



annual  
report  
2022-23

## VISION

Healthy Women and Children  
for a Healthy Urban World.



## MISSION

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

## VALUES

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

**Commitment:** We are dedicated to the work we do.

**Trust:** We believe in integrity, reliability, freedom; and maintaining transparency.

**Nurture:** We create the environment and provide opportunities for growth by constantly seeking and amplifying what works, for the individual, the organization and the society we serve.

**Valuing every person:** We respect every person, recognize individual strengths and capacities, believe in partnerships & embrace diversity.



## APPROACH

### **Empowering Communities:**

Working with vulnerable communities to spread health awareness, improving health-seeking behaviour and empowering them to take responsibility for their own health.

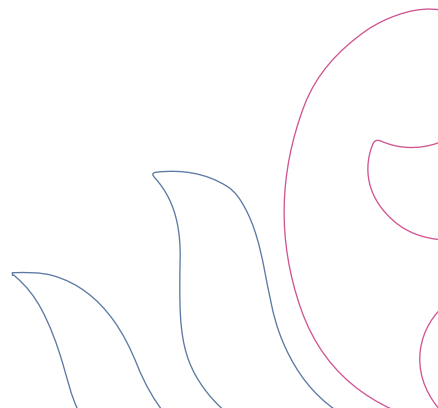
### **Strengthening Systems:**

Working with public health systems & the police to create sustainable improvements in service delivery.

**Advancing Research:** Using a data-driven, evidence-based approach to develop informed public health interventions.



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# About SNEHA

**SNEHA** (Society for Nutrition, Education and Health Action) is a secular, Mumbai-based non-profit organization working to improve health, nutrition and safety among marginalized urban slum communities. SNEHA follows an integrated life-cycle approach that seeks to break the intergenerational cycle of poor health, a major by-product of poverty and deprivation. The life-cycle approach intervenes at adulthood, pregnancy, child-birth, postpartum, adolescence and early childhood to bring about improvements in health and nutrition.

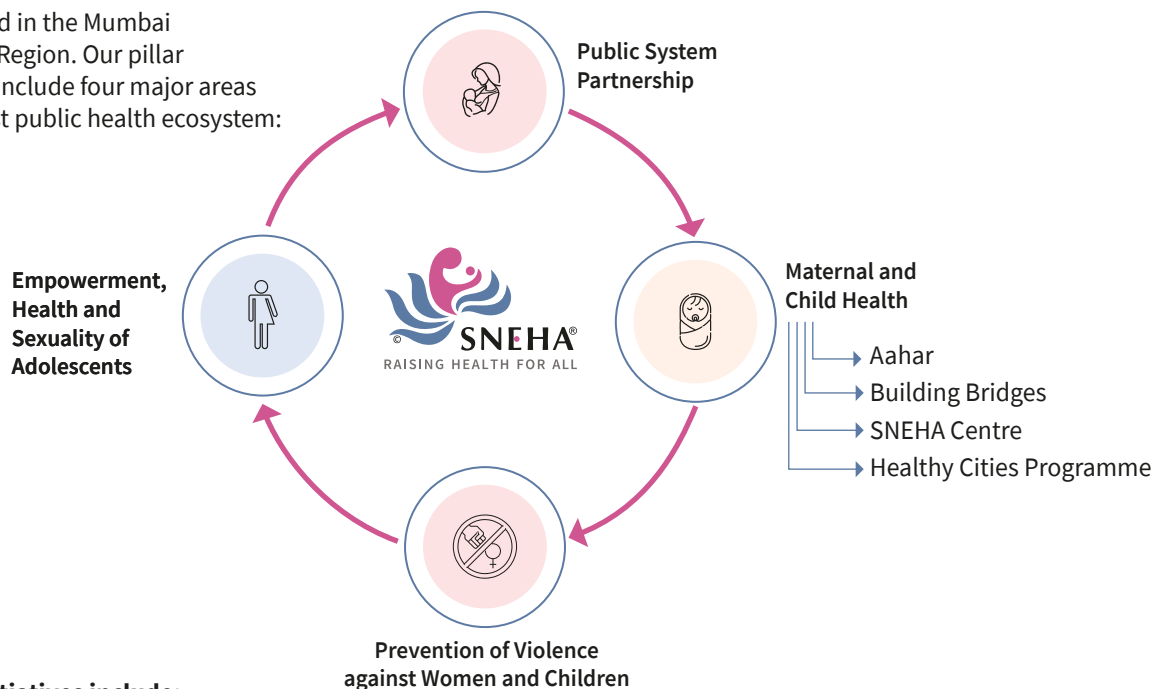
SNEHA works with vulnerable communities, public health and safety systems to develop evidence-based models to address urban health challenges. Our interventions are directly implemented through field-level measures in and around Mumbai and through partnerships with other organizations across India.

**SNEHA** works primarily on the following Sustainable Development Goals (SDGs):



## Our Programmes

**SNEHA's** programmes focus on supporting urban informal communities in Mumbai and in the Mumbai Metropolitan Region. Our pillar programmes include four major areas within the vast public health ecosystem:



**Our Other Initiatives include:**



Romila Palliative Care



Nurse Aide Programme



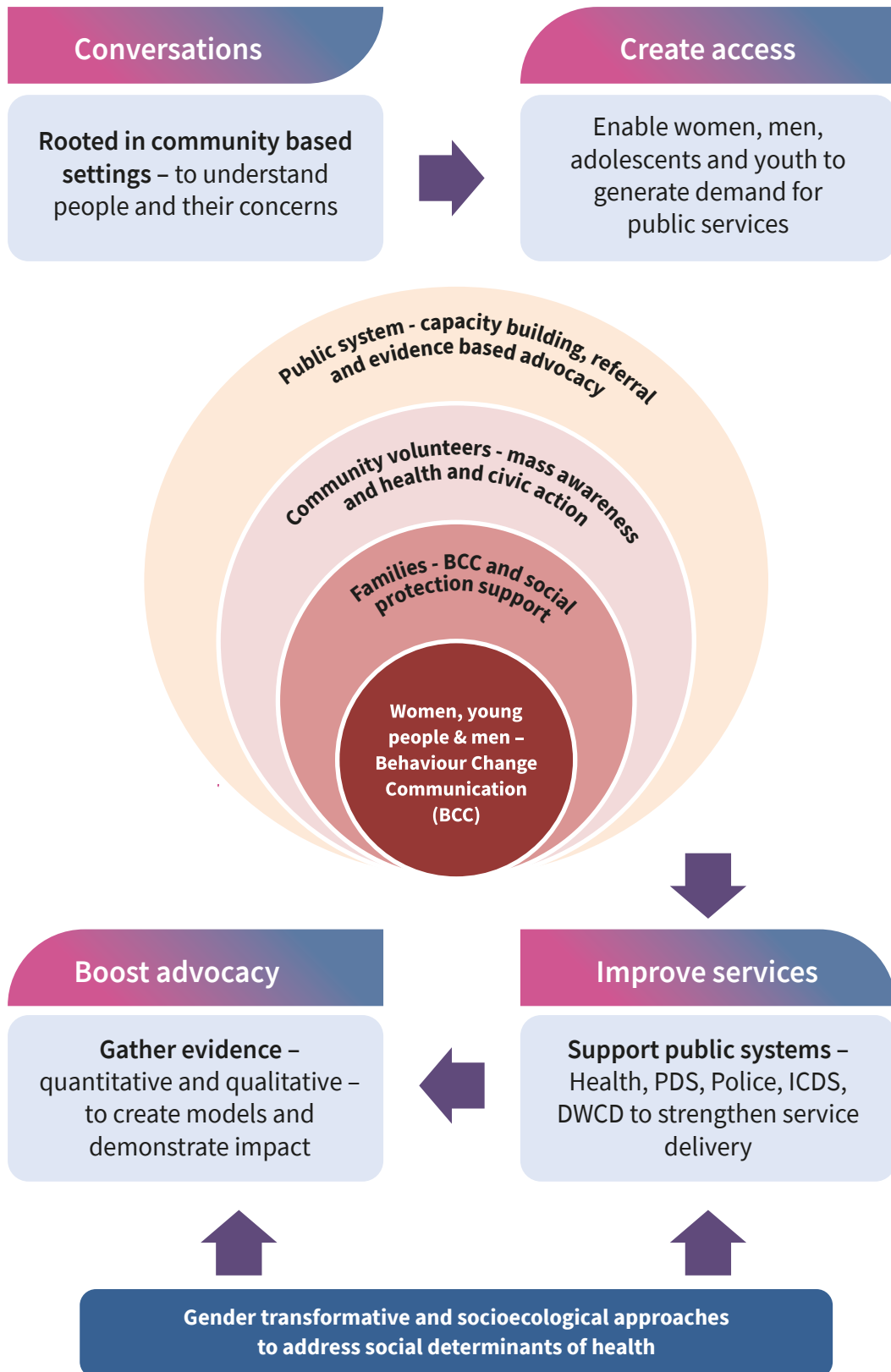
Livelihood Generation Programme



Collaborations and Partnerships



## How does implementation work at SNEHA?



# MILESTONES

**1999**

A group of philanthropists and neonatologists working in Mumbai's largest public hospitals launch SNEHA

**2000**

The Centre for Violence against Women and Children established in the low-income settlements of Dharavi

**2004**

Launch of the City Initiative for Newborn Health, an initiative in partnership with the Municipal Corporation of Greater Mumbai and University College London

**2019**

Department of Women and Child Development, Maharashtra, appointed SNEHA as "Implementing Agency" to run Mumbai's first 24/7 'One Stop Center'.

**2018**

SNEHA designated nodal agency for training police personnel across 91 Mumbai police stations

**2017**

Launched a cluster randomised controlled trial in partnership with University College London on community interventions for prevention of violence against women and girls

**2020**

SNEHA deepened community interventions in response to the COVID-19 pandemic to address food insecurity, increase uptake of Government social protection schemes, support public health systems for COVID-19 screening and related support

**2021**

Launched a new programme on Prevention of Violence against Children with a goal to ensure children's safety and well-being.

## 2007

Sure Start Project launched in partnership with PATH and Municipal Corporation of Greater Mumbai to improve quality of maternal and neonatal health care

## 2011

India's largest urban Community-based Management of Acute Malnutrition (CMAM) programme launched for children aged 0-3 years in Dharavi

## 2012

Received a five-year grant from Wellcome Trust for a cluster randomised controlled trial testing the effectiveness of community health resource centres

## 2016

SNEHA chosen as 'Mother NGO' by National Urban Health Mission, Maharashtra to form women's groups (Mahila Arogya Samitis) in communities across Maharashtra

## 2015

Upscaled our maternal and newborn health referral system beyond Mumbai to six neighbouring municipal corporations

## 2013

Awarded a grant from WHO's Alliance for Health Policy and Systems Research to scale and strengthen referral systems for maternal and newborn health

## 2022

Started Mumbai's first palliative care OPD in partnership with Brihanmumbai Municipal Corporation

## 2023

- Supporting ICDS (Integrated Child Development Services) develop a model Village Child Development Centre in 62 villages in Kasara district, Thane.
- Established five Adolescent Friendly Health Clinics in partnership with the Brihanmumbai Municipal Corporation.
- Launched Garima Package of Care, a web interface to support counsellors and social workers to address mental health concerns of survivors of gender-based violence.

# BOARD OF TRUSTEES



To see further details of SNEHA's Trustees, Advisory Board and Management Team, please visit our website.

<https://snehamumbai.org/people/>





## KEY IMPACT FIGURES

**12%**



Improvement in **pregnant women** registering in the first trimester (early registration) for antenatal care services. Increase from 52% in 2021- 2022 to 58% in 2022- 2023.

**↑ 26%**

Improvement in the average number of pregnant women accessing **antenatal care clinics**. Increase from 23 in 2021-22 to 29 in 2022-2023.



**6%**

Improvement in documentation of **high risk pregnancy** referrals. Increase from 81% in 2021-2022 to 86% in 2022- 2023.



**↓ 35%**

Reduction in **maternal anaemia**. Decrease from 49% in 2021-22 to 32% in 2022-2023.



**6%**



Reduction in **stunting among children** under five years of age. Decrease from 34% in 2021-22 to 32% in 2022-2023.

**↓ 33%**



Reduction in early **childhood developmental** delays in children under three years of age. Decrease from 18% in 2021-2022 to 12% in 2022-2023.



Improvement in **contraceptive prevalence** rate among married women of reproductive age. Increase from 28% in 2021-2022 to 45% in 2022- 2023.





## From the **CEO's Desk**

Dear Friends,

March 2023 marks my completion of one decade as CEO of SNEHA! Honestly, I never planned to stay for so long, considering I was probably considered more of a “stop gap arrangement” by the SNEHA board after a two year search for a CEO in vain. With no background in medicine, public health or social work, a banker like me probably seemed the best fit for fundraising (crucial for every NGO!) and managing the day to day functioning. So, what really made me stay on for so long? To people outside the social sector, it may seem like an opportunity to use my time, faculties and energy to make a real difference to the most vulnerable people in the communities we serve. That is definitely true! But when I reflected on this I realised that this role has also given me more personal fulfilment, personal growth and stronger networks than the previous 21 years I spent in the corporate world. Strangely, that seems to be the case with most leaders in this sector!

I'm not going to share impact numbers or case stories, because you have the rest of the annual report to read! But I'm going to share some deep societal and systemic changes that I have been privileged to witness and contribute to (of course through the fabulous team at SNEHA!) in the past decade.

**Strength of communities:** My first visit deep into a Mumbai slum was the trigger to working for SNEHA. While the outside world may harbour some perceptions of slums, to me they are sites of remarkable self-sacrifice, social vibrancy, high hopes and resourcefulness in the face of adversity. It is in these communities that SNEHA has built a remarkable base of trained community volunteers (currently 6000+ women, men and adolescents) and provided them with knowledge and skills so that they can be part of

the solution to any challenge – health, safety, sanitation or others. Through a series of capacity building sessions and exposure visits, they are made aware of their rights and responsibilities and shown pathways to resolve their community's problems and take accountability for positive change. You may wonder what motivates the volunteers to give 2-3 hours a week for free, to assist with community challenges. Our **research** has highlighted a few key motivators i.e. gaining knowledge and skills which they otherwise would not have had access to, an identity as “empowered” women who can solve any problem they face and the self-confidence to test their new identities, strong social networks and a deep sense of satisfaction when they help others - *a societal shift to informed and active citizens!*

In March 2023, we organised the first ever volunteer exchange program for volunteers of all SNEHA programs to congregate together, facilitate a learning exchange and acknowledge their efforts in contributing towards their community. What stood out was the internal shift each of them has made to take accountability for the improvements in their own communities – be it health, safety, education, sanitation etc. You may listen to one such volunteer **here**.

**Digital leap:** When I joined in 2013, it was uncommon to see mobile phones in our communities. The pandemic forced all of us to leapfrog onto digital platforms. Our communities were also not left with much option with the onset of demonetisation and the consequent shift to digital payment platforms, online education for their children during the pandemic and digitisation of government schemes. In a survey



we conducted in 2021-22 among 201 women across four intervention areas of SNEHA, only 52% of women had their own phone (48% used the husband/family phone) of which only 24% stated they had received any form of health messages on their phones; as compared to a survey we conducted among 212 women in 2022-23, in another intervention area (Bhiwandi) where 80% women stated they had their own phone and 93% acknowledged receipt of SNEHA's health messages; further 85% said they were able to use the information they received for taking health actions. Gender digital divide disproportionately affects women. SNEHA's on-going efforts to build digital literacy among women is enabling them to use technology not only for health, but also in their day to day activities.

**Stronger Public Systems:** In the past decade we have seen many new initiatives to improve public health and safety. The most significant for our work has been the expansion of the maternity referral systems from one city to seven cities, and expanding to ten cities from April 2024, in partnership with the respective municipal corporations / councils. We have seen the launch of 'One Stop Centres' of the Department of Women & Child Development (SNEHA has been running one such centre at KEM Hospital since November 2019), a convergent approach to address all needs of survivors of violence under one roof. Given SNEHA's focus on strengthening primary health services, the new initiative of the Maharashtra government, 'Aapla Dawakhana' (Our Dispensary) established in the past year, have seen expansion of accessible and affordable primary health care in our communities. We are seeing increasing uptake of services in our communities, especially since these dispensaries are open till 10pm. The recent initiatives of establishing 'Adolescent Friendly Health Clinics' and Palliative Care OPD, the first of their kind in this city, being run by SNEHA in partnership with the public health system, augurs well for addressing the health needs of previously uncovered target groups in the population.

**Gender & Patriarchy, a gradual shift:** The past decade has seen growing consciousness of patriarchy, age old gender norms and the restrictions they impose on women, and stronger public systems to address gender-based violence. In the many encounters I have had with SNEHA's 'Sanginis' (women volunteers working to prevent and address gender-based violence) what's stood out the most for me is the internal shift they have made, that has not only given them the power to overcome the violence in their own lives, but to see their 'life's mission' as

preventing it from happening to anyone else around them. In our communities, we encounter many young women, having moved from villages to an intimidating and impatient city like Mumbai; often too scared to step far away from their homes and not very trusting of their neighbours, resulting in enhancing their own vulnerability and making them susceptible to a dominant partner/family. Today, these women lead campaigns, reach out to women in need and offer bare-foot counselling, use the 'Little Sister' app to report violence and have no fear of entering police stations to seek justice! For some women, this journey has taken a few years, and for some a shorter time. In their eyes, one sees hope for a better future for themselves, their families and communities. *A societal shift to gender informed and empowered citizens! You may listen to one such story [here](#).*

It's heartening to see the progress being made on all fronts in the past decade, albeit it would have benefitted our communities if it was a tad faster! Many players have contributed to this change – government, community members, donors, NGO's and other significant stakeholders. It is the result of collective effort, with some aspects like technology adoption expedited due to the pandemic and some aspects like strengthening primary health precipitated because of the pandemic!

The past decade has been personally very enriching, offering tremendous opportunity to make change and improve lives, strengthen systems and respond to community needs. It's also been an opportunity to meet some amazing people, within SNEHA, in our communities and well wishers and supporters who have played a key role in SNEHA's journey. I have learned so much from all of them. Many of you reading our annual report started off as donors and advisors, but over the years have built a very special bond with us and we truly value your support in every way. But for me, the most memorable part of this decade is the stellar team at SNEHA who spend each day completely obsessed with how they can improve the lives of the communities they serve. Is there anything more fulfilling than to spend each day with passionate people whose primary driver is making this world a better place?

I urge more of you to join us in our journey to make change, to take action!

Warm regards,

Vanessa D'Souza  
CEO



# PUBLIC SYSTEM PARTNERSHIP



**SNEHA's** Maternal and Newborn Health Programme was renamed in April 2022 as 'Public System Partnership', to better reflect the health systems strengthening work being undertaken to improve maternal and newborn health indicators. The programme also empowers communities by strengthening the *Mahila Arogya Samiti* (MAS – womens' health committees), and covers the seven Municipal Corporations of the Mumbai Metropolitan Region, which has a population of more than 17 million.

## The aim of the programme is to:

- Strengthen and sustain the established maternal referral systems and protocols in the seven Municipal Corporations.
- Strengthen and maintain the primary health care services, including capacity building of frontline workers.
- Improve community's access to the health facilities and improve their health seeking behaviour.



**Location:** Mumbai, Thane, Vasai-Virar, Mira-Bhayandar, Ulhasnagar, Kalyan-Dombivli and Bhiwandi-Nizampur.



Training of ASHA (Accredited Social Health Activist) workers





# KEY HIGHLIGHTS OF THE YEAR

## Initiatives towards sustainability of maternal referral processes:

Following consistent advocacy efforts, the Brihanmumbai Municipal Corporation (BMC) has appointed 7 Nodal Officers and taken responsibility for maintaining maternity referral systems.

Critical hospitals have set up WhatsApp groups to improve communication amongst the referral facilities. In order to streamline the referral links throughout the region, the Deputy Director of Health Services (DDHS) Thane met with the public hospitals in neighbouring municipal corporations and requested assistance from SNEHA. The Vasai-Virar Municipal Corporation has assumed full responsibility for running the referral meetings and plans to take responsibility for the analysis of referral data.

## Strengthening and streamlining primary healthcare:

Through tenacious advocacy and the capacity building of healthcare providers, SNEHA made sure that nine core services were available at health posts. In Ulhasnagar, the nine core services were offered in 100% of the facilities this year, compared to 29% of the facilities in previous years. As a result of SNEHA's capacity building sessions on respectful communication and motivation for ASHAs, certain municipal corporations that were facing challenges in securing the cooperation of ASHA (Accredited Social Health Activist) workers were able to resolve their issues and transform the behaviour of ASHAs as well.

## Improving community's healthcare access:

The *Mahila Arogya Samitis* (MAS) assist in implementing health-related measures for their community and are provided with funding by the government to support this. However, due to a lack of activity during the Covid-19 outbreak, some bank accounts had become dormant. The National Urban Health Mission (NUHM) issued a letter requesting the reactivation of the inactive MAS bank accounts throughout Maharashtra thanks to the efforts of SNEHA. SNEHA organised an event for 146 MAS members to build their capacity for strategic interventions to address community issues.

### REACH



21,680

Pregnant women referred for danger signs and antenatal care by frontline workers/MAS

Direct beneficiaries\*: **32,048**



1,682

MAS members/health committee members trained

Indirect beneficiaries\*: **1,14,231**



2,168

Doctors and health care providers trained



2,128

ASHA workers trained

\*Refer to Glossary on Inside Back Cover

### IMPACT

6%



Improvement in documentation of high risk pregnancy referrals (Increase from **81%** in 2021-22 to **86%** in 2022-23)

15%



Improvement in referred pregnant women (tracked cases) reaching the tertiary or peripheral hospitals (Increase from **66%** in 2021-22 to **76%** in 2022-23)

29



23

Improvement in the average number of pregnant women accessing antenatal care clinics (Increase from **23** in 2021-22 to **29** in 2022-23)



## CASE STORY



PHOTO: Representational purposes only

## Supporting mothers through difficult pregnancies

Dia\* (24 years old), was pregnant with her first child when SNEHA staff (Community Organiser), an ASHA worker and a *Mahila Arogya Samiti* member visited her. They met a very scared Dia who was hesitant to consult a doctor as she was suffering with swelling in her body for the last few months. With some cajoling and support from SNEHA Community Organiser (CO), ASHA and MAS member convinced Dia to visit the Urban Primary Health Centre for Antenatal Care (ANC) check-up. Dia was diagnosed with high blood pressure and was prescribed medicines. She

was told to reduce the intake of salt. Being her first delivery, Dia had many questions regarding complications which had led to her high blood pressure. The MAS member explained to her about the nutrition intake, ANC care, breastfeeding and family planning with the support of ASHA and SNEHA CO.

Dia delivered a healthy baby weighing 3kg and post her delivery, her swelling reduced. Timely guidance and intervention ensured a healthy outcome for both the mother and the child.

*\*name changed*

## PUBLICATIONS

PAPERS OR RESEARCH PUBLICATIONS PRESENTED/PUBLISHED AT PRESTIGIOUS FORUMS:

### EMERGENCY OBSTETRIC REFERRALS IN PUBLIC HEALTH FACILITIES: A DESCRIPTIVE STUDY FROM URBAN MAHARASHTRA, INDIA

<https://www.frontiersin.org/articles/10.3389/frhs.2023.1168277/full>



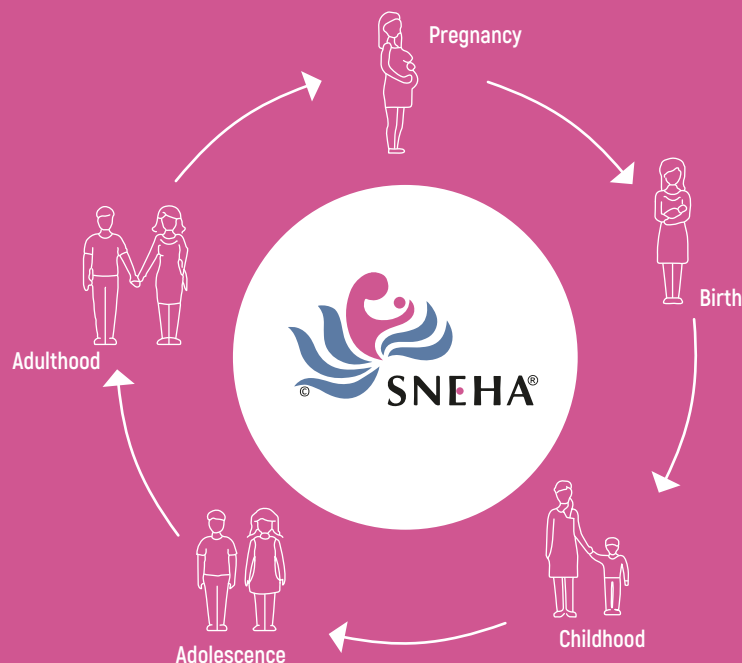
# MATERNAL AND CHILD HEALTH



SNEHA's Maternal and Child Health programme uses a continuum of care approach which aims to improve the health and nutritional status of women and children in urban informal settlements. By focusing on a woman's entire life cycle and acting at crucial points such as pre-pregnancy, pregnancy, childbirth, early childhood, and adolescence, we seek to end the intergenerational cycle of poor health.

## A Continuum of Care Approach

This approach encompasses maternal health, child health and nutrition and adolescent health, with the prevention of gender-based violence underlying all these stages.



The four large community intervention projects in Mumbai and Thane focusing on Maternal and Child Health, reaching 128,000 households and a population of 640,000 are:

### MATERNAL AND CHILD HEALTH

AAHAR

BUILDING BRIDGES

SNEHA CENTRE

HEALTHY CITIES PROGRAMME

\*RMNCH +A – Reproductive, Maternal, Newborn, Child Health +Adolescents

## WHAT'S NEW

Our experience in implementing effective community based interventions to reduce malnutrition is being used to support the Village Child Development Centers (VCDCs) in Kasara, Thane. The project is supporting 64 Anganwadi centers in Kasara, to strengthen and sustain management of severely acute malnutrition (SAM) and moderately acute malnutrition (MAM) of children at the VCDCs in Kasara. We will work to build the capacity of ICDS staff and provide on-field mentoring support and help establish referral linkages for child health and nutrition services.





Awareness session on breast feeding practices with health post

Visit to a pregnant woman's home for antenatal care



Supporting an immunization camp



Our team's celebration for healthy pregnancy and delivery

# Aahar

The Aahar programme works to prevent and treat malnutrition in children less than two years of age. The programme partners with the Integrated Child Development Services (ICDS), a central government scheme that provides nutrition services. The interventions are primarily focused on reducing all three forms of malnutrition i.e., stunting, wasting and underweight; ensure full immunisation of children and improve Infant and Young Child Feeding (IYCF) practices.

## Aahar works towards:

- Ensuring that pregnant women receive optimal antenatal, perinatal and postnatal care.
- Increasing the uptake of family planning services for planned and healthy parenthood.
- Building a strong volunteer-driven culture through formation of a cadre of community volunteers who will support the *Anganwadis* (ICDS centres in the community) for service delivery.
- Imparting technical and behavioural capacity building of *Anganwadi Sevikas* (ICDS frontline workers) to improve nutrition service delivery.



**Location:** Dharavi, Wadala (Mumbai)



Nutrition Month (*Poshan Maah*) celebrations





# KEY HIGHLIGHTS OF THE YEAR

## Competency training of ICDS staff:

In order to augment staff capacity for high-quality service delivery, SNEHA organised a training programme for 300 ICDS *Anganwadi* centres in Dharavi (Mumbai's G/North ward), concentrating on interpersonal communication and functionality through experiential workshops and peer sharing. A total of 300 *Sevikas* and their supervisors attended the programme, which addressed subjects like empathy, ownership, accountability, communication, trust, managing oneself, recognising conflict, focusing on results, and cultivating a growth mindset.

## Nutrition month celebrations:

The Government of India's flagship campaign, *Poshan Abhiyaan*, aims to improve nutritional outcomes for young children under the age of 6, pregnant women, and nursing mothers. September is celebrated as *Poshan Maah* (Nutrition month) during which activities in the community, such as live recipe demonstrations, quizzes, group meetings, poster exhibitions, etc., were organised by the SNEHA team and ICDS *sevikas*. A balanced diet, techniques for maintaining the nutritional content of food while cooking, kitchen hygiene, iron-rich recipes, and information on different food groups were all covered.

## Focussed interventions on Tuberculosis:

The TB-free Mumbai initiative was created by the Brihanmumbai Municipal Corporation (BMC) in response to the Government of India's push for a Tuberculosis (TB) Free India. In collaboration with the National TB Elimination Programme (NTEP), SNEHA commenced its work on this initiative in December 2022. The SNEHA staff educates the patients on the need for precautions, symptoms, diet, and the significance of completing the course of therapy. Families experiencing symptoms are directed to the health centre for further examination. 91 people have been diagnosed with TB in 2022-23; of those, 70 are under treatment and 11 have completed treatment.

## REACH

Direct beneficiaries\*: **37,680**

Indirect beneficiaries\*: **2,96,270**



Married women in reproductive age group

**25,145**



Children (0-5 years)

**10,487**



Volunteers

**1,048**

\*Refer to Glossary on Inside Back Cover

## IMPACT

**61%**



Improvement in contraceptive prevalence rate among married women of reproductive age (Increase from **28%** in 2021-22 to **45%** in 2022-23).

**12%**



Improvement in pregnant women registering in the first trimester (early registration) for antenatal care services (Increase from **52%** in 2021-22 to **58%** in 2022-23).

**58%**



Improvement in children covered by ICDS for anthropometry (Increase from **59%** in 2021-22 to **93%** in 2022-23).



## CASE STORY



PHOTO: Representational purposes only

## Taking care of young lives!

Aliya\*, who is six months old and weighs 6.42 kg and measures 67.2 cm, was diagnosed as having severely acute malnutrition (SAM). She was referred to the Nutrition Rehabilitation and Research Training Centre (NRRTC) by the Community Organiser (CO) and *Anganwadi Sevika*. Her parents immediately rushed her to NRRTC, where the doctor gave them a prescription for calcium supplements and multivitamins. The CO continued with her regular follow-up visits and provided information on nutrition and WASH (water, sanitation, and hygiene). Two months later, Aliya's weight had not yet improved and she was immediately referred to the NRRTC and started with Medical Nutrition Therapy (MNT) and treatment.

The CO continued to see Aliya's mother and provide advice on WASH, nutrition, and supplemental feeding. Because the mother made sure her daughter received the MNT on a regular basis, Aliya's weight increased by 600 gms in November 2022, putting her in the MAM category (weight: 7.20 gms; length: 68 cms). The intervention continued, and the CO, *sevika*, and volunteers made many follow-up visits. Aliya's mother expressed her happiness at her daughter's recovery and praised SNEHA for its assistance and direction.

*\*name changed*



Sharing Kangaroo Mother Care practices with a new mother

Our team in discussion with sanitation inspector



Spreading awareness on the ill-effects of junk food to children



Family planning awareness drive for men in the community

# Building Bridges

The programme aims to improve the health of women, children, and families by incorporating a Reproductive, Maternal, Newborn, and Child Health (RMNCH) health care model with preventable communicable and non-communicable diseases and gender-based violence, in the vulnerable urban informal settlements of Bhiwandi. A protocolised intervention framework was developed to efficiently identify, refer, and follow-up children with infectious diseases, as well as provide health promotion education, counselling and home visits to a population of approximately 60,000 people living in 10,000 households.



**Location:** Bhiwandi (Thane)



# KEY HIGHLIGHTS OF THE YEAR

## Leveraging media to influence community behaviour on nutrition:

The programme launched a nutrition campaign, in collaboration with the donor, with the goal of reducing child malnutrition. The campaign was launched by a television celebrity in the presence of key representatives from the public health and nutrition systems and we were able to leverage the donor's media expertise and reach. Outreach through *Nukkad Nataks* (streetplays), *Bhopu* campaign (audio messaging over loudspeakers installed on an autorickshaw) and wall paintings was undertaken to raise awareness in the community. SNEHA's work was also showcased at the "Sa Re Ga Ma Pa L'il Champs" show on Zee TV.

The community volunteers from Bhiwandi who were recognised at the Nutrition event, had this to say:

“मेरे पति और सास को ये सुनकर बहुत गर्व हुआ कि मुझे सम्मानित किया गया”

(\*My husband and mother-in-law are proud of the recognition of my work by SNEHA)

“देखो अब मेरी एक अलग पहचान बन गयी है, स्नेहा का बहुत शुक्रिया”

(\*Thanks to SNEHA, now I have respect and dignity in the society)

*\*(Loosely translated to communicate the essence and the meaning of the sentences)*

## Partnering with Health Systems for screening of TB:

In collaboration with the health system, SNEHA launched initiatives on TB detection/screening based on the needs of the community and health systems. A training session on Active Case Finding and the crucial role the *Mahila Arogya Samitis* (MAS) plays in identifying TB cases in the community was conducted by the Medical Officer of Health (MOH). 15 MAS members performed a survey and screened 2,720 people for TB following the virtual launch of the *Pradhan Mantri TB Mukht Bharat Abhiyan* in September 2022. Medical camps were subsequently held for TB screening.

## Curating Health Innovations with Community Collaboration:

These health innovations helped increase the demand, referrals and uptake of public health services —

- **Basti ki Naani (Colony's Grandma):** Older women in the community offer emotional and social support to expectant mothers and young mothers in nuclear families to encourage them for postnatal check-ups, breastfeeding, to have their babies immunised, and address any postpartum issues.
- **Sakhi 30 Ghar ki (Friend for 30 households):** In order to identify, refer and track women and children for health care, each *Sakhi* has been assigned 30 families to monitor. This effort supports healthy behaviour and fosters sustainability.
- **Kuch Tum Socho, Kuch Main Sochu (Let's brainstorm together):** Data dissemination and strategizing referral data of MAS.
- **Awaaz-e-Sathiyo (Our voices):** To enhance health practises, health-promoting behaviours, and change narratives, it is important to collect and document the finest partnership practises, testimonies and success stories.

### REACH



Direct beneficiaries\*:

**15,444**

Indirect beneficiaries\*:

**44,531**



Married women in reproductive age group

**9,233**



Health Committee Members

**399**



Children (0-6 years)

**6,211**

### IMPACT



**76%** children (12-23 months old) received full immunization for vaccine preventable diseases

**60%** of pregnant women registered in first trimester (early registration) for antenatal care services

**49%** of married women in reproductive age using modern method of contraception for family planning

\*Refer to Glossary on Inside Back Cover





## CASE STORY



PHOTO: Representational | purposes only

## A happy mother raises a happy child!

When Malti\* was discovered by SNEHA's Community Organiser (CO) during a surveillance visit, she was two months pregnant. Malti was pregnant for the first time, and was found to be bleeding, resulting in weakness.

Malti successfully completed her Antenatal Care registration and medical examination with assistance from a *Mahila Arogya Samiti* (MAS) member and ASHA. The SNEHA CO made sure she was eating a balanced diet, receiving additional supplements from the health post, and getting enough sleep. The

team continually encouraged her to choose institutional birth in light of her health.

At the Indira Gandhi Memorial Hospital in Bhiwandi, Malti gave birth to a healthy child. Up till the age of six months, Malti and her husband religiously observed only breastfeeding the child before introducing complementary feeding. During his lunch breaks, Malti's husband assists her in looking after the baby while she manages the household chores.

*\*name changed*



Street plays were conducted in the community to spread awareness about child abuse

16 Days of Activism against gender based violence



Routine weight check-ups for babies



One-to-one session to provide information on anemia

# SNEHA Centre

A crucial window of opportunity to influence a child's growth and development is during the first 1000 days of life (between conception and the child's second birthday). The basis for a child's future physical and cognitive growth, as well as immunity, is laid during these formative years. The SNEHA Centre initiative seeks to provide integrated health and nutrition interventions throughout the life cycle by strengthening the capacity of all stakeholders (ICDS, BMC's Health department, community) for collaborative actions to create communities that are healthy and self-sufficient.



**Location:** Mankhurd, Govandi (M/East ward, Mumbai)



# KEY HIGHLIGHTS OF THE YEAR

## Capacity Building of Community Action Groups:

Community Action Groups (CAG) members, who are primarily women volunteers from the neighbourhoods, underwent rigorous training and attended workshops. This enhanced their ability to mobilise for anthropometry, raise awareness for mother and child health and provide referrals for antenatal care (ANC) services. Adolescent Changemakers (ACMs), a volunteer group of teenagers, participated in community service projects like alerting authorities to problems affecting the local area, dispelling myths about the maternal and child health and nutrition, etc.

## Mental Health Intervention for Pregnant Women:

A woman's life goes through a lot of physical, social, and emotional changes during her pregnancy and childbirth. The emotional changes may result in pregnancy complications and mental health problems like depression and anxiety. Early identification of violence and mental health intervention for pregnant women are key components of our programme. This helps pregnant women identify such problems and offers them counselling and psychological support to lessen the impact on their pregnancy.

## Annual Key Stakeholders' Meet:

SNEHA held a dissemination to inform key stakeholders, including community members, the Integrated Child Development Scheme (ICDS), the health department of the Brihanmumbai Municipal Corporation (BMC), community influencers, Community Based Organisations (CBOs), CAGs, ACMs, and SNEHA, of the impact of the programme interventions. In the challenging socio-economic and geographical context of Mumbai's M-East ward, the community volunteers and the government frontline staff, have proven crucial in facilitating sustained and long-term behaviour improvements for maternal and child health.

### Key Impact data

(2019-2022)\* shared with the stakeholders during the Dissemination:

- Reduction in stunting from 37% to 27%
- Wasting levels remained at 12%
- Reduction in underweight from 30% to 25%
- Increase in child immunisation (full immunisation for children aged 12-23 months) from 69% to 76%
- Prevalence of maternal anaemia has decreased from 44% to 34%
- The uptake of BMC health services has increased from 53% to 90%
- The uptake of ICDS services has increased from 40% to 90%

\*among children aged 0-2 years

## REACH



Direct beneficiaries\*: **17,113**

Indirect beneficiaries\*: **37,952**



Married women in reproductive age group

**8,397**



Children (0-5 years)

**6,907**



Adolescents

**753**



Community Volunteers

**1,056**

\*Refer to Glossary on Inside Back Cover

## IMPACT



**6%**



Reduction in stunting among children aged 0-5 years (decrease from **34%** in 2021-22 to **32%** in 2022-23)

**35%**



Reduction in maternal anaemia (decrease from **49%** in 2021-22 to **32%** in 2022-23)

**12%**



Improvement in anthropometry coverage by ICDS for children aged 0-5 years (increase from **84%** in 2021-22 to **94%** in 2022-23)





## CASE STORY



PHOTO: Representational purposes only

## From helping herself to empowering others!

Reshma\*, a resident of Janta Nagar, was subjected to both financial and physical abuse by her husband because he suspected her of being in a relationship with her cousin. She talked about how depressed and powerless she felt. She expressed her uncertainty about whether she wanted to live with her husband or not, as well as the lack of support from her biological family in this regard. This domestic setting also disturbed and alarmed her children.

Reshma was taken by the SNEHA counsellor to the hospital for treatment of an ear damage sustained by her as a result of physical abuse. Reshma was also accompanied to the police station the same day, where she reported a non-cognizable

offence (NC). Her husband received a verbal warning from the police officers.

Additionally, Reshma received legal advice on her rights from the SNEHA advocate. She was referred to a psychiatrist, who prescribed medication. Reshma's daughters, who had mental health issues, also received guidance from a SNEHA therapist.

Reshma's husband stopped violence against her and began providing care and support to her and their children as a result of the intensive intervention by SNEHA. Reshma now assists in resolving domestic abuse cases as a member of the Community Action Group.

*\*name changed*





Rallying for change: Joining hands to end domestic violence



Nutrition games for mothers-to-be



Mothers' pledge: Exclusive breastfeeding for the first 6 months



Our team hosted a nutrition *mela* for the community

# Healthy Cities Programme

Since 2015, the Healthy Cities Programme has been working in Malwani to enhance mother and child health and nutrition using an integrated approach. The programme directly operated in 75 plots in the New Collector's Compound (NCC) between 2015-20 (Phase 1). In 2020, it transitioned to the 'Community Engagement Model' and expanded its direct engagement to a new neighbourhood called Azmi Nagar.

The 'Nurturing Care Model' in Azmi Nagar strives to provide an environment that promotes children's optimal growth and development in informal settlements by enhancing their nutritional and developmental status. Through a continuum of care approach, this family-based intervention seeks to establish the relationship between a variety of maternal factors (anaemia, nutrition, mental health, antenatal care, reproductive health, and women experiencing violence) and child factors (malnutrition, infant and young child feeding, immunisation, hygiene, and early childhood development) in order to improve the health status of children.

A strong group of community volunteers known as *Swaasthya Sahelis* are being empowered through the Community Engagement Model at New Collector's Compound to take both individual and group action for sustained maternal and child health improvement in partnership with health and nutrition systems. Through a variety of mobilisation techniques, the intervention engages with 402 *Swaasthya Sahelis*, including 21 male volunteers and 67 champions, to increase community ownership of health.

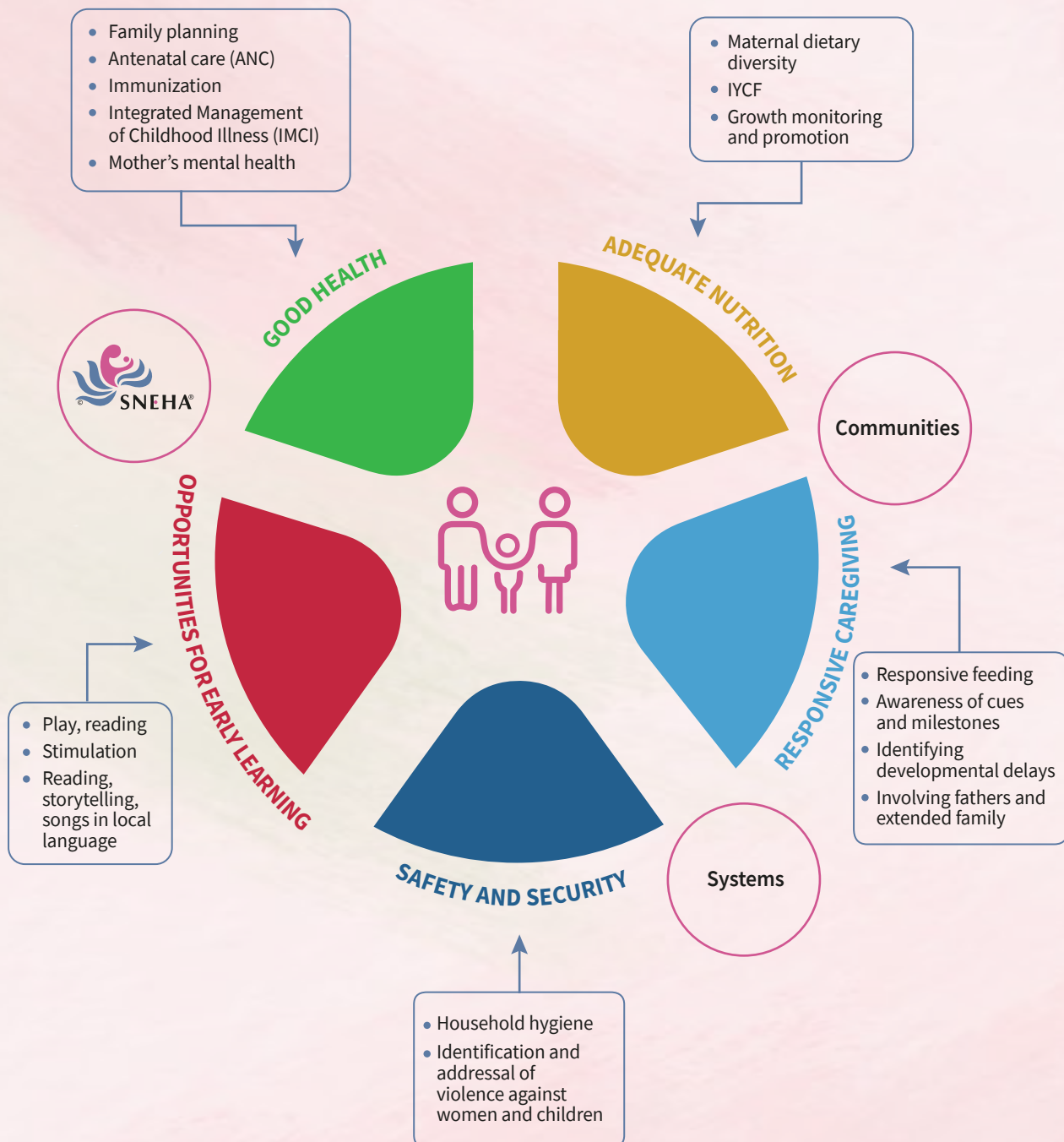


Celebrating the work of our community volunteers



**Location:** Malwani (Mumbai)

# NURTURING CARE MODEL





# KEY HIGHLIGHTS OF THE YEAR

## Group therapy sessions to improve maternal mental health:

The clinical psychologist led group therapy sessions for the mothers so they could support and learn from one another about the many concerns affecting their health. For young and expectant mothers, group therapy served as a forum for social support where they could exchange ideas and best practices for enhancing the health of their children. The psychologist held eight of these group therapy sessions, concentrating on the mother's mental well-being while breastfeeding.

## Community accountability of malnourished children:

By assigning malnourished children to specific volunteers, the initiative encourages community volunteers to monitor and improve the health status of those children. Increased surveillance will enable earlier detection of any changes in the child's health, enabling prompt intervention and treatment. Involving community volunteers also gives people the power to take charge of their neighborhood's health and wellbeing, increasing community involvement in health, which is crucial for sustainability and lasting impact.

## Early Childhood Care and Development:

A year-long training on early childhood care and development (ECD) was provided to the SNEHA team by NGO Ummeed, a non-profit organisation working in ECD. The staff assessed the children and gave parents recommendations based on the extent of delayed development milestones. 885 youngsters in the community underwent two rounds of screening. In Round Two, 132 (80%) of the 165 children who required follow-up due to developmental deficiencies in Round One were no longer in need of it.

## REACH

Direct beneficiaries\*: **14,548**

Indirect beneficiaries\*: **1,41,527**



Married women in reproductive age group

**9,776**



Pregnant women

**1,843**



Children (0-5 years)

**3,964**



Community volunteers

**808**

*\*Refer to Glossary on Inside Back Cover*

## IMPACT

**33%**



Reduction in early childhood developmental delays in children under three years of age (decrease from **18%** in 2021-22 to **12%** in 2022-23)

**17%**



Reduction in stunting among children aged 0-3 years (decrease from **35%** in 2021-22 to **29%** in 2022-23)

**86%**



Improvement in beneficiaries reporting that they have received home visits from the volunteers in the past three months (increase from **37%** in 2021-22 to **69%** in 2022-23)





## CASE STORY



PHOTO: Representational purposes only

# Helping address childhood developmental delays

Iqra\*, a three-year-old from Malwani, Malad, experienced seizures and had been immobile from infancy. She was discovered to be severely malnourished at the age of 16 months by the SNEHA team. Iqra's mother was given advice on including proper nutrition in her diet, but they also learned that the girl had been taken to numerous hospitals for treatment of her seizures and mobility problems.

Iqra was found to have developmental delays by SNEHA's Community Organiser who utilised the Look Ask Listen (LAL) tool and administered the Guide for Monitoring Child Development (GMCD). Iqra was referred to Dr. RN Cooper Municipal General Hospital for her seizures as well as *Punarwas Special*

School at Goregaon to investigate her developmental deficits. After conducting the necessary testing, Iqra was found to have cerebral palsy. As a result of taunts from her family and neighbours holding her accountable for Iqra's health, Iqra's mother is currently working with a SNEHA counsellor to address anxiety issues.

Iqra is receiving therapy and exercise at the Mahavir Jain Clinic and Hospital in Malad. She is now able to stand and play with toys, and her speech has improved. Her level of malnutrition has dropped from severe to moderate. Iqra is also receiving greater care as a result of her mother's improved mental health.

*\*name changed*





# EMPOWERMENT, HEALTH AND SEXUALITY OF ADOLESCENTS

The Empowerment, Health and Sexuality of Adolescents (EHSAS) programme aims to enhance the health and general well-being of youth (aged 10 to 21) living in urban informal settlements. The project gives children the power and tools they need to develop into responsible, gender-sensitive, and healthy citizens. The programme is built on a socio-ecological paradigm that examines the interplay of societal, institutional, familial, and individual factors that affect adolescent development. Nearly all of the components listed in India's National Adolescent Health Programme (*Rashtriya Kishor Swasthya Karyakram*) are covered by EHSAS' activities.



**Location:** Dharavi and  
Kandivali (Mumbai), Kalwa (Thane)



Anemia screening camp in action



Youth volunteers unite for various local civic causes



Visitors interacting with the adolescents



# KEY HIGHLIGHTS OF THE YEAR

## Launch of Adolescent Friendly Health Clinics:

In Dharavi, Mumbai, five Adolescent-Friendly Health Clinics (AFHCs) have been established by the Brihanmumbai Municipal Corporation (BMC) and SNEHA in cooperation with the Department of Community Medicine, Lokmanya Tilak Municipal Medical College and General Hospital. Adolescents in Mumbai's at-risk populations will have their physical, sexual, and mental health addressed by this initiative. Following the launch, the celebration of adolescent health week centred on offering (i) essential health information on diet and menstrual hygiene, and (ii) services through the AFHCs. Health check-ups for teenagers and nutrition education workshops were held, with 282 teens using various health services and 1000 receiving health-related information.

## SAMWAAD Research study:

A Stepped Care Model to Address All That Ails the Mind (SAMWAAD) is a research study that aims to create a safe space for adolescents to express their everyday stressors and address mental health stigma through timely psychosocial first aid, treatment for common mental disorders, and appropriate referral. A cadre of 52 non-specialist workers including SNEHA field staff, community youth and parents (*HumRaahis*) completed a two-month capacity building module on a variety of mental health themes. A total of 35 *HumRaahis* are currently in the intervention phase, screening, counselling, engaging with parents, and referring over 400 teenagers for mental health well-being.


## Sexual and Reproductive Health education:


A total of 1268 teenagers attended Sexual and Reproductive Health workshops; 840 adolescent girls were followed up on for menstrual hygiene management through a menstrual diary exercise and discourse that allowed them to openly discuss menstrual health issues. The campaign also connected women to *Pradhan Mantri Janaushadhi* stores (medical stores that supply generic medicines at reduced prices) where they could get sanitary napkins at discounted rates. A sanitary pad distribution event was held across our locations for 4,600 adolescent girls.

## REACH


Direct beneficiaries\*: **11,148**

Indirect beneficiaries\*: **14,973**

 Adolescents  
(10-19 yrs)  
**4,131**


 Parents  
**4,131**

 Youth volunteers  
**194**

 System staff  
**468**

\*Refer to Glossary on Inside Back Cover

## IMPACT

 **16%** Reduction in adolescent anaemia (decrease from **44%** in 2021-22 to **37%** in 2022-23)

**25%**



Improvement in adolescents having high dietary diversity in their food consumption (increase from **28%** in 2021-22 to **35%** in 2022-23)

**93%**



Improvement in adolescents who received weekly Iron and Folic Acid (IFA) in the preceding month (increase from **27%** in 2021-22 to **52%** in 2022-23)



## CASE STORY



PHOTO: Representational purposes only

## That stage of life, called adolescence!

One of the newly enrolled change agents brought a friend to our centre after one of the sessions on deconstructing sex and gender held in Kalwa. This young lady was yet to begin her periods and was subjected to frequent taunting from her grandma at home. Her studies and mental health were suffering as a result of the continual pressure.

SNEHA's Community Organisers explained to her that this was normal and that menarche occurs at varying ages for each individual. They taught her about the female reproductive system and how it

functions. They were able to ease many of her anxieties and misconceptions. The Community Organisers also held a group session for parents and invited the girl's grandma to attend.

During the session, menstruation, wet dreams in adolescent boys, and reproduction were all discussed. The facilitators were able to persuade and educate the grandmother about how menstruation cannot be controlled and that starting periods later than usual was normal.

## PUBLICATIONS

PAPERS OR RESEARCH PUBLICATIONS PRESENTED/PUBLISHED AT PRESTIGIOUS FORUMS:

Ajgaonkar, Vinita; Shyam, Rama; Shaikh, Nikhat; Rajan, Sheetal; Karandikar, Neeta and Jayaraman, Anuja. (2022). **Enabling Young People from Informal Urban Communities to Exercise Their Right to Sexual and Reproductive Health: A Practice-Based Study** in Journal of Adolescent Research 1-26. Sage Publications.

<https://journals.sagepub.com/doi/abs/10.1177/07435584221091780>



The abstract of a paper entitled **Working with invisible survivors: understanding processes involved in providing psychosocial support to young people from urban informal settlements witnessing gender based violence at home** was selected and presented at the Violence and Mental Health South Asia (VAMHSA) symposium on Mental Health and Gender-Based Violence Research in South Asia, Mumbai August 2022.





# PREVENTION OF VIOLENCE AGAINST WOMEN AND CHILDREN

The programme on Prevention of Violence Against Women and Children (PVWC) works towards developing and sustaining high-impact strategies for preventing gender-based violence (GBV), ensuring survivors' access to protection and justice, empowering women to claim their rights, and mobilising communities around 'zero tolerance for violence'



**The programme is implemented at three levels to address gender-based violence.**

**Primary prevention** includes community mobilisation through campaigns and group education with 2635 women's group members, 675 men's group members and 721 women volunteers who identify, intervene and refer cases of violence against women and children.

**Secondary prevention** is offered through delivery of comprehensive services including counselling, crisis intervention and coordination with public health facilities, the police and legal aid. The programme runs 7 community-based counselling centres and 4 hospital-based counselling centres across Mumbai.

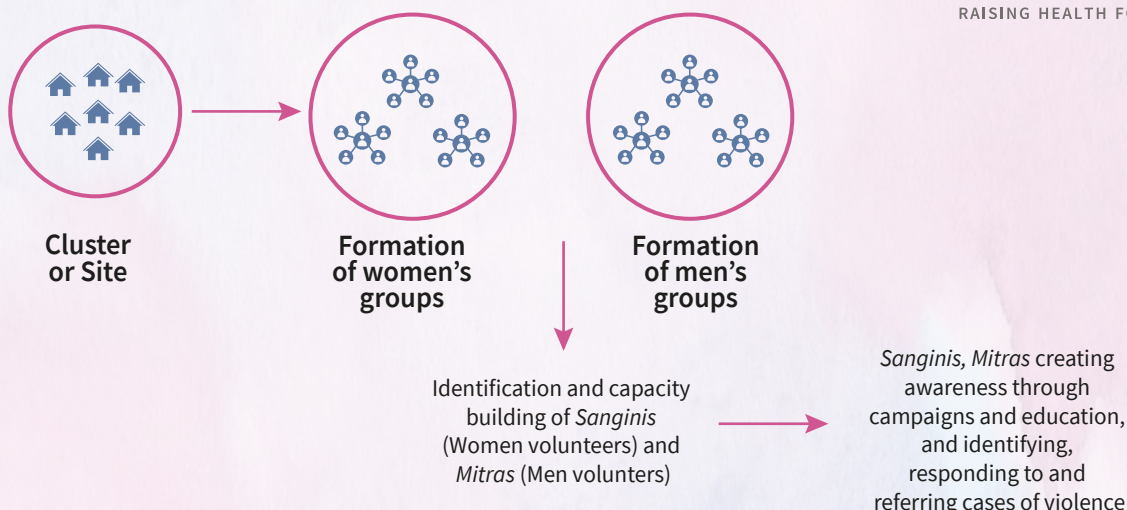
**Tertiary interventions** include extended counselling and mental health and legal interventions. The programme partners with the police, health and legal systems through training, support and coordination of cases.



**Location:** Across Mumbai



## PRIMARY PREVENTION



## SECONDARY INTERVENTION

Provision of comprehensive services by SNEHA counsellors and Sanginis



*Identified women and children undergoing violence*

- Crisis intervention
- Legal guidance and counselling
- Facilitation with public services like health and police systems
- Home visits for follow-ups

## TERTIARY INTERVENTION



*Identified women and children having mental health concerns*

Legal aid by expert legal consultants and lawyers and Extended Mental Health counselling



# KEY HIGHLIGHTS OF THE YEAR

## Nityam Project:

The Nityam project aims to help communities in Wadala to understand and respond to violence against women and girls through three critical approaches:

- **Response-based Prevention** - Collaborate with communities to prevent violence from continuing or escalating and respond to mental health needs.
- **Positive Prevention** - This is a new approach where we work with couples and families to create a healthy relationship between the couples, help break the practice of hegemonic patriarchy, change norms and improve family well-being.
- **Volunteer-led intervention** - Capacity building of community volunteers to educate families on violence against women and build their capacity for community-led interventions to address and prevent gender-based violence.

## Garima Package of Care for Mental Health Professionals:

SNEHA, in collaboration with the Violence and Mental Health South Asia Global Health Research Group (VAHMSA), has created the 'Garima' web interface to give mental health support to South Asian survivors of gender-based violence. *Garima* was introduced at a three-day Dissemination and Symposium in Mumbai by Ms Meeta Rajivlochan, Member Secretary, National Commission for Women.

*Garima* is an online resource that assists counsellors in incorporating mental health interventions into gender-based violence counselling. The package is an easy-to-use blend of text, graphics, and videos that tackles the mental health of women survivors of abuse, modern slavery, and civil strife.

<https://garima.snehamumbai.org/>

## Community Stewardship:

In a sustainable model, this project in Dharavi and Govandi empowers communities to take ownership of preventing and responding to violence. SNEHA trains community volunteers (called *Sanginis*) to identify situations of violence, respond to crises, and provide early psychosocial and legal help. In this year, 428 survivors received direct services from community volunteers, in addition to the services offered by the SNEHA team.

## Strengthening the public health system's response to gender-based violence:

**One-Stop Centre, K.E.M Hospital:** One-Stop Crisis Centres were set up in the public health system to provide survivors of violence a single point of contact for support, including medical, legal and psychological aid. A total of 683 survivors were provided psychosocial support and counselling, 312 survivors availed of legal assistance and 289 were given medical assistance.

**Women's Out Patient Department in Key Public Hospitals of Mumbai:** Sensitization training for first responders and awareness projects in hospitals are prompting a shift in their attitudes towards gender-based violence. 49 sensitization training sessions with healthcare providers were held, as well as 13 awareness programmes on significant days such as Ganesh festival, mental health week, International Women's Day, and World Health Day.

## Prevention of Violence Against Children:

The programme takes a socio-ecological approach, involving children, parents, and community members in the development of a community-based strategy for preventing violence against children. This year, counselling and crisis intervention services were strengthened, and networks to support children and their parents were established. Reflective sessions on 'Parenting Styles and Nurturing Practices' were held with approximately 287 parents, 115 children, and 122 adolescents.

### REACH



Direct beneficiaries\*: **9,716**

Indirect beneficiaries\*: **1,91,787**

Cases of violence assisted through counselling centres:

**4,942**

Public health workers sensitized through training:

**2,643**

Women reached through trainings, meetings and campaigns:

**9,513**

\*Refer to Glossary on Inside Back Cover

### IMPACT



**87%**

Survivors of violence accessing counselling services reported reduction in violence and distress levels



**78%**

Survivors of violence who went through pre and post assessment for anxiety disorders showed a reduction in anxiety levels



**79%**

Survivors of violence who went through pre and post mental health assessment showed a reduction in depression levels



## CASE STORY

# Protecting the rights of women

When Neelam\*, 52, arrived at the SNEHA counselling centre (recommended by a *Sangini*), the counsellor held a joint meeting with her husband and son. Neelam's husband had remarried without divorcing her and was continuing to beat her physically while not providing for any of her expenses. Her husband also evicted her from the house where Neelam was living. Her husband refused to provide for her at the joint meeting and also refused her shelter in the house. SNEHA's counsellor assisted Neelam in obtaining legal advice in order to initiate a divorce case (as required by the Hindu Marriage Act). There were numerous follow-ups for her court proceedings. Meanwhile, the counsellor offered her emotional help as well as legal advice via a lawyer.

Two years later, the court ordered Neelam's husband to pay her support, as well as an interim protection order prohibiting her husband and son from physically abusing her. The husband was also ordered by the court to provide Neelam with shelter. Her spouse was forced to give Neelam his house. Neelam presently makes a living by tailoring.


\*name changed



PHOTO: Representational purposes only

## PUBLICATIONS

PAPERS OR RESEARCH PUBLICATIONS PRESENTED/PUBLISHED AT PRESTIGIOUS FORUMS:

- Prevalence, pattern, and predictors of formal help-seeking for intimate partner violence against women: findings from India's cross-sectional National Family Health Surveys-3 (2005-2006) and 4 (2015-2016). Kanougiya S, Sivakami M, Daruwalla N, Osrin D. BMC Public Health 2022;23:86  
<https://doi.org/10.1186/s12889-022-14650-3> 
- Intimate partner violence against women with disability and associated mental health concerns: a cross-sectional survey in Mumbai, India Riley A, Daruwalla N, Kanougiya S, Gupta A, Wickenden M, Osrin D. BMJ Open 2022;12:e056475. doi:10.1136/bmjopen-2021-056475
- Presented on TARA Trial baseline results on intimate-partner violence against women with disability and insights in measurement at the Expert Meeting on strengthening violence against women and disability measurement organised by WHO, Geneva, Switzerland on 10th and 11th November 2022
- Presented the GARiMA package of care on mental health for survivors of domestic violence at the Sexual Violence Research Initiatives 7th global conference on violence against women and violence against children, Cancun, Mexico from 19th to 23rd September 2022



# ROMILA PALLIATIVE CARE



Since its inception in February 2017, Romila Palliative Care (RPC) has assisted over 2000 people suffering from various life-limiting illnesses. The emphasis is on enhancing the patient's quality of life through symptom management, psychosocial and spiritual counselling. The programme also helps carers and patients' loved ones improve their abilities so they can care for them more effectively and confidently.

Palliative care is delivered by a multidisciplinary team of doctors, nurses, counsellors, and other professionals such as social workers, dietitians, physiotherapists, and occupational therapists who partner with the patient's primary treating doctors to provide additional care and support. SNEHA now operates an Out-Patient Clinic (OPD) for patients and caregivers in collaboration with the Brihanmumbai Municipal Corporation (BMC).



Distributing pamphlets to provide information about palliative care





# KEY HIGHLIGHTS OF THE YEAR

## World Hospice and Palliative Care Day Celebrations:

The focus of the World Hospice and Palliative Care Day was 'Healing Hearts and Communities,' recognising that the experience of grief and the desire to heal unites people all over the world. While SNEHA's network partner *Sukoon Nilaya* organised the larger joint network level event, the programme held smaller events in vulnerable communities through street plays. Patients and carers at SNEHA also staged a *Diwali Mela* to increase awareness of palliative care, with 100 individuals attending.

## Piloting a Community Intervention Model:

With the objective of piloting a low-cost, sustainable model, the programme assigned six trained nursing assistants from SNEHA's Nurse Aide Training Programme and tasked them with raising awareness and identifying patients in need of palliative care in vulnerable communities near our OPD in Mumbai's H West ward.



Bringing smiles to our beloved senior citizens



Diwali mela to raise awareness about palliative care

## REACH

Direct beneficiaries\*: **2,352**

Indirect beneficiaries\*: **975**

**873** patients and **960** caregivers reached

**2,632** home visits and **5220** calls made to support the patients

**3,231** counselling sessions conducted

*\*Refer to Glossary on Inside Back Cover*

## IMPACT

**98%** Adequate pain management for patients on morphine

**98%** Adequate pain management for patients on step 2 drugs

**Caregiver feedback: Total 247 caregivers participated in the survey**





## CASE STORY

# The true meaning of palliative care



PHOTO: Representational purposes only

Kashmira\* has been physically impaired for life due to viral encephalitis since she was one and a half years old. Her mother has passed away, and her father is now 90 years old. Kashmira's brother, who resides in another country, was eager to institutionalise her. Her brother approached RPC with the assumption that the project team would teach Kashmira to use the wheelchair independently, make her self-reliant to manage her own personal hygiene and provide her with medication and counselling to help her cope mentally.

The project staff explained to Kashmira's brother that his expectations were unreasonable, and that what mattered most was that she was pain-free and living her life to the fullest. SNEHA also arranged for a volunteer to visit her on a regular basis, which cheered her greatly.

Kashmira told the counsellor that she wanted to continue living in her present home. She has a professional carer who assists her with her personal needs and gives her a shower, but she sits up and eats on her own. Kashmira's father expressed his concerns about what will happen to her once he passes away, and he, too, admitted that he was under pressure from his son, who wanted to take him to his country. Kashmira's father agreed that she would be unhappy and neglected in a home, and he would prefer to continue caring for her.

The SNEHA team explained to her brother how Kashmira could not be removed from her paternal home, guaranteeing Kashmira's autonomy and dignity of life.

*\*name changed*

# NURSE-AIDE TRAINING PROGRAMME



The SNEHA *Shakti Swasthya Sevika* (Nurse Aide) vocational skill development programme seeks to provide financial empowerment to marginalised young women, at the same time addressing the gap in availability of skilled nursing assistants at health facilities in Mumbai. SNEHA runs two centres where about 200 students are enrolled every year. The course includes 4 months of theoretical studies followed by 4 months of internship in a health facility. Besides technical training, the programme also focuses on empowering young women on various aspects such as financial independence, decision making, mobility, career prospects in the health sector and additional skills of spoken English, basics of computers and work ethic.



Nurse-aide students provided with the course training material



Nurse aide students supporting the Polio vaccination drive



Practical skills training session



Celebrating Nutrition Month (Poshan Maah)



# KEY HIGHLIGHTS OF THE YEAR

## Introduction of Additional Modules:

In conjunction with the Yes I Can Foundation and SNEHA's Romilla Palliative Care Programme, a trial batch of modules with Government accreditation in geriatric and palliative care was launched this year. The modules will broaden their job options in the healthcare industry; 84 students from three batches completed the Geriatric Care Module.

## Supporting Health Systems for Polio Campaign:

A total of 88 students from SNEHA's Nurse-Aide Training course joined and supported the Municipal Corporations at the National Polio camps, held in June and September 2022. The students received training prior to the camp and were awarded certificates and an honorarium for their contribution.

## Exploring New Avenues for Employment:

The programme reaches out to hospitals and nursing homes for placement of the students. This year, the programme explored opportunities in companies and schools, widening the prospect of employment for students. One of the students is now working as a 'First-Aid Nurse' in Parle Tilak Vidyalaya school while another student has been placed in a multinational company as a paramedical staff. A few students are also working as Nurse Assistants at the One Stop Crisis Centre at King Edward Memorial (KEM) hospital.

### REACH



**1,634** individuals reached for mobilizing new students for the course

**289** students enrolled in the course

**108** employers accessed for internship and placement

### IMPACT



**254** young women trained

**238** young women completed the course (from 3 batches)

**196** (82%) young women successfully placed (from 3 batches)

## Empowering young women through skilling



## CASE STORY

Siddhi\* is 26 years old and comes from a large family. She has an older brother and a younger sister. Her father has been unable to find work for the previous five years due to serious health concerns. Her mother is a stay-at-home mom. The family's financial situation is dire.

Siddhi was a part-time lab technician earning a meagre INR 5000 per month before enrolling in SNEHA's Nurse Aide programme in March 2022.

Siddhi, a hardworking and brilliant student, started her internship in July 2022 at Yashwant Hospital in Vikhroli, after which she joined Kushal Pathology as a medical lab technician. She now earns a monthly income of INR 30,000.

Siddhi has become a significant contributor to her family's finances and is overjoyed that she decided to enrol in SNEHA's Nurse-Aide training course.

*\*name changed*



PHOTO: Representational purposes only



# LIVELIHOOD GENERATION



The goal of the livelihood generating programme is to teach women from the self-help group (SHG) *Kaushalya Mahila Bachat Gat* how to generate their own living and become financially independent. The Bachat Gat is associated with 15 women.



## KEY HIGHLIGHTS OF THE YEAR

In 2022-23, the livelihood project assisted the SHG in conducting 13 product sales at various corporates in Mumbai, as well as three home-based sales. The curriculum centred on teaching the women new design skills, assisting them in the creation of new items, and promoting the products. More donors were sought for fabric and accessory gifts. The women were also taught and encouraged to accept individualised orders.

The programme supervised and educated the women how to keep inventory records and follow the norms stipulated by the Brihanmumbai Municipal Corporation (BMC). Certain ideals, such as teamwork, timeliness, responsibility sharing, and accountability, were emphasised.

**The proceeds earned during the year 2022-23 are as follows:**



■ Proceeds from product orders and retail sales: INR 2,79,269

■ Proceeds from Home-based sales and corporate product sales: INR 8,45,500



Empowering women for livelihood generation: Tailoring classes, Corporate exhibition & sales



# A SNEHA-wide initiative

## COLLABORATION & PARTNERSHIPS



Poverty, food insecurity, and insufficient educational and livelihood possibilities are all socioeconomic determinants of health that have a major impact on health outcomes. SNEHA's Collaboration and Partnerships project aims to partner with government systems and civil society organisations to address social determinants of health and provide adequate social protection coverage for our target communities.

The strategy promotes maternal and child health by increasing knowledge and participation in cash transfer schemes such as the *Pradhan Mantri Matru Vandana Yojana* and *Janani Suraksha Yojana*, which provide maternity and child care benefits. Apart from connecting communities to universal health care schemes like Ayushman Bharat, the initiative also helps survivors of sexual abuse gain access to programmes like *Manodhairya Yojana*.



**Location:**  
Across Mumbai



## KEY HIGHLIGHTS OF THE YEAR

### Social Protection Helpdesk:

The objectives of the helpdesk are to:

- Enable SNEHA field staff and community volunteers to understand a minimum package of schemes relevant for women, children and adolescents in urban vulnerable communities in Maharashtra.
- Generate mass awareness about the social protection schemes and facilitate required documentation and access to scheme related benefits among community members.

The Helpdesk serves as a resource point on Social Protection Schemes for projects across SNEHA, directly touching an aggregate population of 122,205 people. Each SNEHA programme has one person designated as an 'anchor' for the helpdesk. The helpdesk organises capacity building on the specified social protection systems; the anchors pass on their knowledge to their programme teams and community volunteers, who then disseminate it through community events, group sessions, and home visits.

### Significant partnerships:

The domain took the lead to bring together organisations working on social protection in Mumbai Metropolitan Region and initiated a discussion to revisit the criteria laid down to access various Government schemes. The All India Institute of Local Self Governance invited the team to train field level government functionaries on social protection schemes.

## REACH



**45,571** people reached with information on social protection schemes

**1,396** sessions conducted with community volunteers on 8 social protection schemes

**32,365** people could access benefits under various social protection schemes



## CASE STORIES

# Bridging the gaps to access Government schemes

A family in Rajiv Gandhi Nagar, Dharavi, found themselves in desperate circumstances when the patriarch of the home was diagnosed with cancer. The family did not have any money and could not afford cancer treatment. His homemaker wife and two little children had no idea where to turn for assistance.

The children were enrolled in SNEHA's adolescent health initiative, which told them about the Maharashtra government's health insurance policy, through which they may

receive assistance. However, the family lacked the most critical document required for an application under the scheme: a ration card.

The SNEHA team assisted the family in gathering the documentation needed to apply for a ration card and met with the appropriate ration office to explain the gravity and urgency of the issue. As a result, the family acquired a ration card in a matter of days, rather than months, and was able to register for the insurance scheme and get treatment assistance.



Assisting families to apply for and receive their Ration Cards



Sharing awareness on vital social protection schemes

## Celebrating our Community Volunteers

SNEHA has been able to thrive thanks to the help of our community volunteers. The organisation held the first-ever 'Annual Volunteers Day' event to recognise and thank community volunteers. Volunteers took part in panel discussions where they recounted their experiences working in Mumbai's many *bastis* (informal settlements). At the fun-filled day-long

event for volunteers whose participation to SNEHA's mission is critical to achieving improved health outcomes for women and children in vulnerable areas, several SNEHA programmes' teams set up stalls, played games, invited a rap artist, and organised a magic show. The event was attended by 278 community volunteers and 81 SNEHA employees.

# OUR DOMAINS



- Strategy
- Research and Monitoring & Evaluation
- Information Management
- Fundraising & Communications
- Capacity Building and Learning Development
- Staff Composition & Compensation

## STRATEGY

In 2018, SNEHA collaborated with Bain & Co. consultants to map out our five-year strategy. The effects of the pandemic on the vulnerable populations we serve compelled us to modify our strategy.

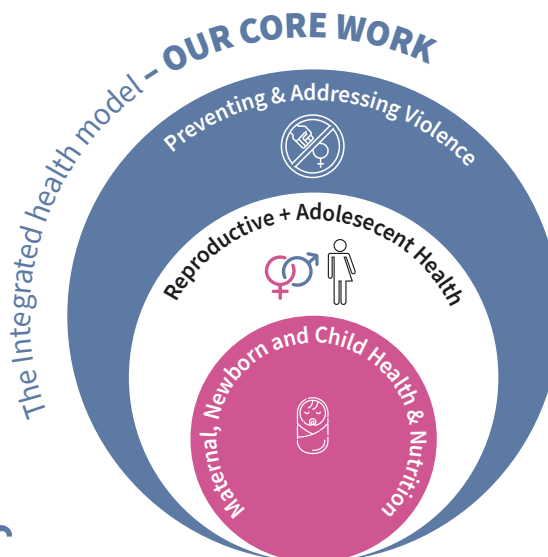
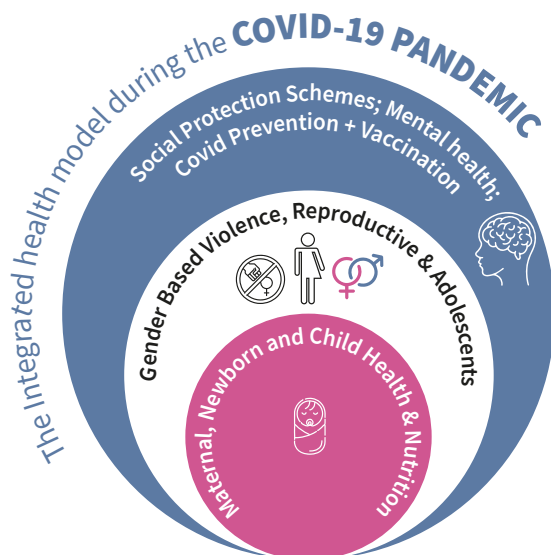
**Our three pillar strategy today focuses on :**

- a) Creating evidence based integrated models.
- b) Transitioning out of geographic areas while sustaining impact.
- c) Scaling impact through partnerships with systems and NGO's



## Creating evidence based integrated model:

In 2016, SNEHA piloted an Integrated model to improve the health and welfare of mothers, children, and adolescents within the family. The model's outstanding results prompted us to apply it to additional intervention areas.

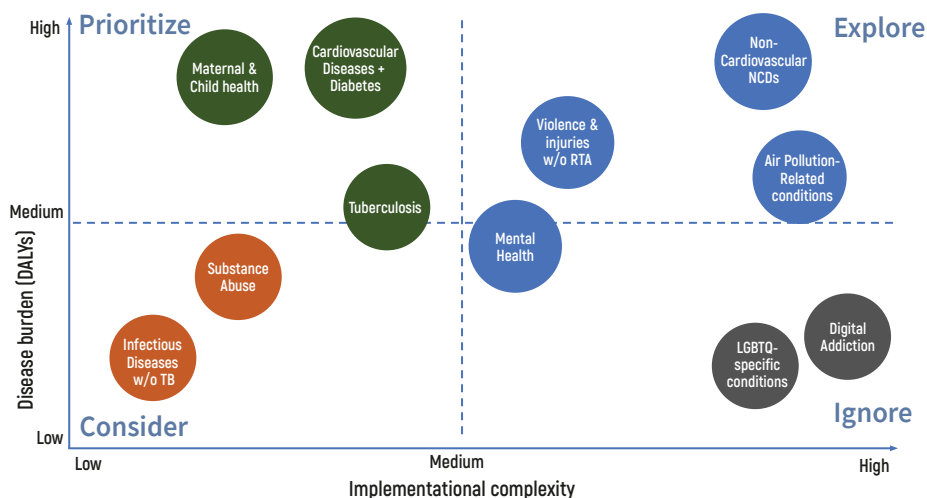


In 2020, the pandemic pushed us to respond to emerging community requirements, and we added the following components to the integrated model:

- Assist our communities in accessing government social protection programmes (for more information, see our section on Collaboration and Partnerships).
- Covid-19 communication and vaccination in partnership with the public health system
- Mental health services via a helpline to address anxiety and stress induced by the pandemic.

In order to address urban health requirements in a post-pandemic world, we consulted WHO (World Health Organisation) to identify emerging urban health priorities. According to the World Health Organisation, when the disease burden (as measured by Disability Adjusted Life Years) is compared to the corresponding intervention complexity, the key emerging urban health issues that governments (and NGOs) should prioritise are those with a high disease burden and low complexity. Consequently, the three WHO-recommended priority areas are: a) Maternal and child health; b) Cardiovascular disease and diabetes; and c) Tuberculosis (TB).

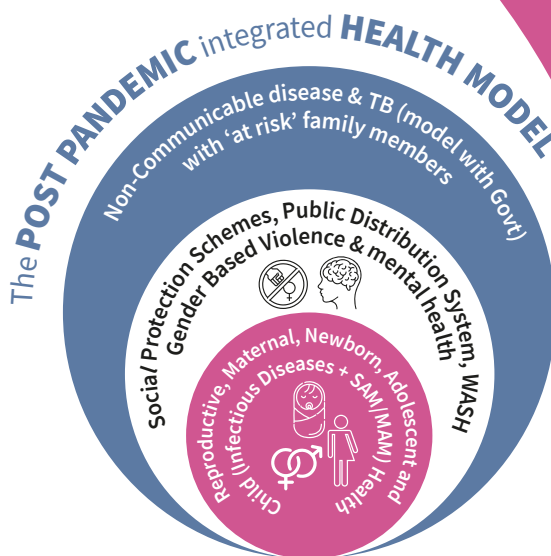
## The DISEASE burden in URBAN AREAS



Global health estimates: Leading causes of DALYs - WHO link

Balakrishnan, Kalpana, et al. "The impact of air pollution on deaths, disease burden, and life expectancy across the states of India: the Global Burden of Disease Study 2017." *The Lancet Planetary Health* 3.1 (2019): e26-e39.

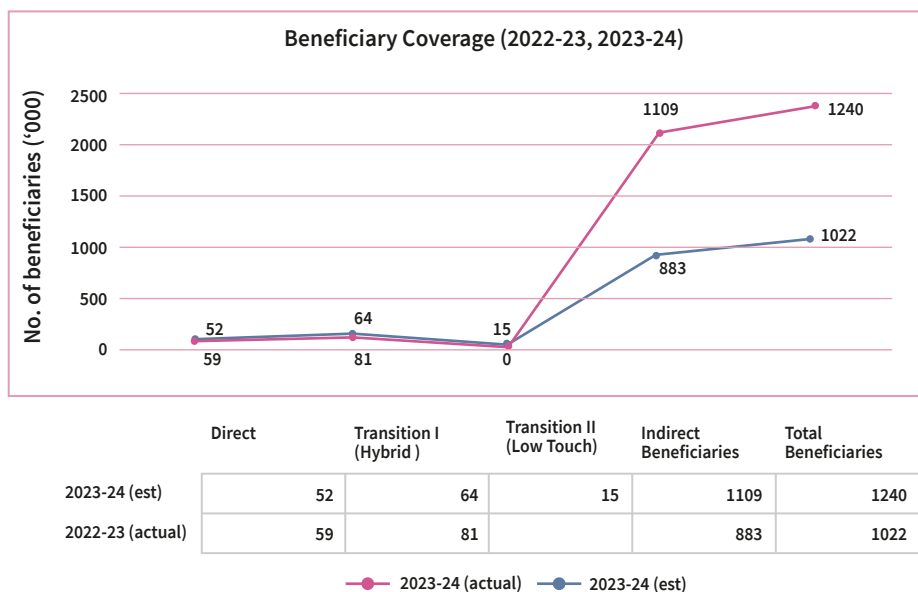
The public health system with which SNEHA works in close partnership urged us to address the rapidly increasing incidence of Non-Communicable Diseases (NCD), particularly diabetes and hypertension, and to assist them in achieving their objective of eradicating tuberculosis by 2025. While maternal and child health are central to SNEHA's mission, we saw value in assisting the public health system and our communities in addressing these emerging urban health issues in order to reach patients in the communities we serve. This year, we launched two pilot programmes (in Wadala and Bhiwandi) that integrated NCD (diabetes and hypertension) and tuberculosis (TB) interventions into our existing maternal and child health programmes.



## Transitioning out of geographic areas while sustaining impact:

In order to make our programmes sustainable, SNEHA's interventions are planned with a clear handoff to community volunteers and government frontline workers, within clearly defined timeframes, and with a focus on impact. As of March 2023, SNEHA had identified and trained over 6,000 community volunteers who contribute roughly two to three hours per week to serve community needs. In addition, as we transition programmes to these stakeholders, we gain the capacity to expand in other areas. As we phase out of geographic areas, the graph depicts the progression of our intervention from a direct approach to a hybrid approach to a minimal touch approach.

## Transition and handover to Public Systems and Communities

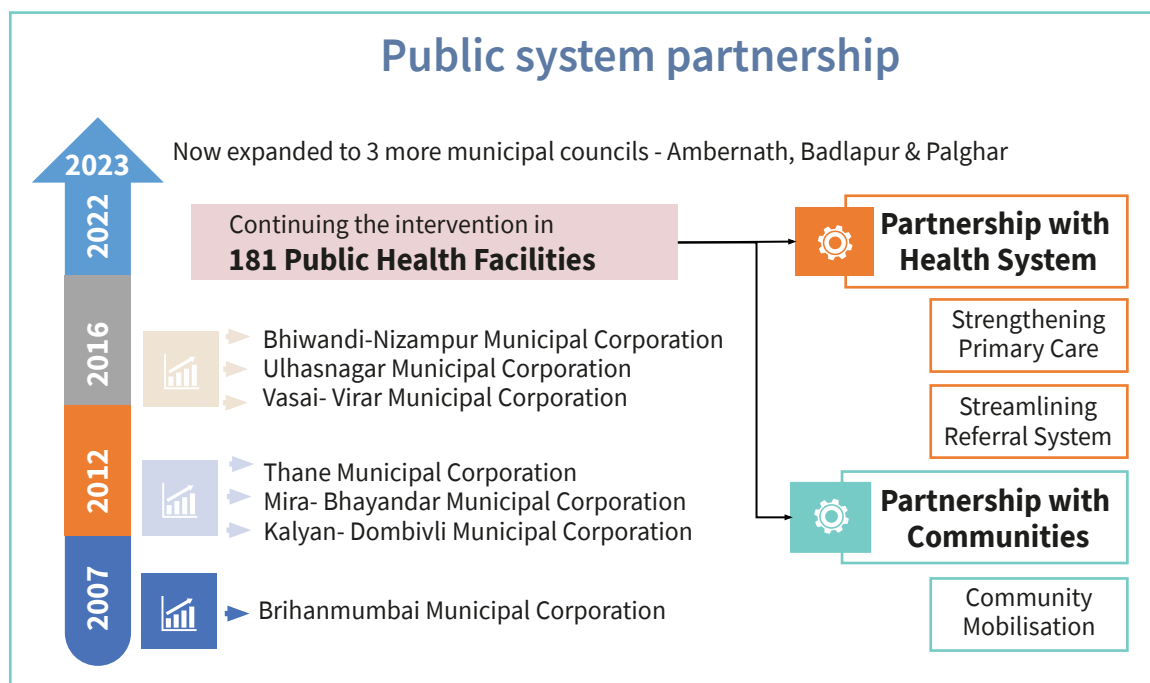


## Scaling through partnerships with systems and NGO's:

### **Competency training for government frontline nutrition workers (*Anganwadi Sevikas*):**

The Commissioner of Integrated Child Development Services (ICDS) appointed SNEHA to build competencies among 300 *Anganwadi Sevikas* on a pilot basis in January 2021. ICDS is an Indian government programme that provides nourishing meals, preschool education, primary healthcare, immunisation, health check-ups, and referral services to children under the age of six and their mothers. A competency is the ability to employ or use a set of related knowledge, skills, and abilities required to successfully perform "critical work functions" or tasks in a defined work setting. We completed trainings on competencies such as Managing Work Commitments, Accountability & Ownership, Non-Violent Communication, etc. Participatory training methods were used to elicit participation and encourage peer learning to enhance communication, growth mindset, conflict comprehension, etc. Based on the success of this pilot programme, we have been tasked with developing the skills of 650 *Anganwadi Sevikas* in other wards of Mumbai.

**Scaling the maternity referral model:** We work in partnership with the public health systems to improve primary health; strengthen the maternity referral system, which promotes the appropriate and timely referral of high-risk pregnant women; and strengthen *Mahila Arogya Samitis*, government-recognized women's health committees that connect community members to public health facilities and encourage utilisation of health services. In 2022-23, we began working with communities and public health systems to expand the maternity referral model from seven to ten cities.



**Scaling the Child Health and Nutrition programme to Bangalore:** We entered an alliance with the NGO Swabhimaan as 'technical partners' in January 2023 to assist them in implementing an evidence-based programme on child health and nutrition. The first phase of the partnership involves 4,000 households for one year, after which we plan to support them in expanding the intervention to 20,000 households in Bangalore's vulnerable urban informal settlements.

# Research and Monitoring & Evaluation



SNEHA takes a data-driven approach to programme design, which is aided by an in-house qualitative and quantitative research team as well as an independent Monitoring and Evaluation (M&E) team that analyses the progress and impact of interventions and disseminates our work through reports and publications.

The data gathered by the programme teams and analysed by the M&E team allows SNEHA to track the effectiveness of its initiatives. The data is also shared with public health institutions to help ensure that services are delivered in a timely and effective manner. The M&E team also creates surveys and interprets data to assist scale up programmes and provide a basis for research.



## KEY HIGHLIGHTS

- The Prevention of Violence Against Women and Children initiative conducted a cluster randomised controlled experiment in Mumbai slums to investigate the effects of community mobilising on the prevalence of violence against women and girls via groups and individual volunteers. To assess the programmes impact, two post-intervention surveys were conducted: one with women aged 18 to 49 years to examine their well-being, household decision-making, household power and control, neglect, and experience of violence, and the other with both men and women aged 18 to 65 years to examine attitudes towards gender roles, gender equality, and the justifiability of violence against women.
- People living in urban informal settlements are particularly vulnerable to diseases such as diabetes and hypertension as a result of shifting lifestyles, stressful living and working situations, and poor nutrition. The SNEHA research team conducted a qualitative study on diabetes and hypertension care-seeking in Bhiwandi's informal settlements. The research employed a case study technique and had two goals: one was to investigate the community's perceptions of diabetes and hypertension, and the other was to identify patients' care-seeking paths for these illnesses. SNEHA aimed to emphasise what it saw as notable and policy-relevant aspects of people's journeys in the analysis.
- To boost work effectiveness, SNEHA's Aahar team provided competency training to Integrated Child Development Scheme (ICDS) workers in Dharavi. This training involved ICDS staff at three levels: *Anganwadi* workers, Supervisors, and Child Development Project Officers (CDPO) and covered 300 *Anganwadi* centres (child care centres). A multi-level investigation was launched to better understand the changes in the ICDS employees as a result of the training. The scope of this study was expanded to understand the challenges and enablers in the training programme and to make future recommendations.

## PUBLICATIONS:

- Anuja Jayaraman and Armida Fernandez. 2023. **Role of civil society in health care: Mechanisms for realizing universal health coverage in vulnerable communities of India.** *Frontiers in Public Health* 11.

<https://www.frontiersin.org/articles/10.3389/fpubh.2023.1091533/full>



- Manjula Bahuguna, Sushmita Das, Sushma Shende, Shreya Manjrekar, Shanti Pantvaidya, Armida Fernandez and Anuja Jayaraman. 2023. **To use or not to use: Exploring factors influencing the uptake of modern contraceptives in urban informal settlements of Mumbai.** *PLOS Global Public Health* 3(3).

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000634#:~:text=Spousal%20awareness%20and%20communication%20constituted,of%20any%20family%20planning%20method.>



- Ramani S, Bahuguna M, Tiwari A, Shende S, Waingankar A, Sridhar R, et al. (2022) **Corona was scary, lockdown was worse: A mixed-methods study of community perceptions on COVID-19 from urban informal settlements of Mumbai.** *PLoS ONE* 17(5)

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0268133#:~:text=These%20findings%20suggest%20that%20urban,long%2Dterm%20social%20protection%20measures.>



## BLOGS:

- **A Silver Lining for Child Nutrition amidst the COVID-19 Storm?**

## CONFERENCES:

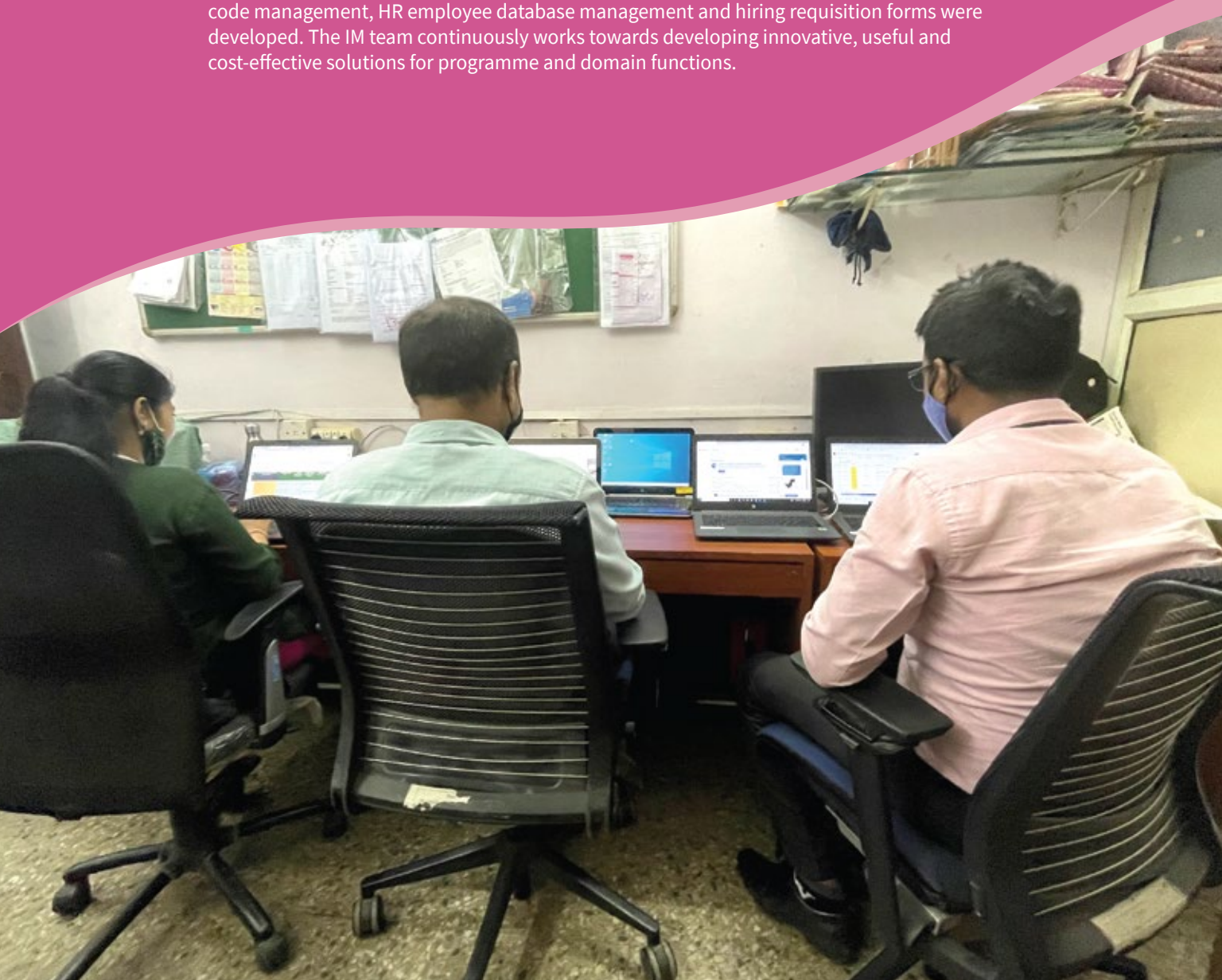
- Presented two papers at **Delivering for Nutrition in South Asia 2022:**
- **Dietary diversity among young adolescents living in urban informal settlements in Mumbai: A cross-sectional study**
- **Implications of the revised definition of minimum dietary diversity for assessing dietary patterns of children aged 6-23 months in informal settlements of Mumbai**

# Information Management

SNEHA seeks to build an evidence foundation for urban health intervention approaches that can be expanded and replicated by the government and other non-governmental organisations (NGOs). This is accomplished through assessing the effectiveness of treatments and developing robust data management and visualisation systems. The Information Management (IM) team at SNEHA creates an enabling IT infrastructure for the organization's IM system.

SNEHA implemented mobile data gathering processes (CommCare system of Dimagi) for our frontline staff in 2012. In 2016-17, we attempted to increase operational efficiencies through IT improvements and the introduction of a BI (Business Intelligence) system. SNEHA was able to invest in technology to simplify time-consuming operations and integrate the entire organisation through unified services and servers thanks to the backing of institutional donors. This 5-year process saw marked improvements in programme insights and day-to-day operations.

Last year as part of the automation process, the asset management, purchase management, cost code management, HR employee database management and hiring requisition forms were developed. The IM team continuously works towards developing innovative, useful and cost-effective solutions for programme and domain functions.



## KEY HIGHLIGHTS

- SNEHA has been implementing the suggestions from the network audit completed in the previous fiscal year in order to establish a strong IT infrastructure. SNEHA resolved 45 of the 46 suggestions as of March 31, 2023. The auditor reviewed and approved the changes made.
- SNEHA appointed a fractional Chief Technology Officer (CTO) in 2022-23. The CTO designed SNEHA's technology roadmap, which includes real-time data analysis, a smooth data pipeline infrastructure that eliminates/reduces manual intervention, and improved connection with public health institutions and the population. This includes progressing towards complete platform development and migrating current SNEHA data into the new data platform, which will include open source technologies such as Airbyte, dbt, PostgreSQL, and Superset to support data integration, transformation, modelling, and visualisation needs.
- The development of dashboards for community health workers for the Healthy Cities Programme has begun. This was accomplished with the help of Superset, an open-source data exploration and visualisation platform. We received great feedback from users and will incorporate this into additional Maternal and Child Health programmes shortly.
- We are one step closer to realising SNEHA's ambition of creating programme and organisational dashboards that enable quick access to critical metrics and processes. Dashboards are being prepared based on historical data from numerous surveys (project evaluation data) done between 2016 and 2023. The M&E team will update these dashboards on a regular basis.

## An impetus for Information Management:

SNEHA was represented at the Tech4Dev Sprint in Uttarakhand by Vinitha Nair (M&E Coordinator) and Nadeem Shaikh (IM Manager). They demonstrated how SNEHA uses technology in its day-to-day operations. The Sprint gave them the opportunity to network with other non-profits and gain vital insights into how other non-profits are utilising technological tools.







# Fundraising & Communications

## FUNDRAISING

During the fiscal year 2022-23, the Fundraising team supported SNEHA programmes and activities by soliciting grants and donations from corporations, Indian and foreign foundations, high-net-worth individuals (HNIs), and retail donors. The majority of institutional funders continued to support SNEHA's work, with 88% extending their support for the current fiscal year. We also had new donors across programmes, including Zee Entertainment, Rami Investments, Wipro Cares, Family based in Mumbai, and the L'Oreal Fund for Women. Epic Foundation, AnBer Foundation, Silicon Valley Community Foundation, and Fidelity Asia Pacific Foundation were among our important institutional contributors who provided us with unrestricted funding or technology funding.

We were able to host in-person fundraising activities like SNEHA's Annual Fundraiser in November 2022 and participate in the Tata Mumbai Marathon in January 2023, thanks to the easing of the pandemic. Through these two events, SNEHA raised over INR 80 lakhs. Field visits by Indian corporations, international foundations, and individuals began this year, after being largely absent in the previous two years (2021 and 2022).

For the seventh year in a row, we have obtained the Platinum seal (the highest level of accreditation) from GuideStar India. We were accepted as a 'Give Assured' NGO on the Give platform in September 2022, which is their highest level of due diligence. We also raised over INR 9 lakhs in the 'Give Fundraising Challenge' in February and March 2023, and were named 'NGO of the Day' for the most funds raised on a specific day.

In 2022-23, we continued to collaborate closely with our CSR partners to ensure compliance with the new CSR (Corporate Social Responsibility) regulations included in the Companies Act, including utilisation of funds received in the fiscal year and third-party impact assessments for all projects with an annual outlay of more than INR 1 crore.

Employee volunteerism and amplification of CSR initiatives on SNEHA social media improved engagement with corporates.

SNEHA runners at the Tata Mumbai Marathon





## COMMUNICATIONS

SNEHA's communications activities this year were aimed at increasing brand visibility through social media, website, newsletters, and emailers, as well as aligning internal teams with the organization's identity and vision.

As a consequence of expanded partnerships with like-minded organisations, funders, partners, media houses, and increased participation of SNEHA staff members on the platforms, our social media channels (**Facebook, Instagram, Twitter, LinkedIn**) have witnessed a significant rise in followers and reach.



SNEHA's website was also updated with a new style that corresponded to its repositioned brand emblem, colours, typefaces, and positioning statement. The website also educates visitors about how the programmes have been redesigned in order to streamline the discussion regarding SNEHA's interventions, outcomes, and impact.



We escalated our public relations efforts by launching campaigns, cooperating with brands, collaborating with media outlets, and inviting celebrities to join our cause.

On the heels of the success of last year's Integrated Marketing Communications campaign, the domain created and led a similar campaign on 'Say No to Junk Food' for World Health Day.

SNEHA's work in Mumbai's urban informal settlements was featured on CNNNews18 and FirstPost's digital platforms in the Changemakers series, which spotlights some of the most notable social projects conducted by NGOs.

SNEHA and Comic-Con India collaborated to raise awareness about gender-based violence among Mumbai youth.



In keeping with the post-pandemic world, SNEHA decided to leverage digital platforms to ensure that their interventions reached a wider audience, and the Communications team was a key part of developing these tools. The domain was essential in bringing agencies together for the design, development, and content creation of Garima, a web interface that provides mental health help to survivors of gender-based violence in South Asia.



**Our Mission** Dharavi campaign communication tools have now been published in John Hopkins University's COVID-19 Communication Network.



<https://covid19communicationnetwork.org/covid19resource/covid-19-communication-resources-to-reach-vulnerable-urban-populations/>



<https://covid19communicationnetwork.org/covid19resource/covid-19-communication-campaign-iec-bcc-sbcc-material-qualitative-summary-report/>

# Capacity Building and Learning Development

*"Organizations learn only through individuals who learn. Individual learning does not guarantee organizational learning. But without it, no organizational learning occurs."*  
- Peter Senge

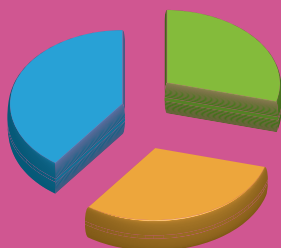


## KEY HIGHLIGHTS OF THE YEAR

• **Staff Motivation Survey** - In 2023, we received the findings of the staff motivation respondents' conducted by Indian School of Development Management (ISDM) among 22 NGO's on aspects like the Respondents needs, job design, tolerance of ambiguity, preference for different types of organization cultures and factors that motivate talent at SNEHA to work in the social sector and with SNEHA.

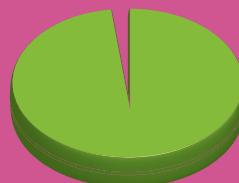
The top three factors that motivate staff to work at SNEHA are:

■ Opportunities to learn & grow (65%)

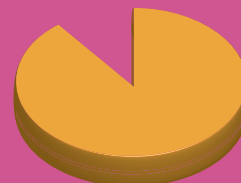


■ Opportunities for creativity & innovation (47%)

■ Work environment & culture (50%)



■ 98% of the respondents feel they are valued as team members at SNEHA.



■ 81% of respondents felt that SNEHA needs to take time to celebrate success.

• **Competencies** - The senior leadership team at SNEHA underwent the Bridgespan: Investing in Future Leaders Program to identify core and leadership competencies to enable us to implement our strategy. We continue to provide refresher training to our teams on competencies.

• **Professional Coaching** - Two Associate Programme Directors underwent coaching in the current reporting period with satisfactory results.







• **Step Up** - This is a programme designed to help new promotees into their new role. The course featured six online and offline sessions. In this reporting year, nine new promotees - six Co-ordinators and four Officers - finished the programme.

# Staff Composition & Compensation

SNEHA's Human Resources (HR) department takes a people-centered approach, encouraging all staff to develop and progress by giving opportunities to enhance capacities on a regular basis. SNEHA's HR staff has implemented a variety of online and offline processes over the years, including the launch of People Works to automate critical HR operations, voice-to-text technology for Community Organisers (COs), and pre-employment and post-employment reference checks, among others. The HR operations platform now has a live hiring process and automation for raising requisitions for new or replacement hires.

We commemorated 'SNEHA Day' in November 2022 with a day-long picnic and cultural entertainment that were enjoyed by all of our staff members!

## As on 31st March 2023

Total Full Time Staff 	490
Female 	397
Male 	93
Consultants 	81
Female 	76
Male 	5

## FULL TIME TOTAL STAFF



Gross Remuneration/Month	Female	Male	Total
8300 – 10000	-	-	-
10001 – 25000	249	29	278
25001 – 50000	93	45	138
50001 – 100000	40	18	58
More than 100000	15	1	16
<b>Total</b>	<b>397</b>	<b>93</b>	<b>490</b>

## PART/FULL TIME TOTAL CONSULTANTS

not including honorarium/deliverable consultants



Gross Remuneration/Month	Female	Male	Total
less than 10000	1		1
10001 – 25000	31	2	33
25001 – 50000	27	-	27
50001 – 100000	12	3	15
More than 100000	5	-	5
<b>Total</b>	<b>76</b>	<b>5</b>	<b>81</b>

Remuneration of lowest paid staff member (Per Month): INR **12,286**

Remuneration of highest paid staff member (Per Month): INR **501,446**

**Board Members Remuneration:** All members of the Board of Trustees work on a voluntary basis and are not paid any remuneration.



# **SNEHA** **Supporters** **& Donors**





# Supporters & Donors

## For Donations of INR 25K and above

- Abhay Aima
- Ada Ribeiro
- Ajay Chauhan
- Amelia Correa
- Anand Chandavarkar Foundation
- Andrew Gracias
- Anil Plastics
- Anish Gupta
- Anmol Jewellers
- Armida Fernandez
- Arnav Bisht
- Arti Havaladar
- Aruna Mascarenhas
- Aruna Ramachandran Natarajan
- Arunava Dalal Saha
- Ashish Balram Singh
- B.S.Tiruvadanani
- Bernadette Rita Mary Dsouza
- Caroline Bhavnani
- Christopher Lobo
- David Rasquinha
- Deepak Jain
- Escalar Cart Private Limited
- Essar Industries
- G M Martin Trust
- Gauri Nayar
- Give Foundation Inc USA
- Harit Soni
- Hindustan Lever Educational and Welfare Trust
- Ivan Menezes
- Jamil Ahmed Khatri
- Jayalaxmi Charitable Trust
- Jayanti Krishnan
- Jayson Fernandes
- Jeannette Leopoldina Lobo
- Joseph Cajetan D'lima
- Joydeep Bhattacharya
- K & M Sheltors Pvt Ltd
- Kalpana Iyer
- Keith Suares
- Khatun Baldiwala
- Koita Foundation
- Leonard Menezes
- Lorna Fernandes
- Luis Miranda
- Madhusudan Gopalan
- Madhusudhan D S
- Mahadevan Seetharaman
- Manuela Reis
- Maria Ina Menezes
- Mary Patricia Soans
- Marzi Jehangir Patell
- Muralidharan Srinivasan
- Murthy Nippu Naresh
- Nazneen Limboowalla
- Nikhil Prasad Ojha
- Omkar Kapoor
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- Parvathy Kailasam
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- Priti Bhargava
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- Suvalaxmi Chakraborty
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- Teryair Equipment Private Limited
- The Consulate General of Canada in Mumbai
- The UK Online Giving Foundation
- Trisons Builders
- United Phosphorus Ltd.
- Valuex Wealth Connect LLP
- Vanessa D'Souza
- Vikram Desai
- Vikson Spring Pvt. Ltd.
- Yolande Menezes
- Zeal Marketing Pvt. Ltd.

# Institutional & Programme Donors



- ACG Cares Foundation
- Agiliad Technologies Private Limited
- Azim Premji Philanthropic Initiatives Pvt. Ltd.
- Bain and Company India Private Limited
- Bajaj Finance Limited
- Barakat Inc.
- Charities Aid Foundation America, Inc.
- Chemtrols Industries Private Limited
- Cipla Foundation
- Credit Suisse Finance (India) Private Limited
- DSP Blackrock Investment Managers Pvt. Ltd.
- Epic Foundation France
- Epic Foundation UK
- Fidelity Asia Pacific Foundation
- Foundation AnBer
- Family based in Mumbai
- Gemsons Precision Engineering Private Limited
- GlaxoSmithKline Pharmaceuticals Limited
- Global Development Group
- H T Parekh Foundation
- Harish & Bina Shah Foundation
- JP Morgan Chase Bank, N.A.
- Julius Baer Capital India Private Limited
- Kalpataru Trust
- Karmatex Apparels Private Limited
- Kotak Mahindra Asset Management Company Limited
- Laxmibai Dwarkadas Charity Trust
- L'Oreal Fund for Women
- Manan Limited
- Matrix India Entertainment Consultants Pvt. Ltd.
- MCKS Trust Fund
- Morgan Stanley India Co Pvt Ltd
- N K Patni Charitable Foundation
- Nihchal Israni Foundation
- Nividous Software Solutions Private Limited
- R G Manudhane Foundation For Excellence
- Silicon Valley Community Foundation
- The Hongkong and Shanghai Banking Corporation Limited
- The Rami Investments Private Limited
- United Way of Mumbai
- University College of London
- Wipro Cares
- Zee Entertainment Enterprises Limited



# SNEHA **FINANCIAL REPORT**



# SNEHA (Society for Nutrition Education and Health Action)

Balance Sheet - (Schedule VIII {Vide Rule 17 (I)}) as at 31 March 2023

(All amounts are in INR Lakhs)

Registration No. E- 17858- Mumbai



FUNDS AND LIABILITIES	Note	As at 31 March 2023	As at 31 March 2023	PROPERTY AND ASSETS	Note	As at 31 March 2023	As at 31 March 2023
<b>Trusts Funds or Corpus :-</b> Balance as per last Balance Sheet Adjustment during the year (give details)	3	404 158	562	<b>Immovable Properties :- (at cost)</b> Balance as per last Balance Sheet Additions during the year Less : Deductions during the year Depreciation up to date		- - -	-
<b>Other Earmarked Funds :-</b> -Depreciation Fund -Sinking Fund		- -		<b>Investments :-</b> Fixed Deposit with Non Banking Financial Companies (at cost) (Note : The market value of the above investments is Rs. 13,25,12,636/-)	8	1,325	1,325
-Reserve Fund -Any Other Fund	4	- 2,459	2,459	<b>Furniture &amp; Fixtures, Computers, Equipments, Vehicle, etc.</b> Balance as per last Balance Sheet Additions during the year Less: Sales/adjustments during the year Depreciation up to date	9	328 152 0 254	227
<b>Loans (Secured or Unsecured) :-</b> -From Trustee -From Others		- -	-	<b>Loans (Secured or Unsecured) Good/doubtful :-</b> Loans Scholarships Other Loans		- -	-
<b>Liabilities :-</b> - For expenses - For advances	5 6	116 -		<b>Advances :-</b> To Trustees To Employees	10	- 2	
- For Rent and Other Deposits - For sundry credit balances	7	- 21	138	To Contractors To Lawyers To Others	11	- - 120	122
<b>Income &amp; Expenditure Account :-</b> Balance as per last Balance Sheet Less : Appropriation, if any Add : Surplus (as per Income and Expenditure Account) Less : Deficit (as per Income and Expenditure Account)		1,215 - 103 -	1,318	<b>Income Outstanding :-</b> Rent Interest Other Income	12 13	- 75 497	572
				<b>Cash and bank balances :-</b> In Saving Account In Current Account In Fixed Deposit Account With the trustee Cheques in hand With the manager	14 15 16 16	1,003 - 1,228 - 0 0	2,231
<b>TOTAL</b>			<b>4,477</b>	<b>TOTAL</b>			<b>4,477</b>

Significant accounting policies 2

The notes referred to above form an integral part of the Financial Statements

The above Balance Sheet, to the best of our knowledge and belief, contains a true account of the Funds and Liabilities and of the Property and Assets of the Trust as at 31 March 2023

As per our report of even date attached.

For B S R & Co. LLP  
Chartered Accountants  
Firm's Registration No: 101248W/W-100022

Joshua Fernandes  
Partner  
Membership No: 161017  
Place: Mumbai  
Date: 30th October 2023

For SNEHA (Society For Nutrition Education and Health Action)  
Registration No. E- 17858- Mumbai

Dr. Armida Fernandez  
Trustee  
Place: Mumbai  
Date: 30th October 2023

Mary Patricia Soans  
Trustee  
Place: Mumbai  
Date: 30th October 2023



# SNEHA (Society for Nutrition Education and Health Action)

Income and Expenditure Account - (Schedule - IX {Vide Rule 17(1)}) for the year ending 31 March 2023

(All amounts are in INR Lakhs)

Registration No. E- 17858- Mumbai



EXPENDITURE	Note	For the year ended 31 March 2023	INCOME	Note	For the year ended 31 March 2023
<b>To Expenditure in respect of properties :-</b>			By Rent :-		
Rates, taxes, cesses		-	Accrued		-
Repairs and maintenance		-	Realised		-
Salaries		-			
Insurance		-	By Interest :-	23	
Depreciation		-	Accrued		99
Other Expenses		-	Realised		77
To Establishment expenses	17	233	On Securities		
To Remuneration To Trustees		-	On Loan		
To Remuneration To Head of Math		-	On Bank Account		
To Legal expenses		-	By Dividend		-
To Audit fees	18	5	By Donations in cash or kind	24	169
To Contribution and Fees		-	By Grants	25	2,804
<b>To Amount Written Off :-</b>			By Income From Other Sources	26	2
Bad Debts		-	By Transfer From Reserve		-
Loan Scholarships		-	By Deficit carried over to Balance Sheet		-
Irrecoverable rents		-			
Other Items	19	1			
To Miscellaneous expenses		-			
To Depreciation	9	74			
To Amounts Transferred to Reserve or Specific Fund		-			
<b>To Expenditure on objects of the Trust :-</b>					
(classification is as certified by trustees)					
(a) Religious		-			
(b) Educational	20	356			
(c) Medical relief	21	139			
(d) Relief of Poverty		-			
(e) Other Charitable Objects	22	2,240			
<b>To Surplus carried over to Balance Sheet</b>		103			
		<b>3,151</b>			<b>3,151</b>

Significant accounting policies

2

The notes referred to above form an integral part of the Financial Statements

As per our report of even date attached

For B S R & Co. LLP

Chartered Accountants

Firm's Registration No: 101248W/W-100022

Joshua Fernandes

Partner

Membership No: 161017

Place: Mumbai

Date: 30th October 2023

For SNEHA (Society For Nutrition Education and Health Action)

Registration No. E- 17858- Mumbai

Dr. Armida Fernandez

Trustee

Place: Mumbai

Date: 30th October 2023

Mary Patricia Soans

Trustee

Place: Mumbai

Date: 30th October 2023

# SNEHA (Society for Nutrition Education and Health Action)

Receipts & Payments Account for the year ending 31 March 2023

(All amounts are in INR Lakhs)

Registration No. E- 17858- Mumbai



RECEIPTS		For the year ended 31 March 2023	PAYMENTS		For the year ended 31 March 2023
<b>Opening Cash and bank balances :-</b>					
In Saving Account		491			
In Current Account		-	Expenditure on Objects of the Trust		2,754
In Fixed Deposit Account		1,600	Expenditure on Administration Expenses		194
With the Manager		-	Capital items/ assets purchased		158
Cheques in hand		0	Security Deposit payments (Net)		4
Cash in hand			Investment in fixed deposits with NBFC		293
Grants & donations received		3,254	Other Advances (Net)		4
Corpus Funds received		158			
<b>Interest income</b>			<b>Closing Cash and bank balances :-</b>		
-in saving account		20	In Saving Account		1,003
-deposit account		113	In Current Account		-
Interest on Income tax refund		0	In Fixed Deposit Account		1,228
Other income		1	With the Manager		0
Income from Sale of Assets		-	Cheques in hand		0
Other Advances (Net)		-	Cash in hand		0
		<b>5,639</b>			<b>5,639</b>

As per our report of even date attached

For B S R & Co. LLP  
Chartered Accountants  
Firm's Registration No: 101248W/W-100022

Joshua Fernandes  
Partner  
Membership No: 161017  
Place: Mumbai  
Date: 30th October 2023

For SNEHA (Society For Nutrition Education and Health Action)  
Registration No. E- 17858- Mumbai

Dr. Armida Fernandez  
Trustee  
Place: Mumbai  
Date: 30th October 2023

Mary Patricia Soans  
Trustee  
Place: Mumbai  
Date: 30th October 2023

## LIST OF ABBREVIATIONS

ACM	: Adolescent Change Maker
AFHC	: Adolescent Friendly Health Clinic
ANC	: Antenatal Care
ANM	: Auxiliary Nurse Midwife
ASHA	: Accredited Social Health Activist
BCC	: Behaviour Change Communication
BMC	: Brihanmumbai Municipal Corporation
BNMC	: Bhiwandi Nizampur Municipal Corporation
BPCR	: Birth Preparedness Complication Readiness
CAG	: Community Action Groups
CBO	: Community-Based Organisation
CDPO	: Child Development Project Officer
CSR	: Corporate Social Responsibility
CHV	: Community Health Volunteers
CMAM	: Community-based Management of Acute Malnutrition
CO	: Community Organizer
PDS	: Public Distribution System



## DIRECT BENEFICIARY

\*Direct beneficiaries refer to the individuals, groups, or organizations, which benefit directly from an intervention, or who are the direct recipients of SNEHA's activities.

DWCD	: Department of Women and Child Development
ECD	: Early Childhood Care and Development
EHSAS	: Empowerment, Health and Sexuality of Adolescents
GBV	: Gender- based Violence
ICDS	: Integrated Child Development Services

## INDIRECT BENEFICIARY

\*\*Indirect beneficiaries refer to other individuals, groups or organizations who are not the direct target of SNEHA's interventions and activities but may be indirectly affected and benefited by the activities with direct beneficiaries.

IFA	: Iron and Folic Acid	OSC	: One Stop Centre
IM	: Information Management	PDS	: Public Distribution System
IMCI	: Integrated Management of Childhood Illness	PHN	: Public Health Nurse
IYCF	: Infant and Young Child Feeding practices	PVWC	: Prevention of Violence against Women and Children
KDMC	: Kalyan-Dombivili Municipal Corporation	RMNCH	: Reproductive, Maternal, Newborn and Child Health
M&E	: Monitoring and Evaluation	RMNCH+A	: Reproductive, Maternal, Newborn, Child and Adolescent Health
MAM	: Moderately Acute Malnutrition	RPC	: Romila Palliative Care
MAS	: Mahila Arogya Samiti (Women's health committees)	SAM	: Severely Acute Malnutrition
MBMC	: Mira-Bhayander Municipal Corporation	SNEHA	: Society for Nutrition, Education and Health Action
MMR	: Mumbai Metropolitan Region	SHG	: Self Help Group
MNT	: Medical Nutrient Therapy	THR	: Take Home Rations
MOH	: Medical Officer Health	TMC	: Thane Municipal Corporation
MWRA	: Married Women in Reproductive Age	TB	: Tuberculosis
NGO	: Non-Governmental Organisation	UMC	: Ulhasnagar Municipal Corporation
NRRTC	: Nutrition Rehabilitation and Research Training Centre	UPHC	: Urban Primary Health Centre
NUHM	: National Urban Health Mission	VCDC	: Village Child Development Centres
OPD	: Out-Patient Department	VVMC	: Vasai-Virar Municipal Corporation
		WASH	: Water, Sanitation and Hygiene
		WHO	: World Health Organisation

Society for Nutrition, Education  
& Health Action (SNEHA), Mumbai



Head Office



310, 3rd Floor,  
Urban Health Centre,  
60 Feet Road, Dharavi,  
Mumbai 400017

Behind Building No. 11,  
BMC Colony Shastri Nagar,  
Santa Cruz West,  
Mumbai - 400 054  
(M) +91 9920199188



CRISIS HELPLINE  
(M) +91 9167535765

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