ANNUAL REPORT

April 2022 - March 2023

BAL UMANG DRISHYA SANSTHA (BUDS)

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BUDS
बाल उमंग दृश्य संस्था

ABOUT BAL UMANG DRISHYA SANSTHA (BUDS)

We are a registered, non-profit organization formed with the objective of advancing the well-being, education, health and welfare of children and young women 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 include-

- CHILD HEALTH & NUTRITION
- EDUCATION & VOCATIONAL TRAINING
- VIOLENCE AGAINST WOMEN & GIRLS
- COMMUNITY BASED RESEARCH

OUR VISION

Envisions a society where all children and young women are provided every right regardless of their socio-economic standing in the society.

OUR MISSION

- Prevent disease, Promote access to healthcare and Prompt treatment (3Ps) for the marginalized.
- Promote Right to Education for children and young women in low resource setting.
- Prevent violence against young women and children.
- Develop partnership with Government, allied NGOs, media agencies and civil society to sensitize and bring about behavior and attitudinal changes to realize the United Nations Convention on the Rights of the Child (UNCRC); ensure India achieves the UN Sustainable Development Goals (SDG) by 2030.

REGISTRATION	TAX EXEMPTION
BUDS is registered as an Indian Not for Profit Trust since 2003 (Registration No. 11686/4 of 2003).	All Donation to BUDS is exempted U/s 80G (income tax Act 1961): 50 % tax exemption.

LEGAL STATUS	
Particulars	Details
Trust Act Registration Number FCRA Number	11686/4 of 2003
FCRA Number	231661736
80G (Tax Exemption)	DIT (E) 2007-2008/B-1041/04/2382
PAN (Permanent Account Number)	AABTB0175G
12A Registration Number (Tax Exemption)	DIT (E)/2004-2005/B-1041/04/739
NGO Darpan Unique ID	DL/2016/010
CSR Registration Number	CSR00003766

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, 2023. BUDS shall be completing its 20th Birthday and foundation day on Aug 12, 2023. At BUDS, we remain committed to reaching out to the most backward and marginalized communities;providing access to child rights based support to health , nutrition, development, protection of children and youth in 3 states of India; Delhi, Haryana and Uttarakhand in India.

This BUDS annual report is a compilation of our work at the grass roots, both among the urban poor and the rural marginalised aspiration district of Nuh Haryana. We started BUDS by organising child health camps outside the urban slums and villages, sitting outside temples, anganwadi, huts, in schools and even under a tree. The remarkable support and encouragement that we got from the communities has kept us excited. The PwC India foundation came forward and donated a mobile health van (MHV) which has been operational since 2017. Through the MHV, we are able to provide primary health care to over 30,000 children and youth and community members in the marginalized communities. The MHV has an AC, fully equipped with monitors, nebulisers, oxygen and other equipment. It includes a LED screen which is used for Health education, alongside Health education in government schools.

The year 2022, saw a significant rise in the numbers of Drop In centers (DIC).From 4, BUDS has 12 DIC, where we provide PACE program, and education for younger children (6-14 year). We are passionate to support the Government of India achieve the Sustainable Development Goals (SDGs), which were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The 17 SDGs(below) are integrated—they recognize that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.

The SDGs are designed to end poverty, hunger, AIDS, and discrimination against women and girls. The creativity, know-how, technology and financial resources from all of society is necessary to achieve the SDGs in every context. At BUDS, we remain committed to work with the Government of India and allied agencies. Thanks to the support from GAIL (Gas Authority of India Limited), BUDS was able to organise a consultation on Civil Society & Child Rights in India INternational Center(IIC), New Delhi. BUDS was also invited to organise a brainstorming Youth 20 workshop, as part of India G 20 presidency on the theme : Health, Wellbeing and Sports; An agenda for the the vulnerable youth, in collaboration with the the Ministry of youth and sports affairs (MYAS) at All India Institute of medical Sciences.

The detailed reports of the consultation on Civil Society and Child Rights, and the Youth -20 worship, are enclosed in this edition of annual report. We look forward to your feedback, engagement and participation

Warm regards
Dr Rajeev Seth

Rajeev Seth

MD (AIIMS), FIAP,
FAAP (USA)
Managing Trustee
BUDS

MARGINALISED CHILDREN & YOUNG PEOPLE PROGRAM

PRIMARY HEALTH CARE ACCESS TO CHILDREN & YOUTH AND MARGINALIZED COMMUNITY.

Improving access to primary healthcare services through Mobile Health Van (MHV) for vulnerable and marginalised children, youth and community:

Mobile health van (MHV) clinics represent an untapped resource for our health system. It is an approach that reaches the unreached and provides a welcoming, practical pathway to seeking healthcare in a timely manner. Through MHV, medical services are provided free of charge through mobile health vehicles, besides enabling referrals, providing free medicines, and conducting follow-ups. BUDS MHV fills gaps in the health safety net as a long-standing community-based service delivery model, reaching socioeconomically defined populations in both urban and rural areas.

- **Medical Treatment Services :** A team of qualified doctors provided primary care treatment, addressing general health concerns and providing necessary prescriptions and medicines. Total people cared during the current year 16,247 patients

- **Health Education:** Children were educated about the importance of vaccinations, hygiene practices, and disease prevention measures. children were provided with informative sessions on topics such as nutrition, health & hygiene and common diseases. Health Education provided to 11,142 children

- **Referrals and Follow-ups:** Patients requiring specialized care or further investigations were referred to appropriate healthcare facilities, and follow-up appointments were scheduled. Referred the needy patients to secondary and tertiary care in large hospitals of 130 patients

- **Health Counselling :** Counselling facilities provided 2335 patients during the current year through mobile health van

ACCESS TO SUPPLEMENTARY NUTRITION TO SEVERE ACUTE MALNUTRITION(SAM) AND MODERATE ACUTE MALNOURISHED(MAM) CHILDREN

"SUPPORT TOWARDS PROVIDING ACCESS TO HEALTHCARE TO CHILDREN AND YOUTH PEOPLE IN NUH, HARYANA"

BUDS, in partnership with GAIL (India) Ltd., has implemented a project for the marginalized and vulnerable community in the aspirational district Nuh, Haryana.

BUDS doctors diagnose several cases of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) during the primary healthcare camps in MHV. The families of these children are extremely poor; they cannot afford high-calorie and protein supplements. In order to improve the health and nutrition of these vulnerable malnourished children, the BUDS team will distribute a high-calorie and high-protein food supplement called "Nutrimix," which has been developed and tested in the marginalized communities by the Child in Need Institute (CINI) organization (www.cincomm.in).

Nutrimix is a 100% organic cereal, pulse-based product along with milk solids, fortified with specially designed vitamins and minerals. It is a calorie and protein-dense food supplement consisting of superior quality protein, fat, and carbohydrates making it an ideal nutritional support for SAM and MAM cases. It will also serve as an enriched source of essential vitamins and minerals like Vitamin A, Vitamin E, Vitamin C, Vitamin B-Complex, Zinc, Selenium, and Copper.

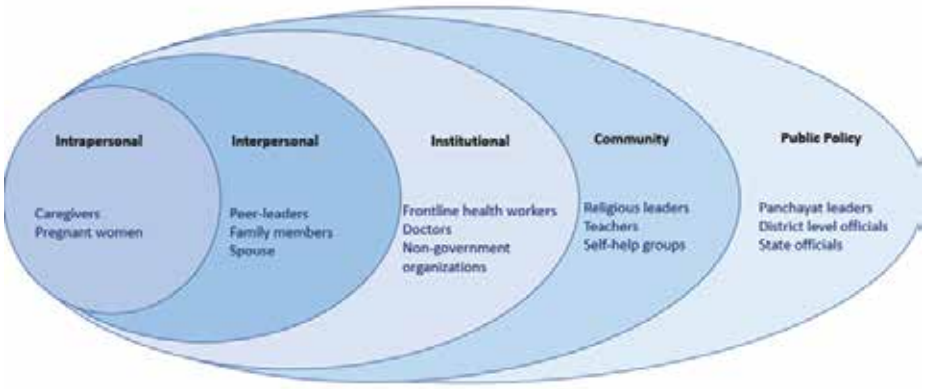
On January 12, 2023, BUDS inaugurated an event of "CINI Nutrimix" distribution" to 120 acutely malnourished children (60 SAM & 60 MAM) in Kharkhari village, Tauru block, Nuh district. Mr. Shanu and Mr. Ravi from GAIL(India)ltd., attended this event. Apart from this, Mrs. Meera, the Child Development Project Officer (CDPO), Tauru block attended this event.

On February 2, 2023, BUDS started to distribute the "CINI Nutrimix" distribution to 120 acutely malnourished children (60 SAM & 60 MAM) in Mandarka village which was launched by Mr. Ajay Kumar, District Magistrate, Nuh, Haryana. Apart from this Mr. Sidhart Dahiya, the Sub-divisional magistrate (SDM) of Nuh, Mr. Surendra Kumar Yadav, the Chief Medical Officer (CMO) of Nuh, Mrs. Meenakshi Choudhary, the District Programme Officer (DPO) of Nuh, Mrs. Shalini, the tehsildar, Mrs. Meera, CDPO of Tauru block and Mr. Arif Khan, the village head (sarpanch) from Panchayati Raj Institution (PRI). The DC appreciated GAIL(India) Ltd and BUDS's work in the field of health and nutrition. He also expressed a desire to scale up the project throughout the Nuh district.

PREVENTION OF DISEASE: IMPROVING CHILDHOOD VACCINATION:

Assessing & Revitalizing Immunization Through Social Engagement (ARISE)

The Johns Hopkins Maternal and Child Health Center (MCHI), India along with Bal Umang Dhrishya Sanstha (BUDS) conducted project ARISE- Assessing & Revitalizing Immunization through Social Engagement- to promote the uptake of routine immunization in Nuh district in the backdrop of the COVID-19 pandemic. The project employed the **SEM(Social Ecological Model)** for multipronged approaches to improve the uptake of routine immunization of pregnant women and children under 2 years of age.



Social Ecological Model (SEM)

Community Mobilization initiatives by peer leaders along with front line workers (FLWs) to identify and immunize target audience due for vaccinations:

As part of ARISE, **two vaccine knowledge hubs** were launched that catered as a center for planning and implementing trainings and workshops for peer leaders.

Vaccine Reminder Slip(Pink Slips)

The peer leaders distributed pink slips as vaccine reminder slips to the beneficiaries in order to access the routine immunization services from the Anganwadi centers.

Duelist of beneficiaries (under two years old children) identified by FLWs and peer leaders from November 2021 to June 2022

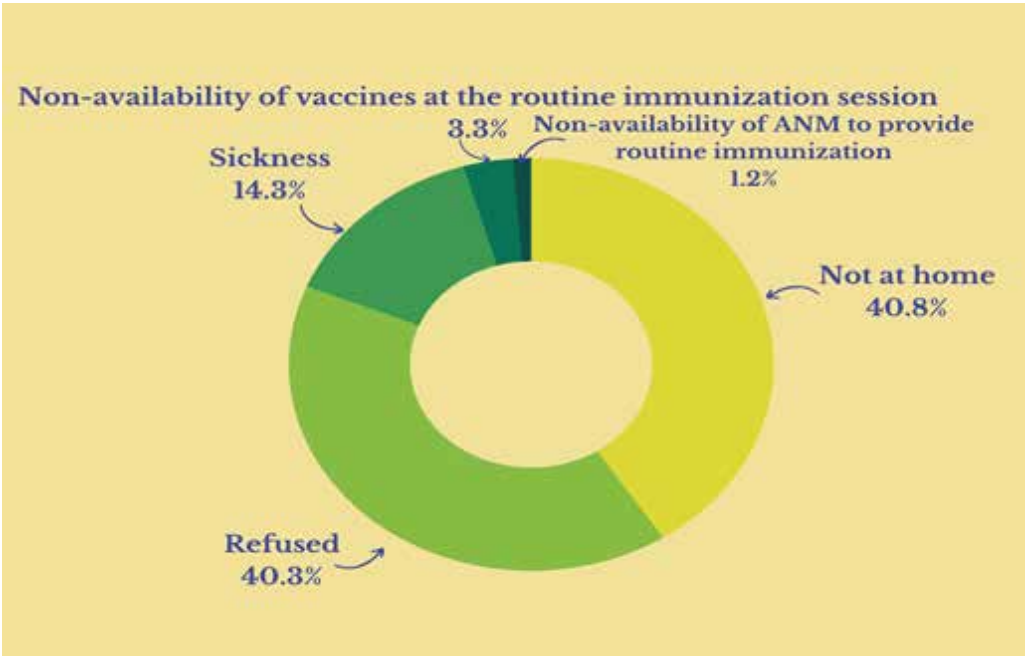
* These are mostly left out and drop out cases.

Blocks	*FLW duelist*	*Additional cases* identified by peer leaders*	**Integrated list (FLWs + Peer leaders)**
Nuh	*3367*	*370*	**3737**
Tauru	*3084*	*421*	**3505**
Total	*6451*	*791*	**7242**

As indicated in above Table-1, a total of 6159 reminder slips were distributed to the caregivers of under two-year-old children across Nuh and Tauru blocks between January and June 2022, of which 3419 caregivers submitted the reminder slips to ANM at the routine immunization session and these children were vaccinated. Another 556 caregivers availed the routine immunization services but did not submit the slips to ANM. However, 2184 caregivers didn't get vaccinated. The above describes the demand side factors that hindered the community to avail routine immunization.

Mobilization for availing routine immunization services using the reminder slips (pink slips) for under 2 years old children from January to June 2022:

Reasons for not taking routine immunizations for under two children from January-June 2022:



SLOGANS

Based on the barriers to accessing routine immunization services, the peer leaders were given a certain set of key words in Hindi by Project ARISE staff to develop slogans- related to child rights, health, mother, child, routine immunization. Participants worked in smaller teams and evolved a number of slogans. These were then refined and finalise.

Co-creation activities for demand generation and community mobilization for accessing routine immunization services

ROLE PLAY AT VACCINE KNOWLEDGE HUB (VKH)

Peer leaders conducted role plays for Maulanas and SHG members to familiarize them with ways to address barriers to accessing routine immunization. The role plays were performed at the VKH and at the routine immunization session site. The caregivers and beneficiaries were the audience of the role plays.

Participants used various musical instruments like “Duflees” (tambourines), drums and hand-clapping with local language songs to attract the audience in the community to deliver a proper message regarding routine immunization.

BIKE RALLIES

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES

The team organised four bike rallies which were flagged off by IAS Saloni Sharma, SDM of Nuh district. All the participants were given bright yellow t-shirts to attract attention. Peer leaders decided that the bikers would have posters and other IEC materials displayed on the bike and on their t-shirts so that it is noticeable to the villagers, as they approach to reach areas. The bikers drove through the 10 villages of the project site. On a designated day, a fleet of bikes driven by young men in matching yellow t-shirts drove through 10 villages covered by ARISE.

They carried posters on routine immunization, spoke to people at predetermined spots and encouraged men and women to access routine immunization, inform the ANMs if any symptoms were seen after immunization and assured them that BUDS mobile health van is accessible to all, if there is any MHV would also provide free treatment. A total of 125 participants were involved in the bike rallies.

ROLE PLAY AND PUPPET SHOW AT VILLAGE HEALTH SANITATION AND NUTRITION DAY(VHSND) SITE

In association with NHM & ICDS, BUDS supported the VHSND (Village Health Sanitation and Nutrition Day) with the help of ANM, ASHA & AWW (AAA) a VHSND session was organized at Anganwadi center (AWC) of Ferozepur Namak village of Nuh block, Nuh district, Haryana. The session started with duelist integration by the ANM, ASHA & AWW (AAA) for all the health services including routine immunization (RI).

Conduct Health Education Sessions & Counseling : Fortnightly

Health Education Session (HES) were conducted at the center to impart information on Health & Hygiene, reproductive and sexual health, growing-up, relationships and gender. The sessions also emphasized on dignity, self-esteem, abstinence, delaying sexual debut until marriage and being faithful. The Counselor conducted these sessions under Dr. Indra Taneja, Pankaj Rani & Sandhya Mandal supervision.

EYE SPECIALITY HEALTH CAMP

A free Eye speciality health camp and awareness programme was organized for the children, adolescent boys and girls and youth of Shiv Vihar and Bhagirathi Vihar at BUDS centre from 10:00 AM to 02:00 PM in association with Mahavir International, Delhi. Total number of patients covered 215.

Dr. Rajeev Seth organized a health camp on 5 January, 2023 at Vanaprastha Resort, Dwarahat, Uttarakhand. In this health camp, 100 patients received primary healthcare, including children, young men and women, senior citizens, and resort staff.

HEALTH EDUCATION SESSION

The school environment is a natural entry point for reaching children and adolescents with health education, health promotion, and health services. Health and education are strongly connected—healthy children achieve better results at school, which in turn are associated with improved health later in life. With changing community and student needs, educational advancements, and technological revolutions, BUDS conducts health education sessions in the schools of the Nuh district. Dr. Indra Taneja, MD, FAAP, IAP, led the health education session. The sessions are conducted by Dr. Indra Taneja, Ms. Soumya Rajeswari Khuntia(program manager-health & nutrition) and Mrs. Pankaj Rani, Mrs. Shobha and Mrs. Sandhya Mandaal (field program counselors). It is important to educate the children early in life about their health and the right behaviours, so that they lead a healthy life and realise their full potential. These educated, healthy, and productive adults will form the basis of resilient, prosperous, and sustainable communities.

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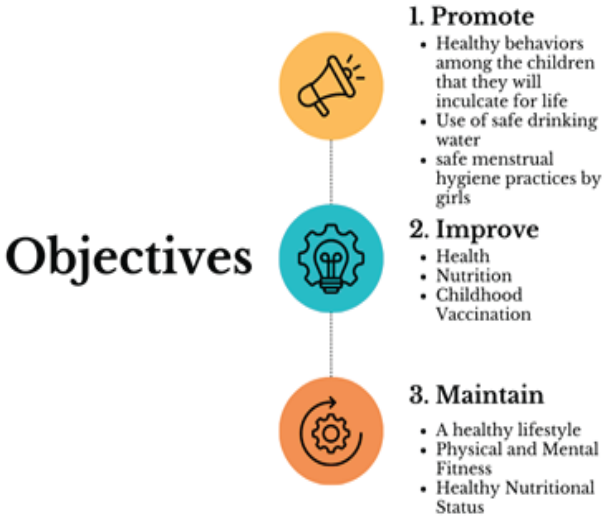
Target Population	Setting Area	Impact
• Children age group of 6 to 10 years • Adolescent boys and girls age group of 11 to 19 years • Youth, Caregivers and Family members	• Government and Private schools, Nuh district, Haryana • Mobile Health Van • Anganwadi centres (AWCs) • Health Knowledge Hubs	• Promotes General Health Hygiene, Reproductive Sexual Health, Menstrual Health Sanitation, prevention of anaemia among adolescent girls, childhood vaccination, oral care and mental health. • A total of 9,179 people (5,128 female and 4,051 male) participated in health education from 2022 to 2023.



TARANG CENTERS FOR YOUNGER ADOLESCENTS (10-14 YEARS):

Most of the children in the age group 10 to 14 are enrolled in school. But despite having been in school for several years, many have not acquired the foundational skills that are essential for moving ahead. The challenge is how to enable all children to acquire basic reading, writing and arithmetic skills quickly and in a durable manner, providing a real chance to complete the elementary stage in a meaningful way. We believe that every child must have the opportunity to learn. To learn, it is essential to be motivated and engaged. To grow well and thrive, a child needs support not only from the family, but also from the school and the community.

We have recognized the need to work with very young adolescents (VYAs), both girls and boys, in the age group of 10–14 years, from urban-poor communities living in slums or resettlement colonies of Delhi. So, we have started 3 Tarang centers in different locations of Delhi: Mori gate, Shiv vihar and Sarai Kale Khan.Tarang centers for 10-14-year-old out-of-school or who don't know anything despite going to school.

This Program is a holistic development of girls and boys, which sets the foundation for learning and development. Improve basic reading and arithmetic skills for girls and boys in elementary grade years, to ensure continued learning opportunities and progress.

MOBILIZATION & NETWORKING

BUDS has a dedicated and hardworking mobilization multidisciplinary team.We identify the underprivileged children, youth, and their families among the marginalized communities, who need access to health,nutrition, education, vocational skill development and prevention from violence in the urban slum situations in the following states - NCT region of Delhi, Haryana and Uttrakhand

BUDS uses the following methodologies

Community Sensitization- through Information, Education and communication(IEC) materials

Group discussion - these group activities are achieved with joint participation of BUDS multi-disciplinary front line professionals and community members. Families remain the central focus while introducing the new community program information

One to one home visit- Our community mobilization team visits the families one to one at their homes to identify the eligible youth, children and community members for the program.

Networking - BUDS has a large network of partner NGOs, and collaborations with Government organizations, allied Institutions and local civil society organizations

Peer Group - BUDS has a large alumni group of child, youth and community members, who help us to identify the other eligible beneficiaries. These peer group volunteers help connect us with their families and community members.

EDUCATION & VOCATIONAL TRAINING

Our footprints towards UN Sustainable Development Goals (SDG) 4: Quality Education

RESOURCE CENTRE FOR GENDER AND EDUCATION: PARVAAZ ADOLESCENT CENTRE FOR EDUCATION (PACE: 15-25 YEARS)

BUDS aims to Envisions a society where all children and young women are provided every right regardless of their socio-economic standing in the society. For twenty years, we have been guided by our mission - Promote Right to Education for children and young women in low resource settings.

To work towards this goal, we develop and implement innovative, high impact, low cost and scalable programs to address significant gaps in India's education system. For the last twenty years, we have also been working with youth with the goal of enabling every young person to reach their potential.

The Parvaaz Adolescent Center for Education (PACE) is an alternative education program for marginalized adolescent girls and young adult women.There is a lack of empowering educational opportunities for the young population, especially never-enrolled and dropout girls from marginalized communities.

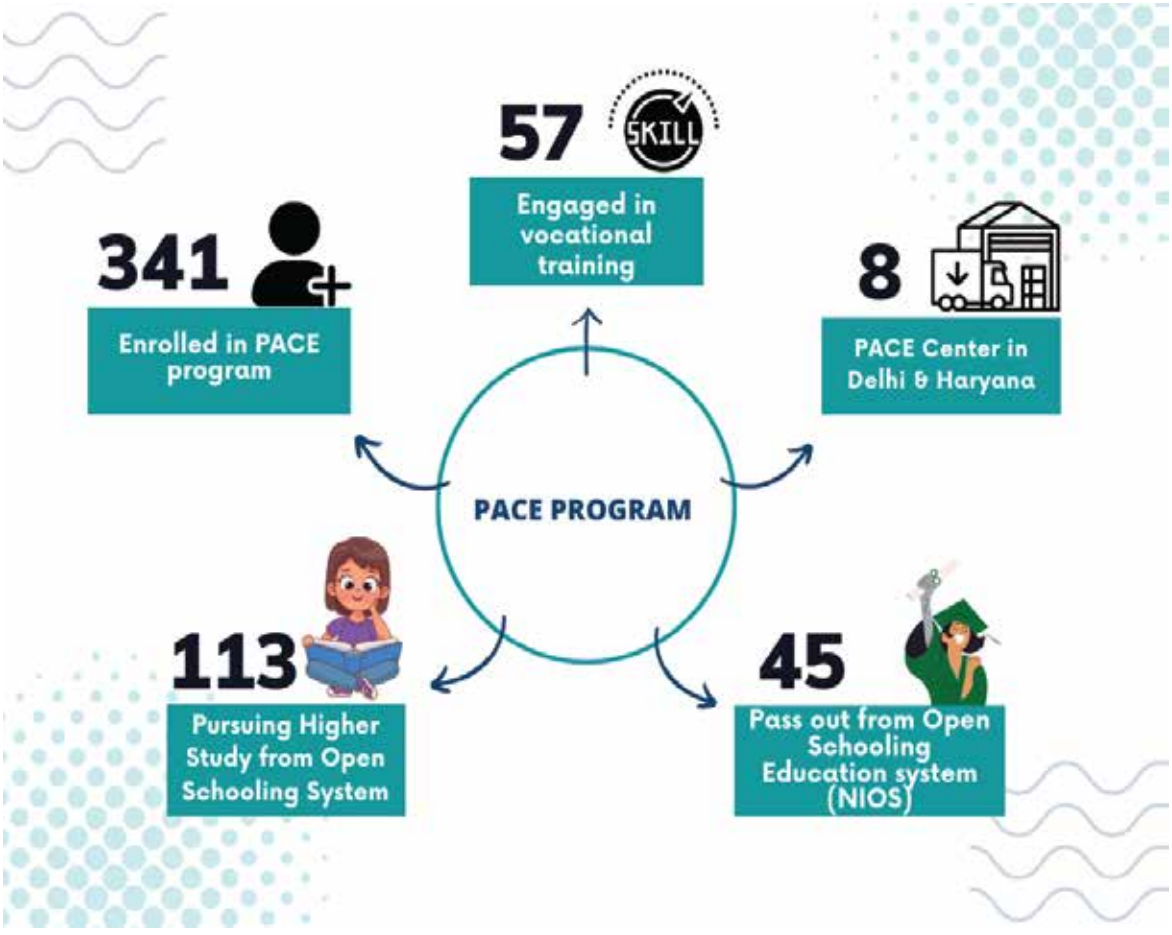
The majority of girls who drop out early from education are denied all kinds of training, learning or employment opportunities. With the COVID pandemic, this vulnerability has heightened multifold. The Covid-19 pandemic left a devastating impact on landless communities, daily wage earners, single, and school-going girls. We reached out to these women and girls to enable them to access social security schemes and government benefits.

BUDS has been running two PACE centers since December 2018 in the urban slums of Sarai Kale Khan and Mori Gate area in Delhi. The primary aim of the 18 month program is to provide functional literacy to the learners.

We have interventions that range from building foundational skills in early adolescence to helping learners to catch up in school, from widening learners' exposure to the world through exposure visits to Banks, Police stations, Historical places, Libraries etc. Provide learning to enable school dropouts complete their schooling. The center uses the curriculum devised by Nirantar, a resource-based NGO which develops gender sensitive material. All the material developed incorporates a women-centric approach and ensures learners to view the ways of our society through a gender-sensitive lens.

IMPACT OF THE PARVAAZ ADOLESCENTS CENTRE FOR EDUCATION (PACE) PROGRAM

BUDS is an implementing partner for PACE, working directly with teachers and a community mobilizer for each centre. Overall, the different strands of BUDS work come together to transform individuals and communities, schools and systems.



LAUNCH OF (PARVAAZ ADOLESCENTS CENTRE FOR EDUCATION) PACE CENTER AT RURAL NUH, HARYANA

In terms of geographical and programmatic coverage, we witnessed the largest expansion this year wherein we added 2 more districts - Nuh and Tauru in Mewat, Haryana and 4 different areas- Mori gate, Sarai Kale Khan, Shiv vihar and Bhagirathi vihar in Delhi.
In partnership with Nirantar Trust, we have opened Eight New Education Centers -PACE and Tarang this year.

PARVAAZ ADOLESCENTS CENTRE FOR EDUCATION (PACE):

Haryana is one of the educationally more backward states in the country. While BUDS has been active in the state for many years, the year 2022 saw the launch of the PACE program, a partnership with the Nirantar: A Centre for Gender and Education. With the goal of strengthening the learner's reading, writing Hindi language and arithmetic skills. Four PACE centers in four villages, two districts (Nuh and Tauru) of Mewat, Haryana and One PACE centre started this year in the resettlement colonies of Bhagirathi Vihar, Delhi as learning centers to enable school drop-outs, mainly girls and young women, to start or complete their education and develop life skills to re-open opportunities for educational growth and employability in the age group of 15 years to 21 years.

A feminist approach to education has guided the teaching-learning processes at the centers. The primary aim of the 18 month program is to provide functional literacy to the learners. Our teachers directly teach learners and groups of learners at centers close to their homes for 5-6 hours, Monday to Friday throughout the year. Centers reach on average 20-25 learners per group, reaching a total of about 45 learners in 1 location through two - Basic and Advanced groups.

At the instructional level, the program focuses on building foundational skills rather than solely on the curriculum. We started the program by assessing learner's learning levels using a simple baseline tool, grouping learners based on learning levels rather than age or grade, using a range of engaging teaching and learning activities. Ongoing, onsite monitoring and support as well as training and meetings at different levels all contribute to the effectiveness of the program.

BONTON-EDUCATION

The Indian Constitution made a commitment to make primary and middle grade education (for students ages 6-14) free and universal by 1960, with the two national policy statements on education in 1968 and 1986 (and revised in 1992) placing much emphasis on this goal. But India's inability to allocate resources effectively and efficiently has made that goal unattainable.

there are huge gaps in access to education; quality of education; and learning according to gender, social grade, and location. Children from poorer families are at a greater disadvantage. The drop-out rate for the poorest households is about four times that of the richest ones. and the issue is higher for migrant children in Delhi. The issue today is not a lack of demand, but rather quality of supply. Students often drop out because their school experiences are often so poor that they learn very little even after being enrolled for 4 to 5 years. BUDS started a remedial Education program aged between 6-14 years for underprivileged children in north Delhi at Mori gate area, who are either drop out or not registered in any formal education system and for those education level very low than basic level education. BUDS gives them a chance for education and reconnects with the formal education system so they can resume their education and get a platform to fulfill their dreams. 56 children are accepting remedial education services from our drop-in-centre. Not only education BUDS provides health services and nutrition support to prevent malnutrition among the children.

MID-DAY MEAL (MDM) PROGRAM

The Mid-Day Meal (MDM) program is operating for street children, mainly rag pickers, child laborers. children engaged in menial tasks, work in eateries at Mori Gate center DIC Delhi. Everyday 50-60 children are served hot cooked food. Food is prepared in BUDS's centre kitchen in a hygienic atmosphere. All vegetables and fruits are kept in the refrigerator. Spices kept in a safe place.

All children wash their hands with soap before taking meals. Cook cum helpers wear aprons during cooking and serving meals. Safe drinking water has been ensured by the vendor who has been installing the RO system.

BUDS provided **"Special Meal"** on the occasion of festivals and birthdays of the child. On this occasion, we offer different types of food like sweets, halwa,kheer, local dishes, rayata, juice etc.

Organize recreational activities and educational excursions

Children participated in the recreational and sporting facilities in and outdoor places. In addition, educational excursions were organized to places of historical and cultural importance in Delhi. During festivals, cultural and sports events organized.

SEVACHILD INTERNATIONAL & BUDS

Launch New Drop-in-Centre (DIC) at Brindal Bridge in Dehradun, Uttarakhand

BUDS has extended its activities in a new Drop-in-Centre (DIC) in Brindal Bridge, Dehradun for empowering the underprivileged children through BUDS education model, enrolling the drop out children to mainstream schools, Health education, counselling, Health care services

In collaboration with Sevachild International & Sevachild India BUDS has started administering Vitamin A and Albendazole to the children.

Chief Guest Mr. Ashok Kumar, ex MLA along with Mr. Vijaypal, MLA, Gangotri and Mr. Arjun Sonkar, local counsellor with Dr. Indra Taneja, BUDS Trustee and Om Taneja Inaugurated the new BUDS DIC by cutting the ribbon. In his address, Mr. Ashok Kumar, Ex. MLA formally announced to give space to BUDS at free of cost and his full support to the education and health program. He also invited BUDS to work in other slums of Dehradun. It will give new heights to BUDS Which would prove to be a milestone for BUDS. After this, Mr. Ram Lal, Famous Putter in India made the community aware of health and education through puppets and advised not to use drugs, wine and solution. Dr. Ankush Kumar, MBBS, conducted the health camp in which health check-ups of 125 patients were done and free medicines were distributed. 5 children Referred to other hospitals, 3 children were identified as having disability and developmental delay. On this occasion Local ASHA workers, Anganwari workers and Influencers also present. BUDS staff made Asha workers and Anganwadi workers aware about Vaccination and Vitamin A and asked them to conduct Vitamin A sessions for children in future. I would like to thank Sandhya, Id Mohd. And Rajan from Delhi and Noopur and Ranjeeta (BUDS staff in Dehradun), Kishori ji (local community member), Mr. Ajay Sonkar, Ex. Counselor, Lajwanti (Aanganwadi helper), Mrs. Santosh Khatri and Suchita Devi (ASHA workers) and Mrs. Sarita (Asha supervisor) without whose help this work would not have been possible. We would also thanks to Dr. Indra Taneja and Dr. Om Taneja Who took out their busy time and came to Dehradun. We would like to thanks our Donor Mr. Rick Karltan, SevaChild International and Mr. Ankush Mehra, SevaChild India for their support. At the end, We would thanks to Dr. Rajeev Seth Whose cooperation has always been with us and keep guiding us.

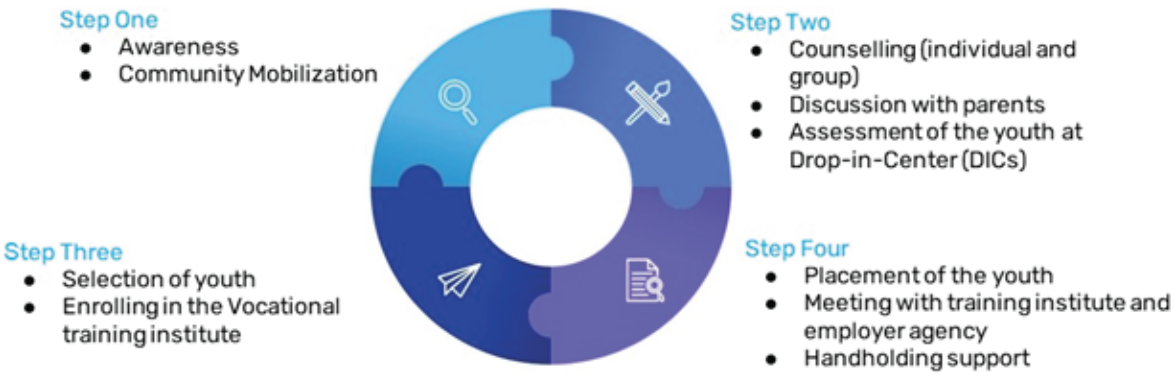
Empowerment through Vocational Skills training

The programme "Empowering Marginalized Children and Young" People in India" provides access to market-oriented employability training in the Health Care sector and Information Technology sector to the most deprived youth, effectively addressing the disconnect between the skills acquired through the education system. It bridges the emerging demands in the new economy with changes that need to happen in the educational pipeline for workforce preparation in the country.

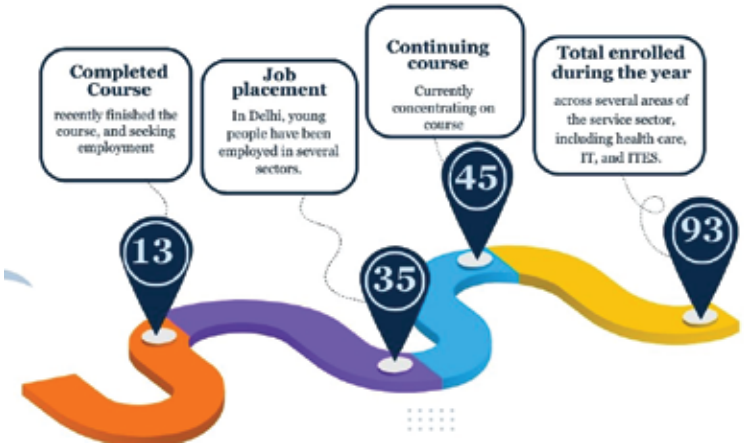
With the support of **Rishi Children Trust (RCT), Global Karma Health & Education Trust (GKHET), and R. C Mody**, we identified the underprivileged youth and provides employability skills training in Health Care Sector from the reputed skill training institute of Tech Mahindra Smart Academy in Hospital Front Office & Billing Executive (HFOBE), Emergency Medical Care (EMC) & General Duty Assistant (GDA) and in Ophthalmic Paramedic course that is linked to job placements through Hospital linkages networks in Delhi/ NCR.

In Information Technology(IT) sector we provide employability training in Digital marketing (DM), Customer care Relation Manager (CRM) from Taraqqi-i-Foundation and in Service Sector we provide Two Wheeler & Four Wheeler Driving course from Azad Foundation and Beautician artist course During this year, the Skill development program reached out to 93 youth.

(a) Steps of Project Workflow



(b) Impact of Vocational Skills Training Project



Success stories Vocational Skill Training Project

DEPALI

Due to financial condition Deepali drop out from school in 7th class and she has not any option for her career, one day she came to know about BUDS education program and decided to continue her education, She join BUDS education program in 2021 and now she successfully pass out from 10th standard after education she joined driving course and completed the course, Now has placed in Sakha Cab Service @12000 per month. She is overjoyed to have landed the job she had always wanted

SWATI

"The Inspiring Journey of Swati"
Swati grew up in a disadvantaged neighbourhood with limited opportunities for personal and professional growth in a very poor family, her father is a vegetable vendor and earn hardly 5000 to 6000 per month, However, she had a strong desire to break free from the cycle of poverty and create a better life for herself. Swati came across a Bal Umang Drishya Sanstha (BUDS) skill development program that offered training in Emergency Medical Technician. Intrigued by the potential of health care, she decided to enroll in the EMT course from Tech Mahindra Smart Academy for Health Care despite having no prior experience in the field. Over the course of 12 months

During the training program, Swati's dedication and hard work caught the attention of her instructors. Impressed by her progress, they recommended & placed her for On Job Training (OJT) at a renowned hospital Neonest in Delhi. With the skills she had acquired, Swati confidently stepped into the on-job training and quickly proved herself a brilliant student. Her dedication, creativity, and willingness to take on new challenges set her apart from her peers. She successfully placed in a well-known hospital Kapoor Medical Centre (New Delhi)

Swati's success story not only inspired others in her community but also caught the attention of our organization, who featured her journey as a testament to the transformative power of BUDS skill development programs. With her newfound success, Swati didn't forget her roots.. Swati became a source of inspiration for many, showing them that with determination, hard work, and the right skills, they too could overcome obstacles and achieve their dreams.

Swati is supporting her family to come over from the poverty she had seen during her student life, she is very happy to get profound success

PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS

Commitment towards young girls and women to achieve the UN Sustainable Development Goals (SDGs) 5: Gender Equity

Counselling Services among the adolescent girls, women and community people

In India, the National Crime Records Bureau (NCRB) crime against women (CAW) rose by 15.3 per cent in 2021 from the previous year, with 4,28,278 cases registered last year following 3,71,503 cases in 2020. The counsellor of BUDS provides counselling to young girls and women to create awareness and prevent violence against women and girls (VAWG) in the marginalised communities of Delhi and Nuh. Major causes responsible for violence are exploitation of women for demanding more dowry, discrimination of women and alienation women's self acquired property fraudulently, torture by intimate partner/husband/in-laws of the husband, aggressive attitude of patriarchal community who believe that every matter inside and outside the home should be solved with physical power rather than dialogue and mediation and child sexual abuse that includes values such as Positive Parenting.

COMMUNITY BASED RESEARCH

Vaccine acceptance in rural India: Engaging faith leaders as vaccine ambassadors

Preetika Banerjee1†, Rajeev Seth2†, Baldeep K. Dhaliwal1,
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Svea Closser1 and Anita Shet1*

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Link - https://www.frontiersin.org/articles/10.3389/fpubh.2022.979424/full

Introduction: Religious faith is a key marker of identity and shapes community perspectives and trust. Faith leader involvement in vaccine campaigns in India have been beneficial to counter misinformation regarding infectious diseases such as polio. Faith leaders are influential stakeholders who bear potential to enhance public confidence in vaccine campaigns.

Context: While vaccine coverage has been increasing in India, inequities abound, especially in populations with historically low vaccine confidence. The COVID-19 pandemic has led to major disruptions in delivery of routine immunization services for children. To address these challenges, we co-designed interventions aimed at contextual communication strategies and peer support. Engaging faith leaders was an important part of this intervention. In this report we describe our experience and highlight the perspectives of faith leaders and their expectations of the outcomes for this intervention.

Programmatic elements: The CIVIC Project, conducted from January to December 2021 aimed to engage caregivers, community health workers and key stakeholders, particularly, faith leaders in co-designing interventions to address vaccine hesitancy in Mewat. The project, deeply rooted in community based participatory research, used a three-E approach (Exploration of community perspectives, Establishment of vaccine trust and awareness, Engagement in vaccine promotion activities) to successfully engage faith leaders in the design and dissemination of media messages advocating for vaccine acceptance and uptake.

Lessons learned: The involvement of faith leaders in the intervention benefited the community in two ways. First, faith leaders were spotlighted via videos, often disseminating advice and personal anecdotes about vaccines, thus reassuring caregivers and community members who previously expressed distrust in vaccines. Second, involvement of trusted faith leaders provided

a platform for a two-way dialogue for the community to openly discuss and address myths and misconceptions regarding vaccines. This project provided the learning that co-creating interventions with faith leaders who are often gatekeepers of close-knit communities can lead to the development of vaccine positive messaging that community members relate with,motivating increased vaccine confidence.

KEYWORDS
vaccine acceptance, vaccine hesitancy, faith leader influence, health promotion, India, Health communication.

SSM - Qualitative Research in Health

Caregiver perceptions of the broader societal benefits of vaccination: A path toward sustainable vaccine advocacy in India
Published on -28 August 2022
Link - https://www.sciencedirect.com/journal/ssm-qualitative-research-in-health

Baldeep K. Dhaliwal a,*, Ananya Rattani b, Riti Chandrashekhar b, David E. Bloom c, Anita Shet a, Rajeev Seth b

Over the last decade growing public health evidence suggests that, in addition to health-related benefits, there are also social and economic benefits of vaccination. Research to understand how caregivers in low-and-middle income countries perceive these social and economic benefits, or if these benefits factor into their vaccination decisions for their children, has been limited. Leveraging qualitative strategies to gain more nuanced insights into caregiver perceptions of vaccination benefits has also been significantly underexplored. We conducted in-depth interviews with 13 caregivers of children, at which point we reached saturation, in Mewat District, Haryana, an area in India with low vaccination coverage. Interview results suggest that caregivers of children associate positive health outcomes with vaccination programs, and some additional social and economic benefits beyond improved health outcomes. Caregivers also shared how local advocacy and gaps in vaccination programs can affect their perceptions of vaccination benefits. Qualitatively exploring the perceived benefits provides a unique understanding of the value that caregivers assign to vaccination and complements existing knowledge on factors that dissuade caregivers from vaccination. These insights will allow researchers to better identify and design context-specific advocacy strategies to strengthen vaccination programs in communities with low vaccine uptake and acceptance.

EXPERT GROUP CONSULTATION REPORT

CIVIL SOCIETY & CHILD RIGHTS-

India International Centre, New Delhi, India on Thursday, November 10th, 2022, 9am-5pm.

Dr Rajeev Seth, MD (AIIMS), FIAP, FAAP(USA), Managing Trustee BUDS & Vice President NZ, Indian Academy of Pediatrics (IAP) | Email; rajeevseth@budsngo.org

Background

Childhood is often believed to be the golden period of one's life; a stage that has absence of worries and tensions and should be enjoyed. However, the trials and tribulations that stem from various socio-economic challenges make childhood a very difficult experience and full of adversities. While it is readily accepted that every child has the right to optimal cognitive, social, physical and emotional development; the harsh reality of life is that a 'happy stress-free childhood' is a state of comfort and luxury that very few children get to enjoy.

The Constitution of India guarantees equality before the law to all citizens, and has pledged special protections for children. In 1992, India accepted the obligations of the United Nations Conventions on the Rights of the Child (UNCRC). UNCRC has implications both at the policy and the decision-making level and practice of healthcare provision level. The UN General Assembly formally adopted the 2030 Agenda for the **Sustainable Development Goals (SDG)** in September 2015. The SDGs are for universal, integrated and –transformative vision for a better world. The SDGs are composed of 17 goals and 169 targets to wipe out poverty, fight inequality and tackle climate change over the next 15 years. All these three key challenges have an impact on children and their quality of life, particularly in the early years of their life.

Early Childhood is more than just a preparatory stage assisting the child's transition to formal schooling. It has been recognised as a critical period for comprehensive development taking into account the child's emotional, social, cognitive and physical needs, so as to establish a solid and broad foundation for lifelong learning and wellbeing. Therefore, if the child is not given adequate support and stimulation to aid this development, he or she is at risk of not being able to reach their full potential. Hence, it is absolutely imperative for the society and the nation at large, to invest in this crucial period of an individual's life. It is more so important for a country like India, where over 40% of the population is below the age of 20[1] years and over 13% is below the age of 6[2].

Extensive research highlights the types and diversity of risks that children face- they could range from sexual, physical exploitation to bullying to peer pressure among other emotional, physical, sexual and mental challenges. In order to deal with the myriad of challenges that a child may face, it is crucial that adequate attention is paid to the overall health, nutrition as well as education of the child.

The Early Childhood Care and Development (ECD) refers to an integrated approach combining health, nutrition, and education for the holistic development of a child below the age of six/eight years. Although the government has undertaken various initiatives designed specifically to address the various issues related to children, there is still a long way to go in terms of caring for its children. This is because the risks that stem from poverty, malnutrition, neglect, social exclusion, discrimination that affect children who come from the lower socio-economic rungs of the society need to be paid special attention to since these problems can have adverse impact on their physiological, psychological, cognitive as well as affective development.

Keeping this in mind, the Government of India framed a **National Early Childhood Care and Education Policy (NECCEP)** in 2013 to reiterate the commitment to promote inclusive, equitable opportunities for promoting optimal development and active learning capacity for all children below the age of 6 years. There are various other schemes and welfare policies designed specifically for children, and yet there exists a glaring gap between the intent and the deliverables. This is not to discard the efforts made by the government to address issues like malnutrition, education and health of children, but a significant impact will only be made when there is active participation from all stakeholders over a sustained period.

[1] Census of India, 2011, available at http://www.censusindia.gov.in/ [1]Ibid.

The Indian government's flagship early child development and welfare program, under the banner of the Integrated Child Development Services (ICDS), is meant to provide food, preschool education, and primary healthcare to children less than 6 years of age and for their mothers. These services are provided through Anganwadi centres established mainly in rural areas and staffed with frontline anganwadi workers and helpers. However, the ICDS programme has not been particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states and children have received the least coverage and funding.

In addition to this, **as per the National Crime Records Bureau 2021, the rate of crime against children is as high as 33.6%.** The number is a gross under-representation of the reality given that there is massive under-reporting of crime against children. Violence against young women, girls and children is either not known or is covered up in the case of rapes and molestations as these crimes are associated with the archaic concepts of tarnishing the 'honour' of the family. **There is a tendency to 'cover up' is to save the people in the family who perpetrated the violence against children; as around 70-80% of abuse is inflicted by parents, extended families, relatives and acquaintances known to the child.** In families where both parents are working, they have to increasingly depend on their extended families, crèches, neighbours and friends, in the hopes that a known environment would be more conducive for the children. Seldom do parents know that their children are being exploited by the same people they trusted to care for their children. There is a need for other mechanisms to reduce violence, crimes and abuse through sensitisations, training and capacity building of various stakeholders. The most important aim, however should be to educate children about what constitutes abuse and exploitation against them.

With this background, the Indian Child Abuse, Neglect and Child Labour (ICANCL) Group partnered with Bal Umang Drishya Sanstha (BUDS) (www.budsngo.org), GAIL India, Anthropos India Foundation (AIF), and other distinguished allied non profit organisations decided to organise a one-day expert group consultation. This consultation was also planned as a pre-conference event before the Silver Jubilee National Conference of the ICANCL group at the Advanced Pediatric Centre, Post Graduate Institute of Medical Education and Research (PGIMER) at Chandigarh, India held on November 12-13, 2022. The aim was to bring together various stakeholders who are working in varying capacities in the field of child rights and the different dimensions of child protection. The participants multidisciplinary professionals from the civil society such as paediatricians, doctors across various specialisations, academicians, nurses, psychologist, police, legal professionals, religious leaders, social workers, representatives from governmental ministries and NGOs as well as students.

The major aims and objectives of this civil society consultation were to:
(i) Sensitise the civil society and create awareness about child rights
(ii) Initiate behavioural and attitudinal changes and empower them on how to speak on behalf of children
(iii) Understand how to demand crucial rights for education, health, development and protection from the senior government ministers, officials and policy makers

The report below is based on the excerpts of the key panel discussions that were held as a part of Civil Society and Community Engagement for Promoting Children's Rights to Early Childhood Care and Development, and also summarise the key note addressed by Ms Tripti Gurha, Joint Secretary Ministry of Women and Child Development, Government of India. **Ms Gurha spoke about CARA – Central Adoption Resource Authority, and provided details of the new adoption processes which entails 3 stages – pre-adoption, adoption and post-adoption process**, which would fast track adoption in the country. Adoption still remains one of the best systems of protecting children in difficult circumstances, who had been abandoned and became orphans for multiple reasons, including the recent COVID 19 pandemic.

Community Engagement for Promoting Children's Rights to Early Childhood Care and Development

The consultation began with a panel discussion on the idea of the importance to sensitize civil society and create awareness about child rights. The main issues discussed in this session revolved around the need for comprehensive child care and development using a rights-based approach; under-five mortality, malnutrition, hidden hunger, inclusive education and development for disabled kids using a rights-based approach.

Early Childhood Development programs are being promoted for health, nutrition, early learning, and provision of a safe and secure childhood to ensure a holistic approach for proper care and development of a child and not just diseases prevention, control and management, thereby effectively moving away from a biomedical perspective alone towards a more bio-psycho-social approach. It is here that civil societies (NGOs, voluntary organisations and, CBDs), doctors, state and central government need to join hands.

Another area that requires a lot of focused efforts is 'disability and children' PWD Act 2016 and Inclusive education for those who are disabled is an important tool to ensure equal opportunities for development and welfare of such children. This would include initiatives taken to make educational institutions more accessible for those children who have disabilities like provision of ramps in schools and textbooks and instructions in braille.

Dr.Prof. R.N. Srivastava, Advisor ICANCL group and Past President of IAP moderated the session. Prof.Srivasatava along with Dr.Yogesh Sarin, Immediate Past president, Indian Association of Paediatric Surgeons co-chaired the panel. Some basic and foundational issues pertaining to children were identified wherein the key takeaways were that children cannot demand rights, its therefore the responsibility of the adults and professionals to give them their rights. The violation of child rights often goes unreported or under-reported because children are either not aware of what constitutes as a violation of the right or because their family does not want to take legal discourse in such situations. Either way, it is children who are left with an indelible mark on their minds about whatever was done to them and this has an impact on their overall development – physical as well as cognitive.

Dr. Uma Nayak, Chair Elect, ICANCL group spoke about the overall approach towards protection of children and child rights in the backdrop of the National Health Mission(NHM) . The NHM gave adequate attention to the issues of children and started taking steps to address the different challenges like under five mortality and neo-natal mortality. The efforts of the RMNCAH program have culminated in the reduction of the mortality rates – infant and maternal mortality rates. Presently, however, the challenges pertaining to children are taking a different nature. For instance, earlier, malnutrition in children was physically visible, i.e. they were stunted, underweight, frail looking children. Presently, malnutrition has taken a different form – there is micronutrient deficiency. Dr.Nayak brought to the forefront how this kind of deficiency is found in children across income groups as against the earlier period where malnutrition was closely associated with poverty. Perfectly healthy looking children suffer from micronutrient deficiency and this is the impact of what can be termed as 'hidden hunger'. Most of this hidden hunger can be attributed to unhealthy eating habits where in children consume more packaged and processed food instead of balanced diets. This is where the role of paediatricians and social organisations is extremely crucial since they need to look at the entire gamut of issues pertaining to children and deliver holistic care giving instead of just symptomatic treatment. The entirety of developmental challenges, defects and disabilities have to be screened and treated in an effective manner instead of adopting a straight jacketed approach, keeping in mind the socio-economic circumstances of the child as well.

"Junk-food syndrome is the enemy of the century"

– Dr. Uma Nayak

Another area that requires immediate attention of policymakers and social organisations is the quality of education for children in India. This was highlighted by Prof.UmeshKapil, Professor Epidemiology and Clinical Research, Institute of Liver and Biliary Sciences. The Right to Education Act 2009, provides for free and compulsory education for children between the ages of 6-14 years. However, the age before 6 years is the most crucial period for the development of a child and is often called the formative period. This is the period that is not covered under the purview of the RTE. Therefore, the pre-school child is the most neglected child from an educational perspective. These are also children who come from the poorest household where education is not a need but one of the competing needs in a cash-strapped household.

The Anganwadi ICDS Centres have been able to provide respite in the form of basic care to such children. In addition to that, they also provide cereal supplements to make a dent in the food insecurity and malnutrition problems. Yet, the cereals are shared with other family members because of poverty. As a result, an initiative that was supposed to help with malnutrition for children, becomes a way to secure cereal from the government for a whole family, wherein the child is not the primary consumer but one of many consumers. Therefore, there is a requirement to address structural issues like poverty at large wherein an entire family can be brought out of poverty rather than targeting only children because it only leads to temporary fixes. Therefore, policymakers and advocates for child rights need to take issues of under-nutrition, poverty and hidden hunger at the highest levels of policymaking. Presently, there are disintegrated efforts made at improving the nutritional status of children, but no single person or organisation that is championing the cause of stunting and wasting like Dr Ramalingaswamy did for iron supplements for women.

Mr. S.K. Srivastava, Former Secretary Rehabilitation Council of India and Commissioner Disabilities Lucknow shed light on the importance to address the challenges of Children with Disabilities through a more nuanced and sensitive approach. Disability in children requires two very important steps - early diagnosis and intervention within the broader framework of a rights-based approach. For instance, no child should be excluded from an opportunity to access education because of some disability. It is because of this, that educational institutions are required to have ramps and special toilets for children with physical disabilities. But there are other steps that need to be taken to make the environment more inclusive and conducive for specially-abled children rather than just infrastructural arrangements, such as empathy, sensitivity and inclusive environment provided by teachers and peers.

The panel concluded with highlighting the importance of the role of civil society and how through the use of Public Interest Litigations, some of these issues can be brought to the notice of the society and the nation at large. For instance, it was the on the directive issued by the Delhi High Court in 2015 which directed FSSAI to regulate the junk food being sold in school canteens that new guidelines were set up to provide healthy food in schools. As is well known, fast food is responsible for micronutrient deficiency, obesity and other health issues in children. The way out would be encouraging active life, eating healthy and educating parents against the perils of fast food consumption. These are areas where there is tremendous scope for the civil society organisations to take the leads by organising awareness camps, seminars, symposiums etc. Public platforms could be used to engage with people from different walks of life, including parents and educating children about safe touch, what would constitute abuse – physical, mental, verbal and sexual and what recourse they could take in case they feel that their rights have been violated. Needless to say, special attention has to be paid to children who come from underprivileged households and are more likely to get exploited and abused.

KEYNOTE ADDRESS

The Session began with a beautiful song sung by children from BUDS organisation followed by the lighting of the lamp by Dr. Rajeev Seth, Managing Trustee BUDs. Dr. R.N.Srivastava, Dr. Uma Nayak, Ms TriptiGurha, Joint Secretary Ministry of Women and Child Development and Mr.Santosh Chandra Ray – Chief General Manager Gail India Ltd

The second session had a more legislative undertone. It highlighted issues pertaining to crimes against children and how child sexual abuse is a huge challenge for the country. Children are vulnerable and may be threatened to not report on the abuser. As the NCRB reports have shown, around 60-70% of perpetrators are family members/ close acquaintances. In such situations, the responsibility of taking legal action against the abuser rests solely on the parents and the family. In case the victim is a girl, there is a tendency to brush the incidence under the carpet for it may bring shame to the family and as such are not taken to the authorities. This leaves the victim with lifelong trauma – physical as well as psychological and can impeded the overall personality development of a child. Issues like this can only be addressed if the civil society and the governmental institutions come together and provide a united front where a child feels safe to report about the crimes perpetrated against him/her without fearing the repercussions of it. In addition to this, it is important to realise that children are individuals and have to be treated with dignity too. The situation is worse for children who are on the streets and/or are orphans.

Ms. Tripti Gurha, Joint Secretary, Ministry of Women and Child Development, Government of India, spoke about CARA – Central Adoption Resource Authority wherein a detailed presentation was made about CARA being the governing body of all adoption processes in the country, what are the rights of the child who will be adopted, and how the whole system of adoption has been designed keeping in mind the best interest of the child at the centre of it all. The fundamental principles about how the adoption process starts, what are the procedural requirements, what are the in-built security mechanisms in the system were also highlighted. A brief summary of the new adoption processes was discussed which entails 3 stages – pre-adoption, adoption and post-adoption process. She also educated the participants about the inter-country adoption process under HAMA (Hindu Adoption and Maintenance Act 1956) For instance, a rigorous screening process is undertaken to ensure that a child resembles the parents in physical

appearance as much as possible and that a child is given to parents where in they can grow up in the same socio-cultural milieu. For instance, a child from North India in all likelihood will be given to parents from North India rather than South India to ensure that the child at any stage does not feel out-of-place. There are also strict procedures in place about inter-country adoption and Indian authorities are mindful of working only with authorised foreign adoption agencies that follow The Hague Convention.

Ms. Gurha also shed light on how **CARA and HAMA – Hindu Adoption and Maintenance Act** are different from one another and how one of the glaring lacunas in the adoption process is that there is no system of post-adoption follow up. She also asked the participants to work together to propose a solution to implement CARA for orphans and infants abandoned in the hospitals. Another problem area identified was how there is a low adoption of special needs children in India and how the government was struggling to find loving homes for children who required special care. The presentation ended with discussion about the recent government notifications on the rights of Overseas Citizens car holders of India and the amendments in the JJ act along with the regulations on HAMA.

Recent positive developments in the field of adoption were also discussed. For instance, how the CARA process is online and the system itself has been revamped and made better, more efficient with better architecture. The state-level system has been strengthened and the pre-adoption process has been streamlined. The present gaps and challenges were also highlighted – for instance, how there are delays in the procedure while trying to keep the best interests of the child at heart. There was avid participation and queries from the participants that further led to improved understanding of adoption as a process in the country.

Although it is difficult to summarise the rich ideas and discussions that were exchanged, the report makes an attempt to reproduce some of the key learning's and outputs from the discussions on Early Childhood care and development (ECD) and Government of India, New Adoption Policy changes were explained in a succinct manner. The entire detailed report has been prepared, and will be made available separately.

BRAINSTORMING YOUTH-20 WORKSHOP "HEALTH, WELLBEING & SPORTS: AGENDA FOR THE MARGINALIZED YOUTH" . INDIA'S VISION AND LEADERSHIP OF THE G-20 NATIONS

Bal Umang Drishya Sanstha (BUDS)(www.budsngo.org) is a 20 years old non-profit organization established with the aim to advance the well-being, education, health, and welfare of children and youth 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 2003 (Registration No 11686/4 of 2003), with the country office located in New Delhi. BUDS vision is to develop a society where every child and youth is provided every right regardless of their socio-economic standing.

India's vision and leadership of the G-20 Nations: Brainstorming Youth-20 Workshop "Health, Wellbeing & Sports: Agenda for the Marginalized Youth"

BUDS organized a Youth-20 Brainstorming Workshop "Health, Wellbeing & Sports: Agenda for the Marginalized Youth" on Wednesday, March, 29, 2023 at the All India Institute of Medical Sciences (AIIMS), New Delhi Gymkhana in collaboration with the Ministry of Youth Affairs and Sports(MYAS), Government of India. The aim of the workshop was to provide an opportunity to showcase India's youth-centric efforts, values, and policy measures so that India's vision and leadership of the G-20 summit can become truly participative in nature and stand out among the youth cohort.
Hearing the lived experience of marginalized youths, and their voices of hope, resilience, mental, physical, and emotional well-being in overcoming their adversities and mental health challenges provided the rationale framework, understanding insights, identified gaps in physical and mental health care response in order to develop an in depth youth policy construct for India and G -20 partner countries. Ms Meeta RajivLochan IAS, Secretary, MYAS, Government of India was the chief guest at this Y-20 brainstorming workshop.

BUDS community health, education, vocational skill development initiatives and prevention of violence against children and youth in the urban slums of NCT region of Delhi, Dehradun, Uttarakhand & backward rural aspirational district Nuh, Haryana.

BUDS reaches out to thousands of internally displaced, migrant children, runaway youths who live or work on the urban slums and street situations in order to escape poverty, domestic abuse, violence, and trafficking. These marginalised youth grow up enduring physical, sexual, emotional abuse, child labour, exploitation, child marriage and violence. Many of these orphan and vulnerable street children are deprived, neglected, abused and denied access to basic rights such as education, health care and nutrition.

BUDS operates 12 Drop in centres (DIC) for marginalised children and youth in 3 states of India; NCT region of Delhi, Haryana and Uttrakhand. DIC offers a safe day care space for children and youth living in urban slums and in marginalised villages, where they are provided free mid day meals, remedial education, counselling and health services in a youth friendly environment. The DICs are linked to a dedicated Mobile Health Van (MHV), where the children and youth are provided access to free primary health care and referral services for secondary and tertiary care. Using a socio-ecological model (SEM), BUDS engages with different stakeholders such as peer leaders, sarpanch, community members, teachers, influencers and religious leaders to address the issues of the youth. Using Social and Behaviour Change Communication (SBCC) strategy and tools, such as co-creation of Information Education and Curriculum (IEC), role plays, community theatre, puppets shows, sports, bike rally, vaccine champions and social media campaigns, BUDS improved the COVID and routine vaccine acceptance in the marginalised communities. BUDS doctors and multidisciplinary professionals provide training and education to strengthen the capacity of government frontline health workers (FHW), and establish robust referral systems for secondary and tertiary health care.

Voices of the Marginalized Youth

Aasia Parveen "Education is the basis of life; without it everything is useless"
Nisha "It's important to break free from cultural, social and gender norms"
Monica "Sports can provide equal opportunities for all children regardless of the background to achieve their full potential"
Priya "The importance of life skills education and resilience through BUDS team to withstand the forced school dropout due to poverty and other family adversities"
Kishan "Connecting young people voices through print and social media through sports schemes is a critical need of their holistic development"
Dipali "Child Sexual Abuse, violence, harassment, school dropout, but still fulfilling her dreams through support from BUDS"
Priyanshi "Overcoming chronic health challenges, cultural barriers to obtaining Right to Education"
Nisha Mewati "Overcoming Mental health disorders following North East Delhi Violence, communal riots, poverty and the COVID pandemic"
Vipul "The importance of spreading community awareness about basic human rights such as right to education and health—now a successful supreme court lawyer"
Pintu Jha "Rehabilitation from a deprived state, runaway street and working child into an employed youth with degrees in Master in computer application (MCA)"
Neerja "Domestic violence, substance misuse, child trafficking, early marriage should be eradicated by providing access to human rights
Aarti "Poverty, illiteracy, child marriage, domestic violence, separation from husband, parenting a 2year old baby daughter and fighting legal battles to obtain human rights, while studying at BUDS PACE centre"

Recommendations for Youth Policy construct

The state of marginalised children and youth is a major violation of their human rights and is huge public health problem. Like any other person, youth from the underprivileged communities have dreams and talents, but they are being left behind. They are discriminated against, stigmatised, and deprived of the most basic rights to health, education, nutrition, play and protection, —in grave violation of the UN Convention on the Rights of the Child (UN CRC). The revised youth policy of G 20 nations must address this social injustice. On a local scale, government policy and systems can make a difference by engaging with local NGOs and bring trauma informed care outreach and help address social determinants of health among the marginalised. The MHV clinics and DIC offer an innovative community strategic approaches to reach out to provide care to the vulnerable youth. The G 20 nations and their agencies should advance the rights of underprivileged children and youth,; engage with local trusted NGOs as key partners in providing access to development opportunities and both human and financial resources for sustainability of such project . The voices and success stories of the youth are truly inspirational case examples, which can help revise and develop regional, state and national government policies and strengthen their youth welfare systems.

Children Day Celebration November 14, 2022

BUDS celebrated 'Children's Day' & Azadi Ki Amrit Maha Utsav at Delhi Medical Association Hall on 14th November, 2022 with 250 children. The theme of the year for Children's Day was "Children's Rights and Protection". The main focus of this celebration was to promote togetherness and awareness among children regarding the Convention on the rights of children (CRC), and to improve the welfare of children. In India, the National Policy for Children, 2013 was adopted to affirm the Government's commitment to a rights-based approach in addressing the continuing and emerging challenges faced by children.

The States and the Union government of India are working together to provide children with adequate protection and growth opportunities by using novel programs like Beti Bachao-Beti Padhao, child-friendly schools, child budgets, POSHAN Abhiyan, and School Health and Awareness program under Ayushman Bharat.

Convention on the rights of children (For every child, every right):
(Reference :https://www.unicef.org/child-rights-convention/convention-text)

The United Nations Convention on the 'Rights of the Child' (UNCRC) is an international statement of the civil, political, economic, social and cultural rights of children. The UN General Assembly adopted the Convention and opened it for signature on 20 November 1989 (the 30th anniversary of the Declaration of the Rights of the Child). The UNCRC is an important agreement by countries who have promised to protect children's rights. The Convention on the Rights of the Child explains who children are, all their rights, and the responsibilities of governments. All the rights are connected, they are all equally important and they cannot be taken away from children.

AWARDS

On behalf of BUDS, Dr. Rajeev Seth, Managing Trustee received an award from the Mahavir International Delhi , a voluntary , non profit, non religious organization at the NCUI Auditorium & Convention Center, August Kranti Marg, Siri Institutional Area, Hauz Khas, New Delhi, on November 19, 2022. Along with his BUDS team , Dr Seth conducted medical examinations, prevention & response, education & training of frontline workers, allied professionals & community influencers among the marginalised communities of NCT region of Delhi & rural Nuh during the COVID-19. More than 1,32000 children & youth received primary health care through the BUDS health van.

On behalf of the BUDS family, partners, and friends, we would like to extend our heartiest congratulations on this achievement. BUDS team is looking forward to join hands & working together to provide access to health, education, vocational skill development & prevention of violence for the marginalized.

The USAID Core group in collaboration with Nuh NHM Haryana appreciated the significant and continuous contribution in COVID prevention and routine immunization, and for this Mr. Yawar Qaiyum, Director Operations and Ms. Soumya Rajeswari, Program Manager were honoured by letters of appreciation by the CMO of Nuh district for the active participation of BUDS and Team during this awareness journey.

On behalf of BUDS, Mr. Yawar Qaiyum, Director Operations received award for best social worker in the International Indo-Nepal Friendship award 2022, on August 19, 2022 held at Constitution Club of India,

News & Publication

टीकाकरण अभियान में तेजी लाने के लिए बड़र्स संस्था द्वारा बाइक रैली का आयोजन

नूंह ■ मेट्रो मीडिया

बाल उमंग दृश्य संस्था द्वारा आज नूह में टीकाकरण अभियान के तहत एक बाइक रैली का आयोजन किया गया। रैली को एसडीएम नूंह सलोनी शर्मा ने हरी झंडी दिखाकर सचिवालय से रवाना किया।

एसडीएम सलोनी शर्मा ने मीडिया से बात करते हुए कहा कि एक समय मेवात जिला कोविड टीकाकरण अनुपात में पिछड़ गया था लेकिन जिला प्रशासन के द्वारा चलाए गए विभिन्न अभियानों और बड़र्स संस्था समेत कई संस्थाओं के सहयोग से आज टीकाकरण अभियान में तेजी आ चुकी है। और जल्द ही जिला प्रशासन की स्वास्थ्य टीम 100% टीकाकरण करने में कामयाब होगी।

बड़र्स संस्था के मैनेजिंग ट्रस्टी डॉ राजीव सेठ ने बताया कि हमारी संस्था नियमित टीकाकरण पर काम करती है लेकिन जिला प्रशासन के निर्देशानुसार कोविड टीकाकरण अभियान को तेज करने के लिए संस्था विभिन्न प्रोग्राम गांव-गांव में चला रही है आज की यह रैली भी टीकाकरण अभियान को बढ़ावा देने की दिशा में एक बड़ा कदम है।उन्होंने आगे कहा कि इस विशेष अभियान को जॉन हॉपकिन्स यूनिवर्सिटी बलूमबर्ग स्कूल ऑफ पब्लिक हेल्थ,और जॉन हॉपकिन्स मैटरनल एंड चाइल्ड हेल्थ सेंटर इंडिया यूएसए के सहयोग से किया जा रहा है। इस मौके पर डॉक्टर इंदिरा तनेजा डॉ मीनाक्षी, संचालन निदेशक यावर कय्यूम , जिला कोऑर्डिनेटर शकील अहमद उमरा ,मोहम्मद रफीक, पंकज रानी, चर्षा रानी और मोहसिन समेत सभी वॉलेंटर्स मौजूद रहे।

तावडू : निशुल्क स्वास्थ्य जांच शिविर का डीसी ने किया शुभारंभ

शब्दवीर/सुकुमार मेत्र

तावडू, 2 फरवरी। खंड के अंतर्गत ग्राम पंचायत मंडारका में की बाल उमंग दृश्य संस्था द्वारा एक निशुल्क स्वास्थय शिविर का आयोजन किया गया। शिविर का शुभारंभ जिला उपायुक्त अजय कुमार ने किया। जिसमें कुपोषित बच्चों को न्यूट्रीमिक्स नामक पूरक आहार जैविक अनाज पैकेट का वितरण किया गया।

जिला उपायुक्त अजय कुमार ने बताया कि मंडारका गांव को मुख्यमंत्री ग्राम संरक्षक योजना के तहत गोद लिया गया है। इसी पहल में बृहस्पतिवार को गांव के आंगनबाड़ी भवन में बाल उमंग दृश्य संस्था द्वारा निशुल्क स्वास्थय शिविर का आयोजन कराया गया। उपायुक्त ने संस्था द्वारा गांव में मध्यम वर्ग के कुपोषित बच्चों के लिए उच्च कैलोरी प्रोटीन युक्त पूरक आहार वितरित करने की शुरुआत की प्रसंसा करते हुए कहा कि आगामी 6 फरवरी से रूबेला-खसरा टीकाकरण अभियान शुरू होने जा रहा है। सभी अभियान में ज्यादा से ज्यादा संख्या में अपने बच्चों को टीकाकरण कराने में सहयोग करें। इस मौके पर स्वास्थ्य विभाग के अधिकारियों ने भी उपस्थित महिलाओं से स्वास्थय संबंधी सरकारी योजनाओं की विस्तारित जानकारी देने के साथ साथ सहयोग करने व लाभ लेने का आह्वान किया गया। सभी संबंधित अधिकारियों ने अपने-अपने विचार रखें और लोगों को सरकार की कल्याणकारी योजनाओं के बारे में पूर्ण जानकारी दी गई। संवाद

गांव मंडारका में बाल उमंग दृश्य संस्था द्वारा एक निशुल्क स्वास्थ्य शिविर का आयोजन

- कुपोषित बच्चों को न्यूट्रीमिक्स नामक पूरक आहार जैविक अनाज पैकेट का वितरण किया
- गांव मंडारका को मुख्यमंत्री ग्राम संरक्षक योजना के तहत गोद लिया गया है : जिला उपायुक्त

कुपोषित बच्चों के लिए पूरक आहार पैकटों का वितरण

नूंह। उपमंडल तावडू के गांव मंडारका में बृहस्पतिवार को बाल उमंग दृश्य संस्था द्वारा एक निशुल्क स्वास्थ्य शिविर का आयोजन किया गया। शिविर का शुभारंभ उपायुक्त अजय कुमार द्वारा रिबन काटकर किया गया। इस मौके पर कुपोषित बच्चों को न्यूट्रीमिक्स नामक पूरक आहार जैविक अनाज पैकेट का वितरण किया गए।

उपायुक्त ने बताया कि मंडारका गांव को मुख्यमंत्री ग्राम संरक्षक योजना के तहत गोद लिया गया है। इसी पहल में बृहस्पतिवार को गांव के आंगनबाड़ी भवन में बाल उमंग दृश्य संस्था द्वारा निशुल्क स्वास्थ्य शिविर का आयोजन कराया गया। उपायुक्त ने संस्था द्वारा गांव में मध्यम वर्ग के कुपोषित बच्चों के लिए उच्च कैलोरी प्रोटीन युक्त पूरक आहार वितरित करने की शुरुआत की प्रसंसा करते हुए कहा कि आगामी 6 फरवरी से रूबेला-खसरा टीकाकरण अभियान शुरू होने जा रहा है। सभी अभियान में ज्यादा से ज्यादा संख्या में अपने बच्चों को टीकाकरण कराने में सहयोग करें। इस मौके पर स्वास्थ्य विभाग के अधिकारियों ने भी उपस्थित महिलाओं से स्वास्थय संबंधी सरकारी योजनाओं की विस्तारित जानकारी देने के साथ साथ सहयोग करने व लाभ लेने का आह्वान किया गया। सभी संबंधित अधिकारियों ने अपने-अपने विचार रखें और लोगों को सरकार की कल्याणकारी योजनाओं के बारे में पूर्ण जानकारी दी गई। संवाद

गांव मंडारका को मुख्यमंत्री ग्राम संरक्षक योजना के तहत गोद लिया गया है : जिला उपायुक्त

■ कुपोषित बच्चों को न्यूट्रीमिक्स नामक पूरक आहार जैविक अनाज पैकेट का वितरण किया

घासेड़ा में टीकाकरण की जानकारी और उसके प्रति विश्वास के लिए सिविक रिसर्च संपन्न

मेवात में टीकाकरण प्रतिशत कम होने पर जताई चिंता

उपायुक्त अजय कुमार ने मंडारका में निशुल्क स्वास्थ्य जांच शिविर का रिबन काटकर किया शुभारंभ

समाचार निर्देश। शब्दवीर

तावडू। उपमंडल के गांव मंडारका में बृहस्पतिवार को बाल उमंग दृश्य संस्था द्वारा एक निशुल्क स्वास्थ्य शिविर का आयोजन किया गया। शिविर का शुभारंभ उपायुक्त अजय कुमार द्वारा रिबन काटकर किया गया। जिसमें कुपोषित बच्चों को न्यूट्रीमिक्स नामक पूरक आहार जैविक अनाज पैकेट का वितरण किया गए।

उपायुक्त अजय कुमार ने बताया कि मंडारका गांव को मुख्यमंत्री ग्राम संरक्षक योजना के तहत गोद लिया गया है। इसी पहल में बृहस्पतिवार को गांव के आंगनबाड़ी भवन में बाल उमंग दृश्य संस्था द्वारा निशुल्क स्वास्थ्य शिविर का आयोजन कराया गया। उपायुक्त ने संस्था द्वारा गांव में मध्यम वर्ग के कुपोषित बच्चों के लिए उच्च कैलोरी प्रोटीन युक्त पूरक आहार वितरित करने की शुरुआत की प्रसंसा करते हुए कहा कि आगामी 6 फरवरी से रूबेला-खसरा टीकाकरण अभियान शुरू होने जा रहा है। सभी अभियान में ज्यादा से ज्यादा संख्या में अपने बच्चों को टीकाकरण कराने में सहयोग करें। इस मौके पर स्वास्थ्य विभाग के अधिकारियों ने भी उपस्थित महिलाओं से स्वास्थय संबंधी सरकारी योजनाओं की विस्तारित जानकारी देने के साथ साथ सहयोग करने व लाभ लेने का आह्वान किया गया।

ग्रामीणों ने शिविर में कराई स्वास्थ्य जांच

तावडू। उपमंडल ग्राम पंचायत मंडारका में बृहस्पतिवार को बाल उमंग दृश्य संस्था द्वारा एक निशुल्क स्वास्थ्य शिविर का आयोजन किया गया। शिविर का शुभारंभ जिला उपायुक्त अजय कुमार ने किया। इस मौके पर कुपोषित बच्चों को न्यूट्रीमिक्स नामक पूरक आहार जैविक अनाज पैकेट का वितरण किया गया।

जिला उपायुक्त अजय कुमार ने बताया कि मंडारका गांव को मुख्यमंत्री ग्राम संरक्षक योजना के तहत गोद लिया गया है। इसके तहत बृहस्पतिवार को गांव के आंगनबाड़ी भवन में बाल उमंग दृश्य संस्था द्वारा निशुल्क स्वास्थ्य शिविर का आयोजन कराया गया है। संवाद

SUCCESS STORY ON CHILD HEALTH & NUTRITION
Case study Of Faizan

Faizan is 9 years old; his family has been living in a rented house in Sarai Kale Khan slum area of south Delhi for the last 10 years. Apart from his parents, he has 4 siblings in his family. Faizan is the youngest in the family. His father and elder brother who is 22 years old are laborers in this area and earn Rs. 200-300 per day, their work is not permanent, sometimes they get work, sometimes they don't. Sometimes the whole family does not even get enough food

Sarai Kale Khan is a very congested area because it is covered by Nizamuddin Railway Station and Nagli Razapur. Most of the marginalized community live here who have come from Bihar, Madhya Pradesh, Uttar Pradesh and West Bengal.

Faizan came with his mother in BUDS Mobile Health Van and was looking very ill. BUDS counselor asked his mother how she came to know about BUDS Mobile Health. Then she said that there is a PACE centre near my house where girls study and my daughter also goes to study there, so the teacher Anita informed us about the BUDS Mobile Health Van. During the counselling, his mother said that he has been very ill since childhood. We showed him to local doctors in the village but there was no relief. We could not see any good MBBS doctor due to poverty and helplessness. After coming to Delhi, Faizan's health started deteriorating a lot. She took someone's help and went to AIIMS where they had a complete check-up and was told there is a hole in his heart and cardiac Surgery will be done and you have to arrange at least rupees seventy thousand after hearing this Hazra Begum started crying and had not gone to AIIMS for a long time due to lack of money.

Dr. Mukesh Kumar Kaushik, Paediatrician did a thorough check on MHV and referred him to Dr. Rajeev Seth. MHV Counsellor took an appointment with Dr. Rajeev Seth and took the patient to his clinic. Dr. Rajeev Seth again thoroughly checked him and talked to the patient's mother and she said that I did not have enough money for his operation, so I could not do Faizan's heart operation. Dr. Rajeev Seth immediately spoke to Dr. Vikas Kohli, heart surgeon and took the appointment. BUDS counsellor took the patient to Dr. Vikash's clinic, where Dr. Kohli did a complete check-up of Faizan, and gave some medicine and asked to come next week. Continuous follow up of BUDS counsellor, Faizan's heart surgery was successfully done on January 16, 2023 at Apollo Hospital, New Delhi. Faizan stayed in the ICU for three days to wait till he recovered fully.

Faizan is home after being discharged from Apollo, now Faizan is fine, he is eating and drinking properly and is feeling much better than before.

I express my deep appreciation for BUDS' commitment to ensuring that my child's breathing remains normal after heart surgery. I am very happy now because we have given up hope that his operation will ever happen because we did not have the capacity to bring that much money. Dr. Rajeev Seth, because of whom all this was possible. I don't have words to thank them because where do you find such people in today's world, who do so much for someone.

I am sure that my son will be able to study well and will be able to give a new flight to himself and our dreams.

Hazra Begum
Mother of Faizan, Sarai Kale Khan, New Delhi, India

Mobile Health Van Success stories

Khaleda, a resident of village Patuka, Tauru Block, Nuh district, Haryana comes to avail the services of the Mobile Health Van for her newborn who had difficulty breathing and was suffering from constant cold for the last 3 weeks. Her family comprises a total of 8 members of which 4 are her children. She said that it was because of the ASHA workers, announcements through mosques from local community leaders, and the BUDS' community mobilizers, that she got to know about the Mobile Health Van and its services.

She has been availing services of the health van as and when the van arrives in her village for the last 3 months. Before getting to know about the health van, Khaleda and her family had to visit government and private hospitals for health-related issues. Last week, her child was diagnosed with double pneumonia, and she had to visit private hospitals and spent ten thousand rupees so far on the treatment of her child, but her condition had still not improved. However, she says that even though the medicines are the same, she and her family cannot afford the high-priced facilities and medicines which occur during treatments at a private hospital.

Hence, she turned to government hospitals which are around 3 km from her home for treatment as the cost incurred is significantly lower. And ever since the Mobile Health Van has started visiting these villages, Khaleda and her family are very satisfied as they find treatments for their children's illnesses locally and free of cost. She wishes for increased visits to the health Van in her village so that her family and the local residents can avail of the facilities regularly and they do not have to depend upon private and government hospitals which are comparatively costly and far from their homes.

OBITUARY- DR. RAMESH C MODY

On behalf of our non profit BUDS, we are sending our heartfelt condolences . Almost everyone at BUDS has met Mr RC Mody ji, our most senior adviser & respected BUDS trustee ….his passion for the rights of education, health & welfare for the marginalized was unparalleled !

Despite his advanced age, So many times he visited Mewat with me, took classes of underprivileged children in the villages & also in the urban slums of Delhi NCR !

To me on route , he explained Indian history , partition days, Bhagwat Gita & Anecdotes from his past life ! His passing away has caused a deep void in my life, & also my family. My wife Tulika was very close to Ms Mody & Mr Mody too…..we spent so many fun social engagements, & meals together.

Mr Mody contributed generously to BUDS vision & mission. His financial support helped BUDS at a very critical junction. Several students, including our employee Pintoo owe monetary scholarships, which has developed their life away from life on the streets into becoming bright , smart & accomplished professionals.

At BUDS, We shall be standing in silence for 5 minutes, as a mark for respect & homage for him wherever we are at 3pm, Wednesday, March 15th.

We all pray Mr Mody soul rest in peace, & Wish his children : daughter Dr Shalini Bansil & family, & son Dr Ashoka & family our heartfelt condolences.

Rajeev Seth & Tulika Seth
Buds Trustees

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43

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VOICES OF HOPE AND RESILIENCE

A rights-based approach to street and working children

Inspirational stories of street-connected children, told by street-connected children, in their own voices

19 February 2023
11:00 AM to 1:00 PM IST at the
Indian Institute of Public Health, Gandhinagar

We see them everywhere. Railway station runaways, flower sellers, shoe shiners, tea carriers. And sometimes we don't see them at all – they are confined to factories, backroom bars, or tarpaulin-covered huts. **An estimated 100 million street-connected children live around the world, and ~20% are in India.** We pass them in our daily lives, and often choose to keep them invisible. But what if we realize that silence is violence? What if we heed their voices and see them for their dignified personalities?

In this session, we will hear directly from children who faced incredible adversities. They will narrate their stories of hardship and hope, repression and resilience. They will inspire us, shake us out of complacency and catalyze global change.

For more information, visit

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Hearing the voices of "Marginalized Children & Youth"

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87-88, Lodhi Road, New Delhi - 110003

Saturday, August 12, 2023
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