



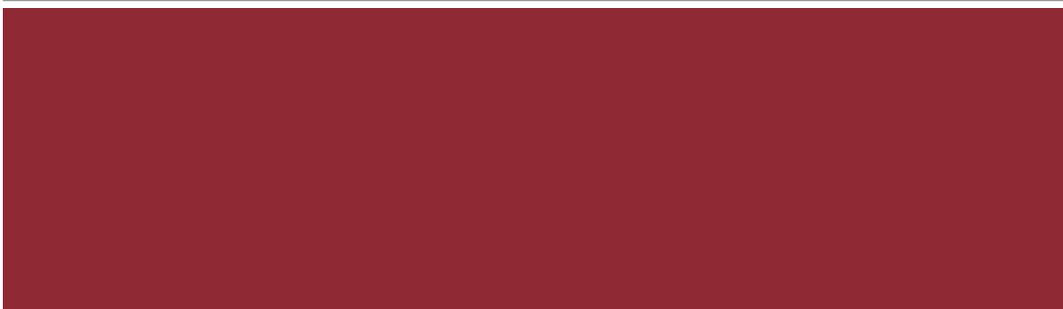
Society for Nutrition, Education and Health Action



**2009-10  
IN REVIEW**



## WE ARE HERE BECAUSE...



### LAXMI'S STORY

One of SNEHA's primary focuses has been to improve communication and cooperation between the different levels of health providers. An important aspect of this is the creation of an effective referral system. SNEHA has facilitated the development of protocols that would streamline the referral of a pregnant woman in an emergency from one level of health facility to the other; so that timely action is taken and lives are saved. Laxmi's story is a wonderful testament to the need for such a system.

Until 2 weeks before her due date, 28 year old Laxmi's third pregnancy was uneventful. Her two previous pregnancies had been normal and she had two healthy children. She was registered at a maternity home close to her home, all her pre-natal tests had turned up normal and she had taken all the recommended medications and immunizations. Laxmi had done everything right and everything was going per plan.

But 2 weeks before her due date, Laxmi came down with a persistent fever, cold and cough. The doctor at the maternity hospital found congestion in her lungs, but nothing else wrong with her body. There was no indication of something more serious going on inside of her.

But there was, and the very next day, Laxmi was rushed to the maternity hospital after she started bleeding and her family found her unconscious at home. The maternity hospital noted that Laxmi was bleeding profusely, had a fast pulse rate and a low blood pressure. Per the hospital protocols, this was categorized as an emergency situation, and as dictated by the protocols, the hospital staff lost no time in preparing Laxmi for an emergency surgery. The doctors also rightly determined that this was a case that a tertiary hospital was better qualified to handle, so in parallel, they called a tertiary hospital to find out if she could be transferred. Upon confirmation, the transfer protocol was initiated - the referral call to the tertiary hospital was made and a referral slip with all information on the diagnosis was sent along with the patient. As a result, the receiving hospital was well informed and fully prepared for Laxmi's arrival. Laxmi was taken in for an emergency caesarean section within 30 minutes of her arrival and she delivered a healthy baby 45 minutes later.

There are several things that happened "right" in this story. Laxmi was an educated patient owing to the outreach programs of SNEHA. Her family knew to seek immediate help when they found her unconscious at home, the maternity home knew how to treat her and were trained to recognize the need to transfer her to a better equipped hospital. The referral system was in place to ensure that the lines of communication were open and the hospital she was transferred to was well prepared for her arrival. There were many potential points of failure in this sequence of events. Instead, the systems and people worked like a well oiled machine, 2 lives were saved and the entire ordeal was over in a matter of 2 hours and 45 minutes.

Every minute counts in situations like these and the absence of systems, training and protocols leads to unnecessary losses in time that literally make the difference between life and death. Thanks to the referral system, both Laxmi and her baby are alive and thriving. The Municipal Corporation of Greater Mumbai is now replicating the process across the public health system.

## MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear friends and well-wishers of SNEHA,

This year has been special, as we completed ten years of existence, and are on the threshold of change. What began as a small project to address the anguish of women facing violence in their homes in the slums of Dharavi has now grown into an organization that is driven by the vision that every woman and child will lead a healthy life regardless of their socioeconomic status. Today, we have gained respect across the world for our work and research, which has touched the lives of over two hundred thousand women directly or indirectly.

Our programs currently address issues of violence against women and children, maternal and neonatal health, sexual and reproductive health of adolescents and child health and nutrition. Through these we continue to impact the quality of affordable health care, which plays an important role in the health of mothers and newborns, and equip and empower young girls with the knowledge to take charge of their lives and take life-enhancing decisions. We work with families that subject their women and children to violence to change the patterns of behavior and stop the violence.

In the coming years, SNEHA plans to expand the reach and the scope of the work with child malnutrition to make a dent in the alarming figures, which have reached epidemic proportions in urban India.

SNEHA is also developing an integrated model for urban health, which will keep the community and the family at the centre as the unit for change, promoting healthy families and communities.

I wish to thank all our well-wishers and communities for the continued support. Let me quote young Deepali from the settlement of Varsha Nagar in Ghatkoper who said “SNEHA has made all the difference to my life. I love this organization and want it to work across the world. I want to work here when I complete my studies”. It is hundreds of stories like this that measures the worth of our work and I look forward to another year of hearing many more such stories of change.

**Dr. Wasundhara Joshi**

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## ABOUT SNEHA



SNEHA means love. This emotion drives our efforts: love for the women and children bearing the dual burdens of poverty and suppression in our patriarchal society.

The World Bank has stated that investing in women's health makes sound economic sense. Improving women's health status directly impacts the health of her family and increases their level of productivity. However, addressing women's health issues in impoverished regions is a complex matter with another dimension gaining relevance: urbanization. The number of people migrating into cities is increasingly globally. Estimates suggest that within the next ten years, more than half of Maharashtra will be urban.

We all recognize that our infrastructure cannot sustain a rapid rise in population. The urban poor are already subjected to far worse living conditions than their rural counterparts. Lack of sanitation and clean water significantly affect physical health, while limited resources breed frustration and compromise mental wellbeing. Impoverished urban communities are marked by greater incidents of illness and acts of violence. Here, women, isolated, lack the support and knowledge necessary to access healthcare.

SNEHA believes establishing a female support system is essential to assisting vulnerable communities. We engage a large field staff to build relationships with local women and provide information on women's health issues. Our fieldworkers advise on available services and healthy choices, hold campaigns to raise awareness and encourage active participation and recognition of the importance of community health. These efforts empower women to act as agents of change in their own right.

SNEHA also believes in collaborating with existing systems. We work in partnership with the Municipal Corporation of Greater Mumbai and government programs to ensure effective delivery of public services. Our projects encourage community members to utilize the public health system and work to improve and standardize treatment. The sole service we offer is counseling and crisis intervention, a need unmet by government programs.

Our approach has generated notable achievements. We currently work in 16 of Mumbai's 24 wards, reaching a population of nearly one million. We've worked directly with 6,000 women on maternal and newborn health, and 10,000 on domestic violence awareness through campaigns and sensitizing performances. We have documented improvements in care seeking behavior, including uptake in early registration of pregnancies, greater antenatal care, and reduction in home deliveries. Preliminary data demonstrates decreasing numbers of maternal and newborn deaths in our intervention areas. Our child nutrition project has demonstrated weight gain in 75% of participants, and we intend to expand its operations. We have presented 10 papers at prestigious international conferences and have published 5 in peer-reviewed journals. Our staff has been invited to provide input on urban health literature, lead courses in social work and public health, and evaluate programs.

In addition to these outcomes, there's one thing that makes our organization special: our approach. This approach was pioneered by our founder, Dr. Fernandez: infuse love in all that we do.



*At SNEHA, we have a dream  
A dream that every mother delivers safely  
That every child is born healthy  
That every child has the opportunity to thrive  
That no woman tolerates abuse in silence  
That every girl has the right to a future of her own choosing  
And that every individual, irrespective of social status, has access to  
quality health care*

## ABOUT SNEHA



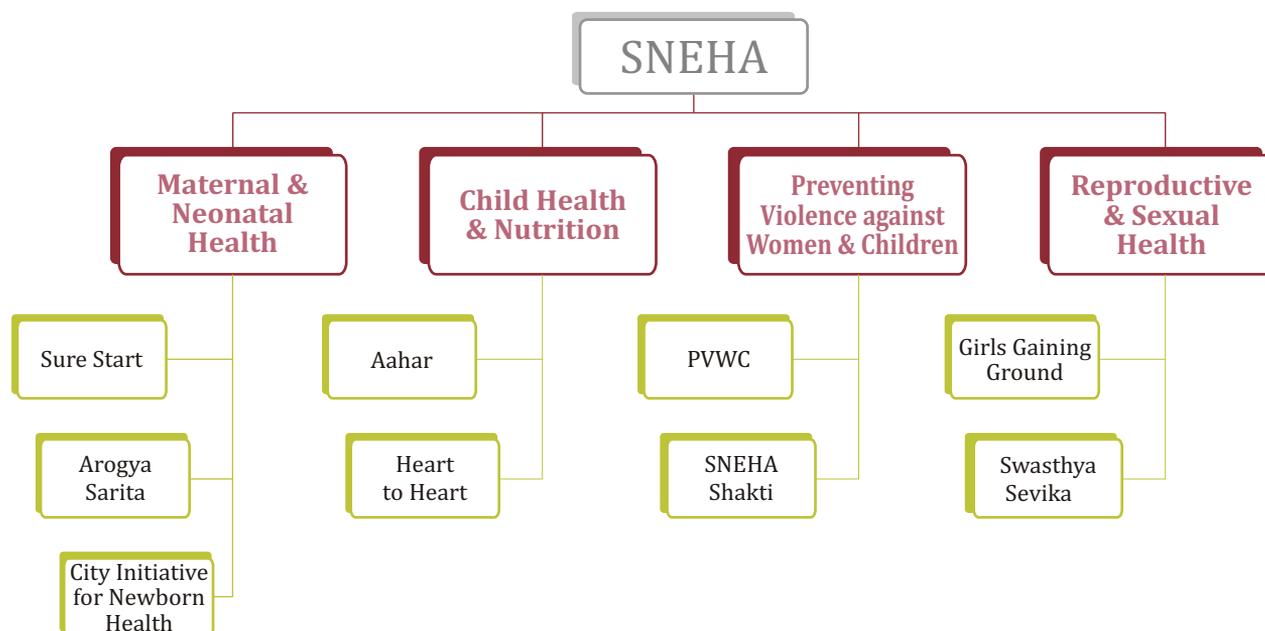
A secular, Mumbai-based non-profit organization, SNEHA believes that investing in women's health is essential to building viable urban communities.

SNEHA targets 4 large public health areas - Maternal and Neonatal Health, Child Health and Nutrition, Sexual and Reproductive Health and Prevention of Violence against Women and Children. Our approach is two pronged: we recognize that in order to improve urban health standards, our initiatives must target both care seekers and care providers. Consequently, we work at the community level to empower women and slum communities to be catalysts of change in their own right.

SNEHA collaborates with existing public systems and care providers to create sustainable improvements in urban health. Our partnerships include participation with the city's municipal corporation to enhance the quality of care for pregnant women and recent mothers, with government feeding programs to improve nutrition in slum children, and with private health practitioners to standardize quality of maternal and newborn treatment.

All of our projects are monitored through rigorous data collection and scientific review. In this manner, SNEHA establishes interventions that can be qualified through research, with results published in national and international journals.

## ORGANISATION CHART



## VISION, MISSION, VALUES

IMPACTING A MILLION LIVES BY 2013

### VISION

Healthy Women and Children for a Healthy Urban World

### MISSION

- ∞ To impact quality of care and influence urban health policies through innovative solutions to problems in nutrition, education, and health in urban communities
- ∞ To build sustainable, replicable models of intervention and partnerships that empower women to change their lives and the lives of those around them

### VALUES

#### **Nurture**

Create an environment and provide opportunities for growth by constantly seeking and amplifying what works for both the organization and those we serve.

Create a supportive environment for growth by focusing on strengths, guiding, mentoring, and recognizing and appreciating individual and community efforts

#### **Valuing Every Person**

Respect every person; recognize individual strengths and capacities; believe in partnerships and embrace diversity

#### **Commitment**

Demonstrate dedication to the work we do; displayed through passion, initiative, and involvement

#### **Trust**

Believe in integrity, reliability, and freedom; maintain transparency

#### **Excellence**

Consistently strive for quality through seeking the best in knowledge, practice, and outcomes; maintain values of discipline, adaptability, and humility



## OUR PROGRAMS

SNEHA works in 4 large areas of Public Health. All our interventions work with both the communities and the health providers.

### **MATERNAL AND NEONATAL HEALTH (MNH)**

Founded by a group of neonatologists, SNEHA continues to focus on maternal and newborn health - helping mothers and babies survive childbirth. The goal of the program is to help reduce maternal and neonatal mortality and morbidity through our various interventions with communities and health facilities.

- **City Initiative For Newborn Health (CINH)**
- **SNEHA Sure Start**
- **Arogya Sarita**

### **SEXUAL AND REPRODUCTIVE HEALTH (SRH)**

At SNEHA, we believe that it is imperative that we adopt a life cycle approach to women's health. Thus, the Sexual and Reproductive Health program targets adolescent girls and newly married women and imparts life skills education to improve their reproductive health.

- **Swastya Sevika: Nurse Aide Program**
- **Girls Gaining Ground**

### **CHILD HEALTH AND NUTRITION**

More than half of India's children from urban slums are malnourished and are prone to repeated infections of the respiratory and digestive tract. SNEHA works towards reducing malnutrition and morbidities in children under the age of 5.

- **Aahar**
- **Heart to Heart**

### **PREVENTING VIOLENCE AGAINST WOMEN AND CHILDREN (PVWC)**

Domestic Violence is a reality in the lives of most of the women we work with. SNEHA began as a crisis centre in the year 1999 providing counseling and rehabilitation services to victims of violence. SNEHA's goal in this program is to raise awareness of the issue of violence as a major public health concern and create a network of stakeholders that is committed to reducing acts of domestic violence.

- **Prevention of Violence against Women and Children**
- **SNEHA Shakti**

1196 women receive antenatal care from 14 antenatal clinics. 20061 interviews conducted to understand care seeking, mortality and illness



JUNE 2004 JANUARY 2011

Location: F, G, H, K, M, & P Wards



## OBJECTIVES

### Community:

To test the effects of participatory intervention on care practices, and neonatal and maternal morbidity and mortality

### Facility:

- To strengthen ante, post, and neonatal care at the primary level
- To sustain continuous quality improvements (CQI) within Mumbai's public health system

## HIGHLIGHTS (2009-2010)

### Community:

- Established a registration system to monitor birth and death rates using local women
- Conducted structured interviews with 20061 mothers post partum to understand care-seeking, morbidity, and mortality patterns
- Conducted 369 verbal autopsies to understand causes of death within six months of mortality

### Facilities:

- Established 14 antenatal and postnatal care clinics at health posts
- 1196 women and neonates received postnatal care from the clinics
- Introduced partographs in 12 maternity homes for labor monitoring and referral
- Established the Centrax system, a dedicated hotline for referring at-risk patients from one level of health facility to another
- Conducted clinical training for the medical practitioners of maternity homes to update knowledge and skills

## FUTURE PLANS

### Community:

- The City Initiative for Newborn Health project has generated valuable data on the status of maternal deaths, child health and nutrition, neonatal mortality and the mental health of mothers. SNEHA will publish concise action reports on all of these which in turn will encourage policy debate
- The project has given SNEHA an in-depth understanding of the maternity experiences of hundreds of women. The learnings from these will be made into a short film to inform key stakeholders on the challenges and joys of motherhood in Mumbai's slums

### Facility:

- Establish the last link in the referral system: connect tertiary hospitals to maternity homes and peripheral hospitals
- Understand causes of maternal mortality and design interventions to reduce the same

## RADHA'S STORY

Despite the many strengths of the public health system in Mumbai, clear protocols regarding the team management of maternal cases as per the capacity of each hospital were not followed leading to inappropriate and untimely referrals. SNEHA has formulated clinical protocols for each public health facility and has been instrumental in setting up regional referral links between the maternity home and peripheral and tertiary hospitals for ensuring appropriate and timely referrals.

In N ward, the regional referral group consists of the Medical Officer of Ramabai Thakre Maternity Home, and the Medical Officers of Sant Muktabai and Rajawadi Hospitals.

Radha Ramchandra Gupta resides in Torna Housing Society in Ram Nagar, at Vikhroli Parksite. She was pregnant for the second time and is already a mother of one child. She had registered to deliver her baby at the Ramabai Thakre Maternity Home. When she was in the 8<sup>th</sup> month of pregnancy, she contracted Vivax malaria her platelet count dropped to alarming levels. She was also severely anemic.

SNEHA's community health workers had talked to Radha about danger signs during pregnancy. She approached Ramabai Thakre Maternity Home at once.

The Medical Officer at the Maternity Home took an immediate decision to transfer the case to Rajawadi Hospital as per the protocols, along with detailed referral slip.

The obstetricians at the large peripheral hospital assessed her and admitted her to the hospital. She was treated for Malaria and thrombocytopenia. The Obstetrician on duty also filled the feedback on the referral slip and sent it back to the Maternity Home, for their records. She was then discharged from the Hospital with clear instructions to come to Rajawadi Hospital for delivery.

At the onset of labour, her family immediately admitted her to Rajawadi Hospital. She had a full term normal delivery and delivered a healthy female child. The baby weighed 2.750 kg and cried immediately after birth.

The appropriate and timely referral process put in place by SNEHA helped Radha receive timely care. What helped the success of the case immensely was the action and cooperation extended by her husband and relatives.

SNEHA's community health workers had done their job well.



Partnered 2,607 safe births. 16,650 couples in the child bearing age receive health education

JANUARY 2007 - AUGUST 2011

Location: N Ward

Target population: 196,575



## OBJECTIVES

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

## INTERVENTION PROCESS (2009-2010)

### Community:

- Partnered 2,607 safe births.
- Supported 16,650 eligible couples and their families through home visits and group sessions on healthy MNH practices
- Established 4 community resource centers (CRC), hubs of health information and services in the community. These centres are sustained by youth volunteers from the community. Over 1800 people accessed the information and services at the resource centres. Conducted massive 5 day campaigns with monthly follow ups to generate awareness about specific health service provisions e.g. Janani Suraksha Yojana (government incentive for institutional delivery), early registration. As a result, the uptake of JSY rose by 73% in the year, and women registering for antenatal care within the 1st trimester of pregnancy rose by 58.4% in the year

### Facilities:

- Established 4 ante and postnatal care clinics, trained and supported health post staff to run the clinics. 1,532 women and 525 newborns have availed of the services of the clinics
- Established the regional referral system a referral link to appropriately refer at risk patients to the designated level of care. 283 appropriate referrals made between 4 health posts, 1 maternity home and 2 peripheral hospitals
- Facilitated the ISO 9001 accreditation of 5 public health facilities
- Conducted clinical training for 35 private general practitioners

## FUTURE PLANS

- To develop strategies that encourage healthy behaviors in communities based on analysis of maternal health practices
- To restructure the Community Resource Centres to become hubs of the nexus for health information and programs
- To advocate for replicating the Ante, Post and Neonatal clinics across health posts
- To institutionalize the regional referral system including facilitating the upgrade of existing systems to minimize the number of required referrals
- To develop strong action groups and to build consortiums that include the community, health facilities and the private sector to encourage ownership for sustainability

## COMMUNITY OWNERSHIP

It was the day before the monthly polio immunization drive that is routinely undertaken by the Municipal Corporation of Greater Mumbai. About 50 community health volunteers regularly administer the polio vaccine to hundreds of children under the age of 5 from their communities.

Unfortunately, the Community Health Volunteers happened to go on strike on that very day. The news reached the volunteers of the CRCs. They mobilized themselves in response and assured the Health Post staff that the polio drive, which they recognized would benefit their children, would go on as scheduled.

This ownership of the community's health is demonstrative of the power of the CRCs and of effective community engagement to further their health and well being.



**Improved access to health care in 6 vulnerable settlements.  
Brought together the public and private sector to better  
the health status of the population**



APRIL 2009 - SEPTEMBER 2010

Location: R/S Ward

Target population: 42,000



## OBJECTIVES

- To improve the health-seeking behavior of the vulnerable slum populations that fall under the Hanuman Nagar and Damupada Health Posts in Kandivili
- To integrate efforts of corporate, government and civil society partners to deliver quality health care

## INTERVENTION PROCESS (2009-2010)

### Community:

- Mobilized and trained over 100 community volunteers. The volunteers covered over 9600 households and mapped the health needs of the community. 5 health camps were conducted in the year, with rigorous follow up of cases. The reach and utilization of the Mobile Dispensary initiated by Mahindra and Mahindra was strengthened
- The project also initiated several interventions to increase uptake of antenatal services at the extremely vulnerable and largely inaccessible Adivasi padas (tribal areas)

### Facilities:

- Conducted over 10 trainings with the Community Health Volunteers of the Health Posts, Anganwadi workers and the other public health facility staff
- Initiated a collaboration with the Integrated Child Development Services to weigh and refer moderately malnourished children to the Anganwadis and ensure regular follow up

## FUTURE PLANS

- To inaugurate ante and postnatal care clinics in both the Health Posts in the intervention area.
- To extend the geographic reach of the mobile dispensary services to include all inaccessible and vulnerable areas, and to add Pediatrics and Dermatology services to the existing facilities

- To build sustainability for the project by encouraging greater community ownership

## REACHING THE UNREACHED

The geographical boundaries of Arogya Sarita cover adivasi padas situated on a hilly terrain. There are no roads, no water, nor any electricity or health care facilities, leaving the local population very vulnerable from a health perspective.

Organizing a health camp in this region brought immense joy to the community. They expressed gratitude and took on the initiative to mobilize people from other padas and to arrange for a venue. It was a rewarding experience for all to reach out to a population that needs and values the services.

Mobile dispensary doctors were pleased with our efforts and are now eager to cooperate in future events





More than 65 girls trained as Nurse Aides

2002 - PRESENT

Location: H/W Ward



### OBJECTIVES

- To create a work force of nurse aides that is empowered and contributes to the needs of patients

### HIGHLIGHTS (2009-2010)

- 16 Girls have completed the course and have been placed as nursing assistants at various city maternity homes and hospitals

### FUTURE PLANS

- To obtain accreditation for the course from a recognized university

### MY STORY

“When I look at my life, I see periods marked by happiness and others by tragedy.

My child hood was spent in poverty, but as a family, we supported one another. At a young age, I worked as a housemaid to supplement the family income. I was married to a policeman, and my two sons completed the family picture. This was undoubtedly the happiest time in my life. Unfortunately, destiny had other plans. My husband was diagnosed with bone cancer, and no efforts or treatment could save his life. I found myself in a helpless and desperate condition.

While there were helping hands, I knew that I was the only one who could help me. But how? Fortunately for me, I learned about SNEHA and their Nurse Aide program.

I approached the organization and with the support that I received, I instantly felt confident that I was capable of completing the course. I enrolled in the course and am presently doing my internship. I know that the knowledge and skills I gain will help me support myself.

SNEHA has embedded a sense of hope in me, a sense that there is a light at the end of the dark tunnel. I have decided to look for that light to brighten up my life and that of my family.”



Empowered 1000 adolescent girls



OCTOBER 2008 - PRESENT

Location: N Ward

Target population: 1,000



### OBJECTIVES

- To create awareness, in health and nutrition, build life skills, and offer vocational training to adolescent girls

### HIGHLIGHTS (2009-2010)

- Empowered 500 adolescent girls
- Created a cadre of 20 community based adolescent educators



### FUTURE PLANS

- To collaborate with other providers to meet the vocational education needs of the girls
- To mainstream the program in the school curriculum

### VIMALA'S STORY

14 year old Vimala once over-heard a hushed and concerned discussion between her mother and her aunt. On inquiring, her mother angrily replied that it was not her concern as she is too young to understand these matters. She later learnt that her aunt was pregnant against he was told sternly to stay out of "elder's matters".

Vimala knew quite a bit about pregnancy, nutrition and child birth thanks to the weekly sessions conducted by her didi as part of the Girls Gaining Ground project. She could understand her aunt's anxiety as she had learnt about the importance of spacing pregnancies.

To her mother's surprise, Vimala had a logical and informed discussion with her aunt and persuaded her to terminate the pregnancy as her older child was not even a year old. She convinced her aunt that the first child was still very young and needed her full attention, besides a second pregnancy so quickly after the first delivery would be harmful to her health.

Vimala directed her aunt to the health post and arranged for her to meet with a Community Health Volunteer, who then discussed family planning options with her.

Vimala's mother is proud today and values the maturity, knowledge and the ability to make informed choices that her daughter has gained through the Girls Gaining Ground project. Mother and daughter today are strong advocates of the program, continuously encouraging adolescents in their community to enroll in the program.



Influenced child feeding practices in over 500 families

JANUARY 2007 - PRESENT

Location: Dharavi  
(Kunchikurve and Kumbharwada)  
Target population: 11,452



## OBJECTIVES

### Community Mobilization: Women to Women

- To build individual capacities to act as peer educators and to influence feeding practices in the community
- To provide supportive supervision at the Anganwadi centers and health posts to improve outreach, coverage and delivery of services

### Facility: Day Care Centres

- To reduce the prevalence of malnutrition in children under 3 who access the centers

## HIGHLIGHTS (2009-2010)

- Held monthly meetings with 40 parents and educated them on appropriate feeding practices and child health
- Conducted awareness sessions on illness management, balanced diet, importance of food, and breast-feeding with the members of the women's groups
- Formed two self-help groups at day care centers to support mothers in becoming financially independent so they have the purchasing power to buy healthy foods
- Formed a nutrition committee consisting of mothers, mothers-in-law, youth and other influences from the community

## FUTURE PLANS

- To form a cadre of peer nutrition educators by setting up at least 10 women's groups

## SAKSHI'S STORY

Sakshi Mahesh Derber was a very lethargic, listless, malnourished child when she came to the Kunchi Kurve day care centre. Sakshi's family circumstances are not very happy her parents fight all the time, there is never enough money and she has an abusive and alcoholic grandfather.

Sakshi was born a bonny 3 kgs which meant that she could, with care and support, break the cycle of malnourishment.

Sakshi was a sick child when she came to the centre her malnourished status made her prey to various illnesses like diarrhoea, worm infestations and respiratory tract infections constantly. The family did not believe in immunization and so Sakshi was not immunized. Her attendance at the centre was also very erratic. The family was resistant to take the child to the doctor in case of any illness, with superstitious beliefs around doctors and medicine.

After a lot of convincing and constant dialogue with the parents, Sakshi has completed her immunizations. Her mother also gives her regular deworming medication which has contributed towards improving the overall health of the child. The mother now regularly attends all parent meetings and the informational sessions organized at the day care centre and takes good care of the child.

Sakshi's participation in the activities of the day care centre has increased manifold. The child, who was earlier very pale, is now active and energetic. Her illness episodes have decreased in frequency and her mother immediately visits the doctor in case of an illness.

Sakshi's turnaround is a source of pride for the SNEHA team for it embodies the cause we work for. Well nourished children leading healthy, productive lives.



Facilitated the successful recovery of more than 60 children with congenital heart disorders



SEPTEMBER 2006 - PRESENT

Location: H/W Ward



### OBJECTIVES

- To identify and coordinate the cure of children with congenital heart disorders (CHDs)

### HIGHLIGHTS (2009-2010)

- 10 children with CHDs were successfully operated upon
- Networked with other medical and charitable trusts to increase the financial aid available for deserving cases
- Over 350 people were educated on the symptoms of CHDs
- 91 general practitioners were contacted and encouraged to refer cases

### FUTURE PLANS

- To network with the neonatal units of three tertiary public hospitals and private practitioners in order to increase referrals

### PALAK'S STORY

Palak Patel, an 11-month-old baby girl, was referred to us by the Kokilaben Dhirubhai Ambani hospital. She was diagnosed with a congenital heart disease, which required immediate treatment.

Her father runs a vada pav stall, and on an inconsistent income has nine other dependents. The cost of the surgery was estimated at Rs 2,90,000.

SNEHA sanctioned a funding of Rs 1,75,000 through the Indian Heart and Lung Research foundation. The remaining funds were collected through networking with other trusts.

As a result of our intervention, Palak was successfully operated on and is now thriving well.





**50 SNEHA Sanginis trained to crusade against violence in communities. 30 Youth volunteers trained to raise awareness for violence against women**

NOVEMBER 2006 - PRESENT

Location: G/N WARD

Target population: 75,651



## OBJECTIVES

- To provide need based services to women and children in crisis
- To create a community base to prevent Violence Against Women and Children(VAWC) in Dharavi communities

## HIGHLIGHTS (2009-2010)

### Community:

- 15 new support groups were formed and strengthened through discussions and activities. Currently there are a total of 60 groups working on raising awareness for and preventing violence against women and children
- A group of 30 youth volunteers formed the youth theatre group to conduct sensitization in the communities through theatre performance
- Built the abilities of 50 community leaders (SNEHA Sanginis) and trained them in intervening with women who face violence
- 4 slum action committees have been trained to use the right to information act to access all government facilities that are their entitlements

### Facilities:

A total of 289 cases resolved through the centre.

Following are the outcomes of efforts/interventions made

- Reconciliation : 43
- Divorce/maintenance/ alimony/ streedhan: 39
- PWDVA(Protection of Women against Domestic Violence Act)/free legal aid/ family court: 46
- Support with police: 21
- Medical support: 22
- Counseling solicited once: 52
- Linking the client with other NGOs(for shelter, employment, financial & others):31
- Counseling provided to victims at the Burns Unit of LTM general hospital, Sion: 29

## FUTURE PLANS

- to advocate violence against women and children at the city level towards mainstreaming public discourse on the

issue as an area of immediate concern and as an area of public health

## SUDHA'S STORY

Sudha first came to sneha to find a way to fight against the ill-treatment and harassment meted out to her and her family by a person who worked with the police as their "khabri". The man was a "dada" (bully) of the community, well on his way to establishing his reign of terror. His physical and verbal abuse of the women in the community rose to such heights that women were terrified to cross the path of this man and his friends.

The community felt helpless. The men being busy at work did not have time or the guts to take any action against him. They despaired that they could not fall back on the law to help them as the goon also had the police in his circle of influence.

Sudha, drawing courage and support from SNEHA, mobilized the community and approached the police. The police were forced to look into the matter and take action against the perpetrator. This brought peace to the area and gave confidence to Sudha, that justice could be achieved.

SNEHA conducts various training programs and workshops for the women of dharavi, thereby awakening them and sensitizing them to the various kinds of violence that women and children suffer in general. These were attended by Sudha over the years. Today she is a peer educator trained by SNEHA, a SNEHA Sangini. She works in the communities identifying acts of violence against women and children. She takes action by supporting the victims of domestic violence and ensuring they receive justice.

In the recent past, Sudha did something that very few would have had the courage to do. She took action against her own brother. Her older brother had abused a young girl. The girl was so terrified that she jumped off a stairwell to escape him, causing her grievous injuries. Sudha took the injured child to Sion hospital and got the doctors to attend to her. Armed with the doctor's report; she took the victim to the police station to file a complaint against her own brother. Thereafter, she brought the girl to the SNEHA crisis centre, to help her get justice. All through the time the girl was relating her horrendous experience Sudha sat by her giving her moral support.

Sudha truly represents the spirit of the SNEHA Sangini, the commitment to report and end violence against women and children.

Our effort at SNEHA is to create many more Sudhas, women who believe that they can live a life of dignity, without fear of violence.

140 senior citizens supported in the year



JUNE 2005 - PRESENT

Location: H/W Ward

Target population: 1,092



## OBJECTIVES

- To provide services to enhance the physical, social and mental well being of senior citizens
- To provide basic clinical services to senior citizens in the community

## HIGHLIGHTS (2009-2010)

- Extended the services to the community by establishing a community centre in the Juhu Koliwada slums
- Positively impacted the lives of over 140 senior citizens through regular support and health follow ups
- Created a support group of 30 senior citizens and established a peer counseling and support network

## FUTURE PLANS

- To increase community engagement on the issues and concerns facing senior citizens.

## SUCCESS STORY

A 72-year-old widow resides in the BMC colony in Shastri Nagar with her brother-in-law, two daughters, and two granddaughters.

She approached our center for a check-up. A large lump was found in her breast, and she was counseled on the possibility of cancer. We assured her that prompt treatment could salvage her condition.

Using all our contacts at Tata Memorial Hospital, treatment was started. The client underwent a mastectomy in September 2009 which was followed with chemotherapy.

SNEHA contributed some financial aid towards her treatment, accompanied her to the hospital, and conducted home visits. The client is now recovering well and SNEHA continues to follow up with her.

## GAURI'S STORY

During a door to door survey at Juhu Koliwada, SNEHA's Community workers got to know about Gauri Mangela 68, who lives with her family. She belongs to the fishermen community, has four children, two girls and two boys.

She is suffering from ailments like blood pressure and rheumatism. She is unable to walk without support. Besides these problems, she also does not have bladder control. SNEHA's Medical officer paid a home visit to assess her health as she is home bound. In spite of making the children aware about her condition, they did not pay any attention to her health. Her children sell fish for a living and earn approximately Rs. 1,000 a day, but do not want to spend anything on their mother.

Our field workers then met with the community leader and brought her condition to his notice. The Community leader assured us his support if we could find a solution. The medical officer of SNEHA wanted to conduct a complete check up of Gauri Mangela at the SNEHA Centre. Her children were of no help and hence the community leader sent a person to accompany her to SNEHA Centre. She was diagnosed with diabetes and her case was referred to V. N. Desai Hospital. Again, her children refused to accompany her for a visit saying they have no time.

SNEHA has been networking with Help Age India and now a medical van comes to Juhu Koliwada twice a week. Our community Supervisor and Outreach worker makes sure that Gauri is provided her medications through the Help Age Van.



## FUNDERS, PARTNERS AND DONORS



### FUNDED BY

- PATH
- Wellcome Trust
- ICICI Bank Ltd.
- Bhavishya Alliance
- Women to Women International
- The Bombay Community Public Trust
- Mahindra & Mahindra Ltd.
- Volkart Foundation
- The Mandke Charitable Foundation Corp.
- Dasra Catalyst for Social Change
- Indian Heart & Lung Research Foundation
- Tech Mahindra Foundation
- Saurashtra Medical & Edu. Charitable Trust
- Ammada Trust

### PARTNERS

- Municipal Corporation of Greater Mumbai (Public Health Department)
- Lokmanya Tilak Municipal General Hospital and Medical College, Sion
- UCL Institute of Child Health, London
- Integrated Child Development Services
- Kishori
- Family Welfare Agency

### DONORS

- Multi Screen Media Pvt. Ltd.
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- United Way of Mumbai
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- Pioneer Client Asso. Pvt. Ltd.
- Saraswat Co-Op Bank Ltd.
- Shivram Nadkarni
- St. Michael's Church
- Veeresh Shah

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

## ACCOUNTABILITY AND TRANSPARENCY



### BOARD MEMBERS REMUNERATION

Consultancy fees paid to Dr.Shanti Pantvaidya- Rs.4,52,500

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

### REMUNERATION OF HIGHEST PAID STAFF MEMBER

Rs. 66,000 per month

### REMUNERATION OF LOWEST PAID STAFF MEMBER

Rs.1,800 per month

### TOTAL COST OF NATIONAL TRAVEL

Rs.1,75,505

Expenses incurred for attending ICUH Conference & Presentation at Nairobi and for Training on Sexuality & Human Rights at Kathmandu by Dr. Nayreen Daruwalla totaling to Rs. 41,636

Expenses incurred for attending Appreciative Inquiry Conference at Kathmandu by Anjali Gokarn of Rs. 30,223 which were sponsored

### DISTRIBUTION OF STAFF BASED ON REMUNERATION BAND

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

Gross Remuneration per month including benefits	Female	Male	Total
Less than 5000	57	3	60
5000 - 10000	27	2	29
10000 - 25000	19	4	23
25000 - 50000	6	0	6
50000 - 100000	2	0	2
<b>Total</b>	<b>111</b>	<b>9</b>	<b>120</b>

# FINANCES - BALANCE SHEET

## THE BOMBAY PUBLIC TRUSTS ACT, 1950

[ Vide Rule 17 (1) ]

Name of the Public Trust : MIS SNEHA ( Society for Nutrition, Education & Health Action )

Balance Sheet as at 31st March 2010

Registration No. : E - 67888 ( MUM )

FUNDS & LIABILITIES		Rs.	Rs.	PROPERTY & ASSETS	Rs.	Rs.
<b>Trusts Funds or Corpus :-</b>				<b>Immovable Properties :- (at cost)</b>		
Balance as per last Balance Sheet		8,124,084		Balance as per last Balance Sheet		
Adjustment during the year (give details)				Additions during the year		
Addition during the year		1,373,241		Less : Sales during the year		
				Depreciation up to date		
<b>Fund Raising Programme Fund</b>				<b>Investments :-</b>		
Balance Fund Raising Programme Fund		2,116,763		Note : The market values of the above investments (t Rs. 2011:0207)		20,216,207
Add :- Recd. During the Year						
Less : Spend During the Year						
<b>PATH Fund</b>				<b>Movable Fixed Assets</b>		
Balance PATH Fund		3,290,913		Balance as per last Balance sheet	1,048,171	
Add :- Recd. During the Year		8,391,139		Additions during the year	139,402	
Less : Spend During the Year		8,020,525		Less : Sales during the year		
				Depreciation up to date	271,247	916,426
<b>Heart to Heart Fund</b>				<b>Loans (Secured or Unsecured) :</b>		
Balance Heart to Heart Fund		313,602		Good/ doubtful		
Add :- Recd. During the Year		858,750		Security Deposits		230,000
Less : Spend During the Year		826,291		Loans Scholarships		
				Other Loans		
<b>Women to Women</b>				<b>Advances :-</b>		
Balance Women to Women Fund		(118,534)		To Trustees		8,547
Add :- Recd. During the Year		846,431		To Employers		
Less : Spend During the Year		663,934		To Contractors		
				To Others		29,067





# FINANCES - BALANCE SHEET

	Total Rs. ....	23,937,476	
<b>Income and Expenditure Account :-</b>			
Balance as per Balance Sheet			
Less : Appropriation, if any			
Add : Deficit as per Income and			
Less : Surplus Expenditure Account			
Negative Cash			
			Total Rs. ....
			23,937,476

As per our report of even date FOR M/S VINOD S. MEHTA & CO  
CHARTERED ACCOUNTANTS  
PARAG

Income 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.

**For SNEHA (Society For Nutrition Education & Health Action)**

DATE : 28 SEP 2010 AUTHORIZED SIGNATORY  
 TRUSTEE

PLACE : MUMBAI  
 DATE : 28/09/10




# FINANCES - INCOME & EXPENSES

## SCHEDULE - IX

The Bombay Public Trusts, Act, 1950  
 ( vide Rule 17 (1) )  
 Name of the Public Trust : M/s SNEHA ( Society for Nutrition Education & Health Action )  
 Income & Expenditure Account for the year ending : 31st MARCH 2010. Registration No. : E-17858 (MUM)

EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
To Expenditure in respect of properties			By Rent (increased) + (reduced)		
Rents, Rates, Taxes, Cesses	46,706		By Dividend (increased) + (reduced)		
Repairs and Maintenance	38,160		On Securities		
Salaries	545,760		On Loans		
Insurance		637,626	On Saving Bank A/c	47,008	
To Printing & Stationery		60,100	On Fixed Deposit	901,411	
To Staff Welfare		119,212	On RBI Bond	360,635	
To Conveyance		119,539	Less : Income on Specific Fund FD transfer to Specific Fund	1,209,854	8,101,730
To Bank Charges		4,718			
To Remuneration to Trustees		40,362	By Dividends in Cash or Kind		7,311,157
To Telephone Expenses		414,828	By Grants		163,881
To Audit Fees			By Income from other Sources		
To Workshops Expenses			By Transfer from Reserve		
To Amount Written off :					
(a) Bad Debts		131,996			
(b) Depreciation		277,245			
To Asset transferred to reserve/specific fund					
To Expenditure on Objects of the Trust					
(a) Religious		2,978,961			
(b) Educational		825,101			
(c) Medical Relief					
(d) Relief of Poverty					
(e) Other Charitable Objects					
To Surplus carried over to Balance Sheet		3,865,049	By Deficit carried over to Balance Sheet		
<b>Total Rs. ....</b>		<b>8,575,777</b>	<b>Total Rs. ....</b>		<b>8,575,777</b>

To Surplus carried over to Balance Sheet

Strike off whichever is not applicable

For SNEHA (Society For Nutrition Education & Health Action)

TRUSTEE

Authorized Signatory

Date : 28/09/10

Place : Mumbai

For SNEHA (Society For Nutrition Education & Health Action)

CHAIRMAN

PARAG MEHTA

PARTNER



## OUR TEAM

### BOARD OF TRUSTEES

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- **Dr. Armida Fernandez, MD, DCH (Founder Trustee & Chairperson):** She was professor and Head of Neonatology at Lokmanya Tilak Municipal General (LTMG) Hospital and Medical College for over 25 years, and as Dean of the hospital for 3 years. She was honoured as an Ashoka Fellow in 2004 and has served as president of the National Neonatology Forum.
- **Ms. Mary Patricia Soans, BA (Co-Founder & Member):** She helps with fundraising for SNEHA. She is also active in social welfare services through her church and has been with the Parent Teacher Association (PTA) for schools in Santacruz.
- **Dr. Sindhu Shanbhag, MBBS (Secretary):** She has worked in the Brihanmumbai Municipal Corporation (BMC) and retired as a Medical Officer from the K.B. Bhabha Hospital, Bandra. She was also Officer on Special Duty at the Integrated Centre for Women and Children at Urban Health Centre (UHC), Dharavi.
- **Dr. Jayashree Mondkar, MD, DCH (Treasurer):** She is currently professor and Head of Neonatology at LTMG Hospital and serves as the Director of the Human Milk Bank.
- **Ms. Blanche Saldanha, BSc, B.Ed (Member):** She has been an executive member of the Board of Directors and member of the promoter group for Glenmark Pharmaceuticals Ltd. As Director- Exports, she has headed the company's international operations since 1982 and has over 23 years of experience in the pharmaceutical industry.
- **Dr. Ruchi Nanavati, MD (Member):** She is professor and Head of Neonatology at King Edward Memorial (KEM) Hospital. She is a member of the Governing Body of the National Neonatology Forum and is a Principal Investigator and Key Trainer for the Kangaroo Mother Care.
- **Dr. Shanti Pantvaidya, MD (Member):** She was a medical teacher for 35 years and served as Professor and Head of Anesthesiology Services at LTMG Hospital for 20 years, where she was instrumental in

establishing and coordinating the Emergency Medical Services program. She formerly served as a project coordinator at SNEHA where she worked on standardizing and implementing clinical maternal and newborn services in public hospitals through the City Initiative for Newborn Health project.

### ADVISORY BOARD

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R Sriram, CEO, Next Practice Retail  
Rakesh Singh, Managing Director, Rothschild  
Farah Khan, Film Director and Choreographer  
Indu S Rao, Organisation Development Consultant  
Joaquim Reis, Advocate

### MANAGEMENT TEAM

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#### Operations

Dr. Wasundhara Joshi, MD, Executive Director  
Priya Agrawal, Director-Operations  
Aparna Patil, Manager-Admin & Human Resources

#### Program Directors

Dr. Nayreen Daruwalla, Prevention of Violence against Women and Children  
Garima Deveshwar Bahl, Sexual & Reproductive Health  
Anjali Gokarn, Advocacy & Training  
Neena Shah More, Research  
Sushma Shende, Maternal and Neonatal Health



## HEAD OFFICE

📍 Urban Health Center  
Room 310, 3rd floor  
60 Feet Road, Dharavi,  
Mumbai 400 017. India  
☎ +91 22 2404 2627 / 2408 6011  
☎ Crisis Helpline 022 2404 0045

## CONTACT US

[www.snehamumbai.org](http://www.snehamumbai.org)  
[snehamumbai@snehamumbai.org](mailto:snehamumbai@snehamumbai.org)

## PROJECT SITE

📍 Behind Bldg. No 11, BMC Colony  
Shastri Nagar, Linking Road Extension  
Santa Cruz (West)  
Mumbai 400054. India  
☎ +91 22 2661 4488 / 2660 6295

## PROJECT SITE

📍 A-18 Kanara Business Centre  
Laxmi Nagar  
Ghatkopar (East)  
Mumbai 400075. INDIA  
☎ +91 22 25007750 / 51

EVERY WOMAN  
AND CHILD  
COUNTS

