poverty and marginalisation persist inter-generationally. In India, people throng to cities to escape the stifling economic and social circumstances of the village. However, their skills are often inadequate for city-life and they end up with low-paying, dehumanising jobs. This in turn, results in poor educational and skilling opportunities for their children.

There are a record number of young people on the planet – 1.8 billion, with approximately 85% of them living in developing economies and fragile states. While roughly a third of today's youth – most of them women – are not in employment, education, or training (NEET)<sup>1</sup>, a billion more young people will enter the job market over the next decade.<sup>2</sup>

In Mumbai, 41.8% of the people live in slums. Out of that, 11% live in the M East Ward. As per our situational analysis<sup>3</sup>, 29% children in the Right to Education age group (6-14 years) are out of school. The average monthly family income of these children is Rs. 7,802 which means the per-person per-day income is Rs. 52. Half of these households subsist on just Rs. 6,000 or less; which means a per-day income of Rs. 40.

Every second male, and six out of seven females are unemployed. Of those who are employed, 62.8% males and 54% females are engaged in casual labour. Only 17% of the total women are in employment. Poor aspiration levels among the youth in Shivaji Nagar remain a challenge, with 27% of youth having 'zero' ambition in life.<sup>4</sup> Low exposure to information, opportunities, and the prevalence of drug abuse are other factors preventing youth from accessing sustainable livelihoods.

The extreme poverty often compels parents to pull out their children from formal education and, at times, even from skill training. The pressure on adolescents to start earning early perpetuates poor skill sets, low income, and ultimately, inter-generational poverty.

In M East Ward, the incidence of underage marriage among girls is 38.3% and 47.7% among boys. Restrictive elements of religion and patriarchy also prevent girls from completing their formal education and traveling out of the community in search of education, training or employment.

In a bid to break the persisting cycle of intergenerational poverty, our Livelihood programme focuses on a holistic development of an individual, with particular focus on women and youth.



## Livelihood Programme

### Livelihood Programme with Youth:

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<sup>1</sup><https://bit.ly/2ILzjLn>

<sup>2</sup> Arup Banerji, Senior Director, World Bank, Social Protection for Youth Employment: A 2015 Baseline Report, p.9.

<sup>3</sup>Kumar and Mehta. 2017

<sup>4</sup>Aspiration among Youth in Shivaji Nagar, Mumbai, Apnalaya unpublished study

India has a youth population of 253 million - the largest in the world, with a mean age of 27.5 years.<sup>5</sup> About 60% of the population in Shivaji Nagar is less than 25 years. This presents a huge pool of youth to work with to reap this demographic dividend.

## Key Intervention

*Career Readiness Programme for Youth:* Our programme builds human and social capital of youth between the ages of 14 to 25 years. The programme has the following structure:

### *Building Awareness and a Supportive Ecosystem and Life Skills*

- Work with families to create a supportive ecosystem
- Provide training in life skills for improved self-awareness, social awareness, financial literacy and work ethics

### *Aptitude and Employability Skills*

- Provide aptitude testing, interest and aspiration analysis and counselling
- Provide training in spoken English, basic computer knowledge, communication skills, personality development and workplace etiquette
- Ensure positive workplace exposure to give participants a preview of what to expect during employment

### *Linking to Vocational Training*

- Refer youth to skill training as per aptitude and market demand

### *Job Placements*

- Provide opportunities for internship, placement assistance and handholding through initial days of job placement

## Outcomes

- Sustained livelihood for youth from underprivileged communities
- Youth are equipped to negotiate professional life better as they are trained in life skills and employability skills
- Improved community awareness and attitude towards enabling youth especially girls to complete education and gain financial self-reliance

268 youth registered with our employability skills programme

The youth who graduate from this programme serve as role models in the community. Their families will support in creating an ecosystem conducive to education and training, thereby breaking the cycle of poverty.

## Livelihood Programme with Women:

Our approach in the programme is to create multiple innovative avenues of sustainable livelihoods according to the needs of the community. Critical to build capacity of the community is to mobilise women into Self-Help Groups (SHGs) for livelihood and equip them with life skills and practical knowledge that include financial literacy, basics of business, legal processes, and entitlements that help them to be self-reliant.

<sup>5</sup><https://www.cia.gov/library/publications/the-world-factbook/fields/2177.html>

## Key Intervention

*Community Child Care:* Apnalaya's Community Child Care (CCC) social enterprise model involves building and operating day-care facilities to help working mothers with reliable child care support. This also creates a means of income for the women who run the day care. The CCC programme ensures a safe space for children in the community with holistic early childhood development support. Through partnerships with our SHGs, we provide training and materials support to improve the quality of community-based child care. This ensures employment for two women in every day-care.

The operating model of the CCC includes the following:

- Re-furbishing existing properties in urban slums into child-friendly spaces
- Recruiting and training local women on early childhood development and care
- Developing high-quality classroom materials designed for low-resource settings

### Outcomes

- Mothers are able to continue working or find other gainful employment and enhance their economic security as they have affordable and reliable child-care support.
- Women who were previously not earning, start earning an average income of Rs. 3,000 by running a daycare at home.
- Adolescent girls are able to continue their formal education as they no longer have to be pulled out of school to care for their younger siblings during the day.

*51 mothers were able to continue working or find employment as they enrolled their children in the programme. We now have a total of 16 day care facilities under the Community Child Care programme, giving employment to 32 women. Their average monthly income is Rs. 3,000.*

*Job referrals through skill-based training:* Our programme focuses on helping women in the following ways:

- Provide support for employability and skill building in areas such as sewing, catering and running day care facilities
- Provide training in financial literacy
- Create SHGs and help community women procure bank loans and run the groups
- Improve access to government schemes
- Create a supportive environment for start-ups and promote entrepreneurship for example setting up of shops and small businesses

### Outcomes

- Sustained livelihood and financial security for women in the community
- Improved community awareness and attitude towards women getting trained and gaining financial self-reliance

*We worked with 21 Self-Help Groups and 203 women have benefitted from training, loans, and support for entrepreneurship. One of the SHGs trained in sewing, now create apparel and accessories in natural fabrics under the name 'Soavlaban'*

*The average income of women across our Livelihood programme has increased by Rs. 5,000.*

#### *Livelihood Volunteers:*

- We trained 71 volunteers in the community on various government schemes and entitlements related to livelihood opportunities for women and youth. These volunteers refer individuals for jobs thus ensuring there is a sustained support for community members.
- The livelihood volunteers engage with the community through activities and events. Two of our main events are Career Fair and the Livelihood Information Desk. This year 711 people came to our Livelihood Information Desk, out of which 565 were referred to jobs.

*This year the Livelihood programme for women and youth have referred a total of 360 individuals for jobs and linked 200 individuals to vocational training*

*Below: An ethnic tote created by women in the Soavlaban SHG; Right: Model Aashna Khanum with our bag (Photo courtesy: Abdullah Usman)*



#### *Programme Achievements*

- *The team provided employability and job-related training, referrals for jobs and support for income generation activities to 823 people.*
- *447 individuals are employed in jobs due to our efforts.*
- *71 volunteers from the community were trained on various government schemes related to livelihood.*
- *The volunteers successfully referred 565 individuals from the community for jobs.*



## EDUCATION AND CITIZENSHIP

*Fellowship for formal education  
Adolescents and Youth for civic action  
Life Skills and Citizenship training  
Prevention of violence against women and children*

Our work relates to the following Sustainable Development Goals



*Shireen left school at the age of 14 and got married four years later. She works in a factory weaving thread and earns Rs. 5,000 per month while her husband works as a watchman and earns around Rs. 9,000 per month. Both have no job security and benefits. Absence on a single work day amounts to losing a day's wage. "The factory also closes seasonally," she explains, "so, there's been no work for me this month, which means no wages."*

*Life for Shireen is a continuous struggle to make ends meet. She is very proud, however, of her son who is studying Commerce and her dream is to see him graduate. Apnalaya supports her son and is paying 50% of his college fees. With the continuous financial constraints in the family, it is still a struggle to pay the other Rs. 10,000 needed, and he may be forced to drop out.*

*Shireen's world often feels quite narrow. "When I turned 14 I was forced to drop out of school and my parents and brother were very strict and did not let me go out of the house alone. Since I got married, I have had a lot more freedom, but because of my working hours I still don't get the chance to go outside my immediate surroundings very often".*

*For her daughter, she says "I want her to stay at school and finish her education." She adds, "This is a bad environment for a young girl to grow up in."*

*Shireen has joined the Adult Volunteer Group following the citizenship training. "I think that if we all work together we can make changes in our community", she said. However, she acknowledges that this change is slow, and they are struggling to solve some of the biggest issues. "We mobilised support around the cleanliness and the garbage problem and now I've motivated my neighbours to stop leaving rubbish outside the house and we've succeeded in getting a garbage collection service, but it took a long time and a lot of effort."*

*Despite the challenges, however, Shireen enjoys her work with the group. "I am much more confident now. Before I wouldn't speak up in a group, and I would never have expressed my opinion openly with men from outside my family, but now I feel I can speak to them and work with them as equals"*

## Background

Shivaji Nagar is beleaguered by a severe lack of planning and amenities. Here people struggle for basic facilities such as clean toilets, legal potable water connections, metered electricity and cooking gas connections. There are no nationalised banks here and only one government hospital and one dispensary for a population of around 600,000 people.<sup>1</sup>

The harsh reality is that M East Ward and Shivaji Nagar have been conspicuously left behind when it comes to development and the residents here are marginalised from the mainstream. Therefore, our Education and Citizenship programme facilitates in the transition to responsible citizenship and enables participatory development.

## The Educations and Citizenship Programme for Youth and Adults

Our programme invests in the young and adult population from within the community and trains them in the following aspects:

- Access basic amenities, entitlements and opportunities
- Develop ownership and responsibility towards community resources
- Collaborate with civil society and government institutions

The graduates from the programme, initiate collective civic action by forming two groups, the Adult Volunteers and Youth Volunteers (also called *Kishor Panchayats*). These groups lead efforts to resolve issues that are prioritised by the community themselves – such as access to basic amenities like water, electricity, sanitation, and open spaces.

The Community Resource and Advisory Centre (CRAC), launched in 2015, is an essential physical interface for the volunteers and the community at large. It is a technology-enabled information hub offering support in locating crucial information such as health, education, and livelihood schemes. It is a training center for community volunteers and a unique democratic space for creativity.

*This year 700 cases have been addressed at the CRAC on a wide range of issues including identity-proof documentation, ration cards, domestic violence, and cooking gas connections*

## The Experiential Citizenship Curriculum for Youth and Adults

Central to the programme is the Experiential Citizenship Curriculum on life skills including modules on knowing oneself, knowing society, SRHR, constitutional rights and civic responsibilities, how to access civic entitlements, and financial literacy. The curriculum takes the individual through a journey from self-awareness to social awareness to critical thinking and finally enables collective action.

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<sup>1</sup>Kumar and Mehta, 2017

## Key Interventions

### *Adolescents and Youth Programme for Formal and Social Education*

Our programme builds human and social capital of youth between the ages of 14 to 25 years. This involves the following structure:

- Working with families to create a supportive ecosystem.
- Provision of fellowship to ensure completion of formal education, employability, and postponing the age of marriage.
- Delivery of the experiential curriculum on life skills.
- Formation of Kishor Panchayats and identification of civic issues.
- Partnering with local government bodies to address the issues and gaps.



### *Outcomes*

- To ensure adolescents complete formal education and postpone the age of marriage
- To equip adolescents and youth with knowledge about their rights and responsibilities as citizens
- To support youth to form Kishor Panchayats to work with the government using constitutional methods to attain their civic entitlements

*Formal Education Intervention–Fellowships:* In Shivaji Nagar, 29% of children in the Right to Education (RTE) Act age group of 6 - 14 years are out of school as compared to the 20% nationally. Our situational analysis<sup>2</sup> revealed that there is a lack of government schools above grade VIII.

Dropping out of formal education leads to early marriage among girls. In Shivaji Nagar, 38.3% girls get married before 18 years of age. Early marriages lead to early pregnancies, poor health and consequently poor skill acquisition and livelihood. This perpetuates the cycle of poverty, debt, and poor education.

The average monthly income for a family in the community is Rs. 7,802.<sup>3</sup> Without government secondary schools, those seeking education after grade VIII are forced to enrol in private schools which families here cannot afford. Therefore, adolescents are forced to drop out of school. Financial assistance through fellowships is needed so that they can complete formal education. Students receiving fellowships also go through the citizenship training.

*This year we have supported 370 adolescents with fellowships to complete their formal education. 16 youth from the higher education group (i.e., those who receive fellowships) researched unauthorised private schools in the area to create awareness in the community.*

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<sup>2</sup>Kumar and Mehta, 2017

<sup>3</sup>*Ibid.*

In 2017-18, 166 fellows appeared for grade X and XII exams of which 72% students passed their examinations. The unique aspect of our formal education intervention is that we cater to academically bright students, those facing tremendous financial constraints and those who face social barriers. This makes the programme more challenging as we have to work with the families to ensure that the students enrolled in our programme attend school regularly and appear for their examinations. From 2018-19, we are planning to strengthen the School Management Committees (SMC) of five MCGM schools by ensuring that community volunteers participate in them and improve the quality of education.

**Social Education Intervention:** In view of the community context in Shivaji Nagar, and the civic challenges the people here face, any education, training or skill building will be complete only with the inclusion of social education. Life skills, including the skill to participate as a community group and collective, is also critical for work readiness.



The Experiential Citizenship Curriculum takes participants through the journey of self-awareness, social awareness, critical thinking and collective action:

- Self-awareness: This involves life skills education such as managing oneself, SRHR, and gender.
- Social awareness: This includes sensitisation to community issues, understanding of harmful and discriminatory practices in the society and knowledge of one's rights.
- Critical thinking: This entails learning critical problem solving skills and engaging with societal barriers.
- Collective action: This involves mentoring youth to work as a team within the community and with the local government departments to access their civic entitlements.

### Multi-Modal Approach

Various methods of engagement are used to take adolescents through this journey from self-awareness to collective action. At the core of every method of engagement is the Experiential Citizenship Curriculum. The methods of engagement are as follows:

**Sport for Development - Khula Aasmaan (Open Skies):** This involves structured sessions that focus on challenging gender norms through constructive solutions. The mentors interact with the girls twice a week, once for a two-hour kabaddi session on the playground and once for an indoor workshop on life skills and citizenship.

**Mentor and Participant Mobilisation:** A group of 10 girls in the age group of 12 to 18 years from one specific slum cluster are identified and 10 such groups are formed from different slum clusters. Each group has a mentor from the same slum cluster. The mentor is above 18 years of age and is paid a stipend of Rs. 3,000 per month. She is expected to work 6 hours a

week. She is trained in kabaddi by a professional and undergoes intensive training on life skills and citizenship. She is responsible for the continued participation from her group of girls and regular interactions with the families.

**Kabaddi Training:** Professional kabaddi coaches train the mentors as well as the participants. Practice matches are held regularly. The on-ground sessions bring out all the dynamics of team work, effective communication, coping with failure and more than anything - a sense of victory! Annually, the programme culminates with a tournament played between different teams from within the programme. The tournament is the perfect platform for the girls to not only showcase their sporting skills but also their leadership, confidence and teamwork. Sessions are conducted with parents and community leaders on the value of a girl child, zero tolerance for gender-based violence, the value of formal education and employment and the benefits of marrying girls at a later age. In August 2017, the participants were felicitated with the 'Zid' (determination) award by the Pro-Kabaddi team, U-Mumba.

*In an area where 38.3% girls are married off before the legal age of marriage, less than 1% of girls in our Education and Citizenship programme got married before the legal age.*

*A total of 163 girls are part of this intervention and equipped with life skills to negotiate their right to stay in school, pursue higher education and make informed decisions regarding career and marriage. 10 girls who had dropped out of formal education have enrolled again.*

**Theatre and Story-Telling:** The theatre and story-telling sessions at Apnalaya give children and adolescents an avenue to channelise their creative energies. Here children are trained through weekly touch-points of drama, dance and story-telling. They go on to write their own scripts and choreograph dance pieces. These sessions include the rights-based themes of citizenship. An annual cultural festival has been held for the past two years which is the perfect platform to display their talent. This year, the event was called "Yeh Bhi Hai Mumbai Meri Jaan". Through their performances, they highlighted how a life of dignity is unthinkable without basic civic amenities pertaining to health, sanitation, education and open spaces.



**Film and Art Appreciation:** Weekly film and art appreciation sessions help adolescents understand the subtext and context in which a certain viewpoint is made. Different perspectives and world views on the issues that we deal with in our programme such as gender and citizenship informs the process of identifying issues and dealing with them as a group.

## Gender as a Cross-Cutting Theme

Gender parity is a cross-cutting theme in all our programmes. Our Experiential Citizenship Curriculum inculcates the principles of gender equality. Through *Khula Aasmaan*, we engaged exclusively with girls helping them claim open spaces. We have succeeded in delaying the age of marriage and ensuring the participants continue their formal education. The fact that those who had dropped out of school have enrolled again shows the agency the girls have developed through the programme.



However, long-term sustainable change in the mindset of the community requires more intensive engagement with boys. With this end in mind we have partnered with Equal Community Foundation (ECF), a Pune based organisation. In partnership with them we have begun a pilot intervention with 50 boys and young men in the age group of 13 to 17 years. Over and above our regular curriculum, they will be trained to challenge existing gender norms including concepts of masculinity. The goal is to develop leaders who not only take personal action but also take collective action in their communities to end violence and discrimination against women.

**Youth Civic Action (Kishor Panchayat) Achievements:** Apnalaya has been successful in creating a team of vibrant, enthusiastic and determined adolescents and youth through this intervention. 619 youth have been trained since the inception of the programme.

*This year 253 youth have been trained in life skills and citizenship. 123 adolescents are now community leaders (i.e. formed the Kishor Panchayat) engaging actively in civic action.*

*1114 families in Shivaji Nagar have benefitted from the civic action carried out by these leaders in the form of initiatives related to solid waste management, lane cleaning and hygiene, reconstruction of toilets, provision of street lights, increasing police patrol in unsafe pockets, ensuring regular garbage pick-up, and repairs of lanes, drains and sewers. A signature campaign among the residents of Shivaji Nagar demanding a government-run secondary school has been initiated.*

## Adult Volunteers

The men and women in Shivaji Nagar have begun to apply their citizenship training to their daily lives and now take up issues to manage on their own. 192 adults have been trained since the inception of the programme.

In the previous year advocacy groups began working on community issues with government stakeholders, but in 2017-18 there was a noticeable shift as they independently identified issues, charted strategies and implemented solutions.

## Outcomes

- To form Development Collectives (Samohik Vikas Samitis) through Civic Action Groups of adult volunteers from the community

- To work with government representatives and ensure responsive governance due to proactive citizenship

Our key plan for 2018-19 includes expansion of the citizenship training to three different geographies in collaboration with other NGOs. With positive feedback from a pilot of citizenship training in Ghatkopar, we plan to expand the curriculum to other slum areas in Mumbai and other cities.

**Adult Civic Action Achievements:** The volunteers held regular meetings with the M East Ward office of the MCGM, Reliance Energy, and the local Police Station. Because of their persistent efforts, the M East Ward officials have started responding to petitions and campaigns that the community volunteers carry out.

*This year 84 adults have been trained in life skills and citizenship. 54 adults are community leaders engaging in civic action. 2550 families in Shivaji Nagar have benefitted from the civic action carried out by these leaders in the form of projects related to legal potable water connections and metered electricity connections.*

### Gender-based Violence Prevention and Support

Domestic and family violence violates a wide range of rights. Our Education and Citizenship programme runs a counselling center to help facilitate psychological and legal counselling for those who have experienced domestic violence and sexual harassment. The programme also conducted four workshops with partners like Majlis Law and Children Welfare Centre on various social and legal measures available including Protection against Domestic Violence Act 2005, understanding police structure and provisions of the Protection of Children from Sexual Offences Act (POCSO Act) 2012.

*With a limited staff capacity of just two trained counsellors, the center handled 141 cases and successfully closed 69 of them*

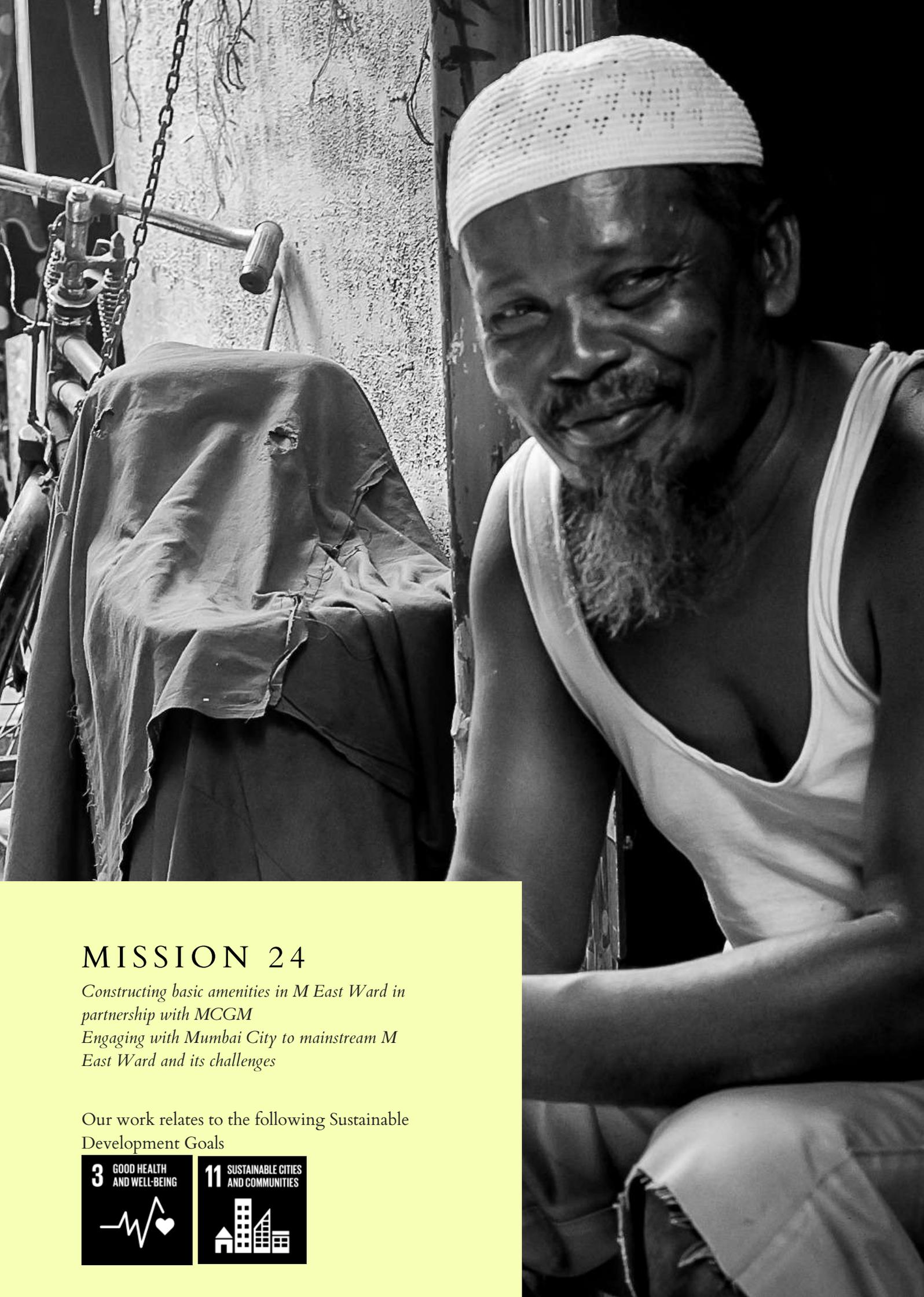
50 women's support group members were trained to identify cases of domestic violence in the community and refer them for counselling

### Programme Achievements

- The collective effort of community volunteers both youth and adults has led to various civic amenities coming into place such as functioning toilets, street lights, legal water connections, metered electricity connections, and solid waste disposal system.
- 3666 families and 18,366 individuals have been able to move towards a life of dignity as a result of the Citizenship programme.



*Our kabaddi athletes with pro-kabaddi team, U-Mumbai*



## MISSION 24

*Constructing basic amenities in M East Ward in partnership with MCGM  
Engaging with Mumbai City to mainstream M East Ward and its challenges*

Our work relates to the following Sustainable Development Goals

**3** GOOD HEALTH AND WELL-BEING



**11** SUSTAINABLE CITIES AND COMMUNITIES



Mission 24 is a collaborative effort to improve the quality of lives of people in M East Ward of Mumbai over a period of 24 months. Mission 24 aims at construction of civic amenities and handing them over to the MCGM to improve access to healthcare, education, and open spaces for the residents of M East Ward.

The project was launched by Apnalaya and Mumbai First on 12<sup>th</sup> September 2017 with the Honourable Commissioner of MCGM Shri Ajoy Mehta, and Honourable Rajya Sabha member Shri Sachin Tendulkar presiding over the event. The Commissioner concurred with the need for building civic amenities in M East Ward and the importance of citizen partnership in this effort was emphasised.

There were a series of meetings with the Assistant Commissioner of M East Ward Mr Shrinivas Kilaje. This was followed by studying the Development Plan for 2014 to 2034 and meetings with engineers from the Development Plan and Heritage Department.

Nine possible plots were identified for development and these were physically verified by our team along with Mr Kilaje's staff from the MCGM M East Ward office. The team met with the Municipal Commissioner Mr Ajoy Mehta who agreed that Mission 24 should begin with three projects namely the construction of a secondary school, maternity home, and open space with public convenience.

We have submitted a draft Memorandum of Understanding (MoU) and are awaiting provisional sanctioning of the project.

In an effort to bring M East Ward to Mumbai, we have approached people from different walks of life to interact with the residents of our community and engage in different activities that will bring to light their stories.

In February, we held a cultural event 'Yeh Bhi Hai Mumbai Meri Jaan' in Sophia Auditorium in Mumbai where children and youth expressed the issues of solid waste, open defecation, education, and violence against women through mime, drama, and dance. Ms Suruchi Aulakh from Jhoom theatre volunteered to give creative training to the participants and Mr Sahil Anant, writer and filmmaker, helped in script and direction of the show.

The community volunteers and leaders have also taken up independent initiatives to advocate for Mission 24, as a means to access basic amenities in the area. The youth and adolescent volunteers with our Education and Citizenship programme started a signature campaign demanding a secondary school.



MEASUREMENT  
AND EVALUATION

COMMUNICATIONS

FINANCE

# Measurement and Evaluation

## *Building an organisational 'data culture'*

To ensure that our programmes reach their intended recipients with maximum impact and zero duplication, our three-member Measurement and Evaluation (M&E) team laid the groundwork for improving the overall organisational outlook towards data. To ensure this, we prioritised training the staff on various aspects of data collection, analysis, and interpretation. We worked to enhance the system and enable our staff to use and understand automated showcasing of programme outcomes. In 2017-18, Apnalaya moved to a new cloud based service provider called Survey CTO for managing real-time data. Survey CTO is an android based application that includes features like real-time data capturing and data storage which are critical for measuring the impact and effectiveness of our work. To support the migration to the Survey CTO service, we undertook the redesigning of existing data entry formats. These changes were complemented with intensive training sessions to build and strengthen staff capacities towards the usage of the platform. This ensured that the migration was smooth and errors were minimal.

## *Impact Assessment*

In order to understand and measure the collective impact of our ICD approach in Shivaji Nagar, our M&E team initiated a longitudinal impact assessment exercise in 2017-18 which includes all our programmes – Health and Disability, Education and Citizenship, and Livelihood.

The impact assessment is being conducted by tracking changes in household income and Household Based Human Development Index (HHDI) of the most vulnerable 203 households every six months over the period of three years. A baseline survey in this context was conducted in 2017-18 and analysis of the data collected is underway.



## *Research*

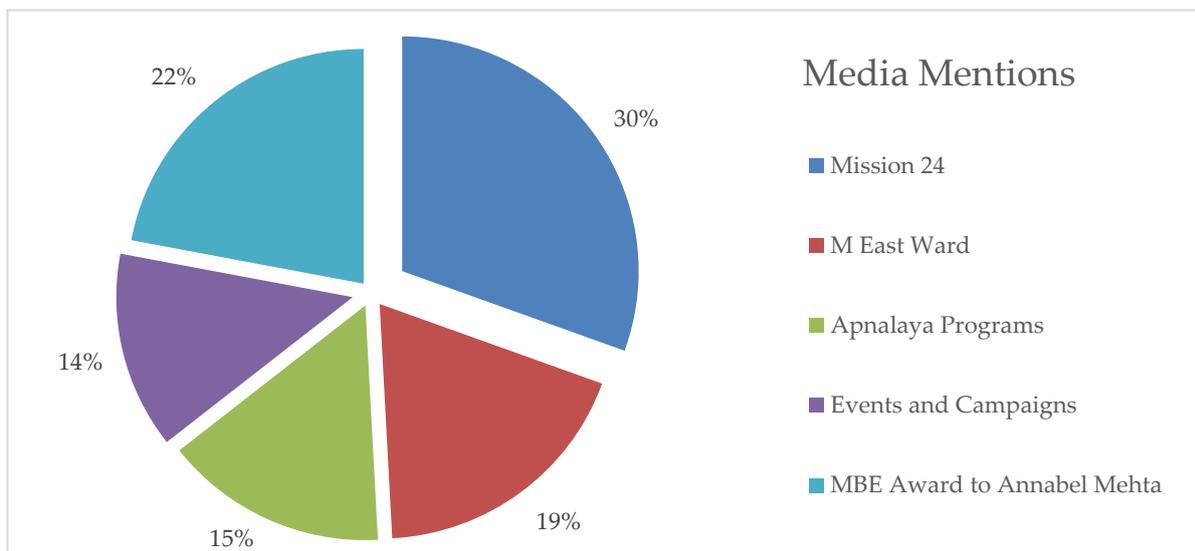
Apnalaya undertook a research study to understand the aspirations of children and youth of Shivaji Nagar and the numerous contributory factors. The study throws light on aspirations related to education and employment. It examines the influence of gender norms and other factors in shaping aspirations. It also looks into hurdles faced by children and youth of the community. The analysis will inform our Livelihood programme in order to cater to the aspirations of children and youth of M East Ward.

# Communications

In 2017-18, we intensified our efforts to take Apnalaya's voice and key messages to a larger audience through both print and digital mediums. We focused on improving our overall media, communication, and branding efforts.

We undertook several media related projects like the short film on our Education and Citizenship programme. This year various media platforms including leading English print and digital mediums covered our work and enabled it to reach a wider audience. We found our work mentioned in our new and existing partners' profiles such as Epic Foundation, Save the Children and GiveIndia, and saw digital media taking note of our work.

Our Facebook page, started only a few years ago, now has a high organic reach with over 4000 Likes and constant organic engagement. Our Twitter engagement rate stands at a high 1.2%.



## Select Media Mentions

- Hindustan Times, DNA, Financial Express and Asian Age extensively covered the launch of Mission 24.
- Two broadsheet dailies Hindustan Times and DNA covered 'Yeh Bhi Hai Mumbai Meri Jaan', a cultural evening to take young voices from M East Ward and to 'take M East Ward to Mumbai'. Our next step would be to bring Mumbai to M East Ward.
- The final tournament of the all-girls Kabaddi program, the keystone event of *Khula Aasmaan*, was held in Ambedkar Grounds, in Govandi. Mumbai Live created a brilliant video of the event and documented the rationale behind it. The Mumbai Live video can

*Mission 24 has received high traction in the media as a civil society initiative to improve the quality of life in M East Ward, Mumbai. The campaign brought together noted Rajya Sabha MP and the MCGM Commissioner at its launch.*

be accessed using this link - <https://bit.ly/2BBQH03>. The programme was also covered by Hindustan Times and Asian Age.

- For the second consecutive year, Apnalaya was the NGO Partner for the IDBI Federal Mumbai Marathon 2017 and our participation was covered by The Hindu.
- Our President, Annabel Mehta received the prestigious 'Member of the Order of the British Empire' (MBE) award and was featured in the UK Government's official website.



#### *Learning and Development*

- Dasra Social Leadership Impact Programme – Our CEO Dr Arun Kumar was part of the 2017-18 cohort of this leadership programme designed for leaders of social organisations. The programme aims to develop skills to enable leaders to strategically grow their organisations and achieve scale.
- Annabel Mehta and Arun Kumar were among the distinguished speakers at the Digital Impact Seminar, held in February 2018. The platform brought together leaders from business, technology companies and non-profit organisations to discuss the role of digital technology in the sector.



#### *Fundraising campaigns*

- 100 youth from Shivaji Nagar participated in the IDBI Federal Monsoon Marathon 2017 in Mumbai under the theme - "Break the taboo, so I can run too!" – aimed at highlighting menstrual health and hygiene in association with our partner Livinguard.

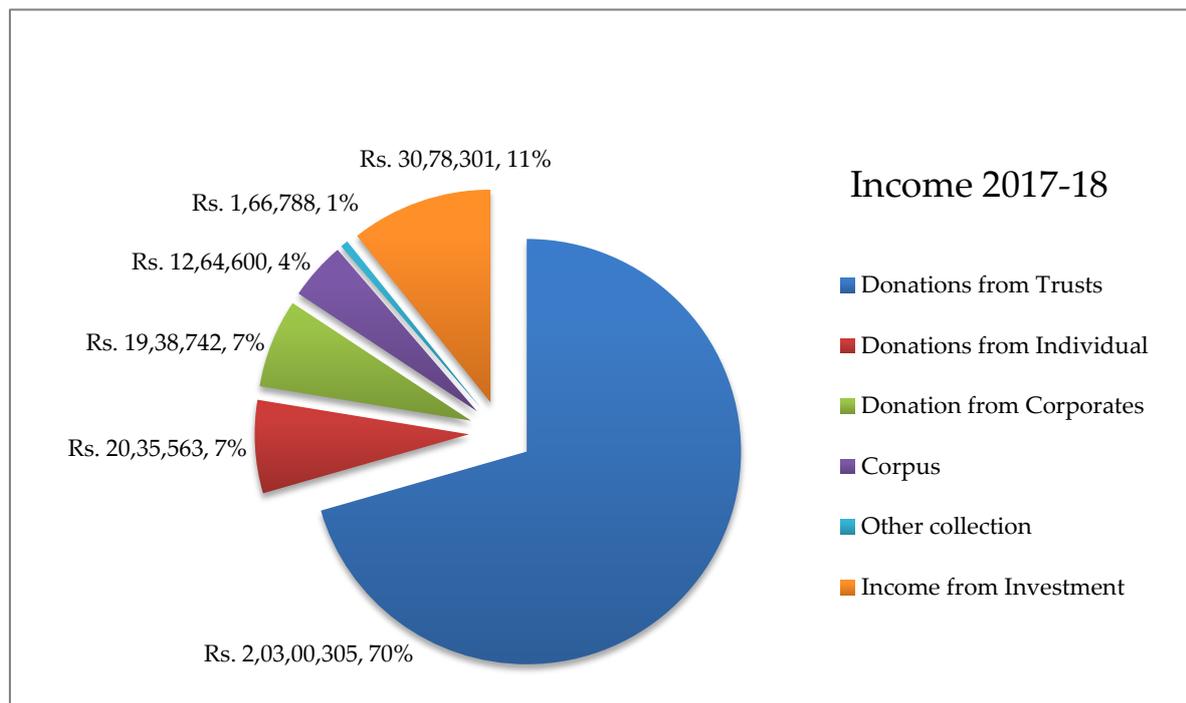
# Finance

In 2017-18 we undertook an exciting journey from Gold to Platinum as we received the GuideStar India Platinum Certification Award 2017, an upgrade from the Gold we received the previous year. We were accredited along with 15 other organisations for adhering to legal and regulatory compliance and financial transparency (see [guidestarindia.org](http://guidestarindia.org) for more information).

Generous support from many different stakeholders helped us to work towards achieving our goal of ICD during 2017-2018. We have been working to increase the corpus to reduce the dependence on external funders for administrative costs. In this regard we are deeply grateful to Ms Anjali Tendulkar for her generous contribution towards the corpus. Additionally, we wish to thank the students of Cathedral and John Connon School and Ms Shobha George who also contributed to our corpus fund, and the many individual donors who donated through GiveIndia and other online platforms.

## Income

The total organisational income was Rs. 2,87,84,299. Out of this more than 70 % was donations from trusts, while donations from corporates dipped from 23.6 % the previous year to 6.7 %.



This year we focused more on donations from individuals and this resulted in a 3 % increase in the final organisational income.

We are immensely grateful for the continued support of Save the Children India, Epic Foundation, GiveIndia, the Australian Consulate General Mumbai, IDBI Federal Life

Insurance, Swissair Staff Foundation, Child Action, H T Parekh Foundation and others listed below.

We wish to thank all our new partners including philanthropists, corporate houses, NGOs and other organisations for believing in and supporting our work.

Donations over Rs. 1,00,000 received during the year:

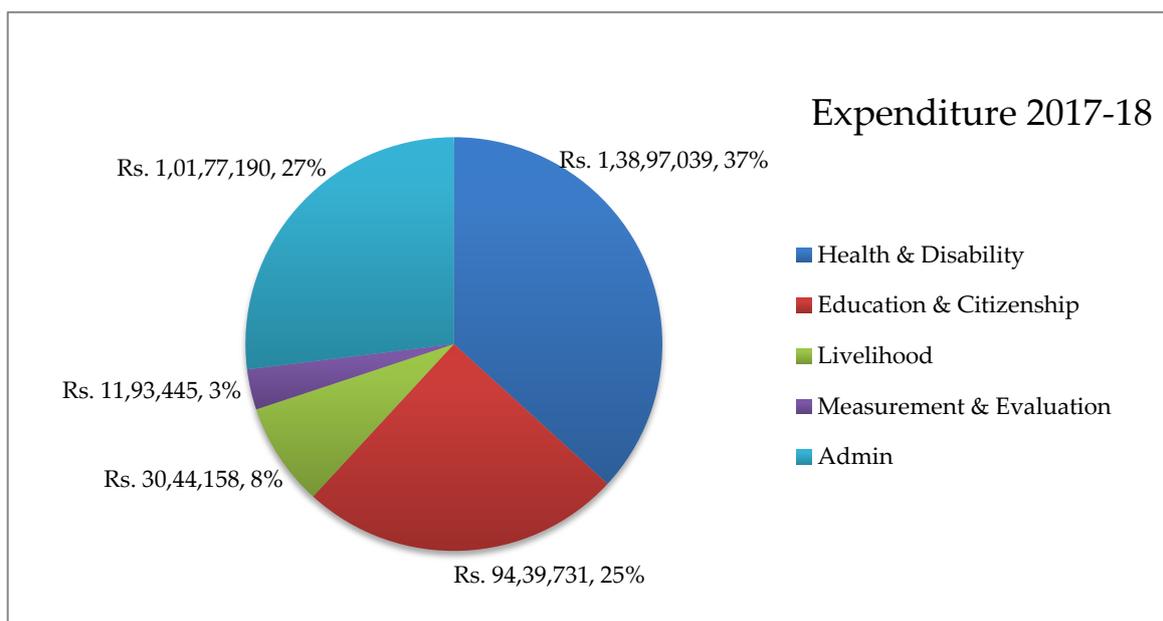
Donations from Trusts & Foundations	Rupees
A.T.E. Philanthropic Foundation	20,00,000
Alibhoy Haiderbhoy Chitalwala Charitable Trust	5,00,000
Ammada Trust	1,41,160
Armmaan	4,79,742
Child Action	14,53,761
Epic Foundation	33,49,723
Give Foundation	34,95,991
Hindustan Lever Educational & Welfare Trust	2,00,000
MCKS Trust Fund	1,57,200
Nandini Trust	4,00,000
Nihchal Israni Foundation	5,00,000
Save the Children India	62,63,603
Stiftung Kinderhilfe des Swissair Personals	12,96,048

Donations to Corpus	Rupees
Anjali Tendulkar	10,00,000
Cathedral & John Connon School	1,14,600
Shobha George	1,50,000

Donations from Individuals and Corporate Houses	Rupees
Anjali Tendulkar	11,00,000
Vaidyanathan Vembu	2,00,000
Vaidyanathan Krishnamurthy	2,00,000
Sachin Tendulkar	2,00,000
IDBI Federal Life Insurance Co Ltd	17,58,367
Livinguard Technologies Pvt Ltd	1,41,160

### Expenditure

In 2017-18 the total expenditure of Apnalaya amounted to Rs. 3,77,51,563 inclusive of all assets purchased to run various programmes and activities. Due to the restructuring within Livelihood, and the merger of the Gender programme with Education & Citizenship, the share of the former decreased from 24 to 8 % while the latter increased from 19 to 25 %.



Health and Disability spending has remained steady at 37% since last year. Administrative costs have increased from 18 to 27 % due to rent, salaries and infrastructure development.

In compliance with the norms set by Credibility Alliance, given below is the distribution of staff remuneration disbursed during the year:

Slab of gross salary plus benefit (in Rs. paid to staff per month)	Male	Female	Total
5,000	0	0	0
5,001 - 10,000	1	29	30
10,001 - 25,000	9	20	29
25,001 - 50,000	4	5	9
50,001 - 1,00,000	1	4	5
> 1,00,000	1	0	1
<b>Total</b>	<b>16</b>	<b>58</b>	<b>74</b>

The three highest paid members of staff were the CEO and two Programme Heads with gross monthly salaries of Rs. 1,95,955, Rs. 70,000 and Rs. 65,000, respectively. The lowest paid staff was a support staff member with a monthly gross remuneration of Rs. 6,480.

At the end of the year, Apnalaya had a total employee strength of 74. During the year, 28 new staff joined, 1 retired and 31 left the organisation. 15 staff members received gratuity dues, out of which one member had attained the age of superannuation.

There was nil expenditure towards travel within India, nor towards international travel reimbursed to staff, volunteers or Executive Committee members during this financial year.

The Executive Committee members for the year were: Annabel Mehta, President; Dr Aparna Santhanam, Secretary; Kamala Aithal, Joint Secretary; Vrinda Mahadevia, Treasurer; and members Dr Indra Makhijani, Manoj Warriar, Kripa Krishnamoorthy and Vijaya Balaji.

Our auditor is Mr Dilip Muzumdar of Borkar & Muzumdar. We thank him and his team for their untiring guidance and support throughout the years.

We take this opportunity to thank our entire team for their continuous efforts in sharing the organisational vision.

**Apnalaya**  
**Statement of Fund Flow for the year ended March 31, 2018**

Particulars	For the year ended on March 31, 2018	For the year ended on March 31, 2017
<b>Sources of Fund</b>		
Donations Received	2,07,92,525	3,30,68,673
Corpus Fund	12,64,600	5,79,000
Received for small Grant Programme	-	-
Received from sale of Fixed Assets	-	-
Other Income	1,66,788	1,94,108
Contribution to Earmarked Funds	3,90,798	36,44,915
Decreased in net assets	85,26,857	-
Redemption of Investments	1,34,00,000	1,05,34,247
Income on Investments	34,76,295	40,73,230
<b>Total</b>	<b>4,80,17,864</b>	<b>5,20,94,173</b>
<b>Application of Fund</b>		
Addition to Fixed Assets	6,19,181	4,63,852
Purchase of Investment/Fix Assets	67,64,600	3,11,908
Disbursements from Earmarked Funds	36,44,915	90,72,679
Employee Benefit Expenses	1,77,88,330	1,95,44,541
Other Expenses	1,92,00,837	1,70,73,265
Increase in net assets	-	56,27,927
<b>Total</b>	<b>4,80,17,864</b>	<b>5,20,94,173</b>



*Annabul Amehta*  
President  
APNALAYA

*Keed Saha Deva*  
Apnalaya  
Treasurer

The Bombay Public Trusts Act, 1950

SCHEDULE - IX  
[ Vide Rule 17 (1) ]

Name of the Public Trust :- **APNALAYA**  
Income and Expenditure Account for the year ending **March 31, 2018**

Registration No. **F-2830**

EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
<b>To Expenditure in respect of properties :-</b>			<b>By Rent (accrued) (realised)</b>		
Rates, Taxes, Cesses	-				
Repairs and maintenance	-		<b>By Interest (accrued) (realised)</b>		
Salaries	-		On Securities (Investments)	32,55,155	
Insurance	-		On Loans		
Depreciation (by way of provision of adjustments)	-		On Bank Account	2,21,140	34,76,295
Other Expenses	-		<b>By Dividend</b>		
<b>To Establishment Expenses : Rent</b>			<b>By Donations in Cash or Kind : Trust Other</b>	2,29,45,629	
<b>To Remuneration to Trustees</b>				39,87,112	2,69,32,741
<b>To Remuneration (In the case of a math) to the head of the math including his household expenditure, if any</b>			<b>By Grants From:</b>		
<b>To Legal Expenses</b>			Mumdar District TB Control Society	-	
<b>To Audit Fees</b>			Central Social Welfare Board	-	
<b>To Contribution and Fees</b>			Integrated Child Development Soc	-	
<b>To Amount written off :</b>			Balkamagar Punarvan Prakash Sans	-	
(a) Bad Debts	-		<b>By Income from other sources (In detail as far as possible)</b>		
(b) Loan Scholarship	-		Subscription from members	140	
(c) Irrecoverable Rents	-		Medical Collection	17,490	
(d) Other Items	-		Educational collection	24,170	
			Other Income	1,24,988	
			Interest on TDS Refund	-	
			Sundry Balance Write Off	-	
			Long Term Capital Gain	4,94,678	
			Gratuity Income	63,170	
					7,24,636
<b>To Miscellaneous Expenses :</b>					
<b>To Bank Charges</b>		2,318			
<b>To Depreciation</b>		4,04,830			
<b>To Amount transferred to Reserve or Specific Funds</b>					
<b>To Expenditure on Objects of the Trust</b>					
(a) Religious	-				
(b) Educational (As per Annexure "G")	2,06,36,583				
(c) Medical Relief (As per Annexure "H")	1,29,95,136				
(d) Community Development (As per Annexure	35,02,400				
(e) Relief of Poverty	-				
(f) Other Charitable Objects	-				
		3,71,34,120			
<b>To General Corpus</b>					
<b>To Surplus carried over to Balance Sheet</b>		(64,07,595)			
<b>Total Rs.....</b>		<b>3,11,33,672</b>	<b>Total Rs.....</b>		<b>3,11,33,672</b>

For and on behalf of  
Borkar & Muzumdar  
Chartered Accountants  
FRN:- 101569W

*Dilip M. Muzumdar*  
Partner  
M.No.-6701  
Dated :26/09/2018



*Annabul Amehta*  
TRUSTEE  
President  
APNALAYA



*Keed Saha Deva*  
Apnalaya  
Treasurer

The Bombay Public Trusts Act, 1950  
SCHEDULE - VIII  
[ Vide Rule 17 (1) ]

Name of the Public Trust :- **APNALAYA**  
Balance Sheet As At **MARCH 31, 2018**

Registration No. **F-2830**

FUNDS & LIABILITIES		Rs.	Rs.	PROPERTY AND ASSETS		Rs.	Rs.
<b>Trusts Funds or Corpus</b>				<b>Immovable Properties :- (At Cost)</b>			
<b>From General Public</b>				<b>As per Annexure 'A'</b>			
Balance as per last Balance Sheet	2,71,58,100			Balance as per last Balance Sheet	8,950		
Additions during the year	12,64,600	2,84,22,700		Additions/(Deletion) during the year	-		8,502
				Less : Depreciation up to date	447		
<b>From TET - ACF</b>				<b>Investments :- As per Annexure 'B'</b>			65,60,222
Balance as per last Balance Sheet	20,45,503			Note : The market value of the above investment is Rs.			
Additions during the year (Income from Invt reinvested)		20,45,503		<b>Movable Properties :- As per Annexure 'C'</b>			
<b>From CRY</b>				Balance as per last Balance Sheet	17,83,821		
Balance as per last Balance Sheet		10,00,000		Less : Deletion during the year	-		
				Additions during the year	6,19,181		
<b>From Tom Holland</b>				Less : Depreciation up to date	4,04,384		19,98,619
Balance as per last Balance Sheet		10,00,000	3,24,68,203	<b>Loans (Secured or Unsecured) :</b>			
				<b>Good/doubtful</b>			
<b>Other Earmarked Funds :-</b>				Loans Scholarships	-		
(Created under the provision of the trust deed or scheme or out of the Income)				Other Loans	-		
Depreciation Fund	-			<b>Advances :-</b>			
Sinking Fund	-			To Trustees	-		
Reserve Fund	-			To TDS upto F.Y. 2011-12	3,53,451		
Any other Fund :	-			To TDS F.Y. 2012-2013	43,800		
<b>As per Annexure "F"</b>			9,86,785	To TDS F.Y. 2013-2014	-		
				To TDS receivable F.Y. 2015-2016	3,27,785		
				To TDS F.Y. 2016-2017	3,88,852		
				To TDS F.Y. 2017-2018	3,25,517		
				To FD Interest receivable	8,25,976.70		
				To Advance to Supplier	81,946		
				To LIC OF INDIA - Gratuity Fund	14,97,054		
				To Prepaid Rent	5,60,000		
				<b>To Others (As per Annexure 'D')</b>	5,86,998		49,91,379
<b>Loans (Secured or Unsecured) :-</b>				<b>Income Outstanding :-</b>			
From Trustees	-			Rent	-		
Form Others	-			Interest	-		
				Other Income	-		
<b>Liabilities :-</b>				<b>Cash and Bank Balances (As per Annexure 'E')</b>			
For PF Payable	1,44,886			(a) In Hand	48,457		
For Advances(Against Property)	-			(b) In Savings Account	35,08,738		
For TDS Payable	-			(c) In Fixed Deposit Account	4,36,44,903		
For Sundry Creditors Balances	8,283	1,53,169		(d) With the Trustee	-		4,72,02,098
				(e) With the manager	-		
<b>Income and Expenditure Account :-</b>				Balance as per Balance Sheet			
Balance as per last Balance Sheet	3,35,60,261			Less : Appropriation, if any			
Less : Prioir Period Adjustments	-			Add : Deficit as per Income and			
Add : Surplus as per Income and Expenditure	(64,07,595)		2,71,52,666	Less : Surplus Expenditure Account			
<b>Total</b>			<b>6,07,60,821</b>	<b>Total</b>			<b>6,07,60,821</b>

For and on behalf of  
Borkar & Muzumdar  
Chartered Accountants  
FRN:- 101569W

Dilip M. Muzumdar  
Partner  
M.No. 8701  
Dated :26/09/2018



Amrabi Alchra  
TRUSTEE  
President  
APNALAYA



Apnalaya  
Treasurer

*Handwritten signature*

*Apnalaya Team at the annual retreat in Sajan Nature's Club, Thane*



*We thank our Partners and Supporters*



For these Mumbai girls, kabaddi is not just a sport but a gateway to empowerment

# hindustantimes

Slum-dwellers in Mumbai suburbs take charge to secure basic rights

Youngsters, adults form groups to act as intermediaries between the government and citizens



### Deonar slum kids want to show you their Mumbai

These youngsters will present a skit on the lack of civic amenities in their area at Sophia College on Monday

### Mumbai: Maulvi, women, ragpicker campaign for immunisation

The idea behind these sessions is to disperse myths about immunisation and encourage locals to take up immunisation of their newborns.



Let's talk vaccination: These Mumbai kids need a shot at a healthier future

महाराष्ट्र टाइम्स  
मुंबई

## The Indian EXPRESS

### Business Standard

Deonar to Mankhurd: 50% of children under 2 in this Mumbai ward are stunted

## गोवंडीमध्ये पाणीबाणी

A Mom Fights to Get an Education for Her Deaf Daughters



## THE ASIAN AGE

Delhi | Mumbai | Kolkata | London

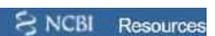
U Mumba recognises young mentors

## Govandi makeover with BMC's Mission 24



Home » India » Mumbai

Slum teens stage play to highlight civic issues in area



### Mumbai: Deonar dumping yard is affecting health of residents, say doctors

Contesting restrictive mobility norms among female mentors implementing a sport based programme for young girls in a Mumbai slum



HERSTORY

Three 17-year-olds, two causes, one goal — to change India starting from the bottom



### 'Citizens must play role in waste management'