About Bal Umang Drishya Sanstha (BUDS):

Bal Umang Drishya Sanstha (BUDS) (www.buds.in) is a registered, non-profit organization formed with the objective of advancing the well being, education, health and welfare of children in India without distinction of caste, class, gender, ethnicity, and religion, rural / urban, physical or mental disability. BUDS was established in 2000, and was registered, as an Indian Not for Profit Trust 2003 (Registration No 11686/4 of 2003), with the country office located in New Delhi.

VISION:

Envisions a society where every child is in school, free from abuse, neglect, child labour and poverty.

MISSION:

- Promote every child is in school.
- Prevent disease and promote early child health and development.
- Create lasting change by building healthy community and promote sustainable development.

Consonant with its vision and mission, BUDS aims is to serve the under served children by preventing diseases, promoting health and providing access to education for every child.

BUDS CORE VALUES
- Respects that every child has basic rights to education, health, nutrition, development and protection
- Promote equitable access
- Partners with Government, other NGO’s and allied International organization
- Ensure program and fiscal accountability, respect diversity, support community self determination.
- Ensure minimal over- head costs.
- Encourage voluntary participation of professionals such as doctors, teachers, lawyers, scientists child rights and social activists

REGISTRATION

BUDS is registered as an Indian Not for Profit Trust since 2003 (Registration No. 11686/4 of 2003)

TAX EXEMPTION

All Donation to BUDS are exempted U/s 80G (income tax Act 1961): 50 % tax exemption

BANK DETAIL

AXIS BANK LTD.
K-12, Green Park Main,
New Delhi-110016
A/c No. : 01501010013685
IFSC Code : UTIB0000015

Legal Status:

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Message from Managing Trustee

On behalf of Bal Umang Drishya Sanstha (BUDS), it is indeed my privilege to introduce the present annual report of BUDS ending March 31, 2018. BUDS is a not for profit organization working in two urban slums in NCT region of Delhi and six underserved villages of District Mewat, Haryana, India. Equity and access to healthcare is especially difficult for those who are living in these marginalized communities. These regions present with poor public health infrastructure, severe lack of human and health resources, besides several socio-economic-cultural challenges. Parents are daily wage labourers, often illiterate and unemployed. They can’t even afford to pay or take their children to even local government hospitals. Therefore, strategic public health strategies for these communities must include operation of Mobile health services for total and effective outreach.

BUDS team was able to reach out to vulnerable populations with the BUDS Mobile Health Van [supported and donated by Price waterhouse Cooper (PwC) foundation]. This project was launched on June 14, 2017 at Mori Gate, New Delhi by Dr Ajay Khera, Deputy Commissioner, Child Health Government of India, as Chief Guest. The primary objective of the mobile health van was to promote health, provide prompt treatment and prevent disease by reaching out to marginalized communities. The van has received support from the Government of Delhi and the District Administration of Mewat, Government of Haryana. The mobile health van shall reach out to over 25,000 children and youth per year in the underprivileged communities. On behalf of the team, I would like to express our gratitude to our donors and supporters. We will strive to achieve last mile support to vulnerable communities and we look forward to new efforts and collaborations in reaching this goal.

I am happy to inform you that BUDS has been awarded an academic grant from The National Institute of Health (NIH) USA and Department of Biotechnology (DBT), Government of India (Indo-US R03 grant). We have successfully completed a project titled ‘Enhancing Health Care Access with Cellular Technology’ in village Gandhi Gram Gasera, Nuh, Mewat, Haryana. BUDS innovation in mobile cellular technology based software for timely vaccination reminder service has served to significantly improve health and survival. A complete report of this intervention been published in ‘Pediatrics’, the Official Journal of American Academy of Pediatrics (Pediatrics 2018;141(4) e20173455).

While the above achievements are promising, we believe that an intelligent and subject-aware, cloud-based platform with tracking, could further and significantly improve timeliness of routine immunizations. Therefore, in collaboration with Johns Hopkins University and St Louis University USA, BUDS has succeeded in obtaining the prestigious “Bill Melinda Gates US Grand challenge award” for the project “MedApp 3.0: Improving Childhood Immunizations with Cellular Technology”. In this study, BUDS will provide an intelligent and subject-aware cloud-based, GPS and biometric-linked vaccination record, mobile-phone reminder and compliance-linked incentive software platform for robust and universal access of vaccinations. The platform shall be implemented in several villages in District Mewat, Haryana for two years (2017-2019).

On behalf of the BUDS board of trustees, I am thankful to the committed, diligent and passionate group of BUDS team, volunteers, multidisciplinary professional staff, donors, peer educators, community members, village panchayats (local self-government) and government frontline workers for their dedication and support. BUDS Drop in Centres (DICs) continue to grow and develop. In order to address new challenges and opportunities, several new community projects are in various stages of conceptualization and development (including vulnerable adolescent girls’ education, health, mental health, violence, abuse and need to end child marriage and early motherhood).

As we enter another exciting year, BUDS invites the attention and support of its friends, donors and stakeholders. Please do visit BUDS community project sites and volunteer your insights, expertise, valuable time and constructive feedback for our on-going attempts to serve vulnerable populations in dire need of services.

Sincerely Yours

Rajeev Seth

Dr Rajeev Seth
MD(AIIMS), DNBE, FIAP, FAAP (USA)
Program for Underprivileged Children

Drop-in Centres (DICs) & Mobile Health Van Project

Since 2003 BUDS has been running drop-in centers in large slum areas of Red Fort-Mori Gate and Sarai Kale Khan-Nizamuddin, New Delhi, several villages, Blocks Nuh & Tauru, District Mewat, Haryana. These DICs provide a variety of health and development support services to orphan and vulnerable children. Till date, BUDS has reached out to total of more than 27000 orphan and vulnerable children between ages 6 to 18 years, with a bouquet of services for their health and well-being - offered through outreach activities, mobile health care, immunizations, mid-day nutrition program as well Life skills education and vocational training programs. All these services are provided through day care drop-in center’s (DIC).

The PwC supported BUDS Mobile Health Van

PricewaterhouseCoopers (PwC) foundation and BUDS Mobile Health Van collaborate to provide timely health services to vulnerable populations in New Delhi, NCT (Mewat). Dr. Ajay Kher, Deputy Commissioner, Child Health, Govt. of India was the Chief Guest at the Launch of Mobile Health Van June 14, 2017. Supported by the Government of Delhi, the mobile health van was also flagged off by Mr. M.R. Sharma, IAS, Deputy Magistrate, District of Mewat, and Government of Haryana on June 28, 2017. The mobile van launch functions were attended by PWC management and staff including Mr. Jaivir Singh, Akriti, Preeti and other distinguished guests, panchayat leaders, multidisciplinary professionals and community members. This year BUDS has reached out to 18,562 number of children, women and men.

Dr. Sushil Kumar & Dr Monika from Delhi Government & Dr. Sonu Sharma, Dr. Jyoti Sharma and Dr. Priyanka from Mewat, Haryana supports the BUDS team (and a paramedic) for a bi-weekly clinical intervention. The supply side is organized by BUDS (which purchases medicine every week, supplemented by the Delhi Government). BUDS doctors Dr Rajeev Seth and Dr. Indra Taneja have catered to preventive, curative and promotive health needs of the community. The BUDS field staff has worked very hard with passion and commitment. Within one month, the mobile health van has reached out to all target areas and served communities in NCT region of Delhi and Mewat (Haryana).

BUDS Eye-care intervention

BUDS organized a Special eye camp in the community with the help of Sai Retina Foundation at Mori gate area - where health care facilities are limited. A total of 52 people benefited from this camp. 10 people were referred to the network hospital. The project networked with 11 facilities including the All India Institute of Medical Sciences (AIIMS), Safdarjung hospital, St. Stephens Hospital, DOTs Centre, Irwin Hospital, Aruna Asif Ali, Bara Hindu Rao Hospital, L.N.J.P. Hospital, Govt. Hospital (Sohna), Community Health Center (Nuh) and Nalhar Hospital (Nuh-Mewat). Doctors referred 51 children and adolescent girls to various government hospitals for further treatment.

BUDS Emergency Response

On special request by Dr. Govind, SMO, Nuh BUDS Mobile Van conducted the health camps among Rohingya Muslims in Mewat. During the camps a total of 300 patients examined and referred to the civil hospital for the emergency cases. The camps will be continue twice in a month.
Health Education Initiative

To complement treatment services, BUDS also runs a health education intervention that imparts information in a client-friendly manner. The team has noticed that beneficiaries are motivated to use health education information for the protection or advancement of his own, his family’s and in order to promote community’s health and well-being. Over the years an active learning process, which aims at favourable changing attitudes and influencing behaviour has been initiated in various settings. Dr. Indra Taneja promotes healthy school environments through a school-community partnership. She has conducted interactive health education sessions with children in Delhi- NCR including sessions that focus on physical, mental, and social well being of the children. Dr. Taneja covered six villages in Mewat and two drop-in-centre in Delhi. A part of this, BUDS counsellor also conducted health education sessions with children and youth. These sessions have been eye-openers for children starved as they are of any kind of inputs.

QUICK FACTS

Health Education

- The project emphasized providing health education and psycho-social support services to 1591 children and youth in the DICs, schools on-site supplemented by the Mobile health van.
- Children were counselled about the importance of a balanced diet, health, hygiene, water and sanitation and healthy lifestyles.
- Sensitive issues like sexuality, and prevention and transmission of HIV/AIDS and other Sexually Transmitted Infections (STIs) were discussed interactively.

Cumulative DATA for underprivileged Children since 2003
Early Childhood Care & Development (ECCD)

BUDS Early Childhood program continues with 20 children at Nizamuddin DIC. We are focusing on the child’s social, emotional, cognitive and physical needs, so as to establish a solid foundation for lifelong learning and wellbeing. If the child is not given adequate support and stimulation to aid early development, he or she is at risk of being hampered in reaching their full potential. A stimulating environment to enhance preschool learning has been created at Nizamuddin DIC.

BUDS was invited to participate in a high-level meeting of officials in the Delhi Government, Department of Women and Child Development. Mr. Yawar Qaiyum from BUDS was selected as a master trainer to build capacities of Aanganwadi Support and Monitoring Committee (ASMC) in Central Delhi. A total of 2 training has been conducted and there will be more to follow in future.

Nutrition Supplementation Initiative

BUDS Mid Day Meal (MDM) program started for street children - mainly rag pickers and child labourers, children engaged in menial tasks and those who work in eateries around the Mori Gate centre. Everyday 30 children are served hot cooked food.

Highlights

- Food is prepared in BUDS’s central kitchen in a hygienic manner. Ag-mark ingredients are used for preparing mid day meals. All vegetable and fruits kept in a refrigerator. Spices and condiments are stored safely and hygienically. All children wash their hands with soap before taking meals. Cook-cum-helpers wear aprons during cooking and serving meals. Safe drinking water has been ensured by the vendor who has been installing RO system.
- BUDS provides “Vishesh bhoj” (special meal) on the occasion of festival and birthday attending children. On this occasion, we offer what children like best in addition to their mid-day meal. Children feast of sweets, halwa, kheer, a local speciality, raita, juice and other goodies.

BUDS staff and all the children wish to thank Mr. R.C.Mody, Dr Meera Prakash and Dr. Shalini Bansal who made this possible by giving a donation for these special occasions.

Community Voices

“My two daughters were suffering from skin rashes & boils which used to itch a lot, more so at night. Many times my children could not sleep at night and remained disturbed during school time. I went to a local dispensary, and later to a private doctor’s clinic. I spent lots of my money on their medicines, but their treatment did not relieve them from their sickness. Their illness lasted more than six months, till my neighbour referred me to BUDS mobile health van. Dr Rajeev Seth saw my children. He spent time in asking detailed history, and examined patiently. At the first visit, itself, my daughter’s illness was diagnosed as scabies. They were given a white lotion, and were advised to apply it locally all over the body overnight for 12 hours after taking bath. The doctor explained to us that it was a contagious illness, and every family member should be similarly treated. We were advised to wash and sundry all our clothes to prevent reoccurrence. After just one treatment, my daughters have completely recovered, which just makes me indeed happy.

My entire family is extremely grateful to doctors and staff at the Mobile health van. They not only helped give prompt and proper treatment to my children, but also spent time to make me understand ways to prevent the disease in future”

Aruna
27 years
BUDS and Nirantar started a Resource Centre for Gender and Education to strengthen and empower adolescent girls to enable them live outside the community and their immediate environment. The focus was on adolescent girls who are out of school due to various reasons and are living in the urban unorganized colonies near Mori Gate, Old Delhi. In order to achieve this ambitious goal, BUDS initiated a Capacity Building effort to strengthen the literacy and numeracy skills of adolescent girls. They also developed a library resource centre to provide learning materials for learners and create an environment of learning and sharing.

This one-year program has enrolled 21 young girls who are attending classes regularly. The course involves a lot of interactive activities such as painting, songs, plays, story-telling, heritage walk, educational trips etc.

A heritage walk organized to Mehrauli and Old Delhi area where the girls enjoyed a lot. They learn about the history of these areas.

Vitamin A Prophylaxis Program

Vitamin A deficiency as it is the leading cause of preventable childhood blindness: malnutrition is responsible for 45% of all childhood deaths. A training was organized on the Vitamin A program in New Delhi.

With the help of Mr. Rick Carlton, President Seva Child India, BUDS is distributing Vitamin A prophylaxis in our intervention areas such as Mori Gate, Sarai Kale Khan and village Ghasera Community areas. Along with health camps organized, a total of 1013 children provided vitamin A and essential nutrients to protect children from disease and to save children’s lives.

Power of Internet session by PwC

BUDS Children and youth participated in the PwC India Foundation week on September 5, 2017. PwC volunteers teach them MS office tricks, creating better resumes, grooming etc. A total of 50 children and 5 staff benefited through this interactive session.

"Power of Internet" Session at PwC
Mobile Phone Incentives for Childhood Immunizations in Rural India
Rajeev Seth, Ibukunoluwa Akinboyi, Ankur Chhabra, Yawar Qaiyum, Anita Shet, Nikhil Gupte, Ajay K. Jain and Sanjay K. Jain
Pediatrics originally published online March 14, 2018;
The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2018/03/12/peds.2017-3455

OBJECTIVES: Young children in resource-poor settings remain inadequately immunized. We abstract evaluated the role of compliance-linked incentives versus mobile phone messaging to improve childhood immunizations.

METHODS: Children aged ≤24 months from a rural community in India were randomly assigned to either a control group or 1 of 2 study groups. A cloud-based, biometric-linked software platform was used for positive identification, record keeping for all groups, and delivery of automated mobile phone reminders with or without compliance-linked incentives (Indian rupee Rs30 or US dollar $0.50 of phone talk time) for the study groups. Immunization coverage was analyzed by using multivariable Poisson regression.

RESULTS: Between July 11, 2016, and July 20, 2017, 608 children were randomly assigned to the study groups. Five hundred and forty-nine (90.3%) children fulfilled eligibility criteria, with a median age of 5 months; 51.4% were girls, 83.6% of their mothers had no schooling, and they were in the study for a median duration of 292 days. Median immunization coverage at enrollment was 33% in all groups and increased to 41.7% (interquartile range [IQR]: 23.1%–69.2%), 40.1% (IQR: 30.8%–69.2%), and 50.0% (IQR: 30.8%–76.9%) by the end of the study in the control group, the group with mobile phone reminders, and the compliance-linked incentives group, respectively. The administration of compliance-linked incentives was independently associated with improvement in immunization coverage and a modest increase in timeliness of immunizations.

CONCLUSIONS: Compliance-linked incentives are an important intervention for improving the coverage and timeliness of immunizations in young children in resource-poor settings.

WHAT’S KNOWN ON THIS SUBJECT: In previous studies, researchers have established the role of mobile phone messaging in improving health outcomes. However, there are few studies in which researchers have evaluated the role of compliance linked incentives versus mobile phone messaging to improve childhood immunization coverage.

WHAT THIS STUDY ADDS: A biometric-linked, cloud-based immunization record platform was used for positive identification and tamper-proof delivery of automated compliance-linked incentives. We demonstrate that incentives are an important intervention for improving the timeliness and coverage of childhood immunizations in a resource-poor setting.

International Society for Prevention of Child Abuse & Neglect (IPSCAN) Arab Regional Conference Dubai, UAE November 19-22, 2017

PUBLIC HEALTH APPROACH TO IMPROVING ACCESS TO HEALTHCARE SERVICES THROUGH MOBILE HEALTH VAN FOR UNDERPRIVILEGED CHILDREN

Rajeev Seth, Yawar Qaiyum, Ramesh Mody, Indra Taneja & R N Srivastava.

India has a huge population of over 440 million children. Equity and access to healthcare is especially difficult for those who are living in marginalized rural populations. The BUDS experience of working in two urban slums in NCT region of Delhi and six underserved villages of District Mewat, Haryana, India has been that these regions present with poor public health infrastructure, severe lack of human health resources, besides several socio-economic-cultural challenges. Parents of children are usually daily wage labourers, often illiterate and unemployed and cannot afford to take their children to local government hospitals or afford medicines. Therefore bringing services to the doorstep of under-privileged children (subjected to systemic neglect and all forms of abuse and exploitation that impact their physical and mental health) are critical health access and rights issues. The study reported a public health care model to provide equity and access to health care for underprivileged urban poor and rural marginalized children in India.

Strategic public health strategies for the underprivileged children included operation of Mobile health services to promote health, provide prompt treatment and prevent disease immunization drives and addressing social determinants of health since June 2017. PwC India donated an Eicher van which was custom fabricated to provide mobile health services. BUDS took formal permission from local government authorities to launch the mobile services in the NCT region of Delhi and several villages, Mewat District, Haryana. The district administration agreed to provide part time doctor and free medicines. Using the rapid proliferation of mobile cell phone connectivity, timely vaccination reminders were made to improve vaccination coverage. BUDS medical doctors and social workers provided outreach, health education, information and counselling services to the vulnerable families and the community.

A total of 1042 children (525 boys & 517 girls) below 18 years received access to primary health service from June-November 2017. The mobile van was usually parked near the anganwadi centers to enable children below 6 years to access services; or at local schools for the older children. Apart from providing treatment, pediatricians conducted health education talks and screening for early identification of disabilities in children below the age of 6 years. Our target population was more efficiently connected by mobile phone and our public health outreach workers. Prompt diagnosis and treatment was provided by the mobile health van team. Patients who needed more specialized secondary or tertiary level care were referred to major government hospitals.

Mobile Health Van project increased access of healthcare services to vulnerable and marginalized population. It has created awareness amongst the community & strengthens the work of existing front line multidisciplinary professionals, including ANM, ASHA, Anganwadi within the Government public health systems. There is an urgent need to address social determinants of health including water, sanitation and nutrition, through Behavior Change Communication (BCC) strategies in the underserved and marginalized communities.
Children’s Day 2017 – a day of learning and enjoyment

BUDS organized a very successful Children’s day celebration on November 14, 2017 at Delhi Medical Association Hall, Daryaganj, New Delhi in collaboration with IAP Delhi, Indian Child Abuse Neglect & Child Labour (ICANCL) group, Delhi Medical Association (DMA) and our partner NGO’s. 300 under-privileged children participated on the Children’s Day from two different slum sites. The vulnerable children and youth program got an opportunity to express themselves through painting competition and grand cultural program, full of fun, songs, dances and a play.

Dr. J.P. Kapoor conducted a session on personal safety and privacy information to prevent Child Sexual Abuse. He counselled the children about ‘OK’ and Not Okay touch, and not to keep any secrets from their parents and care takers. A street play on the Health and Hygiene and Substance Misuse Abuse prepared by children was performed and appreciated by the audience. Ms. Shraddha Wasu conducted an educational and interactive session with children, which helped them to understand issues related to their self-esteem.

Children won awards and received warm winter clothes. A mime show on Health and Hygiene was also shown by Children from Red Fort centre. Several children took part in music and dance competition, and sports program. The children enjoyed snacks and lunch at the end of the function.

‘NSD kids fest’ a theatrical precursor to Children’s Day

The Sanskaar Rang Toli (Theatre in Education Co.) of the National School of Drama (NSD), organized a five-day theatre festival for children, which concluded in the month of November 2017, as a fitting precursor to Children’s Day. There were plenty of performances for and by children to awaken the artist in them. Sharmila Tagore, actor and former chairperson of Central Board of Film Certification (CBFC), inaugurated the 10th edition of Bal Sangam, and was reminded of her days in theatre as a child. The festival showcased the work of different theatre groups from all over India. A total of 120 children participated in the program.
Makhan’s story

Makhan is 13 years old and lives in Ghasera village. His father Kishan works in a private school as a guard and his mother Ramkali is a homemaker. They have 10 children and Makhan is the youngest boy of their family.

One day Makhan has fell from the roof of the house, Hurting his head and he lost consciousness. As a result of the fall he had bouts of uncontrolled anger, violence and aggression. A game of the house around. After a very violent and aggressive Makhan came to our Mobile Health on 26/9/2017 and at that time his health had deteriorated. Dr. Rajeev Seth referred him to Rashtria Bal Suraksha Program, Nallar Hospital, Nuh block after looking into his mental condition and asked counselor Sunita to monitor follow up. As a result of timely diagnosis and treatment, the boy is better and his parents have learnt to support his recovery. Lakhan’s parents constantly carry their child to the hospital and whenever Buds and PwC health van comes to Ghasera, they bring Lakhan to Dr. Seth for guidance.

Right now, Lakhan is being treated at Mewat’s best hospital and he has changed a lot. With the constant efforts of the Bud’s Counsellor, Lakhan’s parents also hope that their son will be all right soon. Parents of Lakhan are profuse in their gratitude and bless the day Buds and PwC got involved in the treatment of their son and hope that they will continue to follow up.

Engaging with stakeholders

PwC’s employees visited Sarai Kale Khan and conducted a counselling session on “health & hygiene” for a total of 150 children and community members. The sessions were informative and participative. The children learnt by clarifying their doubts.

BUDS appreciated the activities done by PwC volunteers as a part of their volunteering program under the mentorship of Mrs.Preeti Singh.

BUDS looks forward to develop a strong, healthy and long term relationship with PwC.

Meetings and networking with high-level government officials

A total of eight meetings organized with government officials and NGO’s in Delhi and Mewat, Haryana. During the reporting period, BUDS staff strengthen the relationship with local NGO’s including Sehgal Foundation, Yuva Health Care, Aman Biradari Trust, Child Protection, SOS Children village of India, Chetanalaya, All India Social and Anti Corruption Org. and A.I.S.C.A.C.O. BUDS staff briefed them about the Mobile Health Van and its outreach work.
Empowering Change through joint Initiative for Sustainable Community

BUDS and Indus Action partnership was initiated with the group of 11 women at the Drop in centre of BUDS in Sarai khan community of Delhi. The purpose of this partnership was to setup community calling bank. The objective was to spread awareness about Right to Education Section 12(1) (c) in Delhi through phone-calls through smart-phones and to gain potential sustainable livelihood opportunities for these women.

BUDS collaborated with Indus Action with the goal of enabling the community for enabling to access their right on their own, through women in the community. Women enrolled in this campaign are minimum 8th class pass empowered with the zest to learn and adapt to smartphone technology. The women thus enrolled in community calling bank program by BUDS were provided with training on RTE Section 12(1)©, personal development and smartphone technology to become Shiksha Sahyogi (as they were called by Indus Action team had weekly sessions with the goals of reaching out to around 6000 families of all over Delhi during the three month campaign from December, 2017 to February, 2018. Of these, 2000 beneficiary families are eligible to apply for online admission under this policy. BUDS beneficiary Viraj’s (who is 4 years old) name has appeared in the draw for eligible candidates. He will now get admission into a private school in the EWS quota.

What have we learnt?

Shiksha Sahyogis were initially hesitant to move out of their community. However, they can now be seen guiding parents of eligible children to complete required documentation, filling online application form for EWS admissions on their self-earned smart phones. “Working on smart mobile phones are their first achievement towards change!”

Stepping out with confidence!

Four Shiksha Sahyogis, even went out to mobilize the community through door-to-door survey and filled the form at beneficiaries doorsteps. They are all trained to bring change in their community and grasp every opportunity coming their way for earning livelihoods.
BUDS Honours & Awards

BUDS work has been recognized and honoured. We are proud to share our achievements because they help give a better quality of life and hope to the underprivileged

   In collaboration with Johns Hopkins University & St Louis University USA, BUDS has succeeded in obtaining the prestigious “Bill Melinda Gates US Grand challenge award” for the project “MedApp 3.0: Improving Childhood Immunizations with Cellular Technology.

» The National Institute of Health (NIH) USA and Department of Biotechnology (DBT), Government of India awarded an Indo-US R03 academic grant (2015-2017); through which BUDS has successfully completed the project “Enhancing Health Care Access with Cellular Technology” in village Gandhi Gram Gasera, Nuh, Mewat, Haryana. BUDS implemented a novel mobile cellular technology based software for timely vaccination reminder service to significantly improve health and survival. The work has been published in Pediatrics 2018;141(4):e20173455.

» Executive Councilor, International Society for Prevention of Child Abuse & Neglect (IPSCAN), Dr Rajeev Seth, Managing Trustee BUDS was re-elected as Executive Councilor, International Society for Prevention of Child Abuse & Neglect (IPSCAN), Denver USA. Dr Seth shall serve on the ISPCAN board for a period of six years (Sep 2018- Sep 2024)

World Health Organization

» Dr Rajeev Seth, Managing Trustee, BUDS was invited to attend the 2nd Guideline Development Group Meeting on Health sector response to child maltreatment, 5-8 December 2017, World Health Organization, Geneva, Switzerland.

Child maltreatment affects hundreds of millions of children worldwide and has serious and often lifelong consequences including for mental and physical health, reproductive health, academic performance, and social functioning. Health care providers of all types – from the specialist paediatrician to the nurses and front line workers - will almost certainly regularly encounter, and have to respond to, cases of suspected child maltreatment in the course of their everyday work.

These WHO guidelines will focus on three main types of child maltreatment: child physical abuse, child emotional abuse, child neglect – and to a limited extent on child sexual abuse (identification and prevention of recurrence). The WHO guidelines are expected to be released in middle of 2018, and shall be valuable resource to developing countries medical doctors, nurses, anganwadi, ANM, ASHA and allied health professionals

Accident on the Railway track!

One evening (on July 28, 2017), Sameer was flying a kite near Nizamuddin Railway station in the evening. When he realized that the kite had been cut mid-air, he started running to catch it. Sameer suddenly fell down on the adjacent railway track, as he was crossing the bridge. To break the fall, Sameer’s hand caught the electric wire in the vicinity for support. The young boy suffered third degrees burns on 50 % of his body, involving his forehead, back, chest, and arms burns badly. Fortunately, he was immediately referred to Lok Nayak Hospital, New Delhi. The physicians ensured that he received the best possible burn care, including intravenous fluids & constant hemodynamic monitoring in the ICU. However, Sameer developed systemic infections, pneumonia, sepsis and multiple wound infections that took more than 15 days to heal. After his discharge from hospital, Roshanara, mother of Sameer brought him to BUDS mobile van for further treatment. Dr. Sushil treated him and provided quality care in the form of anti burn ointment, dressings and medicines. Sameer’s condition improved after five sessions of burn wound care by BUDS doctors and staff at the mobile health van. He is still currently undergoing follow up treatment and comes every Friday to the mobile health van clinic.

But that was not all - BUDS counsellors have provided him health education, anticipatory guidance and counseling to prevent such accidents in future. Sameer’s mother is always grateful to BUDS and PwC for saving his life by their prompt treatment.
# BUDS Major Programmes Overview:

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| **Health Care & Health Check Up (Supported by BUDS group of trustees and allied medical professionals)**<br>• Mobile health clinics<br>• Primary medical check-ups.<br>• Immunization drives.<br>**Nutrition & Mid Day Meal (Support from Dr Meera Prakash, USA, Dr. Shalini Bansal & Mr RC Mody group)**<br>• Day Care facilities and mid-day meals at drop – in centres.<br>**Vocational & Skill Development (Supported by Orient Fashion Exports Pvt Ltd)**<br>• Vocational training programmes to improve alternative livelihood opportunities.<br>**Orphan & Vulnerable Children Programme (supported by Vasundhara International, PEE EMPRO Exports)**<br>• Home repatriation & Rehabilitation of runaway street children through Child Welfare Committee (CWC).<br>• Celebration of Annual Children’s Day Event.<br>**Mobile Health Van Project: Improving Access to Healthcare Services through Mobile Van for Vulnerable Children, Youth and community (supported by PwC India Foundation & Government of NCT of Delhi) (2017-2019)**<br>BUDS will strengthen its outreach and increase access of healthcare services to vulnerable and marginalised population, aiming to cover 25000 children and community members per year.<br>**Adolescent Girls Education Initiative (Nirantar for Mori Gate Region)**<br>• To focus on out of School Adolescent girls to strengthen their Literacy, Numeracy Skills & Capacity Building.<br>• To develop a library resource centre for gender and education.<br>The Adolescent Girls education programme supported by Participation Finance & Holding (India) Pvt. Ltd. & Emmpel Fortitius Pvt. Ltd. | **Enhancing Health Care Access with cellular technology (2015-2017; supported by Indo -US NIH R03 Grant, Jointly by Dept. Of Biotechnology, Ministry of Science & Technology, Govt. Of India)**<br>• Evaluation of a software platform in mother-infant units to improve uptake and coverage of primary childhood vaccinations.<br>• Mobile phone text messages in local languages are being used to give reminders to parents and also for surveillance.<br>• Initiation of interactive voice message where population have low level of literacy.<br>• Develop a successful vaccination program; include maintaining / tracking records, and efficiently connecting target populations with needed vaccines.<br>**Improving Childhood Immunizations with Cellular Technology (2017-2019) ; supported by Bill Melinda Gates Grant Grand Challenge Grant award & Johns Hopkins University, USA at Villages Shikarpur, Malaka, Buraka, Guraka, Rehari & Salaka, Block Tauru, Mewat, Haryana**<br>**Village Community Mobile Health Van Project: Improving Access to Healthcare Services through Mobile Van for Vulnerable Children, Youth and community in Ghasar, Gandhi Gram, Ujini, Sangel, Aldhoka, Uthrala, near NUH, Mewat, Haryana (supported by PwC India Foundation & Government of Haryana) (2017-2019)**<br>• Principle of 3Ps: Prevent Disease, Prompt Treatment & Promote health,<br>• Address access to health care in the community through mobile health van equipped with state-of-the-art facilities.<br>• To improve the health status of vulnerable female adolescents residing and working near the intervention area<br>• To create awareness amongst the community and bring about a change about the various aspects of nutrition, health and hygiene through Behaviour Change Communication (BCC) and necessary training and counseling.<br>• To screen the children and adults for illness, and provide early diagnosis, Haryana including timely treatment.
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