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 underserved 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.

LEGAL STATUS

- Particulars
  - FCRA Number: 231661736
  - Trust Act Registration Number: 11686/4 of 2003
  - 80G (Tax Exemption): DIT(E) 2007-2008/B-1041/04/2382
  - PAN (Permanent Account Number): AABTB0175G
  - 12A Registration Number (Tax Exemption): DIT(E)/2004-2005/B-1041/04/739
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, 2019. BUDS is continuing to provide health care and education among the urban slum communities of Mori Gate-Old Delhi Railway Station area & Nizamuddin Railway station, New Delhi and more than 22 underprivileged villages of Mewat District, Haryana. Based on the Government of India, National Institution for Transforming India (NITI Aayog) ranking, Mewat is currently ranked as the lowest among the 644 districts in India. Education and Healthcare access is very low in urban slums and poor rural population, where BUDS operates. There is a severe lack of human resources and also poor infrastructure. BUDS health professionals encounter large burdens of disease with in extreme poverty and cultural challenges.

BUDS aims to provide holistic development to the vulnerable and marginalized children through its established Drop in Centres (DIC) and Mobile Health Van approach. The BUDS DIC provide non-formal education, nutrition, mid day meals, preventive health care, vaccinations primary health and mental health care, prevention from violence & abuse, recreational activities, sports, vocational training. In the period 2018-2019, BUDS opened two more Drop in centres (DIC) at Mori Gate & Sarai Kale Khan-Nizamuddin areas respectively, with support from Nirantar, a resource centre for gender and education. BUDS is enabling and empowering education for girls and women from marginalized communities to better understand and address their lived realities.

Donated by PwC foundation, BUDS Mobile Health Van is operational since June 2017. It operates on the principle of 3Ps: Promote health, Prompt treatment and Prevent diseases. The van had received grant support from National Backward Classes Finance & Development Corporation (NBCFDC) and help from District Administration of Mewat, Government of Haryana. I am very pleased to share that Rotary Club Delhi South has committed part operational cost of the van along with PwC foundation in the coming year. BUDS doctors and staff will strive to achieve last mile support to the vulnerable communities.

BUDS in collaboration with Johns Hopkins University USA is implementing “MedApp 3.0 project: Improving Childhood Immunizations with Cellular Technology,” under the Bill Melinda Gates US Grand challenge award. The study 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 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 volunteers, multidisciplinary professional staff, donors, peer educators, community members, village panchayats (local self-government) and government frontline workers for their dedication and support. 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

Dr. Rajeev Seth
MD (AIIMS), FIAP, FAAP (USA)
AN OVERVIEW OF BUDS PROGRAMMES

PROGRAMMES FOR ORPHANS AND VULNERABLE CHILDREN

Drop in centers (DICs) are most common established approach to provide holistic development for street Children (Nath 2016). The BUDS DIC provide non-formal education, nutrition, mid day meals, preventive health care, vaccinations primary health and mental health care, prevention from violence & abuse, recreational activities, sports, vocational training. The DIC are strategically located near railway stations and commercial locations with large groups of migrants and marginalized populations. For runaway children, the DIC also help in restore children to their parental homes. Children use the program from 9-5pm, where they are free to come and go as they wish. The DIC are managed by medical social workers, remedial education specialist, teachers, community outreach workers, paramedical workers and weekly health visits by social pediatricians.

BUDS operates four Drop in Centers (DICs) for underprivileged children in large slum areas of Red Fort-Mori Gate and Sarai Kale Khan-Nizamuddin, New Delhi. To serve the ever increasing community needs and to serve the education of vulnerable out of school girls, two new DICs have been inaugurated in the last year. The Red Fort-Mori Gate and Sarai Kale Khan-Nizamuddin community is composed of almost 1,500,000 migrant populations each. At least 90% of the street children who live in this neighborhood have migrated with or without family or adults. More than 50% such children are school-drop outs, having completed either 1st or 2nd standard in a formal school. Majority of them survive mainly by rag picking, manual jobs, working at tea-stalls, earning a meager Rs.40-60 (0.5-0.7 US $) each day. Contradictory to what is often assumed, few children beg. The boys spend their meager earnings on food, entertainment (like watching films, gambling, and passing their time at local video centers). They also are more prone to cigarettes, ganja (marijuana) and charas (a mild narcotic). Another form of popular substance misuse is inhaling petroleum and eraser 'fumes'(Seth et al 2005). Many of the children aged above 10 years are involved in sexual activities. They have unprotected sex with younger street children as well as adult community members. Sexually transmitted diseases (STD) prevalence among children is high, and they have an elevated risk of contracting HIV. Fights often break out among gangs of street children over basic amenities like water and toilets; drug induced and interpersonal violence are common – leading to injuries (fractures, burns and bruises). The adolescent girls are subjected to high prevalence of sexual violence and exploitation.


URBAN SLUM DROP IN CENTRES: NATIONAL CAPITAL REGION OF DELHI

IMPACT OF DROP IN CENTER (DIC) ON THE LIVES OF ORPHAN & VULNERABLE CHILDREN & COMMUNITY

Since 2003, BUDS DIC have reached out to more than 55,000 children and youths; health care services 53,493, counseling 36,787, Life skills education 15,000, Supplementary 4,796, vocational skills 7,407, Job placements 2270, non formal education 7,268, remedial education 1523, mainstream formal school 1539. BUDS has established linkages with community leaders, teachers, front line government social workers, police and have several success stories to share from its DIC.

COMPUTER EDUCATION

BUDS is providing vocational skills training program of "certificate course of IT for beginners". The course is designed to aim at imparting a basic level appreciation program for the vulnerable youth. This program is enhancing the basic knowledge about operating system, understanding word processing, using spread sheet, Introduction to Internet, www and web browsers, communications and collaboration, making small presentation, typing skills. After completing the course the incumbent is able to use the computer for basic purposes of preparing his personnel and business letters, forms, flyers, budgets, invitation, creative resume, creating presentation etc. viewing information on Internet, sending mails, using internet banking services etc. BUDS has covered 128 youth this year. The program helps youth to seeking jobs for computer based company/ organization, and can works as office assistance, front desk officer, receptionists, data entry operator etc.

NON FORMAL EDUCATION

BUDS works with children of the street and on street in day care center of Morigate, the teaching function is not immediately recognizable. But even activities like spontaneous playing; simply being together in the group or eating lunch is used to promote social skills and to teach social values and norms. BUDS also did lots of activities with these children like, recreation activities, counseling, basic knowledge of reading writing by method of playing, drawing, watching etc. These children have also limited access to food, shelter, protection, and health so we provide breakfast and meal to these children and health education session and health facilities to be healthy by physically, mentally, educationally so one. A total of 40 children enrolled in the year.

REMEDIAL CLASS

The objective of remedial teaching is to give additional help to disadvantage student who, for one reason or another, have fallen behind the rest of the class in the subjects of Science, English and Mathematics. Children with learning difficulties have the same psychological needs and characteristics as other children.

We care about these children and try to understand thoroughly their strengths and weaknesses in order to provide appropriate teaching approaches to meet their individual needs. Although these children are low academic achievers, they are not necessarily limited in abilities or that their attainment will remain permanently low. With proper remedial help, the use of stimulating teaching strategies, and closer supervision and more individual attention, these children’s interest in learning will be aroused and they would make better progress.

The ultimate aim of remedial teaching is to help children who have fallen behind to learn to the best of their ability and to bring them back into the mainstream classes as far as possible. A total of 85 children enrolled in the present year.
MID DAY MEAL PROGRAM

Mid Day Meal (MDM) program is continuing for street children, mainly rag pickers, child labourer. Children engaged in menial tasks; work in eateries in Mori Gate center. Everyday 25-30 children are served hot cooked food. Food is prepared in BUDS's centre kitchen in a hygienic atmosphere. All vegetable and fruits kept in refrigerator. Spices kept in a safe place.

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 installed an RO system.

BUDS provided “Special Meal” on the occasion of festival and birthday of the child. On this occasion, we offer different type of food like sweets, halwa, kheer, local dish, rayata, juice etc.

BUDS thanks to Mr. R.C.Mody, Dr Meera Prakash and Dr. Shalini Bansal who made this possible by giving donation.

PARVAAZ ADOLESCENT CENTRE FOR EDUCATION (PACE)

In the period 2018-2020, BUDS opened two more Drop in centers(DIC) at Mori Gate & Sarai Kale Khan-Nizamuddin areas respectively, with support from Nirantar. Nirantar, a resource centre for gender and education, works towards enabling empowering education for girls and women from marginalized communities to better understand and address their lived realities. The aim is to provide education and functional life skills to those adolescent girls who were never enrolled or dropped out of school early.

This DIC thus provides learning opportunities to disadvantaged girls and provides opportunities for them to complete basic education. While working with girls, BUDS realized that learning centre meant different things to different girls. It becomes much more than merely a learning space for them. It brings together girls from different religion, regions, and adverse socioeconomic circumstances together in a way, those even early married girls also get a second chance with education".

The technical support provided by Nirantar includes, capacity building of teachers, providing curriculum and teaching learning tools, close and regular onsite support to the teachers to strengthen their pedagogical and academic skills. A total of 35 young women contacted last year and 21 enrolled in the program. 18 Young women successfully completed their course and 6 girls Enrolled in National Institute of Open Schooling (NIOS). 3 women interested in learning driving after completing formal education 2 women selected for “KHABAR LAHARIA”, a Media house for internship.
UNDERPRIVLEDGED RURAL CHILDREN, MEWAT DISTRICT, HARYANA

BUDS has been working to promote child health and education in several villages of Mewat District, Haryana since 2005. Of the 29 states of India and 644 districts, Mewat is currently ranked the lowest among the backward “aspirational” districts of India. The National Institution for Transforming India (NitiAayog), Government of India in its composite ranking covering all five development sectors has placed Mewat at the bottom rank. Mewat district household and facility level data revealed that majority of adolescents suffer from a high level of malnutrition (45%), anaemia (70%), and sexual and reproductive health issues. BUDS focuses its community outreach in two blocks of Mewat, namely Nuh and Tauru. These sites demonstrate some of the challenges and successes related to service provision that may be common to under-served and under-privileged areas in the country. Although BUDS has won the trust and goodwill of the community, challenges the field teams continue to face are – motivating children and adolescents to go to school, reaching out to address their general, mental and reproductive health issues and prevention of violence, particularly child marriages, that are rampant in the community.

The National Backward Classes Finance & Development Corporation (NBCFDC) is a Govt. of India Undertaking under the aegis of Ministry of Social Justice and Empowerment. NBCFDC supported BUDS to improve the reach of its Mobile health van in the aspirational district of Mewat. NBCFDC and BUDS project was launched July 11, 2018 at DRDA Hall, Nuh, Mewat, Haryana by Mrs. Geeta Bharti, Director, Backward Class Welfare Corporation, government of Haryana as the Chief Guest, along with NBCFDC and BUDS management and staff, other distinguished guests, panchayat leaders, multidisciplinary professionals & community members. The BUDS field staff has worked very hard with passion and commitment. BUDS doctors Dr. Rajeev Seth and Dr. Indra Tanaja have provided both preventive, curative & health promotive needs of the community. The mobile van runs two days a week (Tuesday & Wednesday). Senior Medical Officer, Mewat, Dr. Govind Saran provides a doctor and paramedics for one day (Tuesday) in a week. BUDS purchases medicine every week to augment the inventory in the Health Van.

BUDS Mobile Health Van has been providing timely treatment and health promotion services to the following marginalized village communities: Gandhi Gram Ghasera, Shabpur Nagli, Ujini, Adbar, Chandeni, Aldhoka, Gundbas and Kurthala, near Nuh, and village Shikarpur, Rehari, Malaka, Buraka, Salaka, Guraka in Tauru block Mewat, Haryana. Since June 2017, BUDS has provided health services to a total of 8,338 beneficiaries. The BUDS team of qualified doctors and counsellors (supported by the District Administration of Mewat) dispense medicines and treatment to all who approach the Van and refer the children to Government health and welfare programs. The mobile van covered Tauru, Punjabana and Nuh Blocks of Mewat. A total of 17 villages were covered.

The mobile van health care services reached 8328 patients in which 4810 (M-2436 and F-2374-) children & youth and 3518 (M-1693 and F-1825-) community members.

Key achievements of the programme include:

• Health promotion with a view to improving the health status of vulnerable female adolescents residing and working near the intervention area.
• Addition of Dr Kiran Kukerja (a gynaecologist) to the health team to help focus interventions relating to adolescent girls reproductive health, risks related to Sexually Transmitted Infections (STIs)
• 23 outreach activities such as health education sessions, group meetings and one-to-one counseling sessions were held
• A total of 362 adolescent girls and were sensitized on adolescent body-changes and treated for health conditions

IMPORTANT OUTCOMES

The NBCFDC-sponsored project sensitized adolescent girls and community members towards utilizing existing government facilities and schemes. The team further established rapport with local health care providers such as Auxiliary Nurses Midwife (ANM), Accredited Social Health Activists (ASHA), Anganwadi workers and private practitioners in the community. BUDS has strengthened networks with RashtrayaBal Suraksha Karyakram (RBSK), the Integrated Child Development (ICDS), NGO's, CBO's and religious leaders.

Mewat has been identified as an ’aspirational district’ for the Government of India's 'Transformation of Aspirational Districts' programme’ by NitiAayog. (niti.gov.in/content/about-aspirational-districts-programme). Accessed 29/04/2018
AWARENESS AND BEHAVIOUR CHANGE COMMUNICATION

An important sub-goal of the intervention was to create awareness amongst the community and bring about a change in various aspects of nutrition, health and hygiene through Behaviour Change Communication (BCC), appropriate training and counseling.

To complement treatment provision, the BUDS mobile health camps impart health education and sensitize the community on preventive and promotive health. These camps are aimed at generating awareness on prevalent health risks, diagnosis and treatment of illnesses and conditions as well as providing timely referrals to health services. Specialized health camps were organized for Eye care, TB, Malaria, Anemia and Diarrhea, Worm infestation, Skin infections and communicable diseases such as STD/HIV.

The project encouraged inculcation of healthy habits and various preventive measures for health and well-being. In addition, community members are also encouraged to have an affordable and nutritious diet. Information on ways to integrate and maintain hygiene in their lifestyle is provided. Special attention is given to women’s reproductive health. Healthcare camps for women are organized to facilitate medical aid for their reproductive health and well-being. Couple counseling, sensitizing and educating adolescent girls and other informative activities were undertaken under the auspices of the project and as outreach for the Mobile Health Van.

Dr. Indra Taneja (BUDS Trustee) conducted health education sessions with children in Mewat. She covered issues such as physical, mental, and social well-being of the children and youth. BUDS counselor Mrs. Archana also conducted health education sessions with children and youth. The project provided health education and psycho-social support services to 3218 (M-1726 and F-1492) children and youth in the Schools and Mobile health van. Children were also counseled about the importance of a balanced diet, health, hygiene, water and sanitation, healthy lifestyles and sexuality, and prevention and transmission of HIV/AIDS and other STIs.

Thanks to Dr. Kapil Dev, SMO Nuh who supported BUDS to organizing training program with ANM and ASHA workers at Nuh and Tauru blocks.
MOBILE HEALTH VAN PROGRAM

India’s population living in urban marginalized and rural regions have no or limited access to hospitals and other health institutions. People have to miss work and walk long distances to access health care services. Delivery of primary health care at these regions is poor. Many of those health facilities are also under-equipped lacking trained personnel and necessary equipment and supplies. Moreover, government community health interventions do not achieve desired results because their sole focus is on the service delivery component. Preventive and promotive aspects of healthcare are largely ignored; to the detriment of overall well-being of the community. Therefore, BUDS seeks to strengthen community awareness, sensitization and health education in order to prevent diseases and support well-being.

With the generous donation by PwC foundation in 2017, a custom-fabricated mobile medical care van is helping BUDS to reach out to marginalized communities in need of primary health care services, with provisions of free medicines. The focused efforts through BUDS mobile health van includes the following:

- Improvement in primary healthcare infrastructure facilities
- Availability of quality health service providers in the community
- The mobile healthcare systems helps address the concerns of inadequate skilled medical practitioners, and ensuring effective and free medication are available on time
- Build a strong knowledge base in the community on various health issues
- Develop strong referral linkages and timely follow ups

BUDS services operates on the Principle of 3Ps: Prevent Disease, Prompt Treatment & Promote health; facilitates access to health care in the community through a mobile health van equipped with state-of-the-art facilities with a view to improving the health status of vulnerable adolescents residing and working near the intervention area.

The mobile clinic team comprise of a Doctor, Counselor and Paramedical Worker (pharmacist) visit the different project sites as per a fixed schedule to provide basic health care services. The clinical services offered include: treatment for pediatric medical care, general ailments; emergency care, counseling services; gynecology, sexual and reproductive health, treatment of gastrointestinal and respiratory infection; and referral services. The mobile clinic team is supported by community social and outreach workers. Peer educators conduct community mobilization, promote access to services, provide nutrition education, distribute IEC materials and follow-up Rotary Club Delhi South signed a MOU with BUDS to support operational costs of the Mobile health van among the urban poor and marginalized rural communities.

LESSONS LEARNT FROM THE BUDS MOBILE HEALTH VAN INTERVENTIONS

- Care of children with disabilities and mental health problems: It is relatively easy to provide primary health care services to normally developed children; however, it is a challenge to work with children with disabilities. Health care services by Government, including the RashtriyaBalSwasthaKaryakaram (RBSK) at District of Mewat is abysmal. It is very difficult to obtain multidisciplinary referrals, as trained human resources are not available in that region.

- Convergence of Care of young children through Integrated Child Development Scheme, ICDS; (Anaganwadi centre): BUDS doctors provide health education and promotion at Anaganwadi centers, but many times these centres are non-functional. Mid-day meals are not served regularly, leading to malnutrition and anaemia among small children who attend. There are no early education and care programs, and workers are poorly trained. With the help of local panchayats, BUDS is trying to converge health programs with the ICDS centres for holistic care of young children

- Illiteracy: Majority of the adolescents are not in school, leading us to declare this is an ‘educational emergency’. In the absence of basic literacy, providing health education and sustaining such efforts is an uphill task. Wherever possible Dr Tanveja visits individual families to inform and educate about social determinants of health and hygiene

- Software challenges: There is a need to develop customized software to store and retrieve data at various health care sites
IMPROVING CHILDHOOD IMMUNIZATIONS WITH CELLULAR TECHNOLOGY

A collaboration Indo-US project between BUDS & Johns Hopkins University, USA under Bill Melinda Gates US Grand Challenge grant award (Under Dr Rajeev Seth, Pediatrician & Indian Principal Investigator (PI), for execution through the non-profit organization, Bal U Mang Drishya Sanstha (BUDS), from April 2018).

Summary: Although coverage for primary childhood immunizations has improved, a significant proportion of young children and pregnant women living in low-resource settings remain inadequately immunized. While young children receive some primary vaccines, many are never fully vaccinated (NFHS, 2016). Progressive decline in immunizations are in large part attributable to poor follow-up and compliance. Major challenges include maintaining immunization records linked to positive identification of the individual child, incentivizing follow-up and return immunizations and efficiently identifying and targeting non-compliant subjects. Mobile-phone costs have decreased dramatically in the developing world with rapid proliferation of web and mobile-phone connectivity. Novel approaches that integrate these modern technologies with existing resources in low and middle income countries can cost-effectively address these challenges.

The study proposes an intelligent and subject-aware, cloud-based, GPS- and biometrically-linked immunization record, reminder and alert platform which leverages the existing mobile-phone connectivity and community resources in the developing world. This platform will be evaluated to improve immunization coverage and timeliness of routine immunizations in young children in low-resource settings. The group will build on an ongoing Indo-US collaboration with Non-Governmental Organization (NGO) – Bal U Mang Drishya Sanstha (BUDS) and a private software company – Royal Datamatics Pvt. Ltd. (RDPL), both operating locally in Delhi, India with Johns Hopkins University, USA.

The central hypothesis is that an intelligent and subject-aware, cloud-based, GPS- and biometrically-linked platform to: a) electronically record immunizations for each subject; b) promote group immunizations for children within the same “family” units; c) alert and trigger home-visits for non-compliant subjects and; d) verify home-visits by GPS-tracking, will significantly improve the immunization coverage and timeliness of routine immunizations in low-resource settings.

Objectives

The study proposes to generate essential data on whether an intelligent, subject-aware, cloud-based platform can improve timeliness of routine immunizations.

Study Update

The project proposal is implementing a cloud-based, biometric-linked immunization record and reminder platform in a low-resource, rural community of Mewat, Haryana, India. A target enrollment of 1,500 children was proposed in villages Shikarpur, Malaka, Buraka, Guraka, Rehari, Salaka, Padheni, Dhulawat, Kharkhadi, Ghusbethi, Kiruri, Bhuslaka, Pathuka, Pipaka in Block Tauru & Village Ghasera Mewat, Haryana. Children aged ≤24 months from these rural communities are randomly assigned to a control and two study groups (a) self-returns (control); (b) standard reminders + compliance-linked incentives and (c) intelligent reminders + compliance-linked incentives. The ethical committee has assessed that the study started recruitment on April 25, 2018 and as of Dec 28, 2018, 1,353 children were consented and randomized.

The PI anticipates that they shall need to continue the study until July 25, 2019 to enroll 2064 children. Given the need to follow the subjects for more time, the PI requested and has received permission from IRB to continue till December 31, 2019. The study can always stop early based on PI achieving the study parameters.
CHILDRENS DAY CELEBRATIONS 2018

BUDS in collaboration with National Backward Classes Finance & Development Corporation (NBCFDC), along with ICANCL group, Indian Academy of Pediatrics Delhi (IAP Delhi), National Gandhi Museum, Mahavir International and other partners NGO organized Mahatma Gandhi’s 150th Anniversary and Children’s Day program on November 27th, 2018. The program was held at Dr. Ambedkar International Center in New Delhi.

Children’s day (also known as Bal Divas) is celebrated every year in India on 14th of November. The aim of Children’s Day is to increase the awareness of parents, families, communities teachers, administrators and allied professionals towards realizing basic Child rights, including health care, education, development, protection and participation. Underprivileged children face high levels of neglect, abuse and exploitation within their families and their communities. BUDS reaches out to these vulnerable children and their families, and helps in raising their self-esteem, provides support to maintain Child health and welfare. Children’s Day is a great opportunity, to show our civil society efforts to support Child Rights and welfare in our country.

Activities

Over 300 children participated from the underprivileged communities across National Capital region of Delhi. Ms. Upma Srivastava Add Secretary, Ministry of Social Justice & Empowerment was the chief Guest, along with Mr. Meena, Jt. Sec, Ministry of Social Justice & Empowerment. Mr. K Narayan, Managing Director, National Backward commission finance development corporation( NBCFDC), Mrs. Kalyani, Financial Adviser, Dr. Annamalai, Director, National Gandhi Museum, Arvind Kathuria, General Manager, NBCFDC, Dr RN Srivastava, Adviser, ICANCL group, Dr. Rajeev Seth, Chair ICANCL group, Dr. Prof. Indra Taneja, Dr. Om Taneja, President Mahavir foundation & members of NGO Godhuli & Yawar Qaiyum, Director Operations BUDS. From IAP Delhi, Dr. G. P. Kaushal President IAP Delhi & Dr. Peeyush Khanna sent their blessings and support.

Children were provided welcome drink and breakfast on arrival to the venue. During the day, Children get opportunities to express themselves through Quiz competition on the life of Mahatma Gandhi, On Spot painting competition, sports, cultural events, including poems, dance, drama, song competitions. The event functions on the principles of “Best interest of child” & promoted Child participation. At the end of the function, every child was provided with gifts, awards and warm clothes. All guest and children were served lunch after the closing ceremony.
Social Determinants of Child Marriage in Rural India

Rajeev Seth, MD, FAAP,1 Vijayluxmi Bose, MS,1 Yawar Qaiyum, MA,1 Riti Chandrashokhar, BA,1 Shubhangi Kansal, BA,1 Indra Toneja, MD, FAAP,1 Tulika Seth, MD2

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Background: Child marriage represents a grave violence against children and deprives them of their rights to health, education, and a livelihood. Because child marriage should be recognized as a social and medical emergency, the social determinants of child marriage in India need to be mapped. The aim of this qualitative case study was to document social determinants of child marriage identified by the authors while providing community mobile health services in rural Mewat District, India.

Case Report: We present qualitative participatory medical histories and assessments of two clinical cases: an adolescent who is waiting to get married and a young woman who was married as an adolescent but developed multiple health complications after her husband abandoned her.

Conclusion: Patriarchy, coercion, social customs, and norms were identified as major social determinants. The two cases demonstrate that social norms influence intergenerational norms and lead to uninformed decision-making and child marriage. In low- and middle-income countries, medical professionals should urgently address child marriage as a major public health problem. Primary care physicians and medical professionals should implement preventive measures and provide anticipatory guidance to prevent child marriage.

Keywords: Child abuse, pregnancy in adolescence, public health, social conformity, social determinants of health, social norms

Key Message:
Child marriage is a major public health problem. Social determinants of child marriage are indicative of the larger malaise within the patriarchal system that prevents women from getting an education, and violates their right to earn a livelihood and become productive citizens. In India, medical providers should include questions about child neglect, such as education, nutrition or if the adolescent is a school drop-out. They should probe for the underlying etiology in all suspected cases of functional symptoms — for example chronic fatigue. For those who work out of hospitals — obtaining behavourial counselling or mental health/psychiatric consultation is also possible. It is just a question of getting out of the diagnostic-prescriptive mode into realms of participative enquiry. A health care provider should practice a modicum of empathy and walk in the shoes of the underprivileged for just those few minutes, when he/she suspects a case of child maltreatment and child marriage.

BUDS abstract has been accepted for publication in the special issue of Child Abuse & Neglect - the Journal of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). The study entitled Research to promote a healthy and resilient child abuse and neglect workforce and will focus on BUDS health workforce capacity and resilience-building.
Social And Health Perspectives Of Child Marriage in Rural Mewat, Haryana India

Co-authors: Ms. Riti Chandrasekhar, Ms. Shubhangi Kansal Dr. Indra Taneja, Mr. Yawar Quaiyum & Dr. Rajeev Seth, Email rities@gmail.com

Child Marriage is a violation of Child Rights. Despite legislation, this is rampant in some states. Mewat district remains one of the most backward in Haryana, North India. According to NFHS-4 (2015-16) data, only 9.3% women have over 10 years of schooling. The state has pockets of poverty government health schemes reach out to only 8.1% households.

Bal Umang Drishya Sanstha (BUDS) is a Delhi-based, non-profit organization that provides health services and health education to remote villages in Mewat through a mobile health van. Alarmed at the health situation and child marriages, BUDS engaged with the community to find out. Through a 100 household survey, key informant interviews and focus group discussions BUDS team identified and vulnerable adolescents who present a range of illnesses that may be symptomatic of neglect - malnutrition, anemia, common mental illnesses, sexual and reproductive health issues. Social pressures lead to denial and low information-seeking. Peer pressure and normative conditioning are strong influencers of child marriage.

With the onset of menarche – “ladki jawan ho gayi hai” adolescent girls’ mobility is curtailed. Obedience to patriarchy, over-emphasis of virginity and chastity of girls, and ‘family honor’ may be teenager’s low treatment-seeking behavior. Lack of reproductive health information puts teenage mothers at risk of prematurity, pre-natal complications and death. Infants born to underage mothers are also at an increased risk prematurity, several pre-natal complications and fatalities. Child maltreatment and violence leads to development of high-risk behaviors in adulthood. Thus behavior change programs in Mewat are a priority.

Keywords - Child Marriage, Child Abuse, Violence, Rural, Social Determinants, behavior change, Health Education
A program was organized on the eve of 150th anniversary of Mahatma Gandhi in Gandhi Gram, Ghasera, Mewat on October 15, 2018. The venue has been chosen where Mahatma Gandhi visited Ghasera village in December 1947 after independence to convince Meo Muslim refugees to stay in India. On this occasion, a health camp was organized by Mahavir International and treated more than 400 patients. National Gandhi Museum (NGM) conducted a quiz with school children based on Mahatma Gandhi’s life.

MOU SIGNING CEREMONY BETWEEN THE ROTARY CLUB OF DELHI SOUTH AND BAL UMANG DRISHYA SANSTHA (BUDS) ON FEBRUARY 16, 2019 AT INDIA HABITAT CENTER.

An agreement in the form MoU was signed between The Rotary Club of Delhi South and Bal Umang Drishya Sanstha (BUDS) on February 16, 2019 at India Habitat Center. RTN Deepak Kapoor (Member, Rotary Club of Delhi South) and Dr. Rajeev Seth, President, Bal Umang Drishya Sanstha (BUDS) signed the MOU in the auspicious presence of Dr. Professor. Tulika Seth, Treasurer, BUDS. The initial aspect of MOU is to assist the BUDS mobile health van by way of providing partial running costs during 2019-2020.

BUDS DONORS

- National Backward Class Finance Development Corporation, Ministry of Social Justice and Empowerment. Govt. of India
- Johns Hopkins University (Sub grantee Bill Melinda Gates Foundation)
- Price waterhouse Coopers (PwC) Foundation
- Rotary Club Delhi South
- Orient Fashion Exports (I) Pvt. Ltd.
- Vasundhara International
- Pee Empro Exports Pvt. Ltd.
- BUDS Trustees: R.C. Mody, Dr. Rajeev Seth, Dr. Indra Taneja & Dr. Tulika Seth
TRAINING OF TRAINERS (TOT) WORKSHOP

A training of trainers (TOT) was organised to enhance the communication skills and capacity of BUDS professional staff on July 7, 2018 (9-5pm) at BUDS registered office at Green Park Main, New Delhi. The main objectives of the TOT workshop were the following:

1) To enhance communication skills of BUDS staff.
2) To build their capacities to disseminate health communication messages.
3) To train them to administer research questionnaires.

BUDS Trustee Dr. IndraTaneja welcomed the delegates. Dr. Rajeev Seth explained the objectives of the workshop. BUDS research associates (Riti & Shubhangi) oriented the staff to the technique of PICTIONARY – to address health issues and solutions in the community. Mr. Yawar explained the changes made to the BUDS child enrolment form & the rationale for better data collection at BUDS Drop in centres. Dr. Indra Taneja instructed the staff on use of posters as information, education & communication (IEC) materials to address several health education topics such as hand washing, oral hygiene, prevention of diarrhoea, respiratory, scabies, skin infections & mental health. Dr Prof Tulika Seth, AIIMS, New Delhi trained the BUDS staff in how to administer research questionnaire in the community. In her second part of her presentation, Dr. Seth provided the staff tips and techniques to administration skills. Over 16 BUDS field staff from diverse fields: medicine, psychology, medical social work, remedial education, counsellor, community outreach, research associates & vocational skill development benefitted from the workshop.

EMPLOYEE ENGAGEMENT WITH NBCFDC STAFF

NBCFDC's employees visited to Mewat and conducted a counseling session on “health & hygiene” for backward class school children under Swach Bharat Abhiyan. The sessions were informative and interactive, in which the children actively participated and clarified their doubts. A part of project activities, BUDS staff participated in these activities with full strength.

BUDS appreciated the activities done by NBCFDC employees as a part of their volunteering program under the mentorship of Shri K. Narayan, Managing Director and Shri Arvind Kathuria, General Manager.

BUDS HONOURS & AWARDS

Excellence award presented to BUDS for efficient implementation of Mobile Health Van and Health education in the Mewat region. NBCFDC CSR on the occasion of 27th foundation of NBCFDC.
SUCCESS STORIES

CASE STUDY 01
Identity
Name- Viraj
Age- 4 years
Father’s Name- Lalit Kumar
Father’s Occupation- cleaner
Annual Income – INR.96000 (per Year?)
Mother’s name - Meera
Mother’s Occupation- Home-maker

A disturbed child

Viraj’s Parents has been living in Delhi for eighteen years. The family migrated from Bihar (a state in Eastern India). Vishal’s parents live away from his grandfather, a government employee. Viraj has a sister who is two years younger than him. His entire family is uneducated. Viraj joined Bal Umang Drishya Sanstha in August 2017. At first Viraj was shy and withdrawn. He didn’t like playing with other children and refused to share toys with them. He was irritable and would cry on the slightest pretext, especially when he was taught discipline. He had no knowledge of personal hygiene and his mother was fed up with his “ziddi” (stubborn) behavior.

BUDS transforms Viraj

After he started attending classes, Viraj ‘learnt by doing’. He was taught how to sit in the classroom. Initially he sat all by himself but gradually learnt to sit with his classmates and starting talking to them. Along with his education, his teachers instructed him on social skills; by playing games with him and his fellow students, built his physical health and stamina.

Now he understands the importance of good behavior and hygienic habits. He has learnt to behave like children of his age by watching his classmates and has learnt to share his toys. He likes to play through teaching learning materials
Now Viraj learnt Hindi vowels and consonant from अ to ॐ and English alphabets A to Z. He also recites poems in Hindi and count in Hindi and English from 1 to 30. He can identify four colors - of Red, Green, Blue and Yellow. He much less irritable and definitely not a ‘cry-baby’.

A landmark for this child has been admission to a big school nearby - Mata Sushila Malhotra D.A.V Public School on 23rd April 2018. This is part of BUDS campaign to admit children to mainstream schools in the Government sponsored Economically Weaker Section (EWS) category. His future in this school until he completes 10th Standard is assured. His mother is overjoyed at the change in her son and is very grateful to BUDS.

CASE STUDY 02
Name- Tabassum
Age- 19
Father’s name- MohdNassem
Father’s occupation- Tailor
Mother’s name- SabanaKhatun
Mother Occupation - Home-maker

Not an easy road...

Tabassum has been living with her family in Sarai Kale Khan from her childhood. The family migrated from Bihar (a state in Eastern India). Tabassum has an elder brother and two younger sisters. Her father is a tailor and mother is a home-maker. They live in a small rented house and her father is a tailor who earns very little. The family barely manages to survive.

Despite these challenges, Tabassum studied up to the secondary level in a government-run school in her locality (SaraiKale Khan). She is now pursuing undergraduate studies. “Tabassum is only girl from her village doing graduation. When she goes to the village, the villagers and her grandparents say that she should get married”. Despite such opinions, mother and daughter stood firm. After completing her senior secondary education, Tabassum’s mother admitted her to BUDS computer class.
Learning to be independent

Although she didn’t know anything about computers, Tabassum’s innate intelligence and desire to learn helped her become articulate and she successfully completed the computer course. Her instructors observed that she spoke to her fellow students in the class and was always eager to improve on her strengths. She completed her tasks diligently and on time. It was time for Tabassum to find a job and help support her family.

BUDS steps in

Committed to skills building, BUDS nurtures young talent. Especially boys and girls from deprived backgrounds who seek to improve their lives through education and livelihoods. The BUDS team helped Tabassum find a job in 'Yogdaan' as a computer instructor. She has been working there for four months now.

The Ripple Effect

Tabassum’s journey has been one of striving, while trying to convince her chauvinist father that women are able to earn a living on par with menfolk. Her success as a student, as an instructor and as an articulate person at home and outside have contributed to her credibility. To crown her achievements – Tabassum is supporting her family. There has been a turn-around. Her family too is very proud of her!

CASE STUDY 03

Vishal goes to school

Little Vishal is only four years old. He is a quiet boy who belongs to Nepal. He migrated with his family and has been living in Delhi for several years. It was on May 1, 2018 that Vishal first came to BUDS Centre. When the teacher asked Vishal his name, she was met by a blank stare. The little boy looked at his father, completely bewildered.

The teachers soon found out that Vishal was unaware that he had to wash his hands before meals. He would pick his nose and ears. He was withdrawn and would sit all by himself even during breaks and playtime, sucking the tail of his grimy shirt, oblivious to the teaching and learning activities going on around him. When given toys to play with, he sat looking at them as if unsure as to what he was expected to do. His behavior – so uncharacteristic for a four-year-old – at first puzzled his teacher until she realized that he couldn’t understand Hindi! With guidance from his teacher, Vishal started learning spoken Hindi. But he needed to practice his recently acquired skill and for that, his teacher realized, he had to practice at home. Going beyond the call of duty, she taught his parents Hindi as well. Vishal proved an apt learner and in two months' time, started speaking Hindi in class.

As his fluency increased, Vishal's behavior changed. From being shy and withdrawn, he greeted the class with a bright “Good morning”. Now his manners are perfect, he practices hand-washing before meals. He has also become proficient in reading and writing Hindi and some English alphabets and vowels. Vishal can name fruits and vegetables. He is still a bit unsure about recitation; but he murmurs the poems along with his classmates. A 360 degree change in a boy who sat quiet and bewildered in a corner of the class just two months ago!

Vishal now participates in all classroom activities — his favourite games are tools and building blocks. Pictures and television fascinate the active little boy. He comes to the Centre regularly. The teachers taught him about health and hygiene, so he is very particular about brushing his teeth and bathing before coming to school. Like most little boys Vishal adores his mother, he loves a hearty meal of vegetables, eggs and fruits and now he loves Bal Umgan Drishya Sanstha.

Key messages

- Education beyond the classroom: involving a child’s family motivates children to ‘open up’ and integrate.
- Health and hygiene education promotes appropriate behaviors in school and in the home.
- Identifying and dealing with communication barriers such as language helps build a happy childhood.
MEETINGS AND NETWORKING WITH TOP GOVERNMENTS/NGO’S OFFICIALS

A total of eleven meetings were organized with government officials and NGO’s in Mewat, Haryana. The list is given below:

- National Health Rural Mission (NRHM)
- Rashtriya Bal Suraksha Karyakram (RBSK)
- Child Welfare Committee (CWC)
- Sahgal Foundation
- Child line (Chetnaalaya)
- Humana people to people
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