ABOUT BAL UMANG DRISHYA SANSTHA (BUDS)

BUDS 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 registered as an Indian Not for Profit Trust in 2003 (Registration No 11686/4 of 2003) and has since worked closely in Sarai Kale Khan and Mori Gate regions in Delhi and the aspirational district of Mewat, Haryana.

The four pillars of BUDS includes-
- Health
- Education
- Vocational Skills and,
- Research

Our Vision
Envisions a society where every child is provided every right regardless of their socio-economic standing in the society

Our 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.

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

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MESSAGE FROM MANAGING TRUSTEE

On behalf of Bal Umang Drishya Sanstha (BUDS) (www.budsngo.org), it is indeed my privilege to present this annual report of BUDS ending March 31, 2021. Despite COVID-19 pandemic, BUDS team remained committed to provide comprehensive health care and rehabilitation to underprivileged children among the marginalized communities in India.

Child Health, Education, Vocational Skill Development and indigenous Public Health Research are the four pillars on which BUDS currently stands to deliver its mission. In the year 2020–2021, BUDS teams provided healthcare services to 18166 patients, out of whom 12195 were children; free medical examination and treatment was provided to 6032 children and health education to 6163 children. The Indian government’s mandated COVID-19 pandemic lockdown measures brought loss of livelihoods and adversities for millions of informal and low-wage migrant workers. BUDS team worked directly with the marginalized communities, providing access to health by mobile health van, food, masks, sanitizers and personal COVID safety information to over 37,000 underprivileged families in the urban slum communities of Sarai Kale Khan and Mori Gate DIC, New Delhi.

This BUDS innovations and adaptations during COVID pandemic were published by the CLEAR initiative – COVID-19 Leadership Response in Vulnerable Settings. The case series was a part of the CLEAR program, an initiative of the Center for Higher Ambition Leadership (https://www.higherambition.org/), based at Massachusetts, USA. Post lockdown, with the technical support of Niranter, and a grant from Human Capability Foundation (HCF), two resource centers for gender and education (PACE) were operationalized. The PACE project gave vulnerable girls another chance to education to those girls who have never been to school, or dropped out due to various reasons. A large number of beneficiary students were admitted in National Institute of Open Schooling (NIOS). Additionally, a partnership with Global Karma Health & Educational Trust (GKHET) empowered several underprivileged children through education and vocational skill development programs, administered by Ministry of Micro Small and Medium Enterprise (MSME), Government of India.

The “Vaccine Impact on Cognition and Schooling (VICS)”, a BUDS pilot study was completed in collaboration with the Bloomberg School of Public Health, Johns Hopkins University (JHU), USA. The VICS project was supported by the Value of Vaccination Research Network (based at Harvard Chan School) funded by a grant from BMG foundation. In January 2021, the Sabin Vaccine Institute Washington DC, USA selected BUDS and the Johns Hopkins University team from India to receive a research grant to address barriers to vaccine acceptance through community health workers led interventions virtually at rural Mewat Haryana.

BUDS doctors and staff continue to provide support to the last marginalized child among the underserved communities. BUDS team invites you to visit the BUDS project sites and volunteer your time in the service of the poorest of the poor. We look forward to your insights, expertise, and constructive feedback to improve our community activities and programs.

Rajeev Seth

Thanking you
Sincerely Yours
Dr. Rajeev Seth MD, FIAP, FAAP (USA)
Managing Trustee
AN OVERVIEW OF BUDS PROGRAMS

COVID-19 RELIEF & AWARENESS

Despite the state government’s efforts to help the marginalized, many people were struggling to cope with the effect of COVID-19 pandemic lockdown. With increasing chaos and anxiety in slums, new issues arose every day. Migrants were being threatened by their landlords to pay rent or evacuate from their home, Cases of domestic violence and sexual abuse were on the rise, Increased discrimination on the basis of religion, caste and class began surfacing. Not all those in need were in a position to apply for or received government aid. Their identification documents may have been missing or incomplete; some may not have possessed a ration card and others may not know where and when food distributions took place.

Consonant with their vision and mission, BUDS reached out to 37,000 children in slums and supported them during the lockdown. The team procured kits (each kit costing around 2,500 INR). This would sustain a family of five for about eight weeks. They sourced the rations from a wholesaler on a no profit basis, packed and distributed them at the DIC sites. BUDS call to action was simple, yet effective. “Together we can bring them the help they need; a simple donation can entirely change one’s future”. As word spread and messages went out to BUDS friends and well-wishers, donations were collected in cash and kind. A gift of 68000 RUSF (Ready-to-Use Supplementary Foods) packets were distributed in the villages of Mewat, Haryana. RUSF are highly fortified, nutrient dense pastes specifically designed for prevention and treatment of moderate acute malnutrition among children over 6 months. Throughout the pandemic, until normal life resumed, BUDS provided dry ration kits composed of wheat flour, rice, sugar, tea leaves, salt, cooking oil and pulses, as well as sanitary napkins, sanitizers and masks. Volunteers and staff visited families using preventive measures to keep themselves and their clients protected.

“The lockdown on account of Covid19 hit us hard. We found ourselves helpless overnight. It was then when we were told that BUDS was distributing kits that would help us. It was through the BUDS kits that we were able to survive during a difficult phase of our lives.”
Aspects of BUDS’s response that have helped them successfully adapt their programming to support their community during the pandemic include: Firstly, BUDS responded immediately to the most pressing need of the community – hunger. This immediate adaptation in BUDS’s programming not only helped people survive when incomes and access to food plunged, but it also helped to build a strong relationship with the communities based on care and trust. Second, that focus on relationships was woven into BUDS’s response. Even as they worked to distribute rations for example, the BUDS team held a guiding question in mind: how could these initial services be provided in a way that ensured continued community engagement going forward? Third, before designing the adapted versions of their programs which would operate in the medium- and long-term, BUDS conducted a survey to identify the needs and capacities of the community. This served to ensure programs were targeting real needs, rather than perceived ones, and that delivery methods (e.g. cell phones) were feasible. Third, BUDS had learned from previous experience with emergencies (including unrest, disease outbreaks, and weather events) that they needed to be agile in dealing with such crises. BUDS program leaders drew on these personal experiences to enable fast and adaptive responses. Finally, rapid mobilization of financial resources was key. For example, BUDS was able to leverage existing relationships with program funders to redirect funds to support their hunger alleviation work as an immediate response to the lockdown.

THE IMPACTS OF COVID-19

When COVID-19 hit Delhi, the impact on poor and marginalized populations was swift and severe. Due to the mandatory lockdown measures, many families lost their incomes, and thus their ability to purchase even the basics for survival. Knowing the communities they served were suffering, the BUDS team acted quickly. Through conversations with past users of BUDS’s services, they quickly identified pressing problems the poor were facing namely income loss, and hunger. To support the community, they immediately raised funds to purchase and distribute rations. They also distributed informational brochures to educate on sanitation and the importance of wearing masks; deployed social workers to support families with the many non-medical complications to families caused by COVID-19; and helped connect people to government relief programs, providing them with sustainable aid during the pandemic. Once their response to these most pressing community needs had been launched, the team turned their attention to their next challenge: figuring out how to continue the delivery of their programs.

ADAPTING TO COVID-19

From the early days of the lockdown, distress calls reached BUDS with COVID-19 closures young people were facing another problem: boredom. The BUDS team was motivated to restart engagement with children, but the path to adapting an early childhood education program (to be delivered in a fashion that respects the physical distancing measures required to minimize COVID-19 transmission) was not immediately clear. The team had pressing questions to address: Could the program maintain in-person delivery, or would delivery have to shift to a remote learning model? Would some components of the program have to be cut if delivered remotely? What tools would parents and children need at home to support them through the adapted delivery? To operate an adapted version of the program while respecting physical distancing requirements, the BUDS team decided on a remote delivery strategy that used cell phones to communicate with the children’s parents. As part of their community survey, BUDS knew that many families possessed a cell phone. Though this wasn’t a perfect
solution since some families don’t have cell phones, the BUDS team found this approach to be the best option to reach the most people. In addition to adapting the delivery method, BUDS also adapted the content of its early education program: educational activities that were feasible within the home environment were shared with parents. These activities were meant to be entertaining while also keeping children safe, and aimed to deliver learning opportunities while also helping children to adapt to the changes associated with the pandemic.

Children’s social needs were another priority of the COVID-19 lockdown-adapted program. The community survey conducted by BUDS found that some parents were struggling to adapt to having children present in the home all day, every day, and lockdown measures were leading to an increase in abuse and violence towards children. To help foster a positive home environment for children, the team provided information to parents on positive parenting, responsive caregiving and stimulation, feeding, and how to protect children from abuse. As another element of its adapted program, BUDS provided parents with up-to-date, accurate information on COVID-19. This includes information on how the virus is spread, how to protect their families from contracting it, and where and when to seek health services.

Children’s nutritional needs remained a vital priority of the program. The children were no longer present in person at a drop-in centre, so BUDS attended to these nutritional needs by distributing rations and nutritional supplements to children and their families. To respect physical distancing, families were given a time slot to pick up these supplies at the BUDS Centre. Across the duration of the pandemic, approximately 25,000 children and parents benefited from BUDS’s ration distribution. To address the health needs of vulnerable children who normally attend BUDS drop-in centres, BUDS has managed to safely resume another of its programs that was shut down at the start of the pandemic: their mobile health vans. Using the vans, the BUDS team provides health care to children and families, focusing on the three Ps of health – prevention, promotion, and prompt treatment. Meanwhile, BUDS is now exploring the possibility of resuming in-person programming for children. This would require shrinking the program from 21 children to five at a time, with each group of children attending for only part of the day. That in turn would require shortening program modules from two hours to 45 minutes. They face two major obstacles to re-opening at full capacity, however. Firstly, space: each drop-in centre operates within a two- or three-bedroom apartment – an arrangement that can’t accommodate physical distancing needs. And secondly, transportation. Though centres are located near the communities they serve, public transportation hasn’t fully resumed in Delhi, preventing some staff from reaching the centres in order to deliver programs in-person.
Programs for Marginalized Children & Young People

HEALTH & NUTRITION

Mobile health clinic in the COVID-19 pandemic: It was difficult to run Mobile Health clinics during national emergencies like COVID-19 epidemic. Most of the COVID 19 patients were seen in government hospitals and the demand for Mobile Van service was increasing from the community. The services of Mobile Health Van started by taking permission from the health department at Delhi,NCR. BUDS started Mobile Health Van Service, following all the guidelines of the Ministry of Health, Govt. of India and PPE Kits were used during the camp.

At the time of COVID-19 pandemic situation, the aim was to conduct health check-ups through Mobile Health Van and to create mass awareness on COVID-19 pandemic issues as well as treat chronic health conditions in the intervention areas. In areas served by the Mobile Health Van, the health of communities needs constant attention from Government as well as Non-Government organizations. Therefore, Mobile Health camps were organized in Delhi,NCR to cater to the urgent and immediate treatment needs of communities.

The mobile van health care services reached 18,166 patients totally in the entire year ending March 31' 2021.

Medical doctors provide primary health care at mobile health van everyday and they conduct check-ups, provide treatment and Medicines for diseases such as - Upper respiratory infections, Sinusitis, Lower Respiratory Infections, Pneumonia, Bronchitis, Malnutrition, Anaemia, Pain, Headache, Skin infections, Scabies, Pyoderma. Eye conditions seen include: Conjunctivitis, visual defects. ENT related conditions: Ear infection, GI and Urinary tract illnesses e.g. Vomiting, Diarrhoea, Amoebic infections, Injury & Trauma, Urinary infections. Children with disabilities, Developmental Delays, hearing loss are seen by doctors in the mobile health van. Abused and neglected children also access Van services. Cases of child abuse and neglect, early marriage, victims of familial violence, those with health problems relating to alcohol abuse were also treated by Mobile Health van dispense free services.
Details of the supplement food
Ready-to-Use Supplementary Foods (RUSF) are highly fortified, nutrient dense pastes specifically designed for prevention and treatment of moderate acute malnutrition among children over 6 months. Valid Nutrition RUSF comes in two pack sizes each equivalent to a daily dose: LNS-LQ at 100g and LNS-MQ at 50g intended for treatment and prevention, respectively. The formulation delivers all the nutrients to reduce or eliminate the shortfall in local diets and helps meet daily requirements. Unlike fortified blended foods that require further preparation at home, RUSFs are ready for use.

Advantages of Valid Nutrition Ready-to-Use Supplementary Food (RUSF):
They have a long shelf life – up to 24 months without refrigeration. Low moisture content inhibits the growth of micro-organisms. They are dose packed and complete hence have superior control of intake and less risk of nutrient loss.

They are less voluminous, hence more convenient for handling by caregivers.
- The intervention should span over a period of a few months (4 months and above) and annually.
- The supplement considered should take into account peanut allergens. Supplementary food items without peanut allergens would help serve a greater number.
- Experienced pediatricians should be available to attend to any complications in the field on account of the intervention.
- Education of primary caregivers about malnourishment and its long-term consequences need to be made clear.
- Involvement of community influencers to promote the food supplements should be considered to attend to the rumours in the community with respect to the intervention.

They pose less risk of contamination and offer convenience of use because no preparation is required at home.

Background
The purpose of this project is to provide help to mal-nourished children by distributing RUSF packets to children between the age of 1 to 6 years, living in the villages of Mewat, Haryana. Based on the child's age and weight, children were categorized into three categories viz: green, yellow and red. Here red suggested extreme malnourishment. Supplementary nourishment, in the form of RUSF was the intervention involved. Instructions for use of the supplements was provided by the BUDS staff and volunteers. The duration of the intervention across locations was for a period of 3 weeks (one packet per day for 3 weeks).

The participation of the participants was voluntary. The participants were informed that the supplement contained peanut and milk powder to ensure safeguard against allergic reactions. The
participants were also informed that two senior pediatricians, Dr. Rajeev Seth and Dr. Indra Taneja were involved in the project and would monitor any complications arising on account of the intervention.

**Intervention**
The main purpose of BUDS intervention in Mewat using the RUSF supplementary diet food packets involved the cooperation of 69 Anganwadi centres spread across 20 villages from Nuh and Tauru blocks of Mewat, Haryana.

**Over 1200 children of which:**
- 595 were males and 614 were females
- 143 were extremely malnourished (category red) and 1066 were moderately malnourished (category yellow)
- 323 were between 1 and 2 years of age
- 361 were between 2 and 3 years of age
- 283 were between 3 and 4 years of age
- 173 were between 4 and 5 years of age
- 93 were above 5 years of age

**Post intervention a total of:**
- 118 children remained in the extremely malnourished (category red)
- 697 children remained in the moderately malnourished (category yellow)
- 441 children did not fall in any malnourished category (category green)

**Challenges**
During the course of the intervention some of the challenges faced included (but are not limited) to the following areas:
- Some children experienced vomiting and diarrhoea on while they were being given the RUSF supplements.
- Some parents informed the staff at the intervention sites that their children experience abdominal pain.
- Documentation of the data of children in the red zone (extreme malnourishment) and yellow zone (moderate malnourishment) at the level of the Anganwadi centre needs to be more robust and detailed.
- The cooperation of the Anganwadi workers was highly variable with respect to the circulation of the RUSF food supplement packets and sharing of the data collected for documentation purposes.
- Primary caregivers of the children were extremely rude and abusive to the Anganwadi workers helping with the circulation of the RUSF food supplement packets.
- Circulation of the RUSF food supplement packets was a challenge given the pandemic on account of Covid19.
- Rumours in the community suggesting that the RUSF supplements would lead to infertility in the young generations.
- There was a lot of variation with respect to the recorded heights and weights of children at the Anganwadi centre leading to the collection of unreliable data set.

**Acknowledgment**
We want to deeply appreciate all those people who have helped us in completing this project. First of all, we thank Professor Dr. Tulika Seth, Trustee of BUDS, who has associated us with Compact India
Pvt. Ltd. who provided us 68000 RUSF packets. A special gratitude that we would like to give to Mr. Pankaj, District Collector, Mewat, whose work was done with much effort. He introduced us ICDS officers Mrs. Anupam Hans, and other members such as Anganwadi Supervisors, Anganwadi workers and Helpers, and we got a lot of help in the field on behalf of ICDS.

Also, we would like to thank Mr. K. Narayan, Managing Director, NBCFDC and Mr. Arvind Kathuria, SGM, NBCFDC and their team who went to Mewat and monitored the project.

A special thanks goes to our members Yawar Qaiyum, Riti Chandrashekhar, Ananya Rattani, Shakeel Ahmed, Sunita, Rafiq, Varsha, Saddam Hussein and Pankaj Rani who went to the field every day to ensure that RUSF was properly distributed. I would especially appreciate the guidance given by BUDS President Dr. Rajeev Seth in our project presentation which has improved our presentation skills for his comments and advice.

**FREE HEALTH CAMP FOR CHILDREN WITH DISABILITIES**

A free health camp was organized for differently abled children on 16 March 2021 at a government-run school, in Tauru, Mewat. Pediatrician Dr. Harsh Kumar said that a list of children with disabilities had been prepared by the mobile health van being run by BUDS. Referral cases of children with disabilities were also increasing. This gave rise to the need for free health camps which BUDS runs from time to time. Dr Harsh Kumar also said that the purpose of this event was to provide quality treatment since treatment given at the right time could successfully treat a disability. As a part of this camp, children with limb disabilities, cerebral palsy and children who couldn’t walk and children who require surgery will be treated. The surgery will be done through the Department of Health. He said that the condition of children suffering from cerebral palsy can be improved by physiotherapy; while children who are given Botox injections and undergo surgery can live normal lives. Senior pediatrician Dr. Rajeev Seth and founder of BUDS Institute visited the site and praised the department and said that ‘this is a wonderful work!’ Dr. Seth informed the doctors and the community members about the mobile health van being run by BUDS for children and said “my aim was to organize a free camp for disabled children here, which has now been realized”. Dr. Seth saw some of the children coming to the camp and told them about health education and discussed the District Early Intervention Center (DEIC) with their parents. 146 disabled children benefited from this camp.
The Sabin Vaccine Institute (Sabin) announced 13th January, 2021 that it has awarded grants to research teams in four countries - India, Kenya, Pakistan and Uganda to explore the social drivers of COVID-19 misinformation, and its impact on routine immunization acceptance and the acceptance of a COVID-19 vaccine.

**The 2020 Sabin grantee**

**In India,** Dr. Rajeev Seth, FAAP (USA), MD, DNB, a senior consultant pediatrician leading Bal Umang Drishya Sanstha, a non-profit organization in New Delhi focused on child health and welfare for marginalized children, will lead a team of researchers to study community health worker perceptions of and misinformation surrounding vaccines. Co-lead investigators from Johns Hopkins University Bloomberg School of Public Health, represented by Baldeep Dhaliwal, MPH, and Dr. Anita Shet, MD, from the Department of International Health within the International Vaccine Access Center, will collaborate with Dr. Seth and a team of researchers on the project. The virtual study will employ multi-pronged community health worker interventions in the Mewat district of Haryana, India, to address barriers to vaccine acceptance.

**About the Sabin Vaccine Institute**

The Sabin Vaccine Institute is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation. Unlocking the potential of vaccines through partnership, Sabin has built a robust ecosystem of funders, innovators, implementers, practitioners, policy makers and public stakeholders to advance its vision of a future free from preventable diseases. As a non-profit with more than two decades of experience, Sabin is committed to finding solutions that last and extending the full benefits of vaccines to all people, regardless of who they are or where they live. At Sabin, we believe in the power of vaccines to change the world.
Sabin's Vaccine Acceptance - a collaboration between Bal Umang Drishya Sanstha (BUDS), in New Delhi, India, and the Johns Hopkins University's Maternal and Child Health Center (JHU)

January 21, 2021 [Press Release]


Sabin's Vaccine Acceptance and Demand initiative is proud to support a collaboration between Bal Umang Drishya Sanstha (BUDS), a non-profit organization focused on child health and welfare for marginalized children in New Delhi, India, and the Johns Hopkins University’s Maternal and Child Health Center (JHU). The funding is provided through our Social and Behavioral Interventions for Vaccination Acceptance Small Grants Program.

Misinformation, Society and the COVID-19 Pandemic with Dr. Rajeev Seth and Baldeep Dhaliwal
To maximize the potential of CHWs, a four-pronged intervention will be implemented in Mewat. This package would address CHW training gaps, address community misinformation, allow for community accountability and ensure long-term sustainability beyond the grant period.

The project has completed the phase Prong 1: Development of Community Accountability Board and Prong 2: Preliminary Data collection and Human-Centered Design Workshop. Now two phases Prong 3: Implement Intervention (as designed in Prong 2) and Prong 4: Evaluation and Sustainability through Monthly Community Accountability Board.

BUDS has recruited – Caregivers (parents who have a child less than 5-years old), Influencers and Health Workers – who will be involved and collected baseline information on overall vaccine acceptance. Involving the community throughout the design and implementation of an intervention aims to facilitate ownership and engagement in vaccination decisions. Since BUDS has built rapport with the community the response is very encouraging. The community is keen to cooperate.

BUDS has collected baseline information from the Caregivers, Influencers and Health Worker on overall vaccine acceptance. Involving the community throughout the design and implementation of an intervention aims to facilitate ownership and engagement in vaccination decisions.

Due to the ongoing COVID-19 pandemic, all components of the projects will be conducted virtually to ensure the safety of the research teams and the communities they work with.
Complete and timely immunization of children is an investment in human capital. Immunization results in community children free from vaccine-preventable illnesses who are able to attain their full cognitive potential, leading to a productive society that achieves higher economic returns.

The objectives of the pilot study included:
(i) to demonstrate the feasibility of enrolling children from the community, documenting immunization status, and performing cognitive and behavior assessments;
(ii) to understand perceptions held by children’s caregivers and community stakeholders on the benefits and value of vaccines; and
(iii) to develop the study design and sample size for the main study proposal to test the hypothesis linking immunization and cognitive outcomes.

This study focused on the association between full immunization and cognition and educational outcomes. The mechanism by which complete immunization improves cognitive outcomes in children can occur via two inter-related pathways: first, by directly preventing infection-related ill-health. Caregivers who immunize their children are also likely to perform other preventive health care practices (e.g. vitamin A supplementation, better nutrition and hygiene practices, improved health-seeking behavior). Thus, the second pathway is via improved preventative healthcare practices that are internalized and implemented by caregivers during the regular immunization visits to the healthcare facility and interaction with peers and healthcare workers.

Given the growing resurgence of vaccine-preventable diseases and the threat they pose to global health, we also plan to conduct in-depth interviews and focus groups were also conducted to understand the cultural and community influences on caregivers’ and community stakeholders’ perceptions of vaccines. These in-depth interviews and focus groups will allow us to gain a stronger understanding of perceptions and factors that lead to these decisions, as well as understanding the value that caregivers and community stakeholders place on vaccinations.
Communal Violence and Adverse Childhood Experiences

The clashes between pro- and anti-CAA protesters in Jafрабad, North-East Delhi on February 23 night turned into communal violence and spread across north east Delhi over four days. Forty-two people, including a policeman and an IB personnel, lost their lives, while hundreds were injured, and shops and houses burnt or destroyed. Delhi Police faced criticism for ineffective handling of the riots. Hundreds of people have been arrested or detained so far in connection with the violence (The Hindu, 2020).

In the aftermath of the riots in North East Delhi in the month of February 2020, BUDS set up medical camps to assist the community in accessing healthcare. The health camp conducted in the month of February was focused on the physical health parameters. During the health camp it was found that there was a need for intervention for mental health parameters as well. The scope of this project is to focus on screening of members of the community which will lead to referrals. A total of 75 participants were screened on the basis of mental health parameters for this study.

This study was a collaboration between BUDS, the All India Institute of Medical Sciences (AIIMS, New Delhi) and the National Scheduled Castes Finance and Development Corporation (NSFDC), Ministry of Social Justice and Empowerment, Govt. of India.

**Achievements**

- Submitted an IRB and received ethical clearance for the project.
- Conducted the study using a hybrid model, following all safety protocols for COVID-19. All interviews with the participants were conducted online.
- Through interactions with influential community members, such as religious leaders, we were able to successfully set up a functional Drop-in-Centre at Shiv Vihar.
- Identification of 200 prospective participants in the community.
- Collecting all relevant data and building a database of all identified prospective participants.
- Randomly selecting (based on the inclusion and exclusion criteria) and reaching out to 75 participants from the list of 200. Creating a unique study code for each participant.
- Conducting screening for 38 adolescent (15 to 17 years) participants and 37 young adult (18 to 25 years) participants.
- The following scales were administered for adolescents:
  a. WHO- Quality of Life BREF
  b. Children’s Impact on Event Scale (CRIES-13)
  c. Patient Health Questionnaire-9 (PHQ-9)
- The following scales were administered for young adults:
  a. WHO- Quality of Life BREF
  b. Trauma Symptom Checklist-40 (TSC-40)
  c. Beck’s Anxiety Inventory (BAI)
- Conduct preliminary analysis on quantitative data from young adults.
- Engaging with interviewed participants post-project to build their trust and get a deeper understanding of their needs and requirements.
- Continuous follow-up with AIIMS team.
Continuing the education program for dropped out or never been to school girls, BUDS inaugurated its new batch for PACE learners in November 2020. The third consecutive year of running the project, Parvaaz Adolescent Centre for Education (PACE) aims at providing a second chance to education to adolescent girls and young adult females from marginalized communities. The program focuses on imparting functional literacy and providing the exposure these girls are otherwise missing out on.

Last year’s unexpected outbreak of a world-wide pandemic was overwhelming for all of us. The PACE program too had to face a setback, initially. However, just weeks into the lockdown, the PACE team was focused on providing relief material to the areas we work at. With our resource partner- Nirantar and other PACE partners, we were running a large network, coordinating ration aid and liaising members with government policies and financial schemes issued for their benefit. Many PACE learners volunteered to be our acting partners in the field and were of great help in identifying worst effected members and organizing distribution of ration kits. They were able to put to use their learnings from the PACE program and take up leadership roles in dire times, setting a great precedent for other young girls and women in the community.

During the relief aid program, four volunteers from the area stood out for their exemplary communication skills and their dedication to help other residents of their communities. These learners were selected for a leadership fellowship program and were key mobilizers for our community operations. This year, another learner from our Mori Gate Centre was awarded a scholarship for a journalism and mass communication program run by Third Eye- a feminist think tank. She was selected out of many experiences and trained persons who applied from all over India. These small feats over the past year are great achievements for our learners and us.

The lockdown meant restrictions on mobility, access to education, and lack of privacy for the adolescent girls in these communities. The negotiations which girls had carried out within their families so far fell through, as they got locked up in homes, with the burden of extra housework and very little means to learn or rest. Despite these obstacles, we have been successful in renewing our program for another group of learners. We have enrolled 48 new learners and 52 learners at the Mori Gate and Sarai Kale Khan center, respectively for the 2020-2022 batch.

We have also been actively engaged with our alumni. Past learners enrolled in class 8th and class 10th of the National Institute of Open Learning (NIOS) have now been registered for class 10th and class 12th respectively. Last year, a total of 11 learners from Sarai Kale Khan and 13 learners from Mori Gate passed their NIOS exams to graduate to the next level. Since the first phase of the ‘unlockdown’, we have been enthusiastically working on enrolling the girls at vocational institutes of their choosing. Providing them with more job opportunities will help them feel more empowered and be financially independent.

PACE is one of our most prized programs and each learner is a lifelong asset to BUDS. It is indeed our privilege to work with these girls, who have great talents and offer us something new to learn every day.
When schools closed during the COVID-19 lockdown in Delhi, children were upset and unhappy. Suddenly, they were confined to their homes; they could neither play nor could they study all on their own. The new method of education was a mystery to them. How were they supposed to learn from a teacher who was speaking on the phone to them? In many cases, confusion gave rise to anger, resentment and a sense of alienation. Uneducated parents were unable to help their children without the support of tuitions and teachers; in any case smart phones were a luxury in such families. Counselors who called were besieged by questions from children who were trying to explain the new normal to parents who were reluctant to let them spend time on the phone. From parents who were very worried - among other issues - about how long their children would pester them in the small tenements in which they lived? How would they ever make up for the school time that they were losing?

Shobha (a counselor with BUDS) said “we spoke to all the children and found out how many children have mobile phones, out of 40 children only five had access to or possessed smartphones. After that, I took the children’s phone number and formed a WhatsApp group, in which I gave the parents of the children. Also to make it easier for the children to work and teach I started giving worksheets to the children in that group. This made the children happy and after doing the given work, started sending back the worksheets to the WhatsApp group. Despite this, the children were still unable to manage by themselves at home. I shared my teaching videos with the children, in which I was able to explain concepts better via the white board. I then consulted my seniors and planned to take online classes with the children on the zoom app. But here too, the challenge for me was that the children did not have a mobile phone, so I talked to the children who had mobile phones and got permission for some collaborative studying - following the social distancing and mask norms. Subsequently, when I started the online class, many challenges emerged - children were unable to use the application, so individual tutorials on online pedagogy and technological transaction of the modules had to be given.

Initially, the children had a lot of problems, but gradually they started getting interested and involved in the process. There were still some challenges - for instance when the phone was required by childrens' siblings or father – then the children used to message me at 6:00 in the morning that give me work now or else if the father takes the phone then how will we be able to do our work? and How would we be able to add to the class, then another challenge had arisen for us how to solve the problem of children. So we talked to the family of the children, after talking, the parents of the children used to call the children and go to their work so that the children would continue to take their classes”.

In this pandemic Remedial education for youth has been conducted virtually for restriction & guidelines of India Government, BUDS highly qualified teachers took the session on Zoom App.

Besides remedial education we also facilitated the youth on Open Schooling admission and sponsored 94 Youth in National institute of Open Schooling, (NIOS), under Ministry of HRD (India Government) for resume their education in Upper Primary, Secondary & Senior Secondary Education.

This project was supported by Mr. Ramesh Mody, BUDS trustee.
HEALTH EDUCATION, COUNSELLING AND REFERRALS

The counsellors conducted a health education session under Dr. Indra Taneja in the community in Mewat. They covered issues such as COVID-19, Health & Hygiene, mental, and social well-being of the children and youth. During the reporting period, the project provided health education and psycho-social support to 12195 children and youth in the community and Mobile health van. Children were also counselled about the COVID-19 Pandemic.

BUDS team has diagnosed 10 children who have a developmental disorder, intellectual global delay, impairment of speech and language problems, paralysis of limbs, post-encephalitis sequel, autism, school learning disorders such as dyslexia, a range of metabolic and genetic disorders, including Down syndrome in Mewat. We have referred 52 children with special needs to the district hospital and referred some to NALHAR Medical College, Mewat.

BUDS has strengthened linkages with the Community Health Center (Nuh and Turu) and Nalhar Hospital in Nuh-Mewat and the Government Hospital (Sohna) during the course of the project. Aruna Asif Ali, LNJP, St. Stephen, Lal Bahadur Shastri hospital, Safdarjung Hospital, AIIMS, and Mohalla Clinics for Testing.

CHILDRENS DAY CELEBRATION 2020

BUDS with Children celebrated Children’s Day 2020 virtually due to the Covid-19 pandemic restrictions. From dance preparations to plays, a plethora of activities was live-streamed by the BUDS team for children on Friday – a day before Children’s Day on Saturday, November 14. Children were present their pre-prepared performance on live to each other, it was fantastic experience this year.

Nine months into the pandemic and virtual celebrations have helped to motivate children who have been missing school & BUDS Drop in centre. BUDS organized a digital celebration for Children’s Day.
CHILD SAFETY WEEK CAMPAIGN

BUDS with the help of Arpan Organization start campaigned on Child Safety Week from 14th To 20th November, 2020, Child Safety Week is a people-led-movement for collective action for change towards addressing concerns of child sexual abuse, by dedicating a concentrated period of time annually for conversations, actions, and change efforts for child safety.
The pandemic has brought about a ‘new normal’ in our learning system as well as in our lives. Though the initial response to virtual learning wasn’t very positive, we had to reinvent our interventions in the grassroot level with our limited logistics and resources to make things easier for our students to continue learning in this pandemic. We had started our computer education programs for youth from the underprivileged communities as a skill for employment. In the initial phase we had spent a lot of time and energy convincing our youth. All our other innovative forms of empowering programs also need computer skill as a basic necessity because of the coronavirus crisis-induced lock down. In fact, everyone needs computer skills now, so we are conducting basic computer skill classes online for all our beneficiaries in our skill development program.

Computer Learning Basic Course

BUDS has identified some government agencies who could provide the skill training to eligible youth and further placement. In this regard, Multi Disciplinary Training Center (MDTC), Ministry of Micro Small and Medium Enterprise (MSME), Govt. of India has been selected. Khadi and Village Industries Commission (KVIC) through its 39 Multi Disciplinary Training Centre is imparting skill based training to its entrepreneurs of the micro village industries units in the country. BUDS will enroll 20 beneficiaries in Phase-I. BUDS tentatively plans to study the job market further and interview employers. BUDS will encourage participating the beneficiaries into workshops conducted by the company from time to time.

In this year BUDS trained 44 youth in Computer Literacy Program.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the Course</th>
<th>No. of Participants</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Smart Online Job Readiness Course</td>
<td>12</td>
<td>Joint Initiative with Etasha Society</td>
</tr>
<tr>
<td>2</td>
<td>Certificate Course of IT for Beginners</td>
<td>23</td>
<td>Bal Umang Drishya Sanstha</td>
</tr>
<tr>
<td>3</td>
<td>Computer Learning Basic Course</td>
<td>15 Youth</td>
<td>Under MSME, KVIC</td>
</tr>
<tr>
<td>4</td>
<td>Tally ERP 9</td>
<td>4 Youth</td>
<td>Joint Initiative with Anudip Foundation</td>
</tr>
</tbody>
</table>

Delhi, under Khadi Village Industries Commission (KVIC), Ministry of MSME Govt. of India. This institute has an entrepreneurship facility for Mudra Loan for open own business.
VOCATIONAL TRAINING

Industries Training Institute (ITI) Sector

BUDS has identified some government agencies who can provide the skill training to eligible youth and further placement. In this regard, Multi Disciplinary Training Center (MDTC), Ministry of Micro Small and Medium Enterprise (MSME), Govt. of India has been selected. Khadi and Village Industries Commission (KVIC) through its 39 Multi Disciplinary Training Centre is imparting skill based training to its entrepreneurs of the micro village industries units in the country. BUDS tentatively plans to study the job market further and interview employers. BUDS will encourage participating the beneficiaries into workshops conducted by the company time to time.

For Phase – I, the vocation training skills selected are listed below:-

<table>
<thead>
<tr>
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<th>Name of the Course</th>
<th>No. of Participants</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tailoring &amp; Embroidery</td>
<td>15 Youth</td>
<td>Multi Disciplinary Training Center (MDTC), Ministry of Micro Small and Medium Enterprise (MSME), Govt. of India</td>
</tr>
<tr>
<td>2</td>
<td>Beautician</td>
<td>17 Youth</td>
<td>Multi Disciplinary Training Center (MDTC), Ministry of Micro Small and Medium Enterprise (MSME), Govt. of India</td>
</tr>
</tbody>
</table>
BUDS responded to healthcare needs of the pandemic (in the hospital sector) by providing trained human health resources. Apollo MedSkills Limited at Badarpur, New Delhi was identified for this purpose. Posts filled by trainees included General Duty Assistant (GDA), Pharmacy Assistant (PA), Hospital Operation Executive (HOE) etc. BUDS admitted 9 youth in this campus for different trades for the Health care sector.

<table>
<thead>
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<th>No. of Participants</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Duty Assistant</td>
<td>6</td>
<td>Apollo MedSkills Limited (Badarpur, New Delhi)</td>
</tr>
<tr>
<td>2</td>
<td>Pharmacy Assistant</td>
<td>1</td>
<td>Apollo MedSkills Limited (Badarpur, New Delhi)</td>
</tr>
<tr>
<td>3</td>
<td>Hospital Operation Executive</td>
<td>2</td>
<td>Apollo MedSkills Limited (Badarpur, New Delhi)</td>
</tr>
<tr>
<td>4</td>
<td>Geriatric Aide</td>
<td>15</td>
<td>Apollo MedSkills Limited (Badarpur, New Delhi)</td>
</tr>
</tbody>
</table>

Dr. Seth and Dr. Taneja visited the Institute for Industrial Development (Multi-disciplinary training center. Rajghat Delhi-110002). Dr Seth gave a message that one should have a positive mindset. young people should also plan for their future. Dr Taneja emphasized the importance of health & discipline. All trainees were happy to see our two beloved trustees on the campus.
COVID is a disastrous disease, it has destroyed everyone: Health and social impact of the COVID-19 pandemic on the lives of vulnerable young people in India

Authors: Ananya Rattani, Shranya Napier-Raman, Yawar Qaiyum, Vijayluxmi Bose, Rajeev Seth, Shanti Raman

Objectives: India is home to the largest child population in the world. It has suffered from the second highest burden of known COVID-19 infections globally. The Indian government’s mandated lockdown measures brought loss of livelihoods and adversities for millions of informal and low-wage workers. The present study aimed to explore the social, psychological and health impacts of the government’s measures on children and young people. Via the voices of young people, the study illuminates their responses and coping strategies utilized during the COVID-19 pandemic.

Methods: BUDS (https://budsngo.org/), a registered, non-profit organization, provides child health and welfare among the marginalized urban slum communities of Mori Gate and Sarai Kale Khan, Delhi, India. As part of formative evaluation of BUDS COVID pandemic relief efforts, the BUDS team conducted this study to determine the social, psychological and health impacts of the COVID-19 response delivered by the government of India. BUDS team conducted rapid epidemiological quantitative survey of 122 children and young people who were early beneficiaries of the relief program. Subsequently, in-depth semi-structured interviews were achieved individually with 50 young women attending BUDS life skills education and vocational training program learners.

Result: In terms of knowledge of COVID-19 and the reasons for lockdown, almost all respondents had some understanding, though the depth of knowledge varied greatly. By far the most prevalent impact of the pandemic and lockdown measures was financial strain – both indicated in the questionnaire answers and in the in-depth interviews. Gender discrepancies in the experience of lockdown were particularly evident in areas of family strain and dysfunction, with girls and young women disproportionately experiencing distress especially concerning the health of family members, being neglected and experiencing family violence. Girls were far more likely to be fearful of contracting the disease and complain of boredom, while boys were more concerned about getting back to school. In-depth interviews with young women revealed that government ration schemes were invariably insufficient and unreliable to support vulnerable families, there were interesting cultural understandings of and responses to the pandemic and illness including stigmatization. Young women reported worryingly high rates of anxiety and depression impacting their ability to function. Conclusion: The lockdown had a multitude of adverse social, health, psychosocial effects on children and young people, especially on marginalized girls. Shortage of financial and essential supplies was one of the most worrying factors for all the participants. They were also overburdened by domestic strains and had increased exposure to family violence.

The study provides an invaluable lens to the experiences and voices of children and young people with respect to COVID-19 and government-initiated measures to control the pandemic. A tailored response based on equity and child-rights is urgently required to address concerns voiced by marginalized children and young people.
Compassion Contagion, is an online archive which documents acts of compassion and tells the story of how these experiences are fundamentally changing human behaviour. Over the last six months, they interviewed a wide pool of relief workers, volunteers, grassroots workers, lawyers, farmers, journalists, ordinary citizens to understand their motivation to go ‘beyond the call of duty’ and how a new community-driven by the passion to help, cutting across caste, class, religion, region is rapidly emerging in the face of this pandemic.

Out of the many people interviewed, our BUDS Mori Gate PACE teacher, @Binduji was interviewed along with two PACE learners and BUDS volunteer Geeta and Pinki. Attached with, is the link to their interview which wonderfully captures their experience of volunteering and engaging in relief work through these tough times.

https://www.compassion-contagion.com/we-the-people/geeta-pinky-and-bindu

After years of working as a medical doctor and social pediatrician, Dr. Rajeev Seth co-founded BUDS, a non-profit organization dedicated to advancing the wellbeing, education, health, and welfare of poor and marginalized children in India. The COVID-19 lockdown introduced new hardships for these children, such as food scarcity, while forcing closure of relevant services including, for example, BUDS’s early childhood education drop-in centres in Delhi.

Led by Dr. Seth, the BUDS team mobilized to identify and address the most pressing priorities of the community, starting with emergency food distribution. With that in place, BUDS turned their efforts to adapting their regular programs to continue operating in a remote, virtual format. To serve children who normally attend their drop-in centres, for example, BUDS initiated regular phone calls with children’s parents and thereby shared ideas for home-based educational and play activities. During these calls, the team also provided families with vital, up-to-date information on COVID-19.

https://www.higherambition.org/clear-case-2

"We need to wait, because these vaccines are only going to compliment our efforts today, but not replace hand sanitisation and other COVID-19 protocols.. so we need to be patient and continue taking precautions," says Dr. Rajeev Seth, senior pediatrician on #COVID19 vaccine.
STAFF CAPACITY BUILDING

Sattva Consultancy and PwC

Through the virtual webinar BUDS enhance the staff capacity in different scale on following topic:

- Trends and future of fundraising.
- Tools for effective fundraising.
- Partnerships for Scale.
- Strategizing for FY 22.
- Communications for impact: From design to delivery.
- Technology solutions for programs and institutions.
- Building a people-centric organization.
- Branding 101.
- Social media strategy, and thought leadership.
- Retail fundraising.
- Fundraising strategy, engine and readiness.
- 18 hours training on fundraising.
- Presentation Skills.
- Project Management & Reporting.
- Good Governance.
- Coping with COVID-19 Challenges.

Donors

- National Backward Class Finance Development Corporation, Ministry of Social Justice and Empowerment, Government of India
- Bloomberg School of Public Health, John Hopkins University & The Value of Vaccination Research Network (Harvard Chan School of Public Health) funded by Bill Melinda Gates Foundation
- SABIN Vaccine Institute, Washington, DC
- Pwc India Foundation
- Human Capability Foundation (HCF)
- Rotary Club Delhi South
- Nirantar Trust
- Pee Empro Exports Pvt.Ltd.
- Orient Fashion Exports (I) Pvt. Ltd.
- Patrick G. Morris Memorial Education Fund
- National Scheduled Castes Finance and Development Corporation (NSFDC)
- Global Karma Health & Education Trust (GKHET)
- Internation Vaccine Access Center (IVAC)
- Aman Exports International
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- Dr. Bhavna Seth
- Jay Seth
- Manish Seth
- Jitender Bajaj
- Dr. Bela Sachdeva
- Dr. Uma Agarwal

Thanks to multiple donors to provide Covid Relief through Ketto online BUDS linkage for food, ration, Covid Safety Kit.
Dr Rajeev Seth, President received the Ambassador for Peace award, from Mr Satyender Jain, Hon Minister of Health, Govt of Delhi, for our humble access to health care services through BUDS to serve the needy & vulnerable children in NCT region of Delhi during the COVID Pandemic.
CASE STUDY - 1

Geeta’s Dream Come True......

Geeta is about 24 years of age and is originally from Delhi; her family has been living in Koucha Mohtar Khan in Mori Gate, adjacent to the Old Delhi Railway Station, for the last almost fifty years. Her grandfather migrated to Delhi and settled down and the family has lived there ever since. Her father is unemployed but ever since he stopped working Geeta’s mother and both brothers have got jobs at a packing factory. Their grandmother also lives with them. The three working members earn around INR 5,000 each (USD 206 as total income) which is hardly enough to make ends meet.

Geeta first came to the BUDS Mobile Health Van about three years ago and seemed very disturbed and upset. Initial attempts to speak to her didn’t work. After several visits to her home, Bindu – a BUDS counsellor – probed the reason for her frustration and her refusal to speak to anyone. When asked whether she wanted to study further, Geeta admitted that she wanted to but did not know how to go about educating herself. There wasn’t enough money to feed the family – how could she ask for money for school fees, books and travel? Bindu explained that the PACE programme had been designed for girls like herself, who wanted to study but did not have the means to do so.

Coming to the PACE Centre changed Geeta’s life. She gradually started mixing with other girls in her class, getting interested in studies and expressed a desire to take her 10th Board examinations. Through the PACE programme Geeta gave the Board examinations but couldn’t clear two papers. This hurdle has not interfered with her decision to continue with her studies. In fact she is determined to pass the examination in the near future.

When the Delhi Government imposed a lockdown on the city on 22nd March 2020, thousands of people were left stranded – without food, medicines, water and essentials. BUDS started a food distribution system and Geeta volunteered to liaise with her colony to ensure aid reached the people. Her leadership and organization skills blossomed and her self-esteem rose. She became a very important part of the BUDS ration distribution drives and without her assistance, BUDS could not have reached the members of her colony as fast as they did during the initial phases of the lockdown.

Geeta was conscientious and meticulous in her work. She made lists of all the colony members, categorised them and ensured that they got rations. In the course of her work she identified women who were being subjected to domestic violence. She was courageous enough to get them help. She helped complete forms for e-rations, sensitized her community about prevention measures, mobilized volunteers for food distribution at night so women wouldn’t have to leave their homes.

Geeta aspires to become a fashion designer, so that she can become financially independent and train young women like herself. Through the PACE programme and BUDS good offices, Geeta has been able to realise her dream. She is currently a trainee at Fashion Designing and Merchandising at Gandhi Darshan in New Delhi and well on her way to realizing her dreams!
**CASE STUDY - 2**

The Child with Cleft Lip

Aaliya is a 1-year-old girl. She lives in Patuka, Taury. His father Abbas is illiterate and works as a laborer. Aaliyah’s mother Shenaz is also illiterate. She lives at home. Aaliya has two sisters. Aaliyah is a little girl. Alia was born in the primary health center of Padheni village. This girl had a cleft lip from birth. Asha Worker told Aaliya’s father that they will get it treated. But now Aaliya was 1 year old, but she was not yet treated. 12 January 2021 Koalia’s father brought her to Buds’ mobile health van and Dr. Rajeev Seth did a thorough checkup of Alia and referred the Rashtria Bal Suraksha Karyekram (RBSK). After a continuous one-month follow-up of the Buds Counselor, RBSK’s team took Aaliya to Hisar district for surgery on 2 February 2021. On 3 February 2021 the child underwent surgery and on 5 February 2021, the hospital discharged Aaliya and brought Alia to her parent’s home. After coming home, the child had a cold. BUDS staff advised Alia’s father to go to the government hospital in Tauru but Alia’s parents showed her to a private hospital in Tauru. Now the baby is all right. Mr. Abbas, Alia’s father said that we are very poor. We could not get the operation done from any private hospital. Thank you so much that you got our baby operated.

**CASE STUDY - 3**

Sharvan

Sharvan is a 25 year old youth. He has completed B.Com. He belongs to Unnao district Uttar Pradesh, his family has been living in a rented room in Delhi for the last 20 years. Sharvan Kumar has 2 more siblings. Shravan’s elder brother works as labor and his mother does house hold work in bhogal area. After the death of Sharvan’s father, the mother of Sharvan Kumar has taken care of the entire house alone. Sharvan was looking for a job for a long time, but he was not getting any job. Due to which the family was facing a lot of problems. Sharvan also felt ashamed to ask for his pocket money from his mother. When unemployed, his neighbors used to taunt Sharvan.

Changes in life

Her neighbor told the mother of Sharvan that the BUDS organization provides the skill development program. She met with the staff of the organization and told her all the problem. She is a widow and has three young sons, elder son works as a laborer but for some time he is not getting any work. Both the younger sons are unemployed and are looking for jobs but they are not finding jobs. Sharvan’s mother told that now she is also staying sick. Due to non-fulfillment of household expenses, Sharvan’s mother has to work in the morning and evening. BUDS then extended his hand to help Sharvan and advised Sharvan that he should enhance his skills. and was then sent by BUDS to Sharvan Kumar for a course of H.H.A (Home Health Aid) at Apollo Med skill. After the course, Shravan joined the job of packing department at Bio Medical Company Badarpur. Currently Sharvan is working on a salary of Rs. 14000. Now Sharvan is able to fulfill needs of his family. His confidence label has also increased. Sharvan’s mother thanked the BUDS staff and Organization every time she passed in front of the center.
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