

40th Anniversary



APNALAYA

Building self-sustaining communities since 1973

ANNUAL REPORT 2012 - 2013



PLENTY TO CELEBRATE AFTER 40 YEARS WITH APNALAYA!

The year 2012-13 has been a special year for Apnalaya as on February 2013 we celebrated our 40th birthday! It was a year of reflection, of looking back to remind ourselves what we have achieved and to learn lessons for moving forward. A brief recap of our history will remind those who have been with us through this journey and inform those who have not.

Apnalaya was founded by Tom Holland, the Australian Consul General in Mumbai, in the early 1970s, on the newly reclaimed Nariman Point ground. The Holland Welfare Centre – as it was called initially - offered daycare, basic education, health checks and nutrition to children of all ages from the surrounding hutments.



When asked to move two years later to make way for construction, we found not one but four locations where we could start work – two in Tardeo, one in Malad, and one in Lotus Colony, in Shivaji Nagar, Govandi, all established slum communities (we added a fifth centre, Chikuwadi, in Mankhurd in 1981).

As we ventured into these new communities, our approach changed from welfare to one of people's participation, working with people rather than for them – in practice, finding out what the local communities wanted and working with them to initiate programmes to meet those needs. Education and Health emerged as key focus areas – getting children into school through running preschool centres or balwadis, and keeping them in school with the help of sponsorship and study classes, and running preventive health programmes backed up with clinics.

Although Apnalaya's prime focus remained children we soon realised that to make a lasting difference in their lives we had to engage with their mothers, fathers and the wider community. Apnalaya encouraged local people to form groups and get registered, and to work together to bring about change. This resulted in new programmes starting in response to the needs they expressed, such as vocational training, family counselling, drug and alcohol abuse prevention and counselling, HIV/AIDS work, TB treatment, rationing issues, birth registration, and work on housing issues and slum sanitation.

Our objective was to help people and communities to help themselves, to equip them to manage their lives so that our intervention would not be needed any more. And this happened! SRA rehousing schemes have been implemented in 4 communities where we worked – the two in Tardeo, as well as Malad and Chikuwadi. The hutments are gone, and the residents have moved into one room tenements with tiled floors, kitchen slabs, electricity and running water and their own toilets. The children we cared for have grown up better educated, getting better jobs, making better parents with fewer children, and have escaped the grip of poverty.

Today we are working only in Shivaji Nagar, mainly in the communities around the Deonar dumping ground, where the living conditions are abysmal. Sadly in these communities the level of poverty and deprivation, giving rise to unprecedented levels of malnutrition in babies and young children, is much worse than it was in our other communities. There is still a lot of work for Apnalaya to do, for which we need your support.

- Annabel Mehta

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INTRODUCTION

-By Dhun Davar, CEO

It was with a sense of satisfaction and excitement that Apnalaya celebrated 40 years of community organization and development this year. A 40 year history of working in disadvantaged communities and designing need based solutions to their most pressing issues made for an interesting trip down memory lane. A commemorative photo book was put together in an effort to capture the essence of Apnalaya's journey over the years. Staff and volunteers old (including one of Apnalaya's very first health workers) and new got together to reminisce, share their experiences and celebrate. The occasion was also marked by the launch of a new logo (appearing on the cover) for Apnalaya. Our appreciation goes out to the entire Metal team for working tirelessly on this and in an entirely voluntary capacity! We could not have imagined doing this without their generosity.



In the field, we have seen some encouraging developments. To further our efforts in the area of maternal, new born and child health we strive to liaise with government agencies to ensure that quality services reach the people who need them most. These efforts bore fruit this year with a formal partnership being formed between the Integrated Child Development Scheme (ICDS), Shivaji Nagar and Apnalaya. This has resulted in 20 fully functional anganwadis in the area with 398 new enrolments, community monitoring of the same, joint (Apnalaya & ICDS) growth monitoring and collaboration on community education initiatives. In Education, we were glad to note that not a single child receiving sponsorship for mainstream schooling dropped out in the year and that new activities introduced to provide life skills and values education to children in the community received an overwhelming response.

However, it would be remiss to paint a very happy picture without indicating that despite some positive steps forward the living conditions in the communities around the Deonar garbage dumping ground continue to be deplorable. While we see some changes in knowledge, attitudes and perception of the communities and a desire to improve, the visibly unhygienic surroundings and lack of facilities in the area stymie all efforts especially when it comes to general health and well being.

The issue of water is one of the biggest problems in the areas where we work and this has captured our attention in this year. Contaminant-free water is essential for human life and even this is unavailable to communities in Shivaji Nagar and Bainganwadi. A startling fact in a city like Mumbai! While efforts to seek official municipal water connections for communities entitled to the same have worked with a small sample, we also grapple with the question of what happens to those people who are not even entitled to these official connections. These families must buy water from private suppliers on a daily basis, the quality of which is not guaranteed. How do these families survive and keep their young ones free from disease? How do they prevent child deaths as a result of waterborne disease? After running curative clinics for many years, we now hope to, with the community, identify workable solutions to the water issue in the year to come that would prevent the health issues from arising.

Highlights of the Year

- In February 2013, we celebrated 40 years of community development work in Mumbai slums
- Children in our crèches experienced zero weight loss and were free of major illnesses through the year. A big achievement given unhygienic surroundings and prevalent malnutrition!
- The launch of community based study classes for higher secondary students
- The setting up of the ration helpline - 1800224950 by the government as a response to community demands. Access to information is key in enabling communities to access schemes
- The registration of what was formerly the Kachra Kamgar Sanghatan (KKS) as an independent entity – the Kachra Vachak Seva Sangh. After having worked with KKS for many years and having built their capacity we are most proud to see them take this big step.
- 350 birth certificates were issued to children in the community due to our interventions.
- Sahara gat (or support group) for women is an old and successful initiative of Apnalaya. This year, the first Yuvati Sahara Gat was formed for young women to make them aware of domestic violence and related laws.
- The Single Women's Initiative launched last year has taken off well. 5 single women's groups have been formed with 7 women taking up sewing as an income generating activity.
- A partnership with the Integrated Child Development Scheme has paved the way for a collaborative effort to reduce malnutrition in the area. 20 anganwadis are now fully functional.
- After many attempts to collaborate, a sensitization session with the staff at the Deonar Maternity Home was held. This was a breakthrough as it created a platform for sharing of challenges and identification of some solutions for the provision of better maternal healthcare to the women of Shivaji Nagar. There is more to be done on this issue.
- 8 out of 13 disabled youth who went through training courses supported by Apnalaya gained employment

These achievements were only made possible by the funds and support received from our well wishers. Our cause is very close to our hearts, yet we can only do as much as is financially supported by like-minded individuals and organizations who also wish to see and be part of a change. We thank you for being part of our journey and hope that you will continue to do so.

EDUCATION



Teaching Gulfasha ...

- *Providing the tools for academic success at every stage of life: from crèches to sponsorship*
- *Offering non-formal educational opportunities such as daily Book Reading Corners, Storytelling Workshops and summer camps.*
- *Encouraging cultural and educational discovery through a host of extra-curricular activities*
- *Promoting sports and physical fitness in the community*



The Education Programme covers nearly every stage of children's lives. From providing daycare from infancy, to ensuring that the child succeeds in school and receives the training necessary for future jobs, Apnalaya works tirelessly towards helping the children of the slums of Shivaji Nagar to create a better future for themselves.

Starting Right :

Early Childhood Education through Crèches

Babies and toddlers in Shivaji Nagar are either left to be looked after by their older siblings or are made to accompany their parents to their work places. The problem with both of these scenarios is that often the older siblings find it difficult to care for these babies as well as pursue their education. Additionally, parents often work in dangerous locations such as the dumping ground. In order to guarantee children's safety and

an early start to education, Apnalaya ran two crèches which cared for children from birth to 5 years of age. The children received a nutritious meal in the day and engaged in educational activities.



The program was successful with 60 children involved, With the 19 children being prepared for mainstream education. Not only are these children benefitting from early access to education, but their mothers are also enabled to seek additional sources of income for their families.

We are proud to say that:

1. Seven single mothers were able to work and become self reliant thanks to the support through crèches
2. The growth monitoring and nutrition programme in the crèche ensured that none of the children decreased in weight after joining the crèche. Medical checkups showed that all 60 children were free from major diseases and illnesses.

Looking to the Future: Apnalaya's Sponsorship Programme

The Sponsorship Programme focuses on providing students with access to mainstream education such as formal schooling or certified vocational training. In total, this year Apnalaya worked with 455 children. Out of these, 11 children were sponsored for university education and 25 students who had dropped out of mainstream education were sponsored for vocational courses.

- During the academic year none of the children enrolled in the sponsorship programme dropped out
- One of Apnalaya's previously sponsored children who had dropped out from vocational training has now completed her Advanced Beautician's Course. She did so through a new vocational training from Jan Shikshan Santha and now has a job as a teacher in a beauty parlor.
- Community Study Classes were started for higher secondary students.
- A total of 130 students were enrolled in SSC and HSC board exams. Given that just 5 years back this number was in the single digits, the progress is incredible.



2012-2013 Highlights

The distribution of essential educational materials to higher secondary students such as notebooks, backpacks, pencils, uniform, shoes and umbrellas to more than 420 students. Parents were asked to attend these distributions in order to create a sense of involvement in their child's education.



The Felicitation Programme on Independence Day (15th August 2012) was a great opportunity for Apnalaya to recognize and celebrate some of the shining stars of the Sponsorship Programme.



The Career Guidance Workshop with college going, dropouts and higher secondary students as well as Individual Counseling with students, parents and schools through home visits and school visits is an integral part of Apnalaya's work. Counseling workshops were designed to encourage students who have dropped-out to take up vocational training. Students still in mainstream schools were offered workshops to pursue basic computer courses whereas children about to face their board exams or pursuing college were given extra help.



Our inspirations: Gulfasha and Mubarak are filled with hope of a better future. They understand the value of education and how it can change their lives. They are determined to make the most of the opportunity given to them. If poverty can make you a prisoner, education can set you free. Fortunately, they have made their choice....



Study Classes in the community and in seven BMCs school: Apnalaya offered 10 study classes in the community where 604 children completed their homework under the watchful eye of a teacher. For many students, this space is invaluable and one of the few areas they have access to for their studies.



Study Class	Boys	Girls	Total
Community study classes for 1st-7th std	66	85	151
Community study classes for 8th-10th std	41	46	87
BMC school based study classes (in 7 BMC schools) for 1st-7th std	78	50	128
Study classes in government aided school (Dnyansadhana) for 9th-10th std	126	112	238
Total	311	293	604



Reading and Talent promoting activities: In order to help children become well-rounded individuals, they are encouraged to engage in reading and talent activities in our community based Child Learning Centres which cater to over 480 children. Some of the activities include the daily Books Reading Corner, Storytelling Workshops, as well as indoor games such as puzzles and block building. To promote some playful competition, the children have a chance to take part in handwriting, drawing and quiz competitions. Apnalaya greatly believes in the power of creativity and expression and attempts to bring out these qualities through poetry recitation,

essay writing and craft activities such as greeting cards, paper origami, diya and candle making. A new CLC center was started in Indra Nagar this year.

Camps: The non-formal education programme also enables students to have a more focused approach to their personal development.

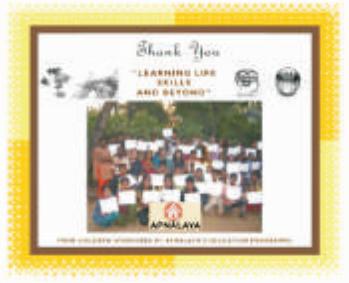


Bal Panchayat by the Chutti Club: Children had the chance to learn about their own education rights as well as to bring awareness of these same rights to their community by empowering their peers to enroll in school. They also brought awareness about cleanliness and actively demonstrated good hygiene measures in the community. The Bal Panchayat activity reunited a group of boys and girls who did a fantastic job with the Chutti Club over their vacation.



Building Life-Skills - residential camp: Held on December 28th and 29th 2012, the event was a two day residential camp for 50 children in the 8th and 9th standards. The programme was meant to empower marginalized youth by providing them with creative learning platforms. The students were able to

promote and increase basic skills such as writing through journal and reflective writing. Most importantly, the children were exposed and connected to professional mentors helping them achieve their dreams.



Following the two-day event, we are excited about expanding our Mentor-Mentee meetings to empower youth in the community. Currently, we have a selection of mentors from the corporate world volunteering their time on the weekend to act as guides to these children.

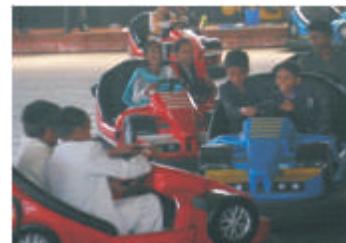


Celebrating Life through Cultural Programmes and Sports

Apnalaya celebrated festivals throughout the year to promote cultural exchange and increased tolerance. Festivals like Eid, Navratri, Christmas, Janmashtmi, and Children's Day were introduced to almost 750 children.



Exposure Visits and Picnic: To complement these fun activities, the children took part in several educational visits such as a trip to the Kala Ghoda Arts Festival, the Civil Defense Staff College for the Civil Defense and Home Guards 59th anniversary, as well as a music concert at NCPA, a child film festival and a cricket league. They also visited an amusement park where the most memorable experience for them was the rain dance. For many in Shivaji Nagar, getting access to water is a daily struggle and to be surrounded by it was truly delightful.



Sports: Apnalaya strongly believes in the power of sports and fitness to not only improve one's physical health, but also one's mental health. The Concern India Foundation organized a series of sport competitions for various NGOs. Apnalaya was able to get 30 children involved in the event. Rigorous training was held 15 days prior to the event. After such hard work, it was great to come home with three girls winning medals.



Our own team embarked on the journey of education and continuous learning through various workshops, trainings and visits in the community.



"What we call 'ilm' is the light which gives hope in the darkest hours of life. I firmly believe that education is the passport to escape from the cycle of poverty and a singular answer to prevalent socio-economic problems."

- Salima Sorathia
Programme Head,
Education

CITIZENSHIP

Helping
Roshan Pathan
Get Recognition ...



- 1) *Liaise with government and other agencies to gather up to date information on relevant procedures, schemes and policies relating to the urban poor*
- 2) *Empower community groups with information*
- 3) *Train community leaders/volunteers/mentors to make use of these schemes*
- 4) *Engage in dialogue with various government offices, other NGOs at the city and state level where barriers to access are faced*
- 5) *Provide support to the community by conducting exposure and follow up visits*

The Deonar dumping ground area has often been referred to by its residents not only as a dumping ground for waste but also for the people who have been moved here and forgotten. Communities have been resettled here from other parts of the city but denied access to the most basic civic amenities and services such as water, housing, sanitation, healthcare and education. The aim of the Citizenship programme is to help these communities overcome the barriers they face in accessing basic amenities and government schemes so that they can lead a better quality of life. The programme addresses issues of Water, Housing, Sanitation, Rationing (accessing the Public Distribution System) and Birth Registration. It also aims at building the capacity of local groups/CBOs and an association of rag pickers known as the Kachra Vachak Seva Sangh.

Water:

Last year, we reported that 8 groups from Shanti Nagar were granted permission for official water connections. This year we are happy to report that due to immense efforts put in by the community to follow up at the ward office the pipes were laid and taps installed for these connections. Nearly 480 people will benefit from this development.



Rationing:

For many years Apnalaya has been actively working to ensure that benefits under the Public Distribution System reach the people that need them the most. This year we organized training programmes, awareness rallies, and meetings in the community. 4 Ration Action Groups (RAGs) were active in the year with 108 community volunteers who worked with their local ration shop owners to ensure regular, adequate and good quality rations were distributed to approximately 900 people. Further, 110 Below Poverty Line ration card holders and 844 Antyoday card holders were provided special support to access rations on time. 12 awareness meetings were conducted for Above Poverty Line card holders and 480 beneficiaries attended the same. However, a major set-back was a demolition in Maharastra Nagar, after which 300 people were unable to access rations from the ration shop.

Apnalaya's Public Distribution System expert Halima Shaikh provided training to two other NGOs in this period.

After numerous signature campaigns and community action, the government started a ration helpline in this year. This will have a long term effect on our beneficiaries.

RATION HELP LINE 1800224950

At the zonal level, on 31 August 2012, a delegation met the food supply minister to discuss ration issues particularly for daily wage workers, rag pickers, domestic workers etc..

CBO development:

Four local CBOs were trained and one registered. These local CBOs are sensitized to community problems and are ready to work for the community independently as they feel that it is their moral responsibility. Apnalaya's goal is to develop capacities of these community volunteers and make them self reliant.



HOUSING:



This year we provided the community with information on the Rajiv Awas Yojana as well as the Mumbai Development Plan of the MCGM which is to be launched in 2014. The plan defines the land-use in the city it is important that it does so accurately. Community participation in the existing land use process and public dialogue was facilitated. Beneficiaries were trained to read the existing land use plan and provide their inputs. During this year, 1200 individuals sent forms to the ward officer to request an opportunity to participate in the new DP process. As a result, the commissioner gave his assurances in the DP meeting that they will hold public hearings in all 24 wards in Mumbai.

As far as RAY is concerned, this scheme has not been implemented by the state government in Mumbai and in parts of Maharashtra. Therefore during the quarter, we associated with National Alliance of People's Movement network along with community groups. On 5th of July a public hearing was held at Marathi Patrakar Hall where community representatives presented 300 complaint forms relating to RAY. They also submitted a request letter to the state government through the panel to implement RAY in our city.

KACHARA KAMGAR SANGHATAN

This year 322 members were registered from Shanti Nagar and 202 from Rafi Nagar leading to a total 524 members under the KKS. All members were thereafter registered under the group policy of the Janashree Bima Yojana a life and injury insurance scheme. This year, the KKS committee members attended monthly meetings regularly and even filed for registration. We are very proud to announce that they group has been registered as an independent entity - the Kachara Vachak Seva Sangh (KVSS).

95 KVSS members received employment through the Mumbai Marathon under the spotlessness programme.

From 18th to 22nd February 2013, 5members and 2 Apnalaya staff visited dumping grounds in New Delhi to learn about alternate livelihoods for ragpickers. A special thank you to CHINTAN for hosting this exposure visit.

15 KVSS members were provided alternate vocational training and 5 took up jobs outside the dumping ground as a result.

Universal Birth Registration

Name of programme	No. of times	No. of beneficiaries
Awareness Programme	20	30,000
Meetings conducted	11	390
Community Visits	483	1576
Immunization – 15 camps attended	53	927
Training	2	60

This year we created awareness about the importance of birth registration in 5 communities. Nearly 357 people contacted us after awareness programmes to seek information about the birth registration process. Our staff member also attended immunization camps conducted by the BMC in our area to catch mothers who had not yet registered their childrens' births and guide them appropriately. As a result, 577 forms were filled and 350 children received birth certificates. The follow up for the pending 227 cases is ongoing with the BMC.

WOMEN'S EMPOWERMENT



Liberating
Baby Aapa. ...

FAMILY COUNSELLING CENTER

Empowerment

Despite being in the 21st century, women are still an easy target in our country, as events in the recent past in New Delhi have shown. In the slums of Shivaji Nagar, it is a hundred times worse. Cowed down by fear and the perceived lack of an alternative, women are victims of domestic violence, rape, single parenting, infidelity and deprivation.

Apnalaya's work begins with empowering these battered (emotionally & physically) women to stand up for their rights via different media like conducting awareness programmes, offering counseling services, forming support groups, and holding sharing forums. Apnalaya is also a government appointed service provider under the Domestic Violence (DV) Act.

In 2012—2013, 205 cases were closed in total of which 110 were settled by mutual settlement or reconciliation while 27 resulted in divorce or separation. 11 took recourse to legal aid and 18 to the police. A child involved in a pedophile case was counselled on request by the police. 170 new cases were registered this year.



Awareness Programmes



Spreading the message about various rights of women is critical to enabling women to get what is their rightful due. Women are frightened to even voice the atrocities that they put up with, let alone fight against them.

By holding 12 awareness programmes in different localities in Shivaji Nagar & Baiganwadi, laws about domestic violence, help line numbers etc were shared with the community. 1700 Pamphlets were distributed giving information on the counselling center, where families can get recourse to solving domestic problems.

2 Tempo rallies where loudspeakers were used to give information to a larger audience drew large crowds and reached 3950 people, resulting in a greater number of people coming to register cases at the counselling center.

Women's Groups



The first source of support in the community is the Sahara Gat or support group that consists of women that are trained extensively through 12 sessions over 4 months to tackle problems that occur in their localities.

They are now confident enough to sort out the problems locally. Cases that are more complicated or require further intervention, are brought to Apnalaya's attention.

Several women groups trained in the past expressed the need for holding similar sessions for their young daughters and other girls of the community. From Apnalaya's standpoint – it was felt that a preventive mechanism to combat the domestic violence meted out to young women was the need of the hour. With this in mind, Apnalaya conducted the 1st Sahara Gat training for young women (Yuvati Sahara Gat) so as to make them aware of the legal and police recourse available to them, should they ever have the misfortune to face such an eventuality. The final session for the group of 25 young girls that was conducted ended in a residential two day module of Self Defense to make them strong in more ways than one!

Members of old Sahara Gats trained in previous years were given a refresher training to keep them updated and connected with the work they are doing. 42 women were trained over 2 training sessions.

Sharing Forums

"Apnapan" is a sharing forum for people (men and women) to come together and draw strength from each other by sharing their fears and troubles. Often the reticence of women to lighten their burden by sharing their woes is mitigated when they hear of women that have gone through worse situations than themselves.

This year Apnalaya conducted sessions with men and couples as well, to understand the male viewpoint and solving women's problems from a male perspective. 175 people were impacted over 11 sessions for women, 3 with men and 1 session for couples.



SELF HELP GROUPS (SHG)

Financial Independence



The concept of saving is alien to women from the communities in Shivaji Nagar. All the money that comes in to their homes is spent on their needs, leaving nothing aside for a rainy day. It is to address this issue that we believe in the promotion of Self Help Groups (SHG) in the community and provide capacity building training for women who wish to improve their financial position.

While setting aside even a paltry sum like Rs. 100 to 200 per month is a challenge for most, we are proud to share that 3 of our more advanced SHG's have moved up in life choosing even to close their SHGs, as women have started up their own businesses or taken up jobs. 3 other SHGs wound up after 7 years, with 25 members opening post office accounts or starting jobs.

5 new SHGs were formed this year. There are totally 22 SHGs, 330 members, with a total saving of Rs. 10,13,800, giving out loans of Rs. 3,18,700 and earning total interest of Rs. 56,991

Training Programmes

2 record keeping training sessions were conducted for 45 participants across 7 SHGs. 2 Enterprise training sessions by Kotak and SBI were conducted for 47 participants across 8 SHGs. We invited one of the Federations that has 150 SHGs registered to share the workings of SHGs with our various members.

As a result, 5 members of the Sailani SHG have started paper bag making and 4 members of the Tammana SHG have started work like cutting thread, selling tea, packing & stitching.

Exposure Visit

Members of 2 SHGs visited one of our advanced SHGs at 5 am to see the internal workings of what it takes to run a profitable venture successfully and learned how to service bulk orders. The advanced SHG has been awarded the ICDS order for several years running and this year has also bagged the order under the Dattak Vasti Yojana for community cleaning.

Women have been influenced greatly, deciding to start their own ventures and are planning to take loans from the Bank under the MAVIM scheme so as to finance their business.



Single Women

5 single women's groups have been formed with a total of 56 women registered. 7 of these women were given sewing machines and have started working. Preparation of documents for availing government benefits are underway with 20 women getting ration cards, 8 getting death certificates of their spouses and 2 each getting old age & Sanjay Gandhi pensions. 10 other women filled income certificates and 5 obtained age proofs.

Case Study

Happily ever after...!!!

One day a young girl of 16 walked into the Family Counselling Centre with a problem: she was in love with a boy of 20 and wanted to marry him, but the boy was unwilling to do so. After a lot of probing and counselling, she finally admitted that the reason why she wanted to marry the boy was that they had had sexual relations. As a result, she had been thrown out of the house by her parents and was staying temporarily with her friend.

The Counselling Center staff first tried to get her into a hostel but her age was an impediment, also the fact that there was no support from her parents. Next they obtained an undertaking in writing from the boy that he would not meet the girl again and counselled the boy's parents that if he failed to honour the terms, the FCC would be forced to initiate legal proceedings. Lastly they counselled the girl's parents who agreed to take her back into the home. They also advised them to talk to their daughter about the repercussions of indulging in affairs of this type. Today she is studying and is happy that she took the decision she did, as she realises that she was probably headed for a very unhappy life as the boy she thought she was in love with, was an alcoholic.

HEALTH



Feeding Shaheen ...

- *Encouraging safer maternal health practices through direct intervention*
- *Fighting to decrease child malnutrition*
- *Improving overall healthcare in the community with preventive health services and awareness campaigns*

Due to its location next to the Deonar dumping grounds, the health of the community of Shivaji Nagar is constantly at risk. The high numbers of children suffering from malnourishment, the countless mothers risking their lives by giving birth in their homes and the increasing presence of illnesses such as cough, colds and diarrhea are but a few examples of some of the daily issues faced by many of the slum dwellers.

There is a desperate need for good quality healthcare. Unfortunately, the government does not provide adequate facilities due to the fact that many in the community are living there "illegally". In order to fill the gap, Apnalaya has developed several programs to help women and children in particular. We act as a way to connect the population to the available government facilities and to receive the necessary medical attention. We focus on empowering the community by giving them the tools to recognize their right to health services, to be knowledgeable about a healthy lifestyle and to encourage community leaders to spread awareness.

We are particularly proud about some of our following successes this year:

- The formation of a partnership between Apnalaya and the Integrated Child Development Scheme (ICDS) which allowed the monitoring of children's weight and height.
- A total of 4,185 children from 0 to 6 years of age were involved in the growth monitoring program in the 8 communities of Shivaji Nagar where Apnalaya works.

- 20 ICDS run Anganwadis are fully functional. They are open for 3 hours a day to promote nutritional and educational activities. Two Anganwadis out of 20 (one in Indira Nagar and the other in Rafi Nagar) were not functioning well, have now started functioning as a result of our intervention.
- 398 children who were not going to Anganwadis newly enrolled and started going to Anganwadis.
- 60 severely underweight children attended the Nutrition Rehabilitation Center run by Apnalaya. 18 children who were severely underweight improved their condition moving to moderately underweight and one to a normal weight category.
- Over 50 community groups have been formed to spread awareness about maternal, newborn and child care as well as health and nutrition.
- Organized one day training for the staff of Deonar Maternity Home on sensitivity towards the community and difficulties faced by them while working in this maternity home first time.

1. Healthy from the start

Pregnant women in Shivaji Nagar are faced with many difficult questions: where do I give birth to my baby? How do I make sure that my baby and I are healthy? For many, these questions remained unanswered. Most women give birth in their own homes because of the difficulty in accessing hospitals. Others simply have never been taught what symptoms occur during a high-risk pregnancy, how to look after a newborn or who to turn to in case of sickness.

Apnalaya's mission is to spread awareness about the difficulties one can come across during pregnancy, to ensure that these women have a safe delivery and to improve post-natal care. We believe in increasing the number of institutional deliveries and our hope was to raise this number by at least 10%. Our work involves direct intervention through home visits as well as encouraging members of the community to be involved and aware through support groups. Our efforts were fruitful as women became increasingly interested in our ANC (Ante-Natal Care) and Gynac clinics as well as more conscious of their role in ensuring their own health and that of their baby.

a. Home visits

Apnalaya believes in the importance of monitoring the overall health of a family. In order to do so, home visits are conducted by community health workers. This year, the workers advised over 2,358 families in Rafi Nagar and Indira Nagar. They spoke on the importance of ante-natal care, hospital delivery, post-natal care, and family planning.

The key to improving health services is to change the negative opinions of these facilities. We are pleased to report that with the program came a notable change in the perception of maternal health care. Many women have started approaching the Community Health Workers (CHW) to guide them in visiting the neighboring hospitals. The number of registrations at the ANC clinics has also increased. We are greatly encouraged by the fact that 550 pregnant women had been counseled on ante-natal and pre-natal care and that 93% of the 309 deliveries took place in safe and hygienic institutions. As a

result, the program was successful in increasing institutional deliveries by 14% according to our Annual Report 2002 - 2003, over 40% of the 186 deliveries monitored in Padma Nagar and Shanti Nagar that year took place at home! A change of attitude when it comes to contraceptives was also apparent with 70 women inserting an IUD.

b. Antenatal Care (ANC) and Gynac Clinic

Women and children are often the most vulnerable to the dangerous living conditions of the slums. The lack of health facilities means that many have nowhere to turn to when it comes to immunizations, check-ups or pregnancy issues. In order to fill the gap and provide fundamental health services, Apnalaya has created the ANC and Gynac clinics which provide direct help for eight communities from Rafi Nagar to Padma Nagar. The program has had promising results with 116 clinics being held throughout the year, reaching 260 pregnant women and accumulating 669 Gynac cases.

c. ANC group leaders

Apnalaya wholeheartedly believes that change should come from within the community. As a result, we have formed 4 ANC leader's groups of 129 women to sensitize the population on issues regarding women and child healthcare. These leaders were formed in 13 sessions and one day workshops held in the 8 areas of Shivaji Nagar. 41 leaders from these groups are informed their community on the government health services available as well as what measures they can take to stay healthy. They are there to guide the women through the difficulties of pregnancy and get them registered at the hospitals. We are proud to report that 25 members physically brought the women for registration at Shatabdi, Sion and Rajawadi hospitals.

d. Pregnant and lactating mothers group

By bringing pregnant women together, we can help sensitize this section of the population on the difficulties that lie in pregnancy and the first moments with their newborn. Over the course of the year, 10 groups were formed with 149 pregnant and lactating women enrolled in the program. As a result, more women became knowledgeable about their options and were able to spread awareness about the ANC clinics. 68 women out of 78 delivered in the hospital and 71 babies were in the normal birth weight. They were able to actively encourage other women in their community to register for institutional deliveries and to become involved in maintaining their own health.



e. Training for staff of Deonar Maternity Home

A one day training was held for the first time for the 15 staff of the BMC run Deonar Maternity Home, including the doctor in charge. Our aim was to sensitise them towards the communities whom they serve and the difficulties faced by them when coming to the maternity home for the first



time. This was a very important training for both of us (Apnalaya and the Deonar Maternity Home staff) aimed at promoting understanding and support for each other's work. In an atmosphere free from their regular work they could express the difficulties they face in their work at the Maternity Home, and get an insight into the difficulties faced by their patients too. It helped us to establish a good rapport with them, leading to a longer term partnership for improving the health status of Shivaji Nagar.

2. No more hungry children

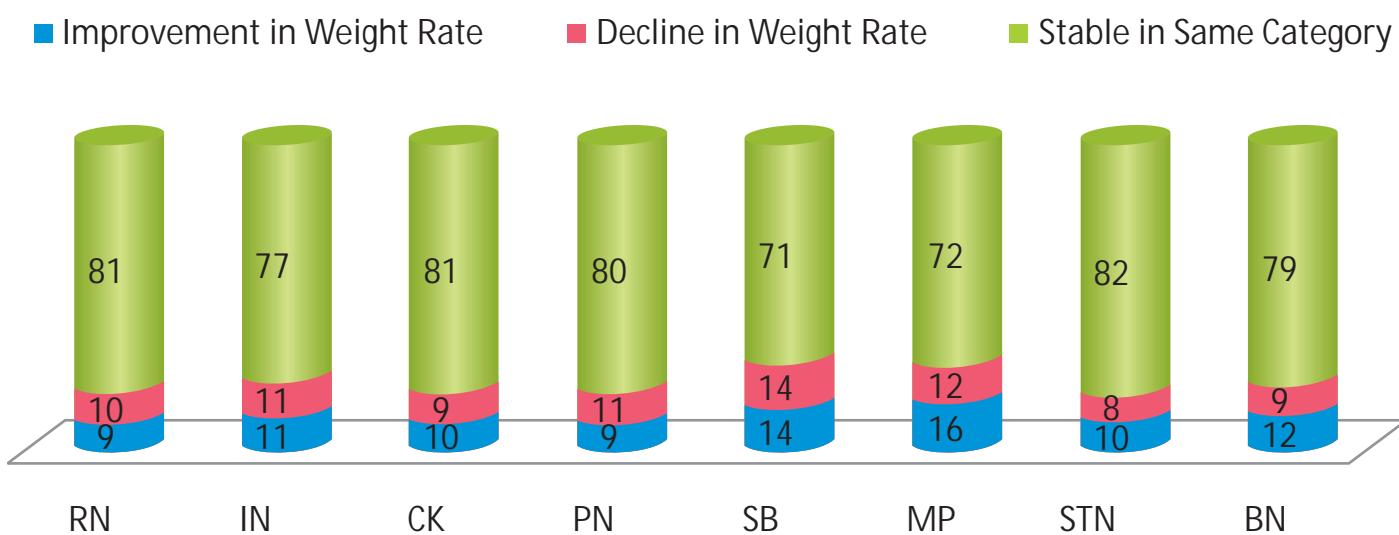
Malnutrition is one of the biggest struggles faced by the children of Shivaji Nagar. Apnalaya works to keep track of the population through growth monitoring in partnership with ICDS. We also offer concrete services such as the Nutrition Rehabilitation Center (NRC), Supplementary Nutrition Program and health check-ups to help children reach a healthier weight. With the growing data on the state of the children's health, we are able to lead effective campaigns to raise awareness on just how rampant malnutrition is in this slum community.



a. Growth monitoring and awareness

In order to keep an eye on the children's health in Shivaji Nagar, Apnalaya has been monitoring the weight of children between the ages of 0 to 6 years of age across the 8 communities. These children are weighed once a month on electronic weighing machines. The data is computerized and analyzed. The records help us identify the nutritional health status to know how to better help the children. The data is crucial for effective advocacy since it shows to what extent this silent killer affects the population. In total, 4,185 children were weighed including 2,128 boys and 2,057 girls. We were happy to see that 1523 (36.39%) of children showed improvement with 471 children going from severely underweight to moderately underweight.

Growth Status



From September 2012 ICDS Anganwadi Workers (AWW) joined with our Community Health Workers for the first time for growth monitoring. Their Child Development Project Officer (CDPO) and supervisors responded positively to collaborating with Apnalaya for child health.

The graph represents the growth monitoring status of the children in the 8 communities. It clearly shows that the percentage of children in a stable category is much higher than those who have improved or declined.

b. ICDS Anganwadi monitoring and workshops for Anganwadi Workers.



Currently 20 Anganwadi Centers (AWC) are working within the 8 communities under the ICDS Shivaji Nagar project. In order to promote the activities held in the centers, Apnalaya sends Community Health Workers every week to observe and encourage participation and it helps for improvement in the visibility of Anganwadi Center and quality of services. This year, the ICDS Deputy Commissioner and CDPO gave positive responses after the advocacy efforts against malnutrition in Shivaji Nagar. Additionally, 31 Anganwadi Workers and 31 Anganwadi Assistants were trained on newborn childcare and nutrition. 7 coordination meetings were held with the CDPO and Deputy Commissioner for ICDS. The Commissioner also paid a visit to Rafi Nagar to understand the ground reality in the community and for the Anganwadis.

The quality of these centres and attendance of the 218 children has improved in these centres following this initiative.



c. ICDS Anganwadi and Malnutrition monitoring Leaders Group



5 groups consisting of 56 community women have taken over monitoring the Anganwadi Centres to ensure that the services are available and accessible to the beneficiaries. They monitor changes in the regularity and punctuality of the staff, the numbers of children attending, the presence of children in the AWC for the allotted time, and the quality and quantity of food distributed. They also do casework with the families of severely underweight children, giving guidance on nutrition and hygiene.

The number of children in AWC has increased by 218 in 20 Anganwadis through the intervention of these groups. 35 children increased their weight and have moved up to moderate underweight (MUW) category from severe underweight (SUW) category as a result of their concentrated efforts. More remarkably, 11 children also moved up from SUW to normal weight.

d. Malnourished Children's Parents Group

To help parents fight malnutrition in their own homes, Apnalaya has formed 13 support groups which comprise 243 severely underweight children's parents. These groups unite and discuss topics such as nutrition and childcare. The impact has been noteworthy with 95 children showing improvement and 17 severely underweight children entering the normal weight range.

e. Adolescent Girls Group



Adolescent girls are key to spreading awareness as they eventually become those who will educate the future generation as mothers. In order to get the community directly involved in the battle against malnutrition, Apnalaya has formed 9 groups of 298 girls so that they could learn about nutrition, sanitation and childcare. These same girls became active agents of change as they started working in the communities on malnutrition related issues. 120 girls undertook case work with severely underweight children's families. Every girl took responsibility for two children, offering guidance to the parents on how to look after their malnourished children, resulting in 81 of these children moving into the normal or moderately underweight range.

f. Nutrition Rehabilitation Center for Severely Acute Malnourished Children

The Nutrition Rehabilitation Centre (NRC) is a day care facility for severely Acute Malnourished children from Rafi Nagar and Indira Nagar children. The aim is to reduce malnutrition through regular monthly meetings, counseling sessions with the parents, monthly health check-up camps, monthly weight recording and growth monitoring. Additionally, the centers provide a nutritious meal for the children three times a day in a safe and sanitary location.



This table represents the number of children who experienced weight changes in the program:

Category	15 July 2012 to 31 March 13 Indira Nagar		1 June 2012 to 31 March 13 Rafi Nagar		Total
	Male	Female	Male	Female	
Registered Children	14	22	15	17	68
SUW to MUW	2	6	3	5	16
SUW to Normal	0	1	3	2	6
SUW to SUW	8	11	8	9	36
Drop Out	4	3	0	1	8
Expired	0	1	1	0	2
Total	14	22	15	17	68

g. Supplementary Nutrition Programs (SNP) for underweight children



For 26 days every month, supplementary one time meals were provided to 314 children in Rafi Nagar who were moderate to severely underweight. In order to encourage hygienic habits, the children were taught to wash their hands before each meal. Total 98 children showed improvement in weight during the year. 38 children out of 95 went from SUW to MUW. 8 children went from SUW to Normal weight. 52 children went from MUW to Normal weight.

h. Health check-ups

To better help the children who are severely malnourished, Apnalaya has held a total of 44 health check-up camps. 430 children were able to come and receive the proper medical attention. The initiative has helped 125 children improve their well-being and reach a healthier weight.

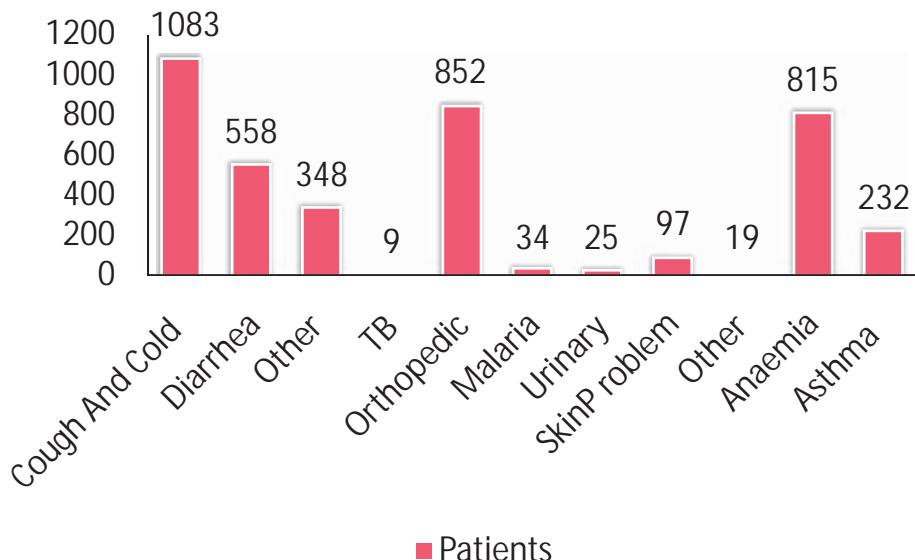
3. Spreading the word

a. General Clinic

The General Clinic serves as a substitute for the missing government health facilities for the residents of Shivaji Nagar. The clinic is located in Padma Nagar and services the 8 communities. In the 51 clinics that were conducted, over 1,069 patients were diagnosed with general health problems, given first aid medicine and referred to government hospitals if their condition was grave enough. 15 Health Awareness sessions were conducted for 274 patients in order to educate them on exactly what they needed to do to treat their ailment.



Number of Patients the clinic treated per condition:



b. Immunization Camp

In cooperation with the BMC health department, 1915 children between the ages of 0 to 6 years of age were immunized during the 126 immunization camps.

This table represents the number of children who have received specific vaccinations:

Classification											
BCG	DPT/OPV			HBV			MEASLES	VIT A	DPT-I	MMR	DPT-II
	I	II	III	I	II	III					
310	616	467	374	565	448	341	404	64	392	361	222

c. Children's group

Sanitation is a major problem in the slums of Shivaji Nagar where water is not readily available. The Mumbai Municipal Corporation does not provide water taps to the community which means that all families must purchase water from tanker suppliers in order to survive. As a result, personal hygiene suffers immensely causing numerous health issues such as digestive and skin problems.

Apnalaya believes in teaching children at a young age the importance of sanitation and basic healthcare practices. 11 groups of 285 children were formed to spread awareness about community sanitation through awareness rally and drawing competition on community sanitation.

d. HIV/AIDS care and support

Apnalaya supported 30 HIV infected and affected families by providing rations to the families and access to medical facilities. The program was successful with 30 families using government health facilities and 3 patients joining because of the awareness campaigns.

Activity	No of families and groups
Counseling & Home visit for health care	20 families
Registration for ART	4 cases
Hospitalization of patients and hospital visit by our staff	3 cases
Support for Ration	7 families
Support for medicine	10 families
Awareness session with community groups	20 session with 20 groups
Awareness on HIV-AIDS	7 programs

e. Community Awareness

25,000 community members were reached through Apnalaya's awareness campaigns. Many topics such as ante-natal care, malnutrition, nutrition, water sanitation, environmental sanitation, HIV/AIDS and tuberculosis were covered and elaborated upon. These campaigns involved a variety of activities such as tempo rallies, children rallies and poster exhibitions as well as the distribution of pamphlets.



f. Staff Training and Exposure

Apnalaya believes it is crucial to keep the staff knowledgeable and ready for the field. Therefore, the field staff received 15 training sessions with Doctor Datye in order to give them the latest information on newborn and maternal health initiatives. Additionally, a one day training program for the health team was conducted on communication and counseling and one day on behavior change communication through 'appreciative inquiry'. Two exposure visits were arranged for our health staff to CICOEDECON, an NGO working in Tonk city in Rajasthan and SNEHA in Mumbai to understand the different strategies and approaches to the Maternal, Newborn and Child Health & Nutrition (MNCHN)

g. Advocacy and network with Government and NGO's

We have had many advocacy campaigns. Here are some of our most memorable from this year:

- BBC, NDTV, CNN-IBN, TV 9 news channel (Electronic media) and Hindustan Times, DNA, Lokmat. Mharashtra Times, Sakal, Samna, Prahar, Nava Kal, Lok Satta (Print Media) visited Shivaji Nagar number of times to cover the malnutrition issue of Shivaji Nagar.
- Last year, Apnalaya filed a PIL in the High Court regarding the death of 20 children. After some time Apnalaya withdrew from this case and MPJ (Movement of Peace and Justice) took it forward. As a result, the High court ordered the formation of a committee for Rafi Nagar Rehabilitation with a mandate to find solutions for more space for Anganwadis in Mumbai.
- Participated in and conducted some regular meetings with other NGOs working in Shivaji Nagar on health issues, and with the Health department of the Municipal Corporation, the ICDS, and the Child Development Department of the Government of Maharashtra.

Case Study: Anjum and her battle for healthcare

Anjum (name changed) is a 26 year old unemployed housewife living in the slum of Indira Nagar. She was married at the young age of 16 and currently lives in a small house made of tin sheets.

Life is difficult for Anjum. Her husband suffers from alcoholism and spends most of his meager INR 3000/- wage on his addiction. She has already given birth to three children. Due to infection, two of them unfortunately died. Her surviving daughter is severely underweight. When the Apnalaya field staff noticed that Anjum was pregnant again, they worked to ensure that she would safely deliver her baby at a hospital. This was not an easy decision to make. The field staff discovered that although Anjum had saved Rs.100/- to go to the hospital, her husband had spent that money on alcohol. After many home visits, Anjum was finally convinced. Apnalaya offered to pay the cost of travelling to the hospital and accompanied her to Rajawadi hospital where she finally registered. Anjum delivered a healthy baby girl at a sanitary institution. 40 days after the delivery, the new mother decided to opt for a copper T as a family planning method.

As a result of counseling, Anjum immunized her three year old daughter and also enrolled her in the ICDS Anganwadi for nutrition and pre-primary education. She also became involved with the ANC group for pregnant women. Through Apnalaya's intervention, Anjum's attitude towards health care has completely changed and she has come to realize its importance for her and her family.

DISABILITY



Helping Mohammed
Sahil Mohammed
navigate through life ...

- *Create community awareness on disability issues and prevention of disability*
- *Facilitate educational access to children with special needs in mainstream or special schools*
- *Provide suitable medical interventions to ameliorate health standards of persons with special needs.*
- *Provide suitable skill training opportunities and work towards economic empowerment of young persons with disability.*
- *Help avail government schemes and policies for the benefit of persons with disability and their families.*

Newer communities & Escalating numbers

It was in May 2008 that after working in the communities in Shivaji Nagar for over 20 years a long and pressing need of the community was being fulfilled by initiating a Day Care centre for children with special needs and launching the Disability Project at Apnalaya.

What began with a modest number of 35 children the figure over the last five years has crossed over 440 cases and today at the end of March 2013 it stands at a staggering figure of 388 cases. Since many families move out Shivaji Nagar every year and some of our children are no more, around 52 cases had to be closed over the past five years.

This year we made a foray into newer communities closer to the periphery of the dumping ground by offering outreach services where we had not previously made inroads. These new communities included Sanjay Nagar Part -2, Kamala Raman Nagar and Raman Mama Nagar. A number of new cases were identified and facilitated with relevant interventions and the persons who were already registered with us continued to be supported for meeting their education, health and rehabilitation needs.

The maximum number of new persons identified were with Orthopedic Impairment; followed by Speech and Hearing Impairment, Intellectual Impairment, Visual Impairment and finally with Multiple Disability . As many as 21 new cases of disability were above 17 years of age and this is why greater attention has been laid on economic empowerment by way of vocational training and employment assistance this year. The following table enumerates the distribution of cases identified during the year showing the type of disability and the age range.

DISTRIBUTION OF CASES REGISTERED DURING THE PERIOD – APRIL 2012 – MARCH 2013

S. No.	Type of Disability	0 - 3 years		3 - 7 years		7 - 11 years		11 - 17 years		17+ years		TOTAL		
		M	F	M	F	M	F	M	F	M	F	M	F	TOTAL
1.	Orthopedic Impairment				1	1	1		3	11	6	12	11	23
2.	Speech and Hearing Impairment	1	1	1	3	1	1					3	5	8
3.	Visual Impairment							1		2		3		3
4.	Intellectual Impairment	1				2		2		1	1	6	1	7
5.	Multiple Disability	1		1								2		2
	TOTAL	3	1	2	4	4	2	3	3	14	7	26	17	43

The total number of cases registered during the year were 43, although we were able to identify 22 more cases with whom follow up is still being done to get medical investigations and relevant necessary documents prepared before registration. The distribution of the total 388 open cases is as under:

DISTRIBUTION OF CASES REGISTERED DURING THE YEAR & UNDER THE PROJECT

S. No.	Type of Disability	0 - 3 years		3 - 7 years		7 - 11 years		11 - 17 years		17+ years		TOTAL		
		M	F	M	F	M	F	M	F	M	F	M	F	TOTAL
1.	Orthopedic Impairment	3	2	14	5	8	9	29	16	43	37	97	69	166
2.	Speech and Hearing Impairment	1	2	7	7	7	8	4	5	5	6	24	28	52
3.	Visual Impairment			1	1	2	2	3	2	4	5	10	10	20
4.	Intellectual Impairment	3	1	9	6	17	7	20	5	15	5	64	24	88
5.	Multiple Disability	1		10	1	15	4	12	5	10	4	48	14	62
	TOTAL	8	5	41	20	47	30	56	33	77	57	243	145	388

Observations:

- While orthopedic cases continue to form the largest number of new cases, this year too as in the previous year, the number of cases above 17 years of age was high and the total number is 21 cases. This has caused us to look into meeting the demands of young persons with disability for vocational training and employment preparation.

- The number of children with speech and hearing impairment is high and this forms the second highest category.
- The number of children with intellectual impairment continues to be high owing to orthodox religious beliefs and consanguineous marriages.
- 12 cases were closed either as a result of moving out of the area or due to death.
- 4 cases which were closed earlier were reopened as the families moved back to Shivaji Nagar.

1) What we offer:

- Improvement of functional skills of a child and preparation of parent and child through the Day Care Centre – a first step inculcating the discipline and skills for schooling and greater independence in self care.
- Facilitation of documents and certificate procurement such as disability certificate, child's name on ration card and birth certificates which are all essential for availing health and educational benefits.
- Medical assessment and treatment, and financial assistance for this as required
- Help in procuring aids and appliances to improve mobility and better functioning
- Assessment of the educational needs of the child and facilitation of admission in mainstream or special schools.
- Financial support through school sponsorship for fees and school materials.
- Guidance and financial support for vocational training
- Identification of job opportunities and placement of suitable candidates
- Support for open employment and self employment.
- Participation in outdoor events like picnics, fun fairs.
- Participation of children in other programs of Apnalaya like Children's Day, educational tours, career guidance seminars etc.

INTERVENTION IN THE AREA OF HEALTH:

A child or a young adult with disability faces several health issues. The intervention that follows is often at various levels. It could range from medicinal support to reconstructive surgery, therapeutic support to provision of aids and appliances. The objective of all the support offered is to enhance the individual's health status and help him lead a more independent life. Relevant documents required to avail the medical and other services were also simultaneously worked upon. The various interventions offered and their reach was as follows:

Medical Intervention				Documentation				
Medical Support	Reconstructive Surgery	Therapeutic Assistance	Aids and Appliances	Disability Certificate	ID Card	Birth Cert.	Ration Card	
21	13	15	25	40	31	53	44	

The health interventions have been possible owing to our close networking with our partners, which include NASEOH (National Society for Equal Opportunities for the Handicapped), Wadia Children's Hospital, L.T.M.G Hospital, Mumbai, All India Institute For Physical Medicine and Rehabilitation,

Mumbai KEM Hospital's Mahavir Viklang Sahayata Samiti, Adore Charities, Global Hospital & Research Centre for lending their support throughout the year.

EDUCATIONAL SUPPORT: Facilitate socialization and joys of learning

Education is the best gift a child can ever receive. To a child with disability it adds so much more meaning as it enables the child to enjoy playing with other children, learn new skills and contribute a great deal to his well being and personality. Children who have been a part of an education stream for even a few years have shown remarkable progress in their communication, independence in travel and an overall progress in all spheres of life.

The Day Care Centre is an intermediate set up between the home and the school where the child is prepared for a full time schooling schedule. During the year the following interventions for education were done. In order to encourage continuity of school 71 students were included in our sponsorship program covering fees, materials and uniforms and travel assistance. This program has encouraged the parents to take their wards to even far off special schools.

Day Care Centre	School admission	Sponsorship support	Scholarship support
34	19	71	29

PRE – VOCATIONAL , VOCATIONAL TRAINING & EMPLOYMENT: Meeting needs of young adults with disability.

During the year many teenagers who have either not joined school or are dropouts were brought together to learn simple pre- vocational skills. These included simple activities like folding paper, pasting, clay modeling, rakhi making , diya painting which has helped improve their neuro muscular coordination and creative abilities. A total of 13 students enrolled in the prevocational training at the Day Care Centre.

The data in the last two years shows a steady increase in the number of adult population who require support for a suitable employment . Vocational training institutions for persons with disability like NASEOH, Vocational Rehabilitation Centre (VRC), Sulabha School For Mentally Challenged, Rochiram Thadani School For Hearing Handicapped have well established pre – vocational and vocational training courses which help choose the right vocation.

Pre-Vocational Training	Vocational Training	Open Employment	Self-Employment
12	13	8	10

During the year 13 students attended various training courses ranging from beautician's course to computer training with additional soft skill training in communication and spoken English. The results were encouraging as 8 of them were able to get into open employment. Other continue their training. As open employment is difficult for many young adults as it requires using public transportation and difficult roads which are not as disabled friendly as they ought to be and hence many of them opt for

the self - employment model. Support in the form of material (like sewing machines, computer peripherals) or financial support is offered . As many as 10 persons initiated self employment ventures during the year.



2. Prevention is the key: Advocacy & Awareness campaigns and Focused Group Training

A large percentage of disability occurrences can be prevented by taking adequate measures as teenagers, young women before marriage and as married women. Prevalence of consanguineous marriage leading to children with disability is common in the community. This can be prevented by giving adequate scientific information to all the members and prevent marriages between relatives. Moreover, care and precaution during pregnancy goes a long way in having healthy babies. Safe practices of child spacing, small family norm can prevent disability to a very large extent.

Also early intervention when a child is detected with disability can help improve the child's performance and medical intervention can minimize the impairment from further deterioration. Early schooling also enhances learning and greater independence in self care. The awareness in the community was provided through:

AWARENESS CAMPAIGNS: The project team selected four marginalized communities that of Sanjay Nagar Part – 2, Kamla Raman Nagar , Raman Mama Nagar and Shivaji Nagar plots 38 to 42. Monthly campaigns were held in each of the communities which resulted in identifying 67 new cases and 43 registering with the Project during the year. Mega campaigns including tempo rallies were done on the festival days of Ramadan and Ganesh Chaturthi and during Disability Day on December 3rd 2012.

FOCUSED GROUP DISCUSSION: In contrast to the mass awareness campaigns these were planned to target specific groups. 7 groups including that of adolescent girls and women were formed in 5 communities. 3 adolescent girls groups were formed in Rafi Nagar, Shanti Nagar, and Lotus Colony with 50 girls altogether. The women's groups were 4 in number reaching out to 63 women in the four communities of Rafi Nagar, Shanti Nagar, and Sanjay Nagar part 2. A well drawn participative curriculum for girls and women spread over 15 sessions was conducted which ranged from knowing the self to community mapping to gender sensitization, Muslim Personal Law, violence and its attributes and the right to safeguarding one's life during such crisis.

RESIDENTIAL TRAINING: A two day residential training was held for 30 girls at a training centre at Karjat in the month of March 2013. This was to help girls bond with each other and gather information on various important subjects related to disability and gender abuse.

3. Creative and Outdoor Experiences:

During the year the children were exposed to several activities which included the Children's Day festival at Lotus Colony where children danced and made merry. Also the older children took part in a fun fair along with the other children from the Education Project.

Ten children went for an NGO organized fun fair in South Mumbai. Children got the opportunity to play a variety of games and had plenty of snacks to savour. They also received plenty of gifts.



The Day Care Centre went for a day picnic to National Centre For Clean Cities, Mumbai where the children enjoyed art and craft activities and had good fun on the swings and merry go round.

Creative craft and tattoo were the highlight of the World Disability Day celebrations held at Lotus Colony Centre where 35 children participated and enjoyed the day's celebrations.

Around 40 older children from the Project visited Hanging Gardens and the Taraporewala Aquarium in South Mumbai.



Way forward:

As enlisted above all the activities would be consolidated further. Families of persons with disability would be equipped with increased information on government policies and schemes which would benefit the persons with disability. Our focus in the coming year would be on enhancing vocational skills and reviewing newer avenues of employment viz. group or sheltered employment.

Case study: From a shy girl to a suave BPO staffer – Farzana

Walk into the Eureka Forbes BPO office in NASEOH Chembur and one would spot Farzana busy at her desk answering telephone calls from endless customers throughout the day. It is an unbelievable sight! Farzana as known to us was a shy young teenager who was supported for her VII Std. studies in Noor – Ul- Islam High School in 2007. Since then her tryst with Apnalaya began and it was step by step that Farzana kept progressing. Apnalaya supported her studies and also provided her with calipers and corrective shoes during 2010.

After completing her Std. XII examination she joined NASEOH for computer training and spoken English. Quick in her grasp and the innate desire to do well she went on to bag the BPO offer from Eureka Forbes. She has been working for over a year now and feels that it has been a good break for her. Her parents are really proud of her achievements.

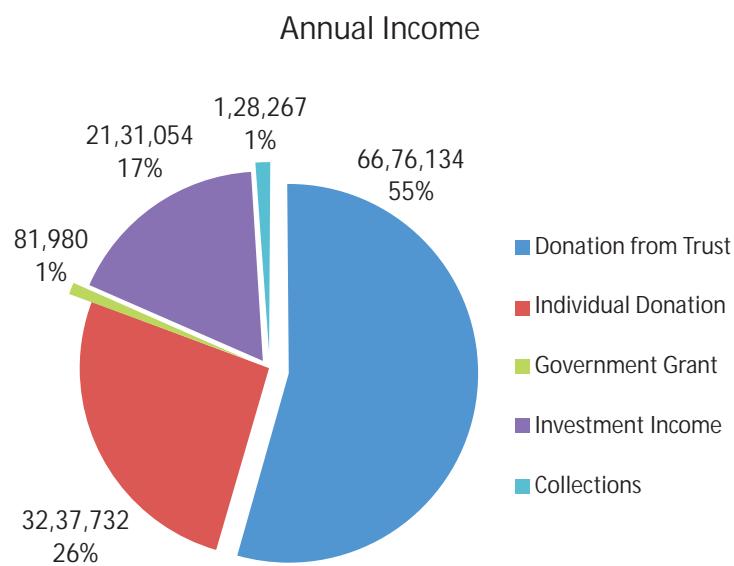


FUNDS

INCOME

During Apnalaya's 40 years we have seen our budget grow from a few thousand rupees a year to lakhs and now crores. But our dependency year on year on donations from individuals, from funding agencies, corporates and Trusts is the same. Even after 40 years we have no regular funding agency on which we can rely. We could not manage without the hundreds of individuals who support us each year, through special events such as the Mumbai Marathon and Footsteps4Good, and online through GiveIndia or our own website. A special thanks to all of you.

Every organization needs a Corpus to sustain the work going forward, to help towards administrative costs and to meet gaps in funding. To mark our 40th anniversary we want to at least double the existing corpus amount of less than Rs.2 crores. During 2012-13 we raised nearly Rs.23 lakhs for Corpus, so there is still a long way to go.



During this period funding from our only big funder, Save the Children, Bal Raksha Bharat to combat malnutrition, drew to a close but continuation is being considered, possibly at a reduced rate. In the 2012-13 Apnalaya's total income including over Rs.23 lakhs to the Corpus, was Rs.142.6 lakhs, down from Rs.165 lakhs the previous year. However, with a larger corpus, investment income increased from 11 to 17%.

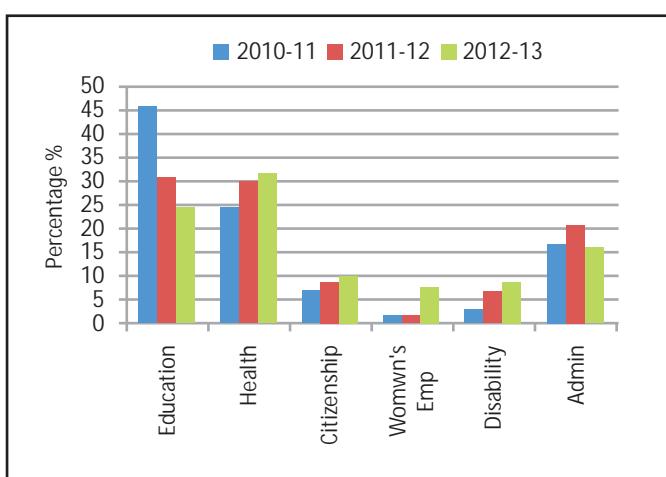
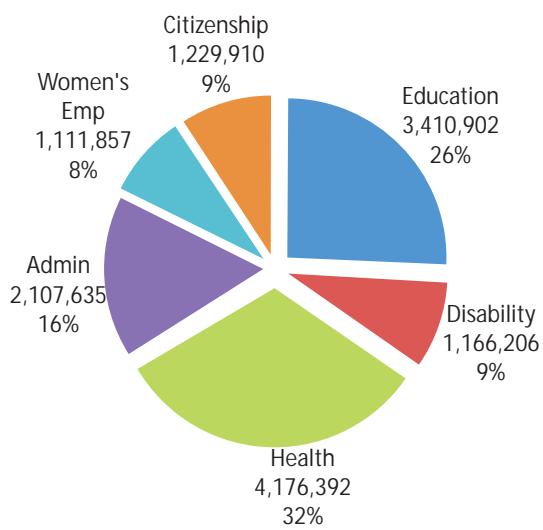
Funding from Save the Children Bal Raksha was down from Rs.46 lakhs the previous year to Rs.29 lakhs. The only other sizable donations were from the Swissair Staff Foundation, who increased their donation towards running the Children's Learning Centres from Rs.8.5 to over Rs.14 lakhs, and HSBC Ltd. UK gave over Rs.14.28 lakhs for sponsorship.

We wish to thank our regular donors, particularly the Swissair Staff Foundation, HSBC Ltd. UK, the Mars Group, Kalpataru Trust and Nandini Trust, for their much needed support, as well as all our other donors who are too numerous to name. The following table gives grants and donations above Rs.50,000 received during the year:

Donations to Corpus	Rs.	Ghanshyam Chainani	3,0,000
HDFC Ltd	5,00,000	Kalpataru Trust	5,00,000
Jamshyd Godrej	2,00,000	ICICI Bank Ltd	1,00,000
Anjali Tendulkar	1,00,000	Corpus Donations through GiveIndia	19,500
Donations	Rs.	Donations from Trusts	Rs.
The Mars Group	1,66,455	Save the Children, Bal Raksha, Bharat	29,00,634
Estate of Narendas R Bhavnani	1,50,000	Swissair Staff Foundation	14,10,774
Anjali Tendulkar	2,00,000	Wider Church Ministries	1,00,000
HSBC Ltd	14,28,340	Nandini Trust	3,00,000
British Business Group members	1,74,000	WIPO Staff Foundation	62,504
Pauline Williamson	70,000	Alibhoy Haiderbhoy Chitalwala Ch Trust	50,000
John Eskenazi	85,000	Mithani Foundation	50,000
Tejsbert Creemers	1,17,855	Marathon donations through United Way	3,07,380
Anthony & Zarrina Kurtz	1,00,000	Donations through GiveIndia	15,13,520
Hill Road Media Services Pvt Ltd	50,000	Grants	Rs.
Experian Ltd	1,10,198	Central Social Welfare Board	68,480

EXPENDITURE

In 20012-2013 Apnalaya's total expenditure was Rs.132 lakhs, down from Rs.140 lakhs the previous year. On looking at expenditure over the last 3 years, only Education has seen a consistent drop in expenditure. This is partly due to a shift in emphasis to concentrate effort on the needs of older children to help them achieve their potential. Also, during this last year the Sports programme was discontinued while we reassess what is the most meaningful intervention for our children.



Percentage of total expenditure on programmes over 3 years

Expenditure on all the other programmes increased, reflecting our emphasis on training and empowering community people to work on issues in the community, whether it is violence against women, lack of drinking water, malnutrition in children, or lack of facilities for children with disabilities.

The fall in administrative expenditure is a result of the conclusion of an extensive restructuring exercise carried out over the last 3 years. However, during the year we added Marketing to the many responsibilities included in administration.

In accordance with the Credibility Alliance norms, the following was the distribution of staff according to salary levels for 2012-2013

Slab of gross salary plus benefits (Rs per month)	Male (Nos)	Female (Nos)	Total (Nos)
<5000	1	33	34
5,000 - 10,000	4	12	16
10,000 - 25,000	4	10	14
25,000 - 50,000	1	3	4
50,000 - 1,00,000	0	1	1
1,00,000 >	0	0	0
Total	10	59	69

- The 3 highest paid members of staff were the CEO and 2 Programme Heads with gross monthly salaries of Rs.77,000/-, Rs.40,000/- and Rs.35,000/- respectively, including Provident Fund and allowances. The lowest paid regular member of the support staff was paid a monthly gross salary of Rs.2,000/-
- There was no expenditure on national or international travel to staff, volunteers or Executive Committee members during the financial year.
The Executive Committee members of the year were Dr. Indra Makhijani, President; Dr. Aparna Sahthanam, Secretary, Annabel Mehta, Treasurer, and Nasreen Rustomfram, Vrinda Mahadevia and Dr. Sudha Datye, members. Only Dr. Datye received an honorarium of Rs.10,700 a month for attending clinics daily, and conducting training for community women and yuvati gats. None of the members are related to each other in any way.
- Our auditor is Dilip Muzumdar of Borkar & Muzumdar, 21/168 Anand Nagar OM CHS, Anand Nagar Lane, Vakola, Santacruz (E), Mumbai 400 055. We thank them for their continuing support.
- Apnalaya banks with the Bank of India, Tardeo Road Branch, account numbers 004210100009633 for local funds, and 004210100016811 for foreign funds.

STAFF, STUDENTS AND VOLUNTEERS:

Apnalaya's pillars of strength are the people who tirelessly work to achieve our goals. During the course of the year, we bade farewell to the following staff :

- Field Assistants - Gazala Shaikh, Shamimbano Khan, T. Kumari and Sneha Unahvane
- Field Co-ordinator - Sunil Thange and Mahamad Inamdar
- Programme Head - Varsha Parchure

We also welcomed new staff who came on board :

- Support Staff - Samsunissa Shaikh and Taslim Fatma
- Field Assistants - Naseem Rehman, Sabiha Sagir Shaikh, Saima Khan, Ruksana Shaikh and Rashida Shaikh
- Programme Head - Anju Paniculam

Students and Apnalaya share a symbiotic relationship – students gain value with the experience garnered in the course of their fieldwork placements at Apnalaya. But it is as important to sensitise them as they step into the sector and many of them maintain a relationship or support us in some way long after their stint at Apnalaya is done.

The Tata Institute of Social Sciences placed 30 students for fieldwork and internships while Nirmala Niketan College of Social Work placed 9 students. Colleges from Govandi, Pune, Kharghar, Ahmedabad and New Delhi placed 21 students in all. In addition, 179 students came for orientation visits to gain some insights about the work carried out by Apnalaya in the communities at Shivaji Nagar and Baiganwadi.

Our heartfelt thanks to the volunteers who took time out from their busy schedules to contribute in their own way, to Apnalaya's work :

- Shobhana Nair
- Parinaz Firozi
- Karine Makhijani
- Thomson Reuters Volunteers
- Toolbox volunteers - Aarthi Krishnan, Vikram Sood and Manu Jain
- The entire Metal team especially Kurien Mathews, Ambarish Ray, Gaurav Soi, Anisha Sarin and Anjali Rawat who helped in creating our new logo and allied collaterals
- IDEX Fellow - Francis Enrique who was with us for almost 10 months, language proving no barrier as he worked seamlessly across our various programs!

FINANCIAL STATEMENTS

Apnalaya
Statement of Fund Flow for the year ended March 31, 2013

	For the year ended on March 31, 2013	For the year ended on March 31, 2012
Sources of Fund		
Donations retained	4,994,251	8,454,069
Corpus Fund	2,306,243	705,842
Received for small Grant Programme	81,980	426,659
Received from sale of Fixed Assets	2,400,000	-
Other Income	372,045	254,556
Contribution to Earmarked Funds	4,895,411	4,269,543
Redemption of Investments	-	-
Income on Investments	2,131,055	1,691,772
	17,180,985	15,802,441
Application of Fund		
Addition to Fixed Assets	113,908	141,703
Purchase of Investment	3,387,588	594,000
Disbursements from Earmarked Funds	6,325,151	5,701,300
Employee Benefit Expenses	3,724,249	7,217,538
Other Expenses	3,251,368	1,068,401
Increase in net assets	378,720	1,079,499
	17,180,985	15,802,441

For and on behalf of
Borkar & Muzumdar
Chartered Accountants

Mr. Rajesh Batham
Partner
M.No.35941
Dated at:



Trustee

President

APNALAYA



President
APNALAYA

The Bombay Public Trusts Act, 1950
 SCHEDULE - VIII
 [Vide Rule 17 (1)]
 Name of the Public Trust :- APNALAYA
 Balance Sheet As At MARCH 31, 2013

Registration No. F-2830

FUNDS & LIABILITIES		Rs.	Rs.	PROPERTY AND ASSETS	Rs.	Rs.
Trusts Funds or Corpus				Immovable Properties :- (At Cost)		
From General Public				As per Annexure 'A'		
Balance as per last Balance Sheet	13,078,844			Balance as per last Balance Sheet	1,595,453	
Additions during the year	2,306,243	15,385,087		Additions/(Deletion) during the year	1,583,888	
Less : Depreciation up to date				Less : Depreciation up to date	578	10,987
From TET - ACF	2,045,503			Investments :- As per Annexure 'B'		
Balance as per last Balance Sheet				Note : The market value of the above investment is Rs.		
Additions during the year (Income from Inv'l reinvested)		2,045,503				20,595,981
From CRY			1,000,000	Movable Properties :- As per Annexure 'C'		
Balance as per last Balance Sheet				Balance as per last Balance Sheet	956,800	
From Tom Holland			1,000,000	Less : Deletion during the year	461,700	
Balance as per last Balance Sheet				Additions during the year	113,908	
Other Earmarked Funds :-				Less : Depreciation up to date	69,914	518,894
(Created under the provision of the trust deed or 'Scheme' or out of the Income)						
Depreciation Fund				Loans (Secured or Unsecured) :		
Sinking Fund				Good/doubtful		
Reserve Fund				Loans Scholarships		
Any other Fund :				Other Loans		
As per Annexure "F"						
Loans (Secured or Unsecured) :-				Advances :-		
From Trustees				To Trustees		
From Others				To TDS receivable upto F.Y. 2011-12	353,451	
Liabilities :-				To TDS receivable F.Y. 2012-2013	233,998	
For Expenses				To Prepaid Rent	675,800	
For Advances(Against Property)				To Others (As per Annexure 'D')	141,118	1,404,367
For Rent and Other Deposits						
For Sundry Creditors Balances				Income Outstanding :-		
Income and Expenditure Account :-				Rent	-	
Balance as per last Balance Sheet				Interest	-	
Less : Appropriation, if any				Other Income	-	
Add : Surplus as per Income and						
Total			35,189,574	Cash and Bank Balances (As per Annexure'E')		
				(a) In Hand	14,421	
				(b) In Savings Account	2,642,833	
				(c) In Fixed Deposit Account	10,002,089	
				(d) With the Trustee	-	
				(e) With the manager	-	12,659,343
				Balance as per Balance Sheet		
				Less : Appropriation, if any		
				Add : Deficit as per Income and		
				Less : Surplus Expenditure Account		

For and on behalf of
 Borkar & Muzumdar
 Chartered Accountants

Mr. Rajesh Pathan
 Partner
 M.No 35941

Dated at: 25 SEP 2013

Income and Outstanding :
 (If accounts are kept
 on cash basis)
 Rent :
 Interest :
 Other Income :
 TOTAL Rs. :

The above Balance Sheet to the best of my/our belief contains a true account
 of the Funds and Liabilities and of the Property and Assets of the Trust.

Annabel Acharya

TRUSTEE

Dated at:
 President
 APNALAYA



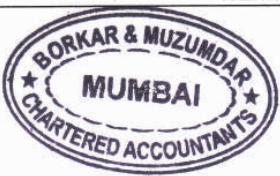
25 SEP 2013
 APNALAYA



Name of the Public Trust :- APNALAYA

Income and Expenditure Account for the year ending March 31, 2013

EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
To Expenditure in respect of properties :- Rates, Taxes, Cesses Repairs and maintenance Salaries Insurance Depreciation (by way of provision of adjustments) Other Expenses	-	-	By Rent (accrued) (realised)	-	-
To Establishment Expenses : Rent			By Interest (accrued) (realised) On Securities (Investments) On Loans On Bank Account	2,131,055 116,797	2,247,852
To Remuneration to Trustees			By Dividend		
To Remuneration (in the case of a math) to the head of the math including his household expenditure, if any			By Donations in Cash or Kind : Trust Other	8,683,099 2,636,304	11,319,403
To Legal Expenses			By Grants From: Mumday District TB Control Society Central Social Welfare Board Integrated Child Development Society Balkamagar Punarvan Prakalp Sanstha	68,480 13,500	81,980
To Audit Fees			By Income from other sources (In detail as far as possible) Subscription from members Medical Collection Educational collection Sale of Scrap Other Income Miscellaneous Income Profit on sale	190 57,818 43,878 - 147,073 13,354 354,412	616,725
To Contribution and Fees					
To Amount written off : (a) Bad Debts (b) Loan Scholarship (c) Irrecoverable Rents (d) Other Items	-	27,865			
To Miscellaneous Expenses :		90,492			
To Bank Charges					
To Depreciation					
To Amount transferred to Reserve or Specific Funds					
To Expenditure on Objects of the Trust (a) Religious (b) Educational (As per Annexure "G") (c) Medical Relief (As per Annexure "H") (d) Community Development & Education (As per Annexure "I") (e) Relief of Poverty (f) Other Charitable Objects	8,588,039 3,915,247 769,618	13,272,903			
To General Corpus					
To Surplus carried over to Balance Sheet		874,699			
Total Rs.....	14,265,960		Total Rs.....	14,265,960	

For and on behalf of
Borkar & Muzumdar
Chartered AccountantsMr. Rajesh Batham
Partner
M.No.3594
Dated at:

25 SEP 2013

TRUSTEE

TREASURER
APNALAYAPresident
APNALAYA

25 SEP 2013

APNALAYA TEAM



President, Dr. Indra Makhijani: a medical doctor and one of the first women to become a certifying surgeon in Mumbai. She has dedicated 36 years to Apnalaya, running clinics in sheds, centres and even a temple! She has also worked with Maharashtra Medical Services.



Treasurer, Annabel Mehta: a talented pianist before becoming a social worker, has dedicated 39 years to Apnalaya as Hon. Treasurer. She was twice on the Board of Bombay International School, past president of Indus International; she also sits on the board of Give India and is a member of the Accreditation Committee of Credibility Alliance.



Secretary, Dr. Aparna Santhanam: dermatologist and wellness consultant, working with pharmaceuticals and FMCGs. An author and occasional broadcaster, she has worked with the Foundation for Research in Community Health and Bombay Leprosy project.



Member, Dr. Sudha Datye: a nature lover and medical officer, she decided to become a doctor to help the poor when she was in second grade. She is a medical officer with Apnalaya and a former secretary. She also works with Sukh Shanti, a short stay home for destitute women.



Member, Nasreen Rustomfram: professor/chairperson at Centre for Lifelong Learning at Tata Institute of Social Sciences, she was the second social worker to join Apnalaya and served till 1983. Passionate about training, she was a key trainer for many government and national programmes. She has been involved in disaster relief work all over the country.



Member, Vrinda Mahadevia: an investment director with DSP Merrill Lynch, she has worked with organisations such as Jai Vakil School and Akanksha.



CEO, Dhun Davar: With a Master of Science from the London School of Economics and a passion for development, she has worked on development projects in India and Africa with organisations such as Give India, Guidestar India, VSO-UK and the Monze Mission Hospital/Ministry of Health-Zambia.

★ Our special thanks to Anil Padhye and Arun Sohoni at Vyasa Arts for printing this Annual Report.



APNALAYA 2012-2013



APNALAYA : AT YOUR SERVICE

Our Offices

Registered, Admin and Mailing Address
B/9 - 103, New Jaiphalwadi SRA Co-op Housing Society
Tardeo, Mumbai - 400 034
Tel. 23539752
Email: admin@apnalaya.org

Shivaji Nagar Project Office
889/896 Lotus Colony, Plot No. 14, Shivaji Nagar
Govandi, Mumbai - 400043
Tel. 25506110, 25518086, 25481872

Our CEO

Dhun Davar
Mobile: 9820331779 Email: dhun@apnalaya.org

Our Website

www.apnalaya.org

Apnalaya is registered under:

The Societies Registration Act No. 75/73 G.B.B.S.D. dated 28/2/1973
The Bombay Public Trust Act 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
The Foreign Contributions Regulation Act No. 083780332 dated 04/1/1986

Apnalaya is a member of Credibility Alliance and adheres to the desirable norms
for good governance of voluntary organisations.



APNALAYA

Building self-sustaining communities since 1973

889/896 Lotus Colony, Plot No. 14, Shivaji Nagar, Govandi, Mumbai - 400 043.
Phone : 022 - 2550 6110