B U D S
Bal Umang Drishya Sanstha
बाल उमंग दृश्य संस्था

ANNUAL REPORT

April 2019 - March 2020

BAL UMANG DRISHYA SANSTHA (BUDS)
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ABOUT BAL UMANG DRISHYA SANSTHA (BUDS):

Bal Umang Drishya Sanstha (BUDS) (www.buds.org) 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 provided every right regardless of their socio-economic standing in the society

MISSION:

- Prevent disease and promote access to child health and development.
- Promote every child's right to education
- Prevention from abuse, neglect and exploitation
- Promoting sustainable development and create lasting change by building healthy communities

Consonant with its vision and mission, BUDS aim 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	Details
• Trust Act Registration Number	11686/4 of 2003
• FCRA Number	231661736
• 80G (Tax Exemption)	DIT (E) 2007-2008/B-1041/04/2382
• PAN (Permanent Account Number)	AABTB0175G
• TAN No.	DELB16651F
• 12A Registration Number (Tax Exemption)	DIT (E)/2004-2005/B-1041/04/739
• NGO Darpan Unique Id	DL/2016/0105356

MESSAGE FROM MANAGING TRUSTEE

On behalf of Bal Umang Drishya Sanstha (BUDS) (www.budsngo.org), it is indeed my privilege to introduce this annual report of BUDS ending March 31, 2020. Access to child health, education, development, realization of child rights, protection and indigenous public health research are the pillars on which BUDS stands to deliver comprehensive care and rehabilitation of underprivileged children in marginalized communities in India.

In the year 2019-2020, BUDS was able to extend its outreach to provide primary health care and education to several marginalized urban slum communities of NCR region of Delhi and more than 24 villages of Mewat District, Haryana. Mewat has been identified as the most backward district by National Institution for Transforming India (NITI) Aayog report. Despite the implementation of the National Health Mission (NHM) programs, including the Rashtriya Bal Swasthya Karyakram (RBSK) by the Government of India (GOI), the existing data reveals poor child health, education, and development parameters in the regions where BUDS operates.

BUDS aim is to provide access to primary health care on the Principle of 3Ps:Prevent Disease, Provide Prompt Treatment and Promote Health by a Mobile Health Van (MHV), along with four established Drop in Centers (DIC) and Health education in schools for vulnerable children. Last year, BUDS provided healthcare services to 27,280 patients, out of whom 19,435 were children; free medical examination and treatment was provided to 6400 children and health education to 13035 children. BUDS also upgraded and rebuilt a "model anganwadi" in Village Ghasera, Mewat. BUDS staff continues to provide early education, along with overlooking the distribution of mid-day meals, oral iron, and folic acid supplements to 4,440 children since October 2019.

In the urban slums of Sarai Kale Khan and Mori Gate DIC, New Delhi, with support from Niranter, a resource center for gender and education, BUDS is operating two PACE centers to provide another chance for education, to those girls who have never been to school, or dropped out due to various reasons. A large number of beneficiary students are registered indifferent vocational development courses. BUDS is also providing healthcare to victims of violence in North east Delhi, under a program conceived by NBCFDC, a Government of India, Ministry of Social Justice and Empowerment undertaking.

BUDS collaborated with Johns Hopkins University (JHU) USA and has successfully implemented "MedApp 3.0 project: Improving Childhood Immunizations with Cellular Technology", under the Bill Melinda Gates (BMG) Grand Challenges award. The Ministry of Health, GOI, had visited the project site at village Patuka, Mewat.In Addition, BUDS completed a research project, under which in-depth interviews were conducted to understand the challenges and opportunities faced by the caregivers of disabled children. Another study is in progress to understand the ability of the BUDS Frontline Health Workers (FHWs) to identify various forms of child abuse among children in low resource settings.

Vaccine Impact on Cognition and Schooling (VICS), a pilot study, has been launched recently in India by BUDS & Johns Hopkins Bloomberg School of Public Health, USA. The VICS project is supported by the Value of Vaccination Research Network (based at Harvard Chan School & Public Health) funded by a grant from BMGF. The Health Ministry Screening Committee (HMSC) at the Indian Council of Medical Research (ICMR) has given approval for this project. With the recent spread of the coronavirus (COVID-19), BUDS Emergency Preparedness, Awareness and Response to COVID-19 Program was started at Nuh, Mewat, Haryana.

BUDS doctors and staff continue to strive to achieve last mile support to the underprivileged children and vulnerable communities. 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 (village council) and government frontline workers for their dedication and support.

We invite you to visit BUDS community project sites and volunteer your insights, expertise, valuable time, and constructive feedback.

Thanking you

Sincerely Yours

Rajeev Seth

Dr Rajeev Seth
MD, DNBE, FIAP, FAAP (USA)
Managing Trustee

AN OVERVIEW OF BUDS PROGRAMS

URBAN SLUM DROP-IN CENTERS: NATIONAL CAPITAL REGION OF INDIA

PROGRAMS FOR ORPHANED AND VULNERABLE CHILDREN

Drop-in centers (DICs) are the most common established approach to provide holistic development for street Children (Nath et al2016. Child Abuse &Neglect, 122-131). The BUDS DICs provide non-formal education, nutrition, mid-day meals, primary health care prevention from violence & abuse, recreational activities, sports, and vocational training. The DICs are strategically located near railway stations and commercial locations with large groups of migrants and marginalized populations. Children use the program from 9-5pm, where they are free to come and go as they wish. The DICs are managed by medical social workers, remedial education teachers, community outreach workers, paramedical workers and are often visited by pediatricians.

BUDS operates 4 DICs for underprivileged children in large slum areas of Mori Gate, Red Fort and Sarai Kale Khan-Nizamuddin, New Delhi. These communities are composed of almost 1,500,000 migrant populations each. Moreover, they are prone to cigarette, ganja (marijuana) and charas (a mild narcotic) abuse. Another form of popular substance misuse is inhaling toluene eraser 'fumes'(Seth et al 2005, Substance use and misuse 40, 1659-1679). Many of the children aged above 10 years are involved in sexual activities. The prevalence of Sexually transmitted diseases (STD) among children is high, and they have an elevated risk of contracting HIV. The adolescent girls are subject to high prevalence of sexual violence and exploitation.

VOCATIONAL TRAINING

Bal Umang Drishya Sanstha (BUDS) has designed and implemented many programs with the aim of building the capacity of children in different areas of development to enhance the quality of their lives. Computer literacy skills training program is one such opportunity; it is a capacity building strategy that empowers individuals to be knowledgeable in the use of computer applications. In other words, a person who knows how to use the machine to complete any task is computer-literate. Computer-literate often connotes little more than the ability to use several very specific applications (usually Microsoft Word, Microsoft Excel, Microsoft Internet Explorer, Microsoft PowerPoint, typing skills, Internet, mails, etc.) for certain very well-defined simple tasks, largely by rote. BUDS are strongly advocating the building of knowledge societies where the power of information and communication helps people access the knowledge, they need to improve their lives and achieve their full potential. Increasingly, the concept of information-literacy is considered as crucially important to enable people to deal with the challenge of making use of information and communication technology. Indeed, governments, intergovernmental & non-governmental organizations, academia, civil society and the private sector have all come to the conclusion that computers, the Internet, and hand-held wireless devices are driving today profound changes in the way visual and auditory information is being created, transmitted, accessed and stored.

This year, BUDS started working with the NIIT Foundation, Azad Foundation, Apollo Mediskills and Anudeep Foundation which is affiliated with the National Skills Development Corporation (NSDC). NIIT Foundation will provide a certificate course in IT for Beginners (CCIB) and Anudeep will also provide a computer course (Data Entry and Tally ERP.9 + GST) curriculum and certification as per NSDC rules.

A total of **101 beneficiaries** students enrolled in CCIB course and 4 students have been enrolled in Tally ERP.9 with GST in Anudip Foundation.

1 girl is enrolled in Driving class in Azad Foundation.

12 youth are registered in Apollo Medicare in different courses such as General Duty Assistant, Hospital Operation Executive and Dialysis Technician. A total of 6 students got employment in Deep Mala Hospital, Karol Bagh; Indian Liver and Biliary Science, Vasant Kunj; Bio Medical Waste Management Service, Badarpur and Safdarjung Hospital.

NON-FORMAL EDUCATION

BUDS works with children between the ages of six and eighteen who do not go to school. We add them to our non-formal education curriculum. We teach children Hindi and the English alphabet. In addition, and practice in the classroom. We also teach children through fun activities, so that children remember, learn quickly and easily and with full attention. Through life skill sessions, we impart information on general knowledge, discipline, social values, health education, cleanliness of oneself and surroundings. In the class, by sharing the drawing in two groups, art and craft and sports activities work together to develop a sense of cooperation among the children. It is also the birthday of the children in the class. We celebrate various festivals with the children so that they know why and how they came about. Cartoons for the entertainment of children, instead of showing stories on TV related to moral education, discuss that topic so that children can develop good qualities. This year 40 children enrolled.

COUNSELLING

The BUDS counselor saw 230 vulnerable children and Youth for various reasons including but not limited to: Psychosocial, health and hygiene, life skills, nutrition, education, drug de-addiction, sex, and sexuality in Morigate, Delhi.During the counseling we use the method of one-on-one counseling and group counseling. We employ one-on-one counseling for the new cases and then we involve others for group counseling. We also use oral counseling from time to time for clients. It is based on needs and is important, such as more follow-ups and counseling. The children feel free to share actual information, it is not very easy for the first time.

We once talked to a teenage girl. She looked very upset and did not feel free to share information with us. We asked her repeatedly what was wrong, but she would not respond. We realized it was not the right time to talk to her. After five days one of them came to center and told counselor that “I will not come to center” then we talked to her what happened? Then she starts crying and shares that her brother said very angry that you will not go out of the house. After seeing this, the counselor started parent counseling on education and it is important, after that all the family members agreed to send her to the center.

We have referred youth and children for different sectors such as 116 to hospitals, 5 for higher studies, 13 to Skills and development and 35 to mainstream education.

EARLY CHILDHOOD PROGRAM

This program is a structured play and care-based learning program. BUDS Early Childhood program's objective is holistic development of all children's social, emotional, cognitive, and physical needs in order to build a solid and broad foundation for lifelong learning and enrollment in mainstream schools. BUDS provides education for children between the ages of 3 and 6. It also conducts sessions on health. The children are provided with educational tools, play games, watch movies, and make charts.

BUDS conducts meetings with the parents about their child's development and to provide the parent's information about enrollment of children in school under the economically weaker section (EWS) category. This year, 2 children were enrolled in mainstream private schools under EWS. BUDS also helps parents make ID proofs for the children. BUDS has conducted meetings with government schools' Principals for students' admission.

There are 46 children enrolled in the Early Childhood program this year.

REMEDIAL TEACHING

The objective of remedial teaching is to provide additional help to disadvantaged students in Science, English or Mathematics.

BUDS staff identified those students who are academically weaker in Science, English and Mathematics, studying in class from 5th to 10th standard in the current academic year 2019-2020. BUDS teaches the children in two shifts. BUDS staff visited their houses, met their parents, and talked about their progress.

BUDS has conducted sessions on health and hygiene, communication, and leadership quality every Friday. The remedial teacher also goes to the park to play with them so that they remain mentally and physically healthy. Finally, a total of 60children enrolled in the present year

MID-DAY MEAL PROGRAM

Mid-day meal (MDM) is a wholesome freshly cooked lunch served to street children, mainly rag pickers and child labourers. Every day, 25 to 30 children are served hot cooked food. Food is prepared in the BUDS center's kitchen in a hygienic atmosphere. All vegetables and fruits are kept in a refrigerator. Spices kept in a safe place. All children wash their hands with soap before eating. Cooks and helpers wear aprons while cooking and serving meals. Safe drinking water has been ensured by the vendor who has installed the RO system.

BUDS provides a “Special Meal” on the occasion of a festival or birthday. On this occasion, we offer different types of food like sweets, halwa, kheer, local dishes, raita, juice, etc. BUDS thanks Mr. R.C. Mody, Dr. Shalini Bansal and Dr. Meera Prakash who made this possible by giving a generous donation.

PARVAAZ ADOLESCENT CENTER FOR EDUCATION (PACE)

BUDS has been running two PACE centers since December 2018 in the urban slums of Sarai Kale Khan and Mori Gate. The primary focus of the PACE centers is to provide another chance for education, to those girls who have never been to school or dropped out. The program runs in partnership with Nirantar, a resource center for gender and education, that provides us with the necessary course materials and holds timely workshops and training for the staff to build their capacity and strengthen their pedagogical and academic skills.

The center is a safe growing space for girls, where they learn by experience and exposure. At both our centers, we have a teacher and a mobilizer who facilitate classesin the center. Both our centers have got great responsesfrom the community and many showed up to enroll in theprogram. Currently, we have 36 and 41 girls at our Sarai Kale Khan and Mori Gate centers, respectively.Apart from providing functional literacy and numeracy, the center also teaches basic science and social science topics andalso touches upon matters such as sexuality, gender, reproductive health and helps from a feministic perspective. Thechapters highlight female importance and the role of a woman in a society. It breaks the age-old practices of patriarchy andstimulates the girls to critically analyze the constructs of power, caste, and creed.

Over the past year, the girls have visited places such as the Railway Museum, Mughal Gardens, World Book Fair, India Gateand many more. They also went for a heritage walk through the streets of Hazrat Nizam-ud-din Basti, enabling them toexplore the place like never before. The purpose of these visits is to provide the girls an opportunity to venture out of theirhouse and get a break from their usual routine. Visits, such as those to the bank or police station, are a great learningexperience for these girls. The visits also facilitate learning through fun methods, for instance, when the girls were takenfor the movie screening of Chapak, a Bollywood film which portrays the life of a real-life acid attack victim. The stafffacilitated discussions on the same, where every girl had a chance to share their experiences and their feelings.

Our PACE girls have also been enrolled in the National Institute of Open Schooling (NIOS) to receive a formal educationand certification on completion. A total of 21 girls from Mori Gate and 13 girls from Sarai Kale Khan were sponsored andenrolled by BUDS in 8th and 10th standard. The girls will appear for their final examination in April 2020.
PACE also has 20 alumni from the Mori Gate center, who were part of the program run from December 2017 to September2018. These girls have been in constant touch with BUDS. The girls also attended a two-day Alumni Meet, organized byNirantar. Jyoti, one of the alumni, was also selected for a tour guide workshop held by Open Eyes and is now enrolled in adriving course, run by Azad Foundation.

PACE is one of our most prized programs and each learner is a lifelong asset to BUDS. It is indeed our privilege to work withthese girls, who are immensely talented and offer us something new to learn every day. We plan to continue ourinteraction with them, after the program terminates in the month of May 2020, by enrolling them in the various skilltraining program BUDS runs.On January 7, 2020, the girls from both our PACE Centers visited the World Book Fair held at Pragati Maidan, New Delhi.This was a first for many girls. They were all mesmerized by the fact that there can be a fete, dedicated just to books. Oncethe girls entered the fair, we spoke about the different genres in which books can be categorized. As we proceeded further, we entered the first marquee, everyone was overwhelmed by the number of book stalls within the hall. The girls foundthemselves attracted towards different book stalls. Some girls picked up picture books and some were drawn towardsstorybooks. One girl had made up her mind to buy a book, which had stories in Hindi along with their translated versions inEnglish. This comes after she set her new year's resolution to learn English. With her mind set to learn this new language, and with the book in her hand, she was ready.

Another point of attraction for the girls were the wooden toys at display, with various puzzles and abacuses being the mainattraction. All in all, it was a wonderful experience for the girls and the staff. Everyone went back with something new theyhad learnt.

PATRICK G. MORRIS MEMORIAL EDUCATION FUND

"To educate and better the quality of life for underprivileged girls with the goal of providing them with skills to gain meaningful livelihood opportunities and also prevent Child Marriage"

January 27, 2020
BUDS Drop in Center (DIC) is continuing providing an opportunity to education the girls who couldn't finish their basic education, owing to varied reasons in BUDS intervention centres Delhi, NCR. BUDS has established to sustain remedial education services and education scholarship to enrol meritorious underprivileged girl students to National Institute of Open Schooling (NIOS) at the end of their semester. The program started with the financial support by Patrick G. Morris Memorial Education Fund is now touching new heights. 84 girls have already been enrolled in the program.

S. No.	Description	Female	Male	Total	Status	Remarks
1	Total number of children & youth enrolled in formal education	49	0	49	7 beneficiaries pass out	42 beneficiaries will be appearing in exam in the month of April 2020
2	Total number of children & youth enrolled in skill development	24	11	35	13 beneficiaries pass out	22 beneficiaries will be appearing in exam in the month of February 2020

FUTURE PROGRAM

BUDS will establish a centre in the area of Mewat, Haryana with the technical support and backup from Nirantar, a resource center for gender and education. Nirantar provides an evidence-based curriculum and teaching learning tools. It helps with the capacity building of teachers and regular onsite support to the teachers to strengthen their pedagogical and academic skills. Initially, BUDS will be conducting a Baseline survey to identify the most disadvantage adolescent girls who are either drop out or out of school in the community and will help them to enrol in the NIOS and IGNOU. The new funds will be use in the new program.

Girls from two Drop-in-center (DIC) went to Pragati Maidan to see the World Books Fair where they came to know about the world of books and to encourage habit of reading.

A historical walk around Nizamuddin Bastis organized with the girls from Sarai Kale Khan and Mori Gate centres where they visit the grand sixteenth-century mausoleum of Mirza Aziz Koklatash, after which we visit the Urs Mahal, the tomb of Mirza Ghalib.

UNDERPRIVILEGED RURAL CHILDREN, MEWAT DISTRICT HARYANA

RESTORATION OF ANGANWADI

Anganwadi is a type of rural child care centre in India. They were started by the Indian government in 1975 as part of the Integrated Child Development Services (ICDS) program to combat child hunger and malnutrition. Anganwadi means "courtyard shelter" in Indian languages. BUDS has renovated the infrastructure of the Anganwadi Center at village Ghasera, Mewat with financial support from NBCFDC. It led to the purchase of education and sports equipment for children; construction of water supply facilities; restoration of the kitchen and toilet facilities; necessary civil work; Provision of pre-school education toolkits; refurbishing of existing centers into a child-friendly environments; and decorating the rooms through the use of mural paintings, pictorial depiction of stories, alphabets and numbers on walls.

It was inaugurated by Dr. Om Taneja and Mr. Ashraf, Sarpanch, Ghasera on October 1, 2019. Moreover, Mr. Arvind Kathuria, SGM, NBCFDC, Dr. Rajeev Seth, President, BUDS, Dr. Indra Taneja, Board Member of BUDS, Mrs. Anupama Hans, Child Development Project Officer (CDPO), Mewat and Community members were present in the program.

Dr. Rajeev Seth emphasized the importance of the first six years of a child's life, being the most critical years for the foundation of a healthy, happy, and curious child, who is eager to learn and develop. A majority of this critical period is spent by the children at anganwadis. A total of 80 children will be benefited from the program. Mrs. Anupama Hans briefed about the government scheme towards the program.

Impact of Anganwadi (Rural Day Care Centre for Children)

- BUDS volunteers provided pre-school education on a daily basis.
- Promoting their holistic growth and development of children at Aaganwadi center.
- Increased accessibility of children to the improved childcare facilities at the improved AWC leads to improvement in the child's physical, mental, and academic growth.
- Hemoglobin was checked in all children. About 80% children were found to be anemic. They were provided with oral iron solution daily
- Government is now providing supplementary nutrition

Mr. Pankaj, DC, Mewat along with Mr. RajanSehgal, MD, NHFDC visited to see the ideal Anganwadi on january 17, 2020 at Ghasera.

CHALLENGES AND OPPORTUNITIES IN ACCESS TO HEALTHCARE FOR CHILDREN WITH CHRONIC HEALTH PROBLEMS AND DISABILITIES IN RURAL INDIA

The Government of India launched Rastriya Bal Swasthya Karyakram (RBSK) program to attend to children affected by defects at birth, deficiencies, and development delays -including disabilities, by providing them follow up care, including surgeries at tertiary centers, free of cost. During the course of operating MHV, BUDS doctors detected several children with developmental delay and disabilities. BUDS conducted a study to understand the challenges and opportunities in access to healthcare for children with chronic health problems and disabilities in rural Mewat India, particularly the outreach of the RBSK program and parental satisfaction in supporting these vulnerable groups of children and their families.

A purposive sample of 10 villages and 124 affected children, their families and caregivers were interviewed. The parents of the children with disabilities were required to elaborate on their understanding of their child's disability and their opinion of care provided by the medical staff. Our results revealed Most of the families were illiterate and living in extreme poverty. Average size of families had 5-10 children per household. 80% of families had not heard of the Government RBSK program. A majority of the participants who were interviewed were dissatisfied with the quality of care as 61 % parents reported no or very little improvement. Mostly the families (69%) reported take assistance from their family. Only 8%families received any support from the village panchayats or government primary health centers. The abstract of this BUDS work was presented at ISPCAN Congress, Qatar February 2020. With further advocacy and identification of gaps in the government funded RBSK programs for disabled children, a project for development of District Early Intervention Centre (DEIC) is currently underway at Mandikhera district hospital, Mewat.

MOBILE HEALTH VAN PROGRAM

BUDS team assessed the problem of poor access to health care based on the Mewat Fact sheet published by the MOHFW and the NITI Aayog report. The main aims of initiating the MHV project are:

1. To ensure that vulnerable communities have access to primary healthcare

2. To reach out to maximum number of marginalized children and community members by operating a MHV with quality of care and in cost effective manner.

The mobile van has a duly registered and certified doctor, compounder, paramedical staff, and Counselor, who provide services to the community at large. Apart from the general OPD's conducted through this van, the other emphasis is on organizing multi-specialist health campus as well various health awareness drives. During these health camps specialist doctors like gynecologist, Eye specialist, dentist etc. provide their services. With the support of the district health department, separate community health outlets provided vaccination to children 0-5 year and pregnant women. In the last 3 years, more than 30 camps have been conducted benefiting close to 20,000 community members.

BUDS provides access to primary healthcare through a MHV in 4 urban slums and 24 villages of rural Mewat by:

- early diagnosis, treatment and referral of children with disabilities.
- upgrading an anaganwadi centre for children.
- Prevent and promote health through education in schools.

Permission to operate the MHV was obtained from the regional District Magistrate. Chief Medical officers (CMO) provided additional doctors and priority referral linkages for patients. The operating costs were funded by PwC India Foundation, Rotary Club of Delhi South and NBCFDC of GOI.

The village panchayats, elders, and families were engaged to provide local logistics. BUDS worked with the officials in local government health departments, the village sarpanch, ANM, ASHA, Anganwadi workers and conducted health education sessions in local schools. Dental kits were distributed, and three rallies were organized to educate the community about vaccinations. The following were the subjects of the intervention of BUDS through MHV:

Children and Adolescent	6,400 (M-3,177 and F-3,223)
Community Member	7,845 (M-3,691and F-4,154)
Total	14,245
Health Education (children)	13,035
Children with Disabilities and Chronic health disorders Referred to RBSK	313

BUDS sensitized adolescent girls and community members towards utilizing existing government facilities and schemes. BUDS conducted 66 outreach activities (such as health education sessions, group meetings and one-to-one counselling sessions). A total of 1,575 adolescent girls were sensitized and treated in health camps.

BUDS understands the challenges of documenting the patients that come to the MHV. In addition to the current efforts, BUDS has developed an online platform This would enable better medical record keeping and provide confidential live updates to the doctors and the field staff simultaneously.

On account of the lack of funds, BUDS is only able to provide the communities it serves with one MHV. This means that the MHV is unable to frequent localities as often as it would like. In our annual feedback meeting with the District Commissioner of Mewat, BUDS has been advised to submit a proposal for two additional MHV.

The BUDS MHV follows the following routine

Day of the week	Monday	Tuesday	Wednesday	Thursday	Friday
Location of BUDS MHV	Morigate	Mewat	Mewat	GB Road	Sarai Kale Khan

Existing literature supports the fact that MHVs are more approachable for vulnerable communities. The element of flexibility enables the adaptation keeping in mind the needs of the community. The MHV also acts as a cost-effective method of reaching out to vulnerable communities, as the BUDS MHV does not charge for medication or consultation. BUDS MHV has reached out to 27,280 lives in year 2019 and the cost per patient has amounted to less than a dollar (USD0.779/-)

Even the World Health Organization (WHO) promotes the use of MHVs to reach people cut off from access to health services. The MHV is a known intervention applied in new settings by BUDS. With time BUDS team has created a bond with local community by gaining their trust and started working on health issues highlighted by the patients. The health services provided by the MHV considers feedback and the observations and concerns filed by the field staff. Since the intervention is an MHV, it adapts to the need of the community it serves.

Facilities have been molded to meet with the demands of the patients. For a long period of time the BUDS MHV had only pediatricians and family physicians going into the field. However, by assessing the need to attend to the health of women, gynecologists have also been included. The Center for Dental Education and Research, AIIMS, Delhi are going to send their team for much needed dental care.

A new benefit was that it brought our health team closer to the patients and understanding their social determinants of health. Prevailing culture of Patriarchy, coercion and social norms lead the adolescent girls to get marred early. Child Marriage is a major public health problem in the poor and marginalized communities, and its prevention through education, behaviorchange, and anticipated guidance has been routinely integrated in our medical practice.

SUSTAINABILITY/IMPACT

- Ease of access to medical care in the community
- Reliable and free consultation and medicines
- Referral and prompt treatment for severe cases
- Increased community outreach and stronger trust earned in the community
- A new benefit was that it brought our health team closer to the patients, and understanding their social determinants of health.
- Monitoring skills have been strengthened
- Strengthened database and increased capacity to conduct research
- Interacting with the schoolteacher during the health education session
- Strengthened rapport with community members during Health Van visit

AWARENESS AND BEHAVIOR CHANGE COMMUNICATION

BUDS team visited Jamia Fatima Madrasa, Tauru for the first time and conducted a health session with 132 adolescents. Indra Taneja conducted health education sessions and tested 52 girls' hemoglobin with the help of BUDS counselor Pankaj Rani. They covered issues such as physical, mental, and social well-being of the children and youth. During the reporting period, they also covered current issues such as dengue, skin disease (Scabies, Pyoderma, allergic atopic dermatitis) and Diarrhea. The project provided health education to 13,035 children & youth and psycho-social support to 10,697 children and youth in the schools and mobile health van. Children were also counselled about the importance of a balanced diet, health, hygiene, water and sanitation, healthy lifestyles, reproductive and sexual health, and prevention of HIV/AIDS and other sexually transmitted infections (STIs). BUDS also organized two rallies on health & hygiene in Tauru and Nuh blocks with the help of the health department, Mewat. The BUDS team has referred 313 patients with developmental disorders, impairment of speech, language problems, including Down syndrome to the Rashtriya Bal Suraksha Karyekram (RBSK), district hospital and referred some to NALHAR Medical College, Mewat. BUDS has established linkages with the Community Health Center (Nuh and Tauru) and Nalhar Hospital in Nuh-Mewatand the Government Hospital (Sohna) during the course of the project.

HEMATOLOGY CAMP

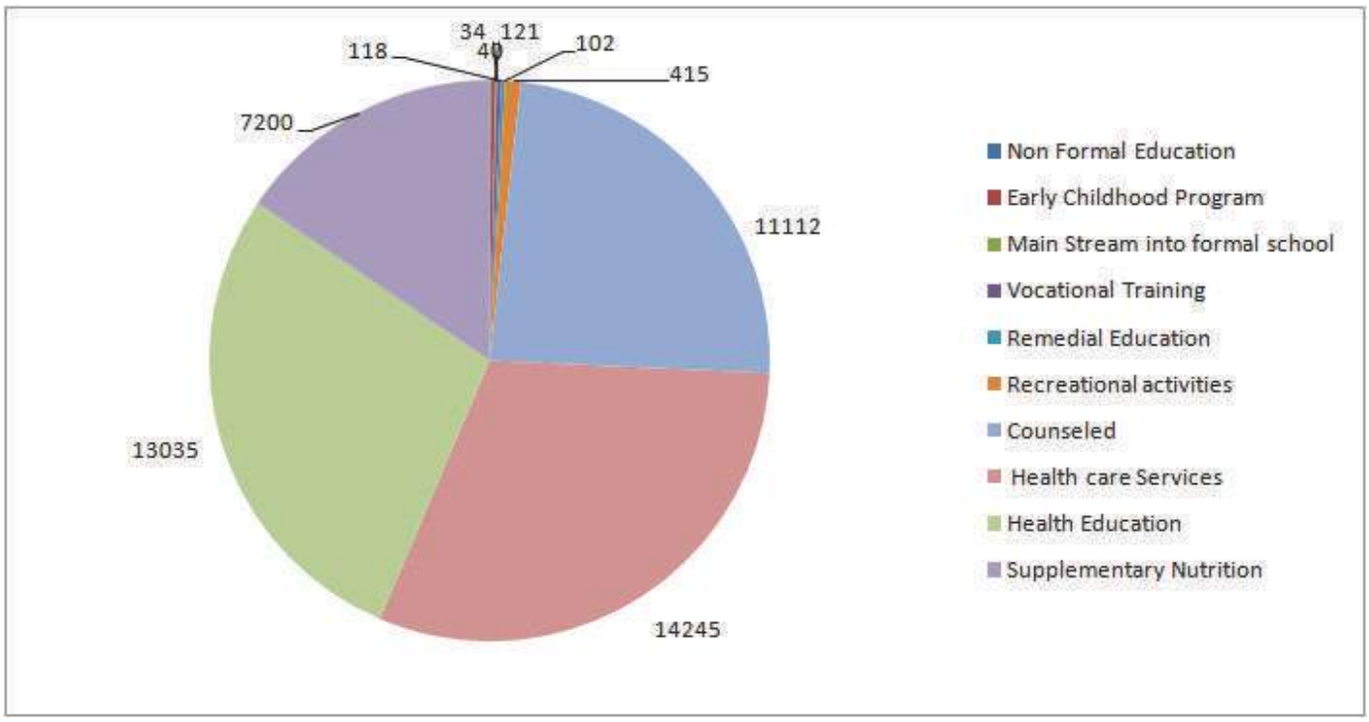
BUDS participated in the Department of Hematology Camp organized by AIIMS for children suffering from Thalassemia Major. State-of-art MRI machines were used to assess iron storage in the liver and heart of Thalassemia affected children to further guide iron chelation therapy. 30children and their parents took part and were counseled Dr Tulika Seth, Professor of Hematology, AIIMS, New Delhi.

WORLD NO TOBACCO DAY CELEBRATION

BUDS with the help of PwC's volunteers organized a session on the eve of “No-Tobacco Day” for children at the Drop-in Center (DIC) at Sarai Kale Khan. The children created thought-provoking posters during a Drawing Competition organized by the PwC volunteers on May 31, 2019. All posters were then displayed at the reception area of the center. The children explained their creations to visitors. PwC's volunteers subsequently described the harmful effects of smoking and tobacco use. The program contributed to spreading awareness on the harmful effects of tobacco use. PwC's volunteers and BUDS staff appreciated the children's thoughts and ideas on this occasion. BUDS lauded their staff who had volunteered for program; as well as the mentorship of Shri Javier Singh, Vice President and Mrs. Preeti Khattar, CR Coordinator-North, PwC

VISIT TO WASTE WONDER PARK

PwC's volunteers organized an educational trip for BUDS children at waste to wonder park in Sarai Kale Khan. PwC's volunteers briefed the children about the 7 Wonders of the world. The sessions were informative and interactive, in which the children actively participated and clarified their doubts. BUDS staff participated in these activities with full strength. Children and volunteers danced together, and snacks were distributed after the walk.



A Pie chart showing all activities of OVC program

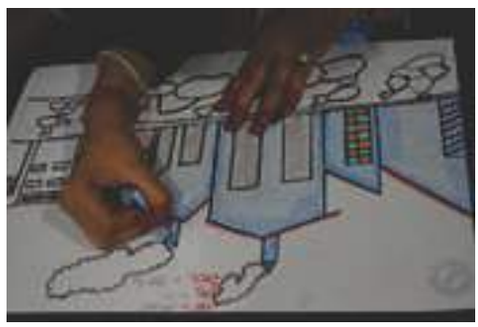
MEETINGS AND NETWORKING WITH TOP GOVERNMENTS/NGO'S OFFICIALS

A total of eight meetings were organized with government officials and NGO's in Delhi & Mewat, Haryana. The list is given below:

- Health Department, Haryana
- National Health Rural Mission (NRHM)
- Rashtriya Bal Suraksha Karyakram (RBSK)
- Deepalaya
- Child Welfare Committee (CWC)
- Sahgal Foundation
- Child line (Chetnalaya)
- Lal Bahadur Shastri Hospital
- St. Stephens Hospital
- T.B. Hospital
- Humana people to people
- Mewat Development Agency (MDA)
- Shukarya, NGO

CHILDREN'S DAY CELEBRATIONS 2019

14th November was a joyous day for us as we celebrated children's day in full swing. Both, the staff, and the children had prepared a day filled with performances and fun. We celebrated the event at Dr. Ambedkar International Center, Janpath, New Delhi. Children from Mori Gate, Sara Kale Khan, and Ghoduli School, Meera Bagh, Delhi had come. Breakfast was served to all the children, before the events started the first event planned for the children was a drawing competition. The theme for this event was Pollution, which was given to the children on the spot. The children were well prepared for the competition. They all put their creative bests forward and drew some great pictures of how pollution has brutally impacted the Earth, and subsequently our lives. Their drawings showed that they had a good understanding and were well aware of the different types and effects of pollution. Some children also incorporated methods we can adopt to fight the increased levels of pollution. Many also pushed their creativity and came up with interesting slogans for the same.



After the drawing competition, all the children were relocated to the auditorium for the much-awaited cultural program. The program took off with a nice inspirational song for the children, performed by the staff, followed by a speech on child rights and safety, by BUDS Managing Trustee Dr. Rajeev Seth. After the speech, everyone took an oath to stand up against child abuse and neglect. This oath was undertaken to show support to the Child Safety Week. Around 300 people took a pledge to build a community which promises to spread awareness and to keep children safe from sexual abuse.

Then began the cultural program with performances, which the children had been preparing for weeks, now. From folk dances to dances with very bold messages, children from all age groups had some great moves to show. We also had skits based on some really grave issues such as drug abuse and female feticide. All these acts were wonderfully executed and performed. The highlight of the show was the performance by one girl from Mori Gate, who recited a poem about a fierce, independent woman, who questions the limitations imposed on her by society. The stage was then open for all the kids to come on and just enjoy the time with their friends.

With some entertaining acts, we next had an informative health quiz for the children, taken by none other than Dr KC Tamaria, President Indian Academy of Pediatrics (IAP) Delhi. The session was a true example of learning with fun. The kids were highly engrossed in the quiz, and had a great time learning about basic, yet very essential information about day to day diseases we may come across in our life.

In the end, there was a prize distribution ceremony. Mr. K Narayan Chief Guest, Managing Director, NBCFDC, along with Mr. Arvind Kathuria, S General Manager, NBCFDC, a Government of India undertaking, distributed the prizes along with Dr KC Tamaria. All participants were awarded for their hard work and efforts. Following this, everyone had lunch. Both the meals, breakfast, and lunch were sponsored by the kind people of IAP.

Keeping the spirit of Children's day up, and honoring all the children we work with, we gifted a small token of appreciation to all the children. Sports equipment, sweaters and mugs were distributed, which were also sponsored by IAP. The day was concluded on this happy note, etching a memory in our hearts forever.

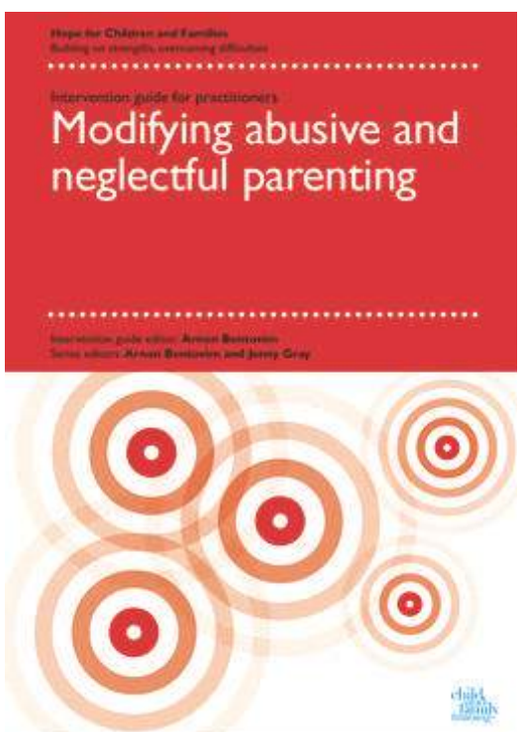
BUDS COLLABORATION WITH CHILD AND FAMILY TRAINING

Hope for Children and Families Program of Child and Family Training (C&FT) is a not-for-prof organization that aims to help professionals help children and families by:

- promoting children's and young people's health and development
- building on children, young people and families' strengths
- helping children, young people and families overcome difficulties
- using evidence-based approaches.

These four principles underpin its practice resources (the Hope for Children and Families tools, instruments, and practitioner guides), training courses, consultation, and development work.

BUDS staff is working on the translation of the module of Hope for Children and Families Program titled: Modifying abusive and neglectful parenting, an intervention guide edited by ***Arnon Bentovim***



This guide addresses abusive and neglectful parenting associated with negative perceptions of children used to justify harsh parenting and the humiliation associated with sexual and emotional abuse. It supports the practitioner to:

- understand how abusive and neglectful parenting affects children's emotional and physical development.
- deliver a psycho education program, exploring how parents explain harmful impacts; providing an account of toxic stress and the effects on the child's developing brain; and the value of parents taking
- responsibility for abusive actions.
- explore parental stress and the link with abusive and neglectful parenting, how stress affects parents' thinking, behavior, and capacity to provide good quality care, and factors which affect parental stress such as personal health, family of origin contexts and environmental stressors.
- help parents understand and cope with negative perceptions of their children clarify, share, and reconcile the impact of abusive and neglectful parenting.

EARLY CARE OF A CHILD WITH DEVELOPMENTAL DELAY & FOLLOW UP OF THE NICU GRADUATE

Clinical Approaches, Solutions and Skill Building Symposium

BUDS team of two trustees, Dr Rajeev Seth & Dr Indra Taneja helped organize the conference on Early Care of a Child with Developmental Delay and follow up of a NICU graduate at Hotel Ambassador Hotel, Khan Market, New Delhi on Friday October 4, 20219, along with My Whole Child Center for special Needs, IAP Delhi and Indian CANCL group. Eight BUDS frontline health workers were trained in the clinical approaches, solutions during this skill building symposium to enable them to achieve the maximum potential of the special children in resource limited setting.

FRONTLINE HEALTH WORKERS (FHW) NARRATIVES OF VIOLENCE AGAINST CHILDREN AND PREVENTION AND RESPONSE TO CHILD ABUSE AND NEGLECT IN MARGINALIZED COMMUNITIES (Chandrashekhar R, Bose V, Qayyum Y & Seth R)

Abstract

Background: In low-and middle-income countries (LMIC) the chances of child abuse and neglect (CAN) being reported to physicians is low. Moreover, instances of CAN in marginalized community settings tend to go unnoticed, is seldom documented and is usually not reported. A major factor that hinders reporting of CAN to physicians is the time factor building rapport with abused and neglected children takes longer than the time overworked physicians can invest.
Hence, documentation of experiences of the Frontline Health Workers (FHWs) is important. FHWs engage with the members of the community closely, build rapport and trust-based relations with their clients. However, observations made by FHWs are not always documented.

Aim and Objective: This study aims at documenting the observations made by FHWs to better understand the nature of Can in marginalized communities.

Methodology: Depth Interviews were conducted with FHWs in two urban slum areas of New Delhi and a village in royalmast (a district in Haryana, in North India). Since the FHWs come across cases of CAN on a regular basis, they were asked to describe the most challenging cases they came across in their fieldwork.

Results: Despite being widespread, most cases of CAN go undetected and are not diagnosed. Since FHWs are an important link to medical providers, their narratives have multiple uses in the identification and management of CAN.
Thus, documenting Frontline Health Worker accounts of CAN are critical to understanding the nuanced nature of the issue in marginalized communities and enable prevention.

- **Recommendations:** Qualitative and mixed methods research are important formative inputs into CAN prevention programs.
- Narratives of frontline health workers (FHW) are a very important value addition to prevention of CAN.
- Medical professionals should closely network and work together with FHW.

Keywords: Child Abuse and Neglect, Frontline Health Workers, Marginalized Communities, India

Grand Hyatt Doha – February 15-17, 2020

CHALLENGES AND OPPORTUNITIES IN ACCESS TO HEALTHCARE FOR CHILDREN WITH CHRONIC HEALTH PROBLEMS AND DISABILITIES IN RURAL INDIA (Seth R, Chandrashekhar R, Rattani A, Bose V, Taneja I *& Qayyum Y)

Abstract

Background: The Government of India launched Rastriya Bal Swasthya Karyakram (RBSK) program to attend to children affected by defects at birth, deficiencies, and development delays-including disabilities, by providing them follow up care, including surgeries at tertiary centers, free of cost. Bal Umang Drishya Sanstha (BUDS) is a registered non-profit committed to the provision of child health and protection in marginalized communities. BUDS operates a Mobile Health Van that provides primary health care in 24 villages of the most backward district Mewat, India.

This study focuses on the challenges and opportunities in access to healthcare for children with chronic health problems and disabilities in rural Mewat India, particularly the outreach of the RBSK program and parental satisfaction in supporting these vulnerable groups of children and their families.

Methodology: The study considered the identification of children with various kinds of disabilities – including chronic health issues- to understand patterns of health-seeking behavior and to report challenges and opportunities faced by community members included in the sample study. A purposive sample of 10 villages and 77 affected children, their families and caregivers were interviewed. The parents of the children with disabilities were required to elaborate on their understanding of their child's disability and their opinion of care provided by the medical staff.

Results: Most of the families were illiterate and living in extreme poverty. Average size of families had 5-10 children per household. 80% of families had not heard of the Government RBSK program. A majority of the participants who were interviewed were dissatisfied with the quality of care as 61 % parents reported no or very little improvement. Mostly the families (69%) reported taking assistance from their family. Only 8% families received any support from the village panchayats or government primary health centers.

Conclusions: There is an urgent need to reduce health inequities in children with chronic health conditions, including disabilities in low resource settings.

Recommendations

- Development delays if not intervened timely may lead to permanent disabilities including cognitive, hearing or vision impairment.
- Information about Government programs should be widely publicised to increase community awareness and timely health care access.

Keywords: Rural Mewat, Disability, Satisfaction, Healthcare

SUCCESS STORIES

SUCCESS CASE STUDY:

CASE STUDY I:

Sanju, 20 years old, is a very bright student and has been connected with BUDS since 2016through a remedial education program. She had finished her exam of XII standard in the year 2019 and had taken admission in School of Open Learning Delhi University in 1st Year B.A Honors (Political Science) After that She express her wish to do something in computer education and Job oriented program of Bids for helping her family economically because her father is the only income source of her family of six members (2 sister and one brother) after counseling her BUDS enrolled her in Hospital Operation Executive six months course in Apollo.

Medicare in Badarpur, Delhi, she was very regular in the class. She was very ambitious while she had joined the course in Medical line. She used to say that as a girl she should have the economic rights so that she can decide on her own. After successfully completing her course now she placed on 5th February-2020 and working in Deep Mala Hospital in Karol Bagh as a Hospital Operation executive and getting up ten thousand per month, now she is very happy to financially help her family.

CASE STUDY II:

Khushboo, 22 years old, is an inspiring woman who has fought all odds to reach where she has today. Her story with Buds started many years ago when she first came to Sarai Kale Khan with her parents and two younger siblings. A shy girl who lacked confidence and was unsure of her own abilities has now broken out of her shell and is working harder every day to realize her aspirations. Her journey, however, has not been an easy one.

Having successfully finished a computer course at BUDS in 2019, things were looking up for her. But as life would have it, her fight had just begun. Khushboo's teachers noticed that she did not have any energy when she came to the center; she did not laugh. When asked if anything were wrong, she would quickly dismiss their concerns and assure them that everything was alright. The apprehensive teachers, however, were not convinced. They asked her to visit the Mobile Health Van, which parks right next to the Sarai Kale Khan-Nizamuddin Metro station, a short walk from where she lives. She was greeted by Sushil on her first visit to the van; little did she know it would not be the last time she was there. The Doctor and Ms. Sandhya, a long-time health worker, immediately noticed Khushboo's pale skin which had a faint but discernible yellow hue. Moreover, upon hearing the difficulties she was facing in her day to day life, the constant weakness, the lack of motivation and her sudden loss of appetite, they knew she needed to get a blood-test.

Dr Sushil referred her to Lal Bahadur Shastri hospital to get the much-needed tests done. As they feared, the tests came back positive for Jaundice and. She was quickly admitted to LBS hospital on Dr Sushil's recommendation. While she was there, the hospital gave her the essential nutrients her body was lacking in the form of an IV drip. They then prescribed her medications, unaware that the cost was too heavy for her family to support. This is when the MHV team stepped in again. The van gave her the tonics, supplements, and medicines she needed through her 3 months of recovery. She made slow but steady progress, and soon she was ready to fight her fight again.

With a renewed zeal she joined the “General Duty Assistant” Apollo Meds kills course in late 2019 and successfully completed it. She is now working at the Institute of Liver and Biliary Sciences all while being in her final year of MBA program at Delhi University.Khushboo has overcome countless hurdles in her life already, but nothing will stop her from making her ambitions to become a journalist, a reality. In her own words, “BUDS se nay windage milli Hai. Bas aage badte rehna hai, peeche nahi”, she is keen to move forward in life, and never back down.

CASE STUDY III:

Name - Mala
Age - 23
Father's Name – Raj Narayana
Father's Occupation – Farming
Annual Income – INR 60,000
Mother's Name – Sunita Devi
Mother's Occupation – Farming

Mala's endeavor

Mala Kumari has lived with her family in Sarai Kale Khan since her childhood. Mala has 3 elder sisters and 1 younger brother. They live in an urban slum and do farming to run the house. They farm on a piece of rented land where they grow various crops and then sell them in the market. They either have to pay one-third of the produce hard cash each month to the owner of the land. Mala's father is a drug-addict and troubles their family a lot. He beats her mom and takes all of their money to buy alcohol and drugs. Mala's mom on the other hand, is extremely supportive and always helps Mala whenever she needs it.

Mala has studied till the 4th standard from a government school. She then left school for 3 years to help her mom with household chores. Her mother then got her admitted schooling once again. Mala studied till the 9th standard before being made to leave the school yet again. In the meantime, Mala took a tailoring and beautician course from an NGO.

BUDS intervention

Mala, with the help of her mother, joined BUDS. Some friends had suggested the NGO to her. When Mala joined BUDS, she did not know how to operate a computer. She joined the BUDS basic course in computers for which BUDS charges a minimal amount but in Mala's case, because of financial need, chose to forgo it.It has been more than 4 months since shejoined the computer classes and now, she is able to operate MS Excel, MS PowerPoint, MS Word, Paint, etc. exceptionally.BUDS also helped her to join an open school of learning so that she could complete further studies. She now enjoys comingto BUDS. She is looking forward to doing a nursing course and would like to work in a hospital; BUDS will try its level best tohelp make her dream come true.

CASE STUDY IV:

Name - Priyanka
Age - 16
Father's Name – Jeet Bahadur
Father's Occupation – Farming
Annual Income –
Mother's Name – Namsara
Mother's Occupation –

Priyanka is 16 years old and has 5 siblings. Due to financial hardships in the past two years she was not able to finish herstudies. However, she still had a keen desire to learn. Priyanka comes to the center with our remedial batch owing to herpassion to study. We helped with all aspects of her education in these classes for 6 months. After 6 months the BUDS staffspoke to her uncle and her about the other classes BUDS has to offer. As she had dropped out of school the staffencouraged her to join again and saw that she was enrolled in Grade 10.

Initial Behavior

Priyanka was shy and quiet when she first came to the center. She used to hesitate before saying anything in front of herpeers. She was also uncomfortable sitting alone and reading a Hindi book in the presence of other children. If she failed tounderstand a concept in class, she would never raise questions or ask to clarify doubts. Although she was very curious eventhen, her curiosity was left dissatisfied.

Progress with BUDS

It did not take long however, for her to break out of her shell. Soon, she started interacting with her peers and wanted to sitwith the group. She is very punctual and comes for class every day. Nowadays she even comes to the center on her own. Sheis very attentive during class and actively participates in group discussions. She puts her point of view across with clarityand confidence. Priyanka is no longer afraid to ask questions; she requests the teachers to explain concepts again ifneeded. Her wonderful performance in the group dance on children's day, not only helped the group secure the runners-upspot but is also a testament to the confidence she has gained. Now, Priyanka is always at the forefront of class activities.

MEDIA COVERAGE

रैली का आयोजन

तावडू, 4 जनवरी (शीशपाल सहरावत) : मिशन इन्द्रधनुष 2020 के अन्तर्गत बाल उमंग दृष्य संस्था एवं नेशनल वैकवर्ड क्लासेज फाइनेंस डवलपमेंट कारपोरेशन के तत्वाधान में स्वास्थ्य विभाग के सहयोग से जनपद नूंह के अर्न्तगत तावडू मंडल के ग्राम धुलावट में रैली का आयोजन किया गया। रैली का मुख्य उद्देश्य 0 से 2 वर्ष तक के बच्चों को बिमारियों से बचाने के लिये टीकाकरण के लिये प्रेरित करना था। पढ़ैनी प्राथमिक स्वास्थय केन्द्र के चिकित्सक रोहित रमन ने बताया कि रैली के दौरान गली के नुक्कड़ व चौराहों पर उपस्थित लोगों को टीकाकरण के लाभ व इस के विषय में सम्पूर्ण जानकारी दी गई। इस रैली में प्रमुख तौर पर प्राथमिक स्वास्थ्य केन्द्र पढ़ैनी के डा. रोहित रमन डा. प्रदीप मिश्रा नौरंग गोयल सौएब औ मुमताज सरिता रानी रिंकी व देविन्द्र कुमार के अतिरिक्त गांव की आशा वर्कर रोशनी लक्ष्मी बिलिकस शायरा मुबीना व मरिसम आदि ने हिस्सा लिया। डा. रोहित रमन ने बताया कि टीकाकरण का कार्यक्रम 6 जनवरी से प्रारम्भ होना है।

टीकाकरण के लिए निकाली रैली

विनोद गर्ग, तावडू

मिशन इन्द्रधनुष के तत्वाधान में टीकाकरण को लेकर रैली निकालते हुए।

मिशन इन्द्रधनुष 2020 के अन्तर्गत बाल उमंग दृष्य संस्था एवं नेशनल वैकवर्ड क्लासेज फाइनेंस डवलपमेंट कारपोरेशन के तत्वाधान में स्वास्थ्य विभाग के सहयोग से जनपद नूंह के अर्न्तगत तावडू मंडल के ग्राम धुलावट में रैली का आयोजन किया गया। रैली का मुख्य उद्देश्य 0 से 2 वर्ष तक के बच्चों को बीमारियों से बचाने के लिए टीकाकरण के लिए प्रेरित करना था। प्राथमिक स्वास्थय केन्द्र के चिकित्सक रोहित मोगली ने बताया कि रैली के दौरान गली के नुक्कड़ व चौराहों पर उपस्थित लोगों को टीकाकरण के लाभ व इस के विषय में सम्पूर्ण जानकारी दी गई। इस रैली में प्रमुख तौर पर प्राथमिक स्वास्थ्य केन्द्र पढ़ैनी के डा. रोहित रमन, डा. प्रदीप मिश्रा, नौरंग गोयल, सौएबओ मुमताज सरिता, रानी, रिंकी व देविन्द कुमार के अतिरिक्त गांव की आशा वर्कर रोशनी, लक्ष्मी, बिलिकस, शायरा, मुबीना व मरिसम आदि ने हिस्सा लिया। डा. रोहित रमन ने बताया कि टीकाकरण का कार्यक्रम 6 जनवरी से प्रारम्भ होना है।

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