ANNUAL REPORT YEAR 2010-2011





NAVJYOTI DEVELOPMENT SOCIETY

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From Secretary's Desk



Dear Friends,

I am delighted to present the annual report of Navjyoti Development Society for the year 2010- 2011. No doubt the year was significant in terms of expanding the area of work and intervening in new areas with new partners such as Save the Children and Coca-cola. Certainly the last 2 years are have marked a rise in the performance of the organization; specially the collaboration with prominent corporate houses. Being the Chief Functionary of the organization, I will be justified in saying that we have brought the organization where we want to establish it.

Working with new partner Save the Children (Bal Rakhsa Bharat) has been a superb experience particularly in terms of improving quality of work, staff skill, and program development and so on. The program is focused upon mother and child care which is a much required service in the slums of Delhi. Our heartiest gratitude goes to Save the Children for selecting NDS as a partner for this noble cause.

Joining hands with the Delhi State Aids Control Society, NCT has been immensely satisfying as hard work has paid off and significant results have been seen. The objective of the program was to prevent the High Risk Group from HIV/AIDS through promotion of condoms, awareness, peer groups and advocacy. We have adopted this herculean task and will continue to strive for the prevention of this fatal condition. Since last three years, NDS has been working in close association with Charities Aid Foundation India. Our partnership with CAF India is the evidence of our best effort in the field of education and health. CAF is associated with us in the education project at NOIDA and heath project in Sonepat district of Haryana. The education program at NOIDA is aimed at nutrition and education for small children. A new program namely Support My School has been started in association with CAF India and Coco-Cola in Sonepat. Since the incidence of the gruesome murders of children came to light, parents have become cautious and concerned about the security of children. They are not ready to send them to school. In such a situation, NDS has built up trust and confidence through better education and nutrition facility to the children in the centre. In Sonepat district, we took on the responsibility of running 2 OPD centres in 3 villages and provided the best doctor facility with quality medicine. No doubt that we have succeeded in achieving our target. This is a new area of work and I hope coming period will be fruitful and achievable.

Samajik Suvidha Sangam, a Delhi Govt. program, has enabled us to reach the poorest of poor, enhancing skills of the staff and developing linkages with various Govt. departments. The visit of Hon'ble Chief Minister Smt. Sheela Dikhit at our Gender Resource Centre was a milestone for our organization. She spent more than 30 minutes with beneficiaries and launched a new program "Sanitary Napkin" through our GRC. The objective of the program is to focus on development of women by providing them all round support so that the status of women can be improved in the society.

NDS has embarked on a new mission with an international funding agency Global Green Grant Fund that works for environment and occupational health issues. Though the support of the grant was small, but certainly it has given the organization an opportunity to build up its image in the area of advocacy and networking.

Last but not the least, my heartfelt regards to all partners, friends and members who are supporting the organization in achieving its mission. Our special thanks to ANM Associates, the CA organization which has provided us time to time support.

Activities at a Glance

Education

Since the Right to Education has come in to practice, the government is paying special attention towards admitting every child to school. But there are many hurdles in the way of the implementation of this Act. The biggest problem is infrastructure. As we have been working in rural and urban area both, we realized that their needs are different. For example, in rural areas ample space is available in most schools, while in urban area space is a major problem. Apart from infrastructure, poverty is one of the major causes that prevents children form joining school and compels the children to work in order to support the parents by reducing the financial burden of the family.

Pravah	
No. of children covered	150
No. of children mainstreamed	182
No. of children provided nutrition support	92
No. of children covered under NFE	145
No. of children covered under REC	90

Since its inception the organization believes that education is the best tool to bring about change in the society. Thus, we have education programs for all age groups of children irrespective of cast, creed, religion and gender. During this period we have had 2 types of education programs. The first was grant based in Nithari U.P. and second was donation and contribution based. **Charities Aid Foundation of India in collaboration with ADOBE**, provided assistance to run the nutrition and education programs in Nithari village for nearly 60 children. A good amount of donation was received from Charities Aid Foundation for providing education support to deprived children.

Top priority has been given to providing support to school going children as well as dropouts and to small children fighting malnutrition. Child education has been focus area of the organization since its inception. Keeping the same in mind, NDS is focusing on girl child education in all its programs. Over the years through our experiences we have realized that it is essential that supporting school systems for deprived children be established.



School Dakhila Abhiyan

Since the RTE act has been enforced by the government, we have become equipped with a

Mainstream data:

At Nithari: 68 children

> At Okhla: 114 children

weapon to put each child in the school. However, authority figures in schools are still placing obstacles in front of parents, which is very humiliating and reflects upon the sorry state of affairs. School Dakhila Abhiyan has been the priority of the organization since 2003 when SarvaShiksha Abhiyan had been launched in

Delhi.

There was less support for education program this year rather than previous year. Though we had good amount of donation from Charities Aid Foundation, it was felt that there was need to cover more children under the education program. To motivate and make aware the community, we have adopted many tools such as organizing rallies & street plays, conducting meetings with community & local governance, using Posters and Banners and conducting door to door visits.

Target intervention Program

NDS has been running Target Intervention Program with the help of Delhi State AIDS Control Society- Govt. of Delhi, National AIDS Control Organization (NACO) Govt. of India, since April 2008 and has completed its Third year of program with a target of 1000 Female Sex Workers by April 2010.

Target Intervention Program is aimed at offering prevention and care services to the high risk group such as Female Sex Workers within the community by providing them with the information, means and skills they need to manage HIV transmission and improving their access to care, support and treatment services. The program is also focused on improvement of



sexual and reproductive health among these populations and improves general health by helping them reduce the harm associated with behavior such as sex work. NDS has been completed its annual coverage target 1000 FSWs and has registered 1261 female sex workers till date and has a regular coverage of 1088 FSWs.

Objective of the Program:

To provide information of control and prevention of HIV/AIDS, enhance knowledge of STI/HIV/AIDS, health seeking behavior and medical treatment facility to target population (FSW)

Area of Intervention:

The Targeted Intervention program was implemented in Madangir, Khanpur and Dakshinpuri areas in South Delhi, where Navjyoti Development Society identified 27 hot spots. NDS TI Project completed the registration of 1261 female sex workers and has achieved a regular coverage of 1088 FSW till April, 2011.

Services provided under the program:

• Outreach Service: Outreach services have been provided at daily basis and HRG meetings have been conducted at every hotspot twice in a month at 27 hotspots in the entire area. With strong Interpersonal Communication skills, our Outreach Workers, Peer Educators and Counselors/ANM have motivated the high risk group including sex workers and their clients to develop a behavior of safer sex practices and encouraged them to know their HIV status at regular intervals. Moreover they have put in efforts to develop health seeking behavior among the sex workers and have motivated them to visit our project clinic for regular medical check-ups.

• Counseling: Counseling gives social and emotional support to a person and it is

probably the best activity to build the rapport with the clients. Regular counseling sessions in the form of either one to one counseling or group sessions are held in our clinic by our skilled ANM, under confidentiality. Also, counseling sessions of the HRG with the professional counselors was also carried from time to time, during the DIC meetings. So far 2449 people that fall under high risk group

project.



2449 people that fall under high risk group have been counseled through our

- OPD for STI/RTI Treatment: A well equipped clinic with highly trained ANMs is available all the time, during clinic hours i.e. from 9.30 A.M to 5.30 P.M on all week days. Three OPDs in a week (Monday, Tuesday and Thursday), 2 in the static project clinic and one as static clinic are arranged for the STI treatment and Regular medical check-ups but at end of the year we have conducted all the check ups at the static clinic.
- Drop-in-Center (DIC): The main motive behind opening Drop-in-center is to add maximum sex workers with our program. To fulfill the same purpose, a DIC committee was formed which comprised of 7 members including 3 peer educators and 4 sex workers. They organized various entertainment activities with the consent of the other staff members at the DIC like make up competition, dance competition and Mehndi sessions at regular intervals. The sex workers were encouraged to participate and were given prizes for their participations in these activities. These activities also proved to be source for earning money via participation in them.
- Health Camp: The health camp was organized to generate awareness about the need
 - of health check-ups amongst HRGs, their allied population, their sexual partners and their family members. The target population was encouraged for more active participation in the camp for developing better health seeking behavior. Free-of-cost health checkups and medicines were provided to participants. Two separate doctors were available for heath check up for different target groups. A female doctor to examine female patients having STI and general



problems, a male physician for addressing health issues of general participants. According to the need of the HRG and community, we had organized health camps in the respective project areas. Health camp was organized in the month of July '10 in C-Block, Madangir, where community members had participated actively. Large number of HRG access clinical service in the camp was provided. Counseling and

awareness generation was done by the ANMs on topics of safe sex behavior, HIV infection, and treatment process of AIDS.

• Community event: We had organized 2 community events in this year. One event was organized at Khanpur among 220 female sex workers. The second community event was organized at the district level with help of South Delhi TI's partner. We had to bring our targeted population from targeted area to this venue



population from targeted area to this venue (Lal Kuan, ICTC). This major community event was organized in the month of December'10 where more than 600 HRG became the part of it.

Indicators	Achievement
No. of HRG contacted at least once (new Contacts)	1261
No. of HRG contacted at least twice in a month (Repeat Contacts in Month)	10728
No. of HRG who have come to the Project clinic once	3072
No. of HRG who have treated in the Project clinic with presumptive treatment	86
No. of HRG who have treated in the Project clinic with Syndromic treatment	318
No. of HRG who are screened for Syphilis	817
Total Number of condoms distributed (Free)	307211
Total Number of condoms distributed (Social marketing)	828
No of HRG counseled	2449
Number of HRG referred to ICTC	2193
Number of HRG tested for HIV	1002

• Networking meeting: NGO networking enables interaction between TI's partners and service providers from different areas and promotes the sharing of ideas and information between the NGOs and the stakeholders. With this idea in mind, a number of networking meetings were carried out with the TI partners of South Delhi, doctors of the locality, NGOs working in the areas, the police, ICTC and other stakeholders like pimps etc. on regular basis. It helped in building professional capacities of community groups and local NGOs and the overall smooth functioning of the program.

Crises management: The crises management committee is composed of 5 members including few peer educators and female sex workers. The entire committee is responsible for solving any problem that arises be it a conflict with FSW, stakeholder or their client. They inform the organization about any mishaps that occur with the HRG and also take actions collectively and immediately. In order to create awareness among the sex workers pertaining to their rights, several sessions with the legal advisor were conducted in the DIC.

Gender Resource Centre

We are witnessing the successful completion of the 4th year of our program. This is a milestone effort of Delhi Govt. to reach the downtrodden with effective impact of its program. NDS always prefers to undertake such programs where possibility of bringing hidden potential of the deprived section of the society exists. This program fulfills this objective of the organization. This program has become the model for the organization. The objective of the



program is to reach downtrodden people who are still deprived of govt. welfare schemes and facilities, particularly women.

The program caters two types of activities:

Delivery system - where we focus on providing vocational training to women, education facility to all kinds of children and health and doctor facility to women and children. Empowering women is the core issue of the program. Our target is to cover 1, 00, 000 population of the area. Though this is a small effort in terms of targeted population, we try to reach each and every beneficiary.

Help – desk - an umbrella of various schemes and information related to govt. and easily available for any person such as ration card application, widow assistance, Mamta scheme, Ladli scheme and so on. The objective is to provide door step facilities to each residence without any discrimination.

Outcomes of Gender Resource Centre at a Glance:



4th August, 2010 was the special day for the organization when Hon'ble Chief Minister Smt. Sheela Dikshit along with Health Minister Smt. Kiran Valia made a visit to our project area and spent more than 30 minutes with our beneficiaries and staff. It was a significant moment for the organization that the Hon'ble Chief Minster graced our program, had a discussion with the staff and trainees of the centre and encouraged our zeal and enthusiasm. The occasion was the launching of **Sanitary Napkin** scheme in collaboration of Johnson & Johnson. The other visitors were SDM (Kalkaji), Director, Mission Convergence and Director, Johnson & Johnson Company.

SN	Activity	Number
1	Door to door visit	9400
2	Community meetings conducted on various social issues	255
3	No. of people participated in meetings	4401
4	Total Beneficiaries Availed Information in GRC/SK	28220
5	Total beneficiaries referred by Suvidha Kendra	841
6	Total loan sanctioned under SJSRY	31
7	Total handicapped pension sanctioned	05
8	Total widow pension sanctioned	17
9	Total old age pension sanctioned	23
10	No. of Ladli Yojna beneficiaries	07
11	No. of women completed beauty culture training	118
12	No. of women completed cutting & tailoring course	115



SN	Activity	Outcome
1	Conducting cutting & tailoring, beauty culture trade, computer education course for women and girls living in Okhla Industrial area	115 beneficiaries enrolled and got passed out Out of 115, 10 have got jobs and 40 have adopted skills learnt there as independent work
2	Conducting Non-formal education classes for out of school children	123 children enrolled in non-formal classes 86 children have been mainstreamed
3	Conducting adult education classes for women of the area	63 women got enrolled so far and 33 women completed the adult education course & became semi-literate
4	Conducting Remedial education classes for school going children	68 children are being supported under REC and providing support in their study
5	Conducting weekly OPD for the people who are deprived of health and facilities	32 OPDs have been conducted till March 2010 1605 beneficiaries availed the facility
6	Conducting monthly health awareness camps for the community	8 Health camps have been conducted till March, 11 and 1894 people availed the facility and being treated Various thematic subjects were selected for the camp
7	Conducting nutrition camps for women particularly eligible and pregnant	12 nutrition camps were conducted till March 10 5551 beneficiaries covered & various nutrition related issues were covered
8	Providing legal counseling and legal support to the women particularly victim of domestic violence and social injustice	75 visits were organized till March 11 by Lawyer 1216 cases got registered 15 cases solved by GRC 15 cases referred to various institutions like Police 36 Legal awareness camps were conducted

Bringing Healthcare to the Doorstep: Saving Children's Lives in Slum Areas of Delhi

The program is a new venture in collaboration with Save the Children: Bal Raksha Bharat. The program was launched in the month of June, 2010 and Okhla Industrial Area has been selected as operational area. It was decided that creating awareness among people towards health and imparting correct knowledge on issues relating to the 'Right of Health' of children forms will be an integral part of the project. At the same time realizing the malicious fact about the inadequate health facilities available for these people, the MHU project through the static health clinics/ Mobile Clinics based on fixed day fixed site, ensured delivery of quality general healthcare and maternal, newborn and child healthcare services to this vulnerable segment of population living in the slums of Okhla Industrial area. The project area includes Okhla Industrial Area Phase I & II, New Delhi. 10 slum clusters identified in the project are depicted below. The total population covered in these slum clusters is 1,00,000.

Objective:

- To Provide Reproductive, Maternal, Newborn and Child Health & Nutrition (RMNCH) care.
- 2) To raise the level of community awareness on issues of institutional delivery, immunization, environmental sanitation, hygiene, and other health and nutrition related behaviours and create a demand for neighbourhood quality primary healthcare services from the government.
- 3) To develop an effective system of referrals & linkages with public as well as private health facilities in and around the slum areas.

Project Area:

- 1) Janta Jeevan Camp (Part II), Okhla Phase II
- 2) Janta Jeevan Camp (Part IV) Okhla Phase II
- 3) New Sanjay Camp, Okhla Phase II
- 4) Jeevan Jyoti Rajeev Camp, Okhla Phase II
- 5) Sanjay Colony I, Okhla Phase II
- 6) Sanjay Colony II, Okhla Phase II
- 7) Indira Kalyan Camp, Okhla phase I
- 8) Rekha Camp, Okhla Phase I
- 9) V.P Singh Camp, Lal Kuan 10) Transit camp, Govindpuri.



Primary target group

Target group primarily includes pregnant women, lactating mothers and children less than 5 years of age.

Project's strategy

It includes catalyzing community level actions for sensitizing people about the importance of health especially maternal, child health, nutrition and sanitation services and behaviors & meeting the resultant demand for services in the slums by providing services through Mobile Health Units.

Project Activities

- Mobile Clinics have been set up to provide ante natal care to pregnant mothers, postnatal care to lactating mothers and essential new born care along with other primary healthcare services in 10 identified slum clusters on fixed-day fixed site bases.
- One to one as well as group counseling sessions on Infant and Young Child Feeding (IYCF) practices, health, nutrition, water and environmental sanitation issues.
- Health awareness camps for awareness generation on health related issues in the community are organized once every month.
- Cohesive Community Action Groups (CCAG) & Slum Health and Sanitation Team (SHAST) have been formed along with the identification of community Nodal Point Persons to ensure community participation and develop a sense of ownership ad belongingness with the program components.
- Training of CCAG, SHAST and women groups on basics of health, nutrition, hygiene and sanitation
- Trainings to Community Volunteers, ASHA, AWW and Frontline health workers on basic concepts of safe motherhood, infant care and home based care for Pneumonia, Diarrhea, Malaria and Dengue etc.
- Thematic events on health and sanitation are celebrated from time to time.

Achievements

Since the inception of the program we have been able to mark by following achievements:

- 6212 patients received primary healthcare services through mobile health van.
- 3811 women availed medical facilities through these mobile clinics.
- As many as 1522 children under five years of age have been treated for various childhood diseases. Also, 426 children were treated for diarrhea while 314 children have been treated for pneumonia.
- So far, 1208 children between age group of six to eighteen have been treated through the clinics under MHU project.
- 9 Specialist health camps have been successfully organized wherein 589 patients were treated for various illnesses.
- 7289 counseling sessions on Infant and Young Child Feeding (IYCF), Pre partum care, institutional delivery, Post partum care, family planning, adolescent health, water and environmental sanitation good hygiene practices etc have been conducted in order to bring about behavioral change in the attitude of the people living in the slums of Okhla Industrial Area.
- 10 cohesive community action groups (CCAG) & 10 Slum Health and Sanitation Team (SHAST) have been successfully formed with 162 group members to ensure community participation and bring community ownership.
- 3 training of CCAG, SHAST and women groups on basics of health, nutrition, hygiene and sanitation

• 2 trainings of Community health workers have been organized so far on basic concepts of safe motherhood, infant care and home based care for Pneumonia, Diarrhoea, Malaria and Dengue etc.

Health for All - Now:



This program is being run in 3 villages of Sonepat District in Haryana. The program has been supported by GlaxoSmithKline. The company is an international level baby food production company, situated in Palari village at District Sonepat, Haryana. Though the company has been conducting various community welfare programs since many years, this is its first time it has ventured to set up and run a regular OPD in the villages. Initially, the idea was to cover those families who are living in the nearby area and whose members were working in

the GlaxoSmithKline factory. Later on it was decided to cover as much of the community as possible.

Since inception of the project, gradually but steadily, NDS has achieved its goal. For example, we have conducted awareness camps for the villagers, adolescents and stakeholders on various issues in order to sensitize them about their health.

2 OPD centers have been running in Khevra and Jhundpur villages with staff of 1 OPD Assistant, 2 ANMs and 1 doctor. We shifted our earlier centre from Palari to Khevra village as the village Panchayat provided us space. This was our best practice to take maximum support of the community.

SN	Activity	No.
1	No of patients covered	3034
2	No. of patients treated	2580
3	No. of patients referred	197
4	No. community activities conducted	12
5	No. of school programs organized for adolescent	04
6	No. of ANC reg. in govt. hospital	147
7	No. of institutional deliveries	42
8	No. of orientation programs conducted	05

Reproductive & Child Health Program

The program had been in action for 3 years it was concluded in the month of July, 2011. SOSVA (North) was the co-partner of the program. Meanwhile, we took on the additional responsibility to complete one of the RCH programs in Jagdamba Camp of Delhi. The organization in charge of it earlier could not complete this program on time. Therefore, the responsibility was given to NDS. We are happy to say that we have completed both the programs with expected outcomes.

The focus area of the program was:

- Institutional registration of each ANC
- Institutional delivery of each new born
- Proper immunization both mother and child

- Promotion and adoption of family planning methods
- Providing OPD facility at the community level and inculcate health seeking behavior
- To orient young boys and girls about safe sex behavior in the life
- To develop linkages with community and nearest Primary Health Centre so that every person can avail the facility

No. of eligible couple registered	656
No. of counseling session held	594
No. of condom distributed	1997
Female sterilization	65
Male sterilization	02
No. of health camps held	13
No. of patients treated in OPD	2032
No. of institutional deliveries	281
No. of adolescent meetings held	23
No. of eligible couple meeting held	28
No. of house visits made	9872
No. of ANC/PNC camp organized	16

Balwadi

The program had been implemented since 2007 in collaboration with Delhi Social Welfare Board. The grant was too meager to meet the honorarium of a care take. Eventually, we have stopped it and are running this program independently through community and individual contribution. We are happy that we could succeed to provide medical, nutrition and teacher facilities to nearly 70 children living in the area. Individual support was received from CAF India in a regular basis. The program was run in Okhla Industrial area.





Mahila Panchayat Program

Though the Mahila Panchayat program is one of the oldest program of NDS, its credibility is always in stake due to insufficient resources and assistance. The program has been running in association with Delhi Commission for Women for last six years and providing maximum support to victim of domestic violence. Unfortunately, the program stopped from December 2009 onwards but our efforts were



continue. The next phase of program took nearly nine months to get start.

The objective of the program was:

- To support and protect women rights
- To make ensure that no woman should suffer any domestic violence in the area
- To protect woman from any form of domestic violence
- To develop linkages with other stakeholders responsible to protect women rights
- To aware community on any atrocity with a woman and report to appropriate agency
- To organize various awareness activities in the community related to women rights

Cases dealt by Mahila Panchayats:		
Dowry	07	
Bigamy	04	
Maintenance	12	
Domestic Violence	09	
Cases referred to other agencies	06	
No. of family counseling	42	
No. of hearings of cases	46	

The drawback of the program was untimely financial support as well as the size of the support. Meanwhile, DCW completed the study of the program with the support of third party and completed evaluation and monitoring at field level with objective to observe the impact of the program. In this process many organizations have been dropped by Delhi Commission for Women and added new partners for next phase of the program. During the period, we observed that women are keen and eager to listen to and solve the problems of their co-partners, but same time they are bounded with legal parameters. They require having I-cards or such type of recognition. Since long NGOs have been requesting for I-cards from DCW but the matter is still pending.

Networking on Occupational Health issue

Though on health issues, NDS has been working for a long time, focusing on occupational health is a new area of intervention. Global Green Grant Fund, a USA based organization provided a small support to the organization to raise the issue of victims of silicosis in India. NDS worked on the issue in association of PRASAR, a voluntary organization. In the month of December a new partner EEJP joined hands on this issue and we have taken it as a challenge. EEJP is an international organization, working on human health and nature for long time in India.

The objective of this project was to generate the information about silicosis at national level. Along with the awareness, generating unity among the victims, like minded organisation and approaching the govt. and making it realise the seriousness of the problem. Navjyoti Development Society (NDS) in collaboration with partner NGO, Peoples Rights and Social Research Centre (PRASAR) is working towards setting up of the regional nodal groups/centres in the four regions of India. And these regional centres will be coordinated from Delhi. Some of the other key aspects of the proposed activities includes Media Advocacy, Lobbying with Parliamentarians, working towards forming a national task force on environmental and occupational health networking with mass organisations, Trade Unions, NGOs, etc in building awareness and common campaigns to secure occupational safety and other rights of workers, etc.

The national workshop on silicosis, held on January 13th ~14th, 2011, in Indian Social Institute, New Delhi, convened to understand, identify, and develop the strategies to lessen the risk/ hazards of Silica dust. The workshop included the introductions of occupational and environmental health hazards, its issues concerning the different and all possible aspects.





The outcome of the workshop can be summarized as follows:

• Supreme Courts Order dated 9th March 2009 implementation: Through the discussion and other states representative's response a need for compensation was came out and was decided to collect and identify the silicosis victims with the help of non govt. organizations and the trade unions to send the details to NHRC for receiving the compensation as per the Supreme Courts Order.

- The other state govt. should also develop the cell for Occupational Health and Safety. As Delhi govt. has the Silicosis cell in Directorate of Health Services (DHS), in same way other states can also have the cell for occupational health & safety.
- Awareness generation: more awareness generation is required among the Govt.
 departments associated with the occupational and environmental health, like ESI,
 other labor departments and health department as well as the organization of other
 states.
- Livelihood: along with compensation and rehabilitation the livelihood generation for the workers is also important for the survival, as the disease is incurable and the compensation cannot help in their survival for long term hence livelihood is important.
- Budget on Occupational Health & Safety: Budget allocation can help the govt. activities to pursue in the manner it is will impact. Hence, the above mentioned outcomes are comprehensive in its form to support the issue and to give justice to the victims.



Capacity Building Approach: Training and Orientation

Navjyoti Development Society (NDS) in collaboration and support with Save the Children (SCBR) celebrated World Breastfeeding Week from 1st to 7th August 2007. The activities were planned for the entire week to reach out to the community with the correct messages on breastfeeding with main focus on early initiation of breastfeeding to draw attention to reducing the neonatal mortality rates. During this week, activities like Street Plays, Poster making competition, Focus Group Discussions with lactating and expecting mothers and Group meetings with elderly people (especially mother-in-laws) were conducted to promote breastfeeding, aware mothers & communities about the benefits of breastfeeding. Almost 1,500 people were reached directly while it is expected that more than 10,000 people from Okhla Phase I & II have received benefits indirectly from these activities.

Trainings have also been conducted for CCAGs and SHAST members on September 29 - 30. The main objectives of the training being the following:

- To make the participants understand the importance of community groups in the slums.
- To identify the problem in the cluster related to health and sanitation.
- To find out the possible ways for further improvement and procedures that need are needed to be followed in order to approach the concerned department for access these facilities.

On December 13, 2010 exclusive fire training was provided to the members of GRC at the D.C. office wherein a representative from Civil Defense, Mr. Satnam conducted a session. The main focus of the training was to educate the trainees about the causes of fire and various types of fires that can happen. The members were taught about emergency measures that should be taken along with the precautions that should be taken to prevent fire.

A training session that lasted 3 days from June 2-4, 2010 was conducted at old JNU campus for the purpose of explaining microfinance for Self Help Groups under the SJSRY program. They were taught how to make groups, group dynamics including forming, norming, storming and performing, record keeping and how to go about availing the SJSRY schemes. The main focus of this program was to help the SHGs in identifying those women who are in constant need of finances to run their homes and teach them a way to help themselves by forming groups and adopting a lottery system while paying an interest that is less than what the bank or the local lender charges.

The purpose was to help the people of the community by employing the principles of micro finance and without further pushing them into the debt of interest.

Several trainings pertaining to planning and management, Strategic Information Management System, Hotspot Analysis system, condom promotion, body mapping and behavior change communication, basic counseling skill, STI Management, and maintaining formats according to requirement have been provided over the year to the members working under the Targeted Intervention program in order for them to hone their skills for efficient management of their program.

Our Partners

- Save the children (Bal Rakhsa Bharat), India
- ❖ Global Green Grant Fund, USA
- Charities Aid Foundation India
- * ADOBE, India
- ❖ Coco-cola & NDTV
- GlaxoSmithKline, India
- SOSVA (North) New Delhi
- Samajik Suvidha Sangam, Delhi Govt.
- Delhi State Aids Control Society, New Delhi
- ❖ Delhi Commission for Women, New Delhi
- ❖ EEJP New Delhi
- Individuals donors and
- Community