

ImFact 14



Annual Review Report 2013-14



We began our journey with a simple yet strong belief that education is the means as well as the end to a better life: the means because it empowers an individual to earn his/her livelihood and the end because it increases one's awareness on a range of issues – from healthcare to appropriate social behaviour to understanding one's rights – and in the process, help him/her evolve as a better citizen. If we wish to build a strong foundation for the society in the years to come, it is important that we nurture our children with love, care, education and right values.

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Smile Foundation was conceived with the belief in the power of education, and this continues to be our conviction. But over the years, working relentlessly on the ground, we realized that health too was a part of education – health, not just of the child, but the whole family. Only a mother, who keeps good health, is well informed about her rights and aware about basic social issues will send her children to school. Relevant skill training to ensure a dignified livelihood in the emerging service sector for an eligible earning member in the family is also an enabler for a child to continue studying. A child's education would not be complete without the welfare of the whole family. In order to empower children through education, Smile Foundation took a holistic approach and adopted a lifecycle approach of development, focusing its interventions on children, their families and the community.

ImFact'14 records our journey of change during the last year. We have handpicked interesting facts and representative stories from the ground, to mark the milestones on this journey.

But this is not a journey that we could have taken alone. We would like to thank our supporters – corporate, institutions, individuals, volunteers, partners and well wishers, who have put their trust in us and held our hand throughout the journey.

ImFact'14 is dedicated to each one of them.

Santanu Mishra
Co-Founder & Executive Trustee
Smile Foundation



SYNOPSIS

A journey to bring change is never easy, particularly in the vast and complex socio-cultural and geographic spread of our country, where the sheer numbers are awe inspiring. And to bring change that is visible, sustainable and communicable, it takes years of sweat and hard work, strong beliefs, noble intentions, steadfast dedication – and most importantly, gaining real experience working on the ground. The last remains the most crucial, because there are some lessons that you can only learn when you have a firm grasp of the ground reality. In its journey of over 12 years, striving to bring real change at the grassroots, Smile Foundation has learnt many such lessons.

One of the first lessons was the difference between being literate and educated. Smile Foundation has always believed that education is the cornerstone of social development. But over the years we realized that unless children are provided with quality education, no real change is possible. This is even more relevant for underprivileged children, as they miss out on a lot of opportunities. Hence, our attempt under the Mission Education programme has been to focus on the holistic development of the children. Regular growth monitoring, health check-ups, nutrition, awareness of basic rights, counselling of parents, co-curricular activities and exposure visits have always been an integral part of the programme.

Last year, we took further steps to ensure that quality education is made accessible to all, and our children are at par with the required standards of the formal education system. To widen the horizons and expand the knowledge of the children beyond textbooks, libraries were set up in 100 education

centres across India. Computer labs were set up in 54 Mission Education centres, which introduced the children to the exciting world of digital learning. As teachers are at the core of the education system, teacher training and capacity building sessions were held in all the four regions of India, to enhance their pedagogical skills and make learning easier and fun for the children.

And the change that was made possible motivates us to do much more this year – a group of mothers from villages of Guna, who were earlier reluctant to send even their kids to school, demanded education for themselves; Puja, a class 7th student in Alwar, narrated her feelings of using a computer for the first time; 11 year old Md. Azad from Lucknow, went from being a helper at a barber shop to the class monitor.

18,953 children directly benefitted from Mission Education in 2013-14.

Another major lesson that we learnt during our journey was that education alone cannot solve all problems. The education of children in fact depends on other important factors – the health of the family, a stable means of livelihood and the awareness levels of the mother. Some children would drop out of school because they had to take care of their ailing mother, while their father was going to work; some had to start working themselves to add to the meagre family income; girl children were forced into child marriage. Thus interventions which would address the family health, with focus on the mother and child; livelihood training for youth and empowerment of women and the girl child; were initiated by Smile Foundation as natural extension and imperative supplements, to child education. A comprehensive life-cycle approach was developed to bring effective and long lasting change in the lives of underprivileged children and their families.

As part of this approach, Smile on Wheels mobile hospital programme was initiated, which takes healthcare to the doorsteps of people in urban slums and remote villages across the country. Well-equipped mobile hospital units with medical

expertise, services and medicines traverse across deserts, forest tracts, hilly terrains and urban by-lanes to bring affordable, accessible and accountable healthcare where none previously existed. These services are complemented by Smile Health Camps to meet the immediate and specific healthcare needs of the underprivileged population in selected intervention areas. Children and mothers are given particular attention, given their higher susceptibility to health problems. Recognizing that a majority of the diseases prevalent in India are easily preventable if hygienic habits are adopted and timely precautions are taken, the programme gives equal importance to health promotion and awareness, as to curative care.

Last year, a Primary Healthcare Rehabilitation programme was initiated in 24 villages of Utkimath Block, in the Rudraprayag District of Uttarakhand, in the aftermath of the catastrophic Himalayan Tsunami. Tailor-made for the disaster affected people, this programme includes a Static Health Clinic, a Mobile Health Clinic and regular awareness activities.

The healthcare programme, in line with the life-cycle approach, comprehensively covers the whole community – from the neglected 72 year old grandmother Jetuben from Gorakhpur village in Jamnagar, Gujarat; to baby Gurjan in Madhepura, Bihar; and Bhagauti, the sole provider of his family in Harchandpur, Rae Bareli, Uttar Pradesh.

310,047 people were directly benefitted in 2013-14 through Smile on Wheels and Smile Health Camps.

An indispensable tool for empowerment in a market driven economy like ours, is the ability to earn a livelihood. The Smile Twin e-Learning Programme (STeP) helps underprivileged youth make the transition from being a dependent to being a provider, by being gainfully employed through skill enhancement. Training is provided in market-oriented job skills such as English, basic computers, personality development, retail management and other relevant soft skills, along with facilitating employment in the retail and service sectors.

The programme has not only helped thousands with a means of dignified livelihood, but has also been successful in giving a new lease of life to many downtrodden families – a 25 year old single mother Madhuri, in Mumbai, who was devastated after her husband's sudden demise is now building a hopeful future for her daughter; Swathi, a young 20 year old in Bangalore, after her parents' accident, has learnt to stand on her feet and bear the responsibility of her younger siblings; a determined son in Chandigarh, Vikram, is now providing for his elderly mother.

Over 16,000 youth have been trained under the STeP programme so far and around 11,500 have been placed in more than 140 reputed brands across India.

A significant lesson, which we learnt quite early on our journey and has also been reinstated by various studies, is that when women are supported and empowered, the whole society benefits. Their families are healthier, children go to school, income levels improve and communities become more prosperous. Swabhiman, Smile Foundation's empowerment programme for marginalized women and girl children, is specifically aimed at realization of their individual and collective self-esteem and inner strength, through innovative community practices.

More than 150,000 women have directly benefitted from Swabhiman so far.

These were just some of the lessons we have learnt in our journey till date; only a handful of experiences and a few representative stories of change – there are countless more, which keep driving and motivating us, to continue our efforts. And there are many more to come, as we believe that this is just the beginning and there are (s)miles to go!



**“ DURING THE YEAR,
18,953 UNDERPRIVILEGED
CHILDREN WERE PROVIDED
EDUCATION ”**



CHAPTER 1
EDUCATION

The Right to Education Act, which came into existence five years ago, guaranteed all children up to the age of 14 the right to 'free and compulsory' education. Achieving this goal has, however, been a daunting task due to challenges in implementing and monitoring quality standards in teaching and learning outcomes across the country. In addition to these, increase in population, imbalance in student-teacher ratio, gender disparities, lack of funds for schools in India's remote districts and limited or no use of technology in the classroom continue to be barriers to reforming primary education.

THE GROUND REALITY

- 17 million children in India are bonded labourers
- School dropout rate of students between age 6 and 14 years is 49.2%
- Percentage of schools with no library provision is 22.9%
- Around 58% of girls fail to enrol in school—those that do are likely to drop out by the age of 12
- 50% of 10 year old rural children could not read at a basic level

India is fourth among the top 10 nations with the highest numbers of out-of-school children in primary level. It is estimated that millions of children between age 6 and 14 are not in school. In rural areas, the retention of students as well as teachers is alarmingly low. Children 'at risk', mainly orphans, child-labourers, street children, children of sex workers and victims of riots and natural disasters, do not have access to schools. The ability for numerous children to gain an education is weighed down by physical, social, and economic barriers, marked by regional disparities and socio-cultural prejudices.

A disproportionate number of India's total out-of-school children are girls. What denies equal opportunities of children are serious social issues that have arose out of caste, class and gender differences. The practice of child labour and resistance to sending girls to school in several parts of the country remain as genuine concerns. If the current trend continues, millions of out-of-school children will probably never set foot in a classroom.

The guiding principles on different aspects of education, such as teacher recruitment and qualifications differ across states, and so do the availability, excellence, and effectiveness of investment in education. In primary schools across rural India, teachers are bound to teach multiple grades, the textbooks are inclined far above the understanding level of students, and each classroom has students with dissimilar levels of learning achievements. The usual school teacher in India does not get satisfactory pre-service or in-service tutoring, nor does he/she get the support to overcome these problems.

Insufficient public fund to cover education costs is one of the nation's toughest challenges. The situation is worse in rural areas where funding is a serious problem as it fuels many other issues like shortage of staff, lack of proper infrastructure and lack of books and learning materials, among others. A shabby foundation in primary education can overturn the lives, careers and productivity of millions of children.

India is a country with more than 1 billion people, and just one-third of them can read. One of the main reasons behind this is poverty. When earning a livelihood and taking care of the members of the family becomes a primary matter of concern in one's life, education stands a little or, very often, no chance of pursuance. For the poverty-stricken people, education is a high-priced luxury, and this negative outlook continues on with every new generation.

A young girl takes care of her sibling, while her parents are busy with work ►





Mission Education

Education is the most effective strategy in bringing positive changes to the developing nations. Mission Education (ME)—the flagship programme of Smile Foundation—has succeeded in bringing more than 200,000 children to school since its start in the year 2002. It is a national-level programme that focuses on providing basic education to children who are deprived of education due to difficult circumstances. Through the programme, non-school going children/out-of-school children, school drop-outs as well as the first generation learners are provided education by enrolling them at the Mission Education centres.

OBJECTIVE

- Provide **education to underprivileged** children in the age group of 3 to 18 years
- Improve **quality of education** available to the underprivileged children
- Focus on **girl child education** - from economically weaker families and socially disadvantaged communities
- 100% **mainstreaming** of students into formal schools

From less than 1000 beneficiaries annually in 2002 to close to 19,000 beneficiaries across India in 2014, Mission Education programme is poised to support over 20,000 children in 2015. At present, it is running more than 90 projects across 21 states in India. The projects focus in developing the poor neighbourhoods by building linkages between the child and the community. Through interventions, efforts are made to reform the socio-economic

◀ Children and teachers gather for morning assembly at Mission Education centre, Kudasinga village

conditions that force children to enter the workforce and never step in a school. The interventions include facilitating the education rights of children and advocacy for effective implementation of the projects.

Smile Foundation's ME programme targets not only the child, but also the parents and the community at large. The programme aims to raise awareness amongst parents about the Right to Education Act and its implications if the child is prevented from getting education. To provide quality education to children in the poor and remotest villages of the country, the village-level education centres are strengthened. The teachers working in such educational centres are trained in innovative teaching methodologies, so that quality of education for children is improved.

It partners with other NGOs to ensure that effective learning outcomes are achieved by schools for their students. To effectively advocate its strategic goals in the areas under its programme coverage, Smile Foundation recruits, trains and manages a dedicated cadre of project coordinators, mobilizers and volunteers. In remote and difficult areas, Smile Foundation manages and implements Mission Education projects directly.

The programme has a special focus on educating the girl child. Smile Foundation works within active government structures, using them as the catalyst for communal, attitudinal and systemic change, ultimately ensuring education and empowerment of girls. In the year 2013-14, 51 percent of the beneficiaries were girls. Now, the focus is on sending more girls to school, ensuring their retention and enhancing their quality of education.

Along with creating a national movement, the more concrete aspects of the Mission Education programme include scholarship support to girls, providing training to teachers, establishing and stocking libraries, and providing the educational centres with computers. With the objectives of providing nutrition and ensuring 100% attendance of children, the programme also provides mid-day meals in many of its Mission Education centres.



APPROACH

The Mission Education Centres are characterized by child-friendly, activity-based, interactive, participatory and experiential approach. The objective is to encourage active participation of children without fear of any scrutiny. The interventions are designed in a way that helps students increase their learning capacities, build self-esteem and cope with challenges and problems. This approach also helps in increasing attendance and reduce dropouts. Also, the parents of the children are sensitized on a regular basis ensuring healthy atmosphere for children at home.

UNIQUE FEATURES

- Remedial and Bridge Courses
- Teacher Training Programme
- Parent-Teacher Meetings
- Library and Computer Programme
- Nutritional Support and Regular Health Check-ups
- Integrated Health and Education Programme
- Individual Support Programme

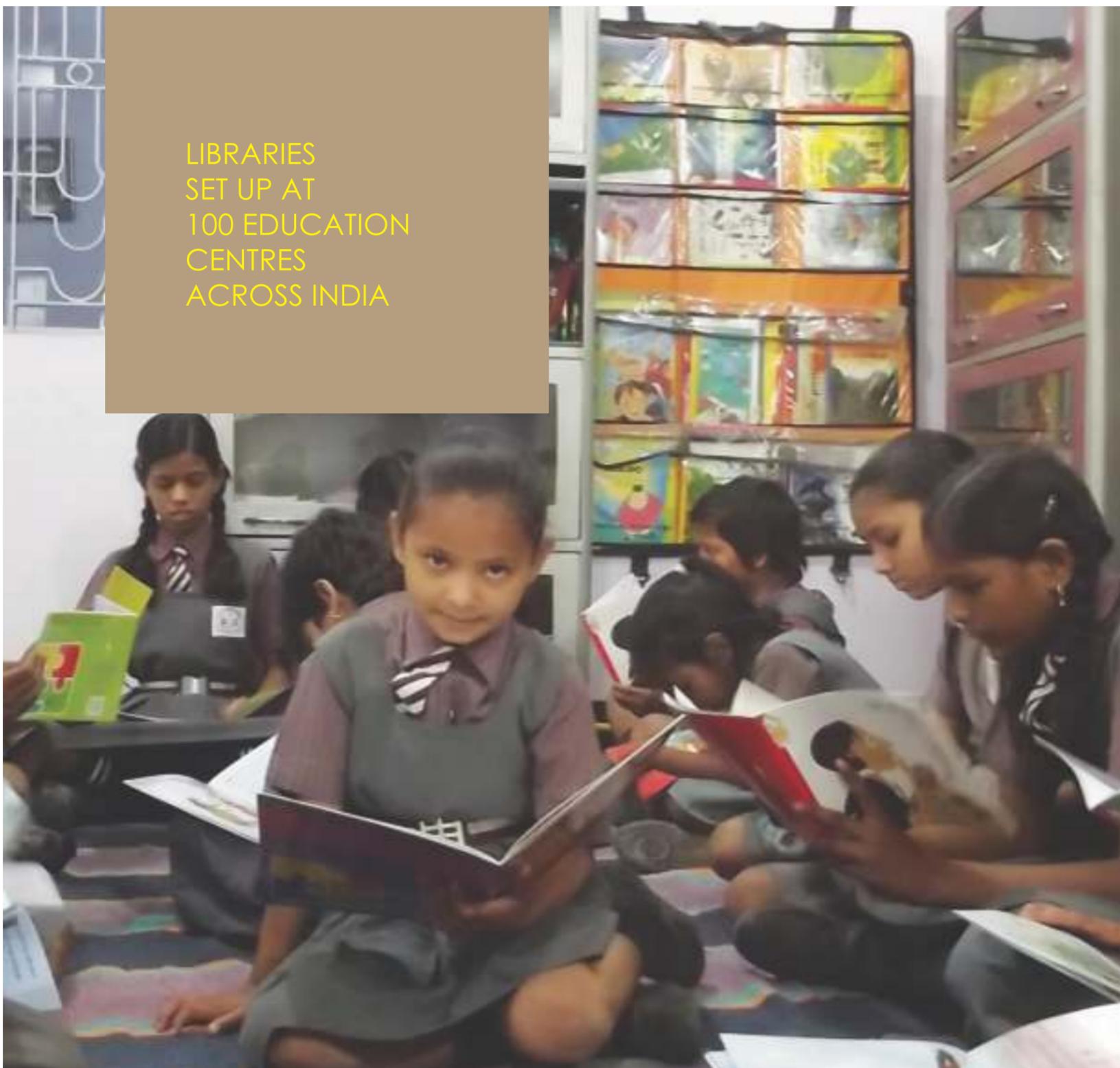
2013-14 OUTCOME

- 18,953 children directly supported
- 87% of the total eligible students mainstreamed
- 100 libraries set up across 19 states
- 54 computer centres established across 15 states



▲ The journey-to-school of more than 100 children in Jajpur, Odisha





▲ Neetu (centre) and her classmates at the Indira Nagar ME centre, Lucknow, are among the thousands of students who benefitted from the library programme

A library is the key resource for boosting students' learning. It induces inquiry learning, knowledge and confidence among the students. In the Mission Education centres of Smile Foundation, there are many students who come from urban slums and rural areas and perform well in studies. However, due to the lack of proper reference books and interactive learning materials like story books,

educational games and puzzles in the centres, making students understand the world that is beyond their immediate experiences has become a little challenging.

To overcome this, Smile Foundation has set up 100 libraries in the year across the country. It was the first library experience for majority of the students who were benefitted.

"I just finished reading the Arabian Nights. It was a very interesting book and also had lots of pictures."

— Arun, Class III, Subalaya Village, Odisha

"The place where I live is very noisy; people are always shouting, I could not study at home. Now I sit in the library after school and learn more."

— Mamta, Class IV, Nonachak, West Bengal

"My father is a security guard, but he wants me to be a doctor. I am good at studies, but could not afford buying reference books. Now all these expensive books are available in the library and we can also borrow them."

— Vinod, Class V, Bhaktharahalli Village, Karnataka

The setting up of libraries has been helpful in broadening the arena of the schools in keeping the interest of the students alive. It gives them a break from regular classroom teaching. It has also helped the centres to have an improved attendance of students.

During short and long vacations, the libraries are kept open for students. That way, students are getting additional support in the centres and are able to access a range of learning materials that were not previously available.



▲ Students familiarising themselves with new books in the library at Bardhaman ME Centre, West Bengal

States and UTs covered under the library programme:

Assam, Andhra Pradesh, Bihar, Chandigarh, Chhattisgarh, NCT of Delhi, Goa, Gujarat, Haryana, Jammu & Kashmir, Jharkhand, Karnataka, Maharashtra, Odisha, Tamil Nadu, Telangana, Tripura, Uttar Pradesh and West Bengal.

54 MISSION EDUCATION CENTRES PROVIDED WITH COMPUTERS

While schools in urban areas are thriving, rural schools are struggling. One of the main reasons behind this is lack of resources. In distant rural schools, students have almost zero access to computers. Recent studies have shown that students in schools with no functioning computer facility and computer assisted learning programmes have a below average academic performance. To mitigate the gap between rural and urban students, as part of the 2013-14 plans, Smile Foundation embarked on an ambitious programme of putting computers in all its Mission Education centres. Till now, it has established computer centres in 54 Mission Education centres across 15 states. In the centres with existing computer facilities, CPUs and monitors were replaced with latest PCs and necessary accessories like printers and scanners were provided.



◀ Students at ME Centre Avadi, Tamil Nadu exploring desktop features during computer class

In a meaningful way, the computers have been integrated into the curriculum, and this has made the learning process of students quite enriching. For many beneficiaries, it was the first time they have seen a computer.

"The first time I wrote my name on the computer, it took me 5 minutes to find the letters. But now I know where the keys are."

– Dibakar, Class V, Gour Road, Taltala, West Bengal

"In my computer class, I learnt to work on Paint. I can draw planes and houses on the computer."

– Puja, Class VII, Alwar, Rajasthan

"I got first prize for making the best PowerPoint presentation in my class."

– Pratap, Class IX, Deogaon, Bolangir, Odisha

Computer-aided learning in the classroom has helped building confidence in students. It has bestowed a sense of purpose of education among the children. It has subsequently helped elementary school students cultivate skills that they can carry with them through college and as adults in the working world.

In light of the same, teachers have been given hands-on training to facilitate computer-enabled learning. Students have started enjoying their lessons in basic computer applications like Microsoft Office, Paint, games, etc. and desktop features.



▲ Students at Jawahar Nagar, Jammu, gladly receive the newly-introduced computer-aided learning in their curriculum

States and UT covered under the computer programme:

Andhra Pradesh, Karnataka, Tamil Nadu, Goa, Odisha, Jharkhand, West Bengal, Chhattisgarh, Rajasthan, Delhi NCR, Uttar Pradesh, Haryana, Gujarat, Maharashtra and Telangana.





Teachers from 90 ME centres participate at the 'Training of Teachers' programme conducted in Kokata ▲

To help teachers apply their learning in the context of teaching in a real classroom, Smile Foundation implemented the exclusive 'Training of Teachers' programme.

Teachers' Training and Capacity Building programmes were conducted in 4 regions—Delhi, Hyderabad, Kolkata and Mumbai—where teachers from 26 states in India participated. Through these programmes, teachers were introduced to new methodologies and tools that are used to make learning interesting and effective among the students. Each of the three-day training programmes was residential in nature and scheduled for all four

regions of India. The core topics covered during capacity building include role of teachers, classroom management, assessment of learning levels of children, subject-based inputs on Math and English, pedagogical skills, library management and computer teaching.

The training has been successful in helping teachers devise strategies for effective teaching. The teachers have emerged as facilitators of learning and are creating a fear free classroom environment. Teachers are continuously striving for creating activity-based and experiential learning environment, wherein asking questions is encouraged.

Good health is one of the several aspects that contribute towards the development of a young student. For an unhealthy student, it is difficult to concentrate on studies and participate in sports and other activities. Healthy children are the backbone for ensuring optimum productivity in future. Conducting free health check-ups in schools is a very efficient way of analyzing the health status of students.

Smile Foundation conducts regular health check-ups at all Mission Education centres. The aim is to propagate the benefits of good health, inculcate healthy habits and instil health promoting behaviour

▼ Children during a food break in a Mumbai ME centre



among students, thereby ensuring better focus of children on education. In addition to health check-ups, health talks as well as awareness sessions are held wherein community members are invited.

Malnutrition is one of the biggest issues faced by our society today. Getting two square meals is a challenge for many underprivileged children in India. Hence, provision of nutritious meal/supplement has been included in the programme.

This has not only ensured good health of the children, but also helped the centres achieve 100% attendance of students.

CHANGE THAT INSPIRES US

Vikas, Kutra, Odisha

Five-year-old VIKAS saw his mother fall into the burning brick kiln, helplessly. She was rushed to a government hospital by co-workers. While the treatment was going on, the father ran away, leaving the family at the hospital, which included Vikas's little brother. After spending 15 days in the hospital, they were left with no money in hand. To take support from distant relatives, the family boarded a train that took them to Rourkela, Odisha. Once there, no bus would give them a free ride—the mother's wounds were stinking.

Out of mercy, a good man fed them, admitted the mother in Sisters of Charity and left the children at Love Society, Smile Foundation's Mission Education centre at Kutra, a few kilometres away from the city. It has been four years now and Vikas is doing well in Standard IV at the centre, while his kid brother Akash has just begun schooling there. His mother has recovered but is unable to work and earn a living. She is now staying at the centre too.

Vikas aspires to be a doctor and help the poor.



Md. Azad, Lucknow, UP

The family's poor financial condition led Md. Azad to dropout from school when he was in Class 2. Aimless and misdirected, the boy started working in a cloth shop at a very tender age. After few months, being unhappy with the uncaring attitude of the cloth shop owner, Azad left the job and started assisting his father who worked as a barber in a saloon.

Azad's situation was noticed by teachers of Jupiter Academy centre of Smile Foundation's Mission Education programme in Indira Nagar, Lucknow. It took a couple of home visits and counselling to convince the father to send Azad to school once again.

In 2010, when Azad joined 400 children at the Mission Education centre, he was just 7 years old. Today, he is the Class Monitor and a bright student of class 5th. He totally enjoys studying and has never skipped classes.



Arti, Ahmedabad, Gujarat

Arti's father Dilavarbhai is a casual labour, earning a measly Rs. 3000 a month that can barely cater to the basic needs. Due to financial trouble and the resultant friction among her parents, she was faring badly in studies. Situation turned for worse when the father wanted to withdraw Arti from school.

Counsellors of Mission Education's Samvedana project centre tried convincing the father to send Arti to school. With persistent efforts and a promise of scholarship for Arti, he relented. Arti is currently mainstreamed in 7th grade at Valbhi School in Ahmedabad, Gujarat. She is also a recipient of Smile Foundation's scholarship meant for deserving girls from underprivileged families.

Arti was saved from an uncertain future unlike millions of girls like her. Curious by nature, 11-year-old Arti has consistently scored between 80-90% in the last three years. Today, she is a confident child with a plan of becoming a professor one day.



TRANSFORMING COMMUNITIES

The Mission Education centre in village Chainpura, Guna, in its usual way, was striving for making sure that no child remains uneducated. One fine day, the mothers who had come to attend the parents-teacher meeting demanded from the teachers that they also wanted to learn how to read and write. This demand pleasantly surprised the teachers, as these were the same women who had once vehemently opposed the admission of their kids at the centre. Nonetheless, a special centre was opened for them. These mothers are now spearheading the change movement in rural Guna—a change that is there to stay, with educated children, healthy families and empowered mothers.



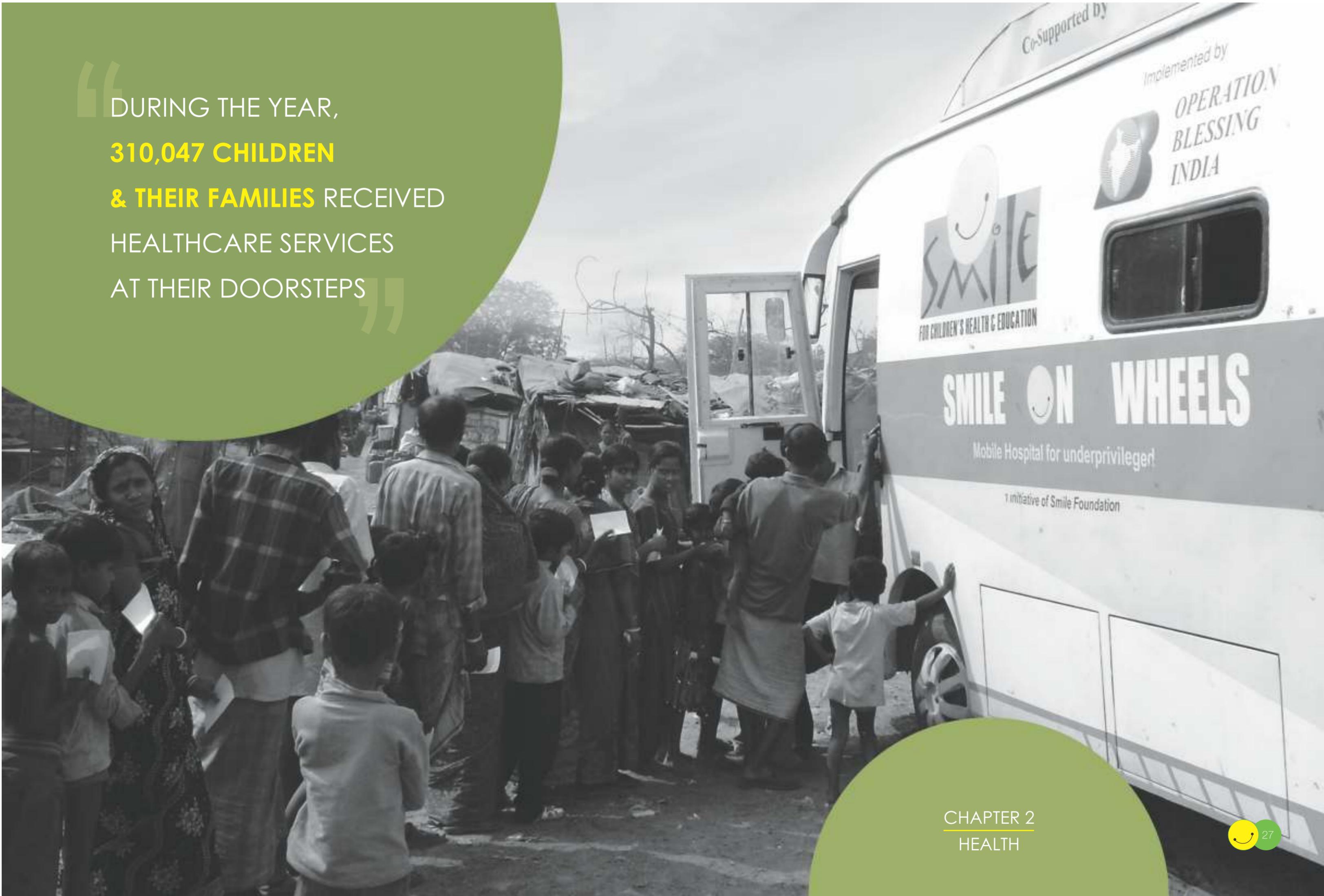
A photograph showing a group of approximately ten children, mostly young boys, sitting in rows in what appears to be a classroom or assembly hall. They are all wearing light-colored, collared shirts, likely school uniforms. The children are looking towards the camera with wide, joyful smiles. The lighting is bright, creating a warm and positive atmosphere.

IMPACT

- **18,953 children were provided education** during the year.
- There was an **overall increase of 14.86% from last year in enrolment** at Mission Education centres in the reporting period.
- **51% of the total beneficiaries were girls.** Education of girls gets priority by bringing about an attitudinal change in the parents' outlook towards their education.
- **100% of teachers at Mission Education centres received training** in innovative academic methodologies, ensuring an interactive and engaging environment for children in the classroom.
- **1264 school drop-outs resumed education under Bridge Course,** to facilitate their mainstreaming into formal educational institutions.
- **5383 children received Remedial Support** as an extended effort to ensure retention and a good academic performance in School. 54.95% increase from last year.
- **87% of eligible children mainstreamed** to reputed formal schools, after successfully passing from ME Centres, further ensuring a bright future.
- **More than 300 health camps were conducted** to cater to healthcare needs of children.

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**“ DURING THE YEAR,
310,047 CHILDREN
& THEIR FAMILIES RECEIVED
HEALTHCARE SERVICES
AT THEIR DOORSTEPS ”**



CHAPTER 2
HEALTH

The number of people living in India is more than one billion. As much as 500 million of them live below the poverty line in living standards that are among the poorest in the world. Here, millions of mothers, newborn babies and children die each year from preventable diseases.

As per studies, one in three of the world's malnourished children lives in India. 46% of all children below the age of three are too small for their age, 47% are underweight and at least 16% are wasted. Girls are more at risk of undernourishment than boys because of their inferior social status.

Malnourished children are less likely to perform well in school and more likely to grow into malnourished adults, at greater risk of disease and early death. Every year, thousands of women die due to

pregnancy related causes. The child and maternal mortality rates for India are amongst the highest in the world. It is believed that leading causes of infant and child mortality are illnesses such as malnutrition (50%), respiratory infections (14%), and diarrhoea (11%).

The doctor to patient ratio is 1:1700, when it should have been 1:1000 in India. There are about 6.6 lakh doctors available, but India would need about four lakh more by 2020 to maintain the required ratio of one doctor per 1,000 people. We need more than 7 lakh beds in hospitals.

Problems like lack of quality infrastructure, shortage of experienced medical functionaries and non-access to basic medicines and medical facilities avert its reach to over 60% of the population in India. As per a report by UN, 25% of the health infrastructure in India that includes doctors, specialists and other health resources is available in rural areas where 72% of India's population lives. 75% of the health infrastructure is concentrated in urban areas that are inhabited by only 27% of the population of the country.

While the health statistics of rural India continue to be poor, the health status and access to health services of urban slum dwellers have also become equally deplorable. Despite accounting for 1/4th of the country's poor population, urban areas have less than 4% of government primary health care facilities. Most of these are located outside the slum areas, making accessibility difficult.

Urban slum dwellers suffer from adverse health conditions owing to mainly two reasons—first the lack of education and thus lack of awareness; and second the unwillingness to lose a day's wage in order to reach the nearest medical facility. Moreover, private healthcare is expensive and often unregulated, besides being unreliable for the illiterate. Healthcare is, by far, out of a poor man's reach. The need of the hour is to work collectively towards promoting health in areas, where the poorest of the population manage to survive.

THE GROUND REALITY

- 41% of deaths in the country are caused by communicable diseases like malaria, TB, etc., which are preventable
- 31% of the rural population in India has to travel over 30 km to get needed medical treatment
- 27% of deaths of children below age 5 are because of prematurity, 14% due to respiratory infections and 11% due to diarrhoea
- India has just 7 doctors per 10000 people of the country
- 66% of the rural population in India lacks access to preventive medicines
- About 75% of healthcare resources are concentrated in urban areas, where only 27% of the total Indian population resides

Post the fire outburst that burned down a major portion of Masoodpur Village, women line up to seek healthcare and relief ►





HEALTHCARE

Considering the grim facts, Smile Foundation came up with thoughtfully designed healthcare programmes to ensure that quality and timely healthcare reaches the deprived corners of the Indian cities and villages.

The programmes are:

1. **SMILE ON WHEELS**
2. **SMILE HEALTH CAMPS**

Through these programmes, Smile Foundation has impacted millions of lives in rural India and the country's urban slums. Both programmes have widespread reach across the country's length and breadth.

OBJECTIVE

- Make **primary health services accessible** to underprivileged people at their doorsteps
- Focus on **Maternal and Child Health services** to reduce child and maternal mortality
- **Facilitate referrals** by linking to specialty services at nearby Government Health Institutions/Charitable Hospitals
- **Promote health-seeking behaviour** through focused health awareness interventions

India, which occupies the 136th place in the list of 186 countries on the Human Development Index, has a vast healthcare network that is in dire need of reform and investment. More than 70% of the population live in rural areas where access to hospitals and doctors is extremely limited. In a move to alleviate this problem, Smile Foundation has commissioned the 'Smile on Wheels' programme to provide care to those in remote areas.

◀ Women and children collecting prescribed medicines from a free medicine counter at Guna, Madhya Pradesh

A one-of-a-kind programme in India—the Smile on Wheels (SoW)—is a mobile hospital that is equipped with facilities, such as X-rays, audio-visual aids, lab equipment, and run by trained medical staff. It is capable of crossing almost any terrain and reaching to the underprivileged residents of both the reachable and the remotest corners of India. It brings free and quality healthcare to all Indians, regardless of where they live.

India is a large and populated country. And with poor infrastructure across the country, mobile hospitals seem like the most favourable solution; theoretically, millions of people previously without medical help in the locality now have it coming to their doorsteps. Smile Foundation is doing its bit to get to as many as it can: by hitting the road with its fully-equipped mobile hospital. In the year 2013-14, Smile on Wheels has directly benefitted 310047 people.

Bringing adequate healthcare to a largely populated country like India with just mobile hospitals is an unfathomable task. Smile Foundation has thus instigated special Smile Health Camps alongside Smile on Wheels. These camps are organised in different parts of the country on the basis of health needs of a specific location. Such camps aim at promoting health seeking behaviour in the long term and thus, unlike a general curative health camp, these camps also majorly work on building awareness regarding common ailments, family planning methods, nutrition and hygiene and sanitation.

The specialized camp called Multi-Disciplinary Mega Health Camp is also an integral part of Smile Foundation's healthcare programme. Conducted on a regular basis in both rural and urban areas, these camps offer integrated multi-disciplinary health care services, including investigative and surgical interventions. The camp features a make-shift hospital with more than 500 beds. Special arrangements are made to provide free accommodation and food for the patients as well as the visitors. Local doctors and government surgical units add strength to the endeavours.

SMILE ON WHEELS

Mobile Hospital for the Underprivileged

A unique mobile hospital programme that seeks to address problems of mobility, accessibility and availability of primary health care with a special focus on children and women in urban slums and remote rural areas. After identifying the locations and a detailed study on the need assessment, a mobile hospital is fabricated. These mobile hospitals use modern, state-of-the-art equipments along with pathological services as well as audio-visual aids for spreading awareness about health issues in the community. With a team of seven members – Project Coordinator, Doctor, Lab Technician, Nurse, Pharmacist, Driver and a Community Mobilizer, the mobile hospital is set out for operation.

UNIQUE FEATURES

- Fully equipped mobile hospital
- Community based self sustainable health delivery model
- Services: Preventive, Curative, Promotive
- GPS enabled
- Centralized monitoring

2013-14 OUTCOME

- 212 villages and slums intervened
- 310047 total beneficiaries



▲ A Smile on Wheels project, providing healthcare services to the residents of a remote village in Barmer



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SMILE HEALTH CAMPS

A special initiative, which is formulated to provide health care services to the marginalized communities in remote rural areas and slums through standalone camps. The camps are multi-disciplinary, including gynaecological, paediatric and ophthalmology care services. It has a comprehensive approach, wherein preventive, promotive and curative care are equally administered. Duration of Smile Health Camps varies between one day and 15 days with frequencies ranging between a month and a year.

UNIQUE FEATURES

- Standalone Camps
- Duration: 1-15 days
- Services: Preventive, Curative, Promotive
- Multi-disciplinary projects (gynecological, pediatric, ophthalmology, surgical)

2013-14 OUTCOME

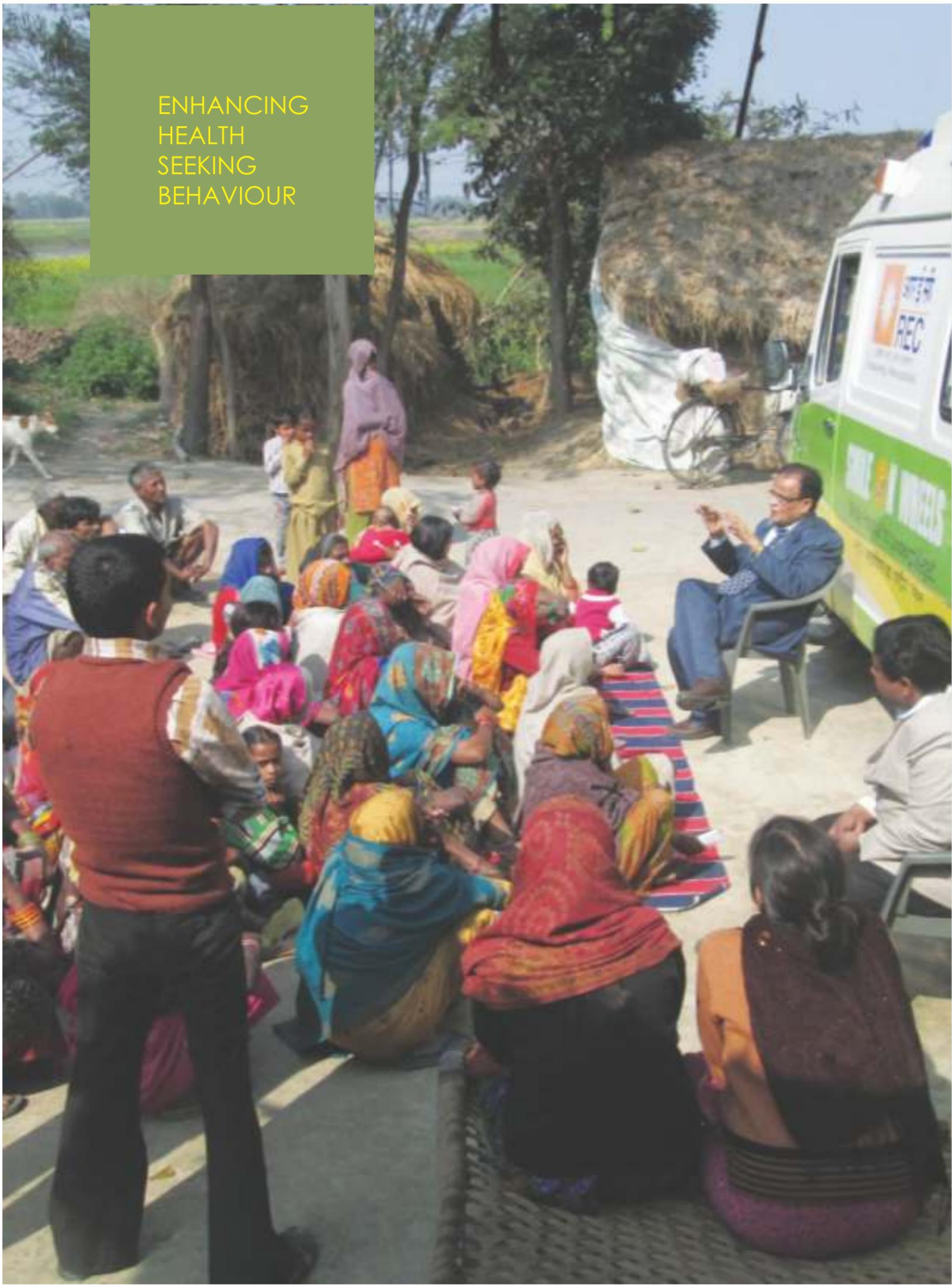
- 96 stand - alone camps
- 24391 beneficiaries



▲ A woman undergoing a free eye test at the Smile Health Camp conducted in Rae Bareli



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While Smile on Wheels programme provides immediate curative/diagnostic services, it also aims at enhancing health seeking behaviour of the community as part of its preventive and promotive healthcare programme. The same is accomplished through structured group meetings as well as one-to-one counselling sessions, which are very intensive in nature.

Health-seeking behaviour is an extremely complex and poorly understood subject, predominantly in India. Evidence suggests that the majority of the population (both in urban and rural areas) who have tested positive or reported symptoms for any disease first try to treat their infections themselves or seek treatment from non-professional providers like traditional healers and patent medicine sellers. They only turn to public health clinics or formal health care providers as the last resort, when the situation worsens.

Enhancing Health Seeking Behaviour is a core function of Smile on Wheels and contributes to the work of tackling all possible communicable and non-communicable diseases and other threats to health. Under this programme, health awareness and sanitation drives are organised to increase attentiveness about health and hygiene issues in the villages, encouraging the people to adopt a healthy way of life. Amongst the rural populace of India, in many villages, the benefits of proper sanitation and faeces disposal are being taught. Special camps are conducted in schools to sensitise the students about basic hygiene habits like washing hands and regular

PROMOTIVE HEALTHCARE SERVICES

- Hygiene and Sanitation
- Awareness on Breast Feeding
- Promotion of Family planning methods
- Combating Malnutrition among children and women

PREVENTIVE HEALTHCARE SERVICES

- Immunization—Mother and children
- Ante natal services
- Growth monitoring
- Distribution of Iron Folic Acid tablets

bathing. The 'healthy child' competition is an innovative concept that has been introduced to promote a health-seeking behaviour among the young generation of the community.

Smile Foundation also conducts regular IEC activities to promote healthy living practices in the areas of programme intervention. The prime objective behind the application of IEC was to enable individuals, families, groups, organisations and communities to play dynamic roles in attaining, shielding and sustaining their own health.

Through all possible channels—individual discussions, home visits, counselling sessions, and one-way communication like brochures, posters, visual and audio visual presentations, the activities were carried out. Smile Foundation also intervened in meetings at Gram Sabhas and Panchayats, making them aware about contagious and water borne diseases that are usually caused due to prolonged ignorance of minor health complications and health deterioration due to adoption of unhealthy lifestyle.

At the beginning, there were several challenges like low turnout of women and trust deficit; but over the time these have been overcome and people have now started to adapt the health-seeking behaviour. Now, they come for regular medical check-ups. The number of women beneficiaries has increased considerably, due to periodic health awareness drives conducted in the villages.

Smile on Wheels reaches to a remote village in Ashok Nagar (MP) to create awareness among the locals about health



▲ Village school children in Madhepura district, Bihar being sensitised about basic hygiene habits of hand washing

SCHOOL HEALTH PROGRAMME – CATCH THEM YOUNG

As part of the School Health Programme, health check-up and growth monitoring of the children, including height and weight monitoring as well as eye and dental check-up are held at regular intervals. Also, anemic children are identified and provided requisite treatment.

In addition, Smile conducts health awareness sessions in schools to initiate health-seeking behaviour from childhood itself. The objective is to 'Catch them Young' and equip them in a beneficial way, so that they could create awareness in their respective families and communities as change agents. The school health awareness programme includes sensitization tools like audio-visual shows, workshop on different issues like personal health, hygiene and nutrition on regular basis.

EMPOWERING COMMUNITY CHANGE AGENTS

The purpose of ASHA and ANMs, community motivators and other change protagonists has evolved into many more dimensions, involving:

- keeping track of the number of children and pregnant women
- helping in keeping the communities aware of their basic health needs
- promoting health and hygiene
- counselling for family planning
- ensuring institutional delivery

Smile Foundation empowers the community change agents through trainings on Health, Cleanliness and Sanitation, encouraging them to become catalysts in bringing positive health seeking attitude in their communities.

Today, with support from ASHA and ANM, the accessibility of Smile on Wheels has reached every household of the targeted population, providing them with required healthcare, promoting healthy lifestyle and referring cases that need specialized care in a full-fledged hospital.



ASHA, ANM workers and village women attend a training programme ▲ on health in Barmer, Rajasthan



▲ Smile Foundation team conducting the base-line survey at an affected village

HEALTHCARE REHABILITATION PROGRAMME IN UTTARAKHAND

The ill-fated 'Himalayan Tsunami' desolated Uttarakhand and the hopes of thousands of its inhabitants. 37,000 sq miles of land area, including 13 districts, was harshly affected. The surging waters killed around 5,700 people and left more than 8000 residents, tourists and pilgrims untraced in the gloom of undulating terrains.

When helping the affected people rebuild their lives became the biggest challenge for the Uttarakhand government, Smile Foundation stepped forward with profound strength of will. It devised long-term strategies as response to the exigency of immediate relief. One of the most urgent areas that demanded long-term intervention was Primary Healthcare.

Backed by a meaningful support from Union Bank of India, Smile Foundation formulated a sturdy Rehabilitation Programme. Tailor-made for absolute accomplishment, this programme features a comprehensive model that includes Static Clinic, Mobile Health Clinic and IEC Activities. Static Clinic

offers pathological services and works in direct coordination with District and Block level hospitals. The health camps that function in a roaster-based approach organize health check-ups and disburse medicines. Under IEC activities, school health programme, community meetings and health awareness sessions are conducted.

After a meticulous situational analysis, Smile Foundation commenced the programme in Ukhimath Block of Rudraprayag district, where the enormity of loss of lives was the highest. Through a cluster approach, primary healthcare services have been made available to over 20 most affected villages in the block. While regions that can be accessed by vehicles were conveniently reached, villages situated at altitudes over 7000 feet where the situation of the affected survivors was more critical were approached by foot.

Villages intervened:

Gaid, Basti, Barua, Maldi, Bhaiti, Jugasu, Dhiroti, Giri, Mansona, Kunjalpur, Rouleka, Unniyana, Rainsi, Dhal Semi, Teli Semi, Thaglasi, Bhainsari, Nalla, Ghartarah, Maikhanda, Badasu, Serri, Khuli and Tarsali.

With steady and painstaking efforts, Smile Foundation is striving to achieve 10,000+ beneficiaries every year.



MAKING HEALTH CARE ACCESSIBLE

Gunjan, Madhepura, Bihar

The youngest in a family of 5 members, Gunjan was a victim of malnutrition. Her mother and father work as daily wage labourers in a nearby farm. The little they earn is hardly enough to make both ends meet. For a long period, Gunjan's health was ignored as the family members always remained busy in work or in search of. Problems like diarrhea, fever, weakness and weight loss kept Gunjan bedridden.

Community mobilizers of Smile Foundation came in contact with the family when they were making door to door interventions in Gunjan's village in Madhepura, Bihar. Her parents were counseled and advised to take Gunjan to the Smile on Wheels mobile hospital that visits their village regularly.

She was kept under treatment for three weeks, during which she was also referred to the District Malnutrition Treatment Centre for free treatment. Little Gunjan is now much stronger and healthier!



Bhagauti, Rae Bareli

Bhagauti is a daily wager, living in Harchandpur, Rae Bareli. He suffered from multiple health issues like bilateral blindness, high-grade fever, dyspnoea (breathlessness) and chest pain. Tough financial conditions always kept Bhagauti in the state of anxiety.

His wife assisted him to Smile on Wheels mobile hospital that was intervening in the village. After several tests, Bhagauti was diagnosed with type 2 diabetes mellitus, hypertension and bronchial asthma. Initially, he was given a one week medicinal course, the results of which showed 40% relief. He is advised to continue anti diabetic, anti hypertensive and anti asthmatic treatment throughout life under observation of a medical consultant.

His condition is better than before and his wife brings other patients of the village to SoW so that they could also receive care and treatment.



Jetuben, Gokalpur, Jamnagar, Gujarat

With several problems like scalp infection, loss of hair, eye infection, joint pain and dyspnoea (breathlessness), and very less attention paid to any of them by anyone, 72 years old Jetuben of Gokalpur was silently resigning to fate. The insufficient daily wages earned by her sons through labour work kept her large family of 12 under coiled tension at all times. In the unsympathetic event where a bunch of young children were to be brought up, her medical and nutritional needs became meager.

With slow but determined steps, she paid her first visit to Smile on Wheels (SoW) mobile hospital with her daughter-in-law. Her diseases were discovered and it was then known that she never visited a medical professional before. The continuous visits she made helped her get through many pathological tests and medicine courses.

The treatment gave Jetuben the confidence to take hold of her life once again. She now takes active participation in bringing up her grandchildren.

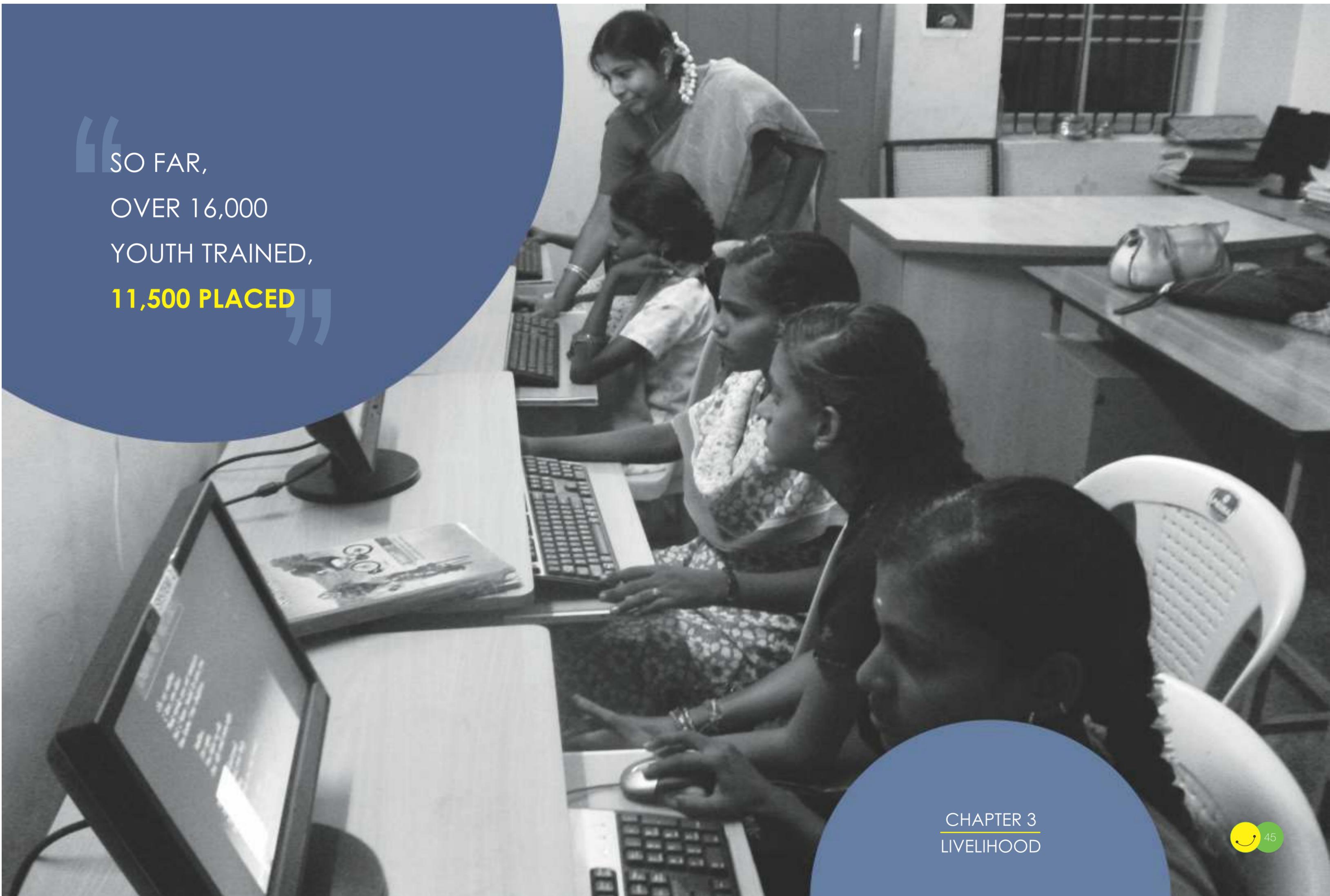




IMPACT

- There was an **overall increase of 34.21% from last year** in the number of beneficiaries of Smile Foundation Healthcare programmes
- **SoW benefitted 310,047 people** directly through 22 operational projects covering 265 remote villages and urban slums across the country
- **96 multi-speciality and mega health camps were conducted** in urban slums and rural villages, **meeting immediate healthcare needs of 24391 people**
- **54% of the total beneficiaries covered in the reporting period were women.** Focus is given on women and children through ante and post natal care, distribution of iron, folic and vitamin supplements, immunisation and growth monitoring of children
- **18,697 school going children benefitted from School Health Programmes** that are conducted regularly in almost all the Mission Education centres to ensure good health of children
- **More than before and much stronger linkages were built with government health officials and NRHM**, which has further augmented the project's reach to the underprivileged people. Also, intensive capacity building sessions were held for ASHA and ANM workers

**“ SO FAR,
OVER 16,000
YOUTH TRAINED,
11,500 PLACED ”**



**CHAPTER 3
LIVELIHOOD**



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Today, more than half of India's population is below the age of 25. In another seven years, India's average age will be just 29 years, in comparison with 37 in China and the United States, 45 in Western Europe and 48 in Japan; making it the country with the largest young population in the world.

The period between the age of 15 and 29 marks a transition phase in life—the discontinuation of education, economic independence, acquisition of professional and technical skills, new living arrangements and increasing acceptance of domestic responsibilities. Youth is an age ripe with promises, expectations and aspirations about the future.

THE GROUND REALITY

- Less than 10% of Indians aged between 18 and 25 years go to college
- Nearly 40% of youth over the age of 15 lag behind in the competitive Indian market, continuously showing a dearth in need of human resources due to poor employability skills
- 58% of India's graduates lack formal on-the-job exposure
- Market trends of job sector demands 90% of employment opportunities to have vocational skills, which are not imparted on a large scale in schools and colleges

But unfortunately, today, this age is also increasingly marked by economic and social vulnerability. According to the International Labour Organisation (ILO) estimates, although youth comprise around 25% of the world's working-age population, they constitute around 44% of the unemployed.

One would think that the case in India, the nation soon to be with the largest young population, might

be different. But the statistics for India are just alarming. The 68th Round Survey Report by the National Sample Survey Organization (NSSO) reveals that the unemployment rate (the unemployed per 1000 citizens in the workforce) has increased from 25 to 27 in the last two years. In figures, this translates to 10.8 million unemployed young men and women.

The unemployment rate in India has been largely influenced by the shift of economy from the agricultural to the service sector. The farewell years of the last century brought about the phenomenal rise of the 'new middle class' in post-liberalisation India. This class raised without shortages and rationing, redefined the mores and manners of a generation, especially their new-found consumer identities, leading to an upsurge in the service and retail industry.

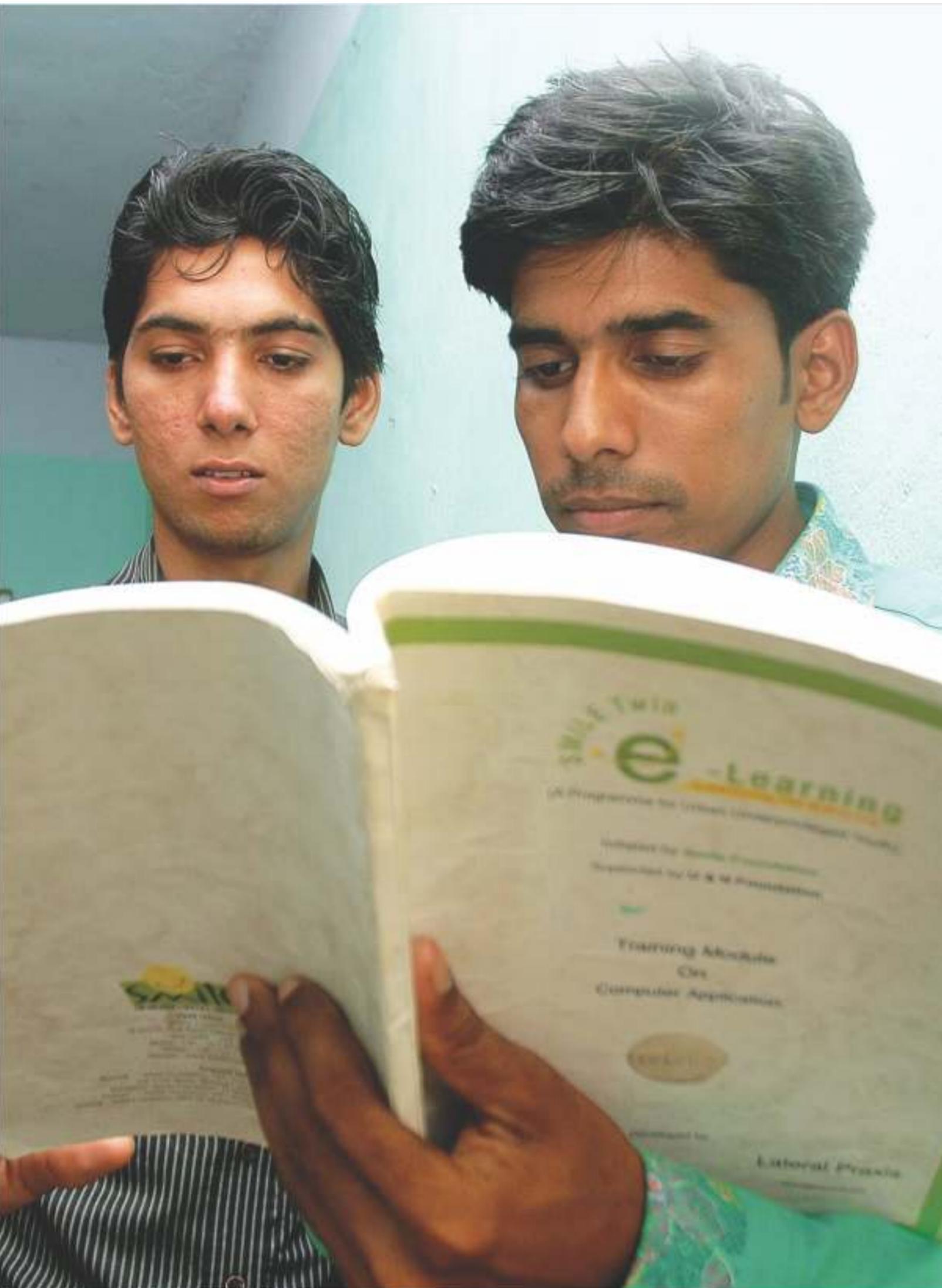
This development brought with it an unprecedented need for nation-wide availability of skilled labour and an increased demand for comprehensive skills training. The youth, eager to participate in the globalized economy, began moving in droves to centres of finance, industry and opportunity—the cities. And then the crisis revealed itself. NSSO reports show that while the growing industry and service sector created jobs, the gap between the demands of employers and the training of the workforce led in fact to increasing unemployment.

Skills and knowledge are the driving forces of economic growth and social development for any country. As India moves progressively towards becoming a 'knowledge economy', it becomes increasingly important that the country should focus on advancement of skills and these skills have to be relevant to the emerging economic environment. But facts show that there is a clear dearth of institutions providing professional skills training to the youth, which should also be affordable.

A situation and needs assessment survey for youth, conducted by the Population Council of India in six states, brings out the dismal facts—over half of the young men and two-thirds of the young women surveyed, reported interest in skills training. However, far fewer, just 21% of young men and 25% of young women, had attended any training programme.

Lala Manji Butiya (Right) of Mumbai is among the 11,500 youth who secured a decent job after completion of the STeP programme ▶





Smile Twin e-Learning Programme (STeP) is a stepping stone for youths who have formal education but lack employability skills like basic computer literacy and English proficiency. The programme's mission is to equip youths from marginalized communities with appropriate skills, so that they earn for a dignified living and dream for a better tomorrow.

The concept of STeP was evolved as a logical linkage to the Mission Education programme where Smile Foundation supports the basic education of children between 5 and 14 years of age. It emerged out of the need to link education to the job-oriented knowledge and skills. A gap was increasingly

OBJECTIVE

- Harness the power of youth with an aim of **inclusive socio economic development**
- Equip the beneficiaries with employment oriented skill in **English Proficiency, Basic Computer Education and Soft Skills** in order to make them financially self-reliant
- **Promote confidence and presentation skills** by incorporating aspects of personality development
- **Promote employment by identification and placement** of these students in retail sector, service and ITeS sectors

observed in the basic education offered to the students through twelve years of formal schooling and the knowledge and skills that the job-oriented market requires. The sufferers of this challenge are ultimately youth from the marginalised sections that

◀ Students getting familiar with the new curriculum introduced in the English textbook

have to take up jobs early on in life, to support their family's incomes. Being educated, their expectations are high but their skills do not match the market requirement, finally making them take up menial, daily wage paying jobs.

The programme is purposely designed to train underprivileged youths between the age group of 18 and 25 years, who have a minimum qualification of Class 10. They are given meaningful vocational training in the well-equipped STeP centres, set up in 16 states across the country. While this programme is constantly working towards making the young population in India employable, it is also significantly bridging the gap between the demand and the availability of adequately skilled manpower in the booming retail and service sectors in the country.

Under this programme, Smile Foundation sets up STeP centres across the country, mobilizes target areas in order to create awareness about the vocational training module and ensures maximum enrolment through counselling sessions of families about how the six months training course could bring about a transformation in their lives. These six months of training comprise English Proficiency Skills, Basic Computer Education, Soft Skills, Basic Management, Retail Sales Management and Personality Development, beside career counseling sessions, exposure visits to various professional sectors and finally placement assistance.

Working with a beneficiary group, like the youth of the country and their livelihood need, the potential of this programme is very extensive. Smile Foundation envisions to make STeP alumni the preferred choice of recruiters; introducing more verticals to the training to be able to provide more choices to the youth as well as connect to recruiters; setting up STeP centres in all urban locations in the country; catering directly to maximum number of youth and making them job ready; thereby evolving as a premier livelihood support programme for the youth.

Functioning since 2007, the STeP programme has been able to train more than 16,000 youth and place around 11,500 youth in over 140 brands.



APPROACH

Under the national-level Smile Twin e-learning Programme, a diligent 4-6 months training course is offered for the less educated, unemployed and economically backward youth with a placement support at the end of the programme. English Proficiency (verbal and written), Basic Computer Education and Soft Skills are the primary subjects that are covered in the course. The goal is to enhance the candidate's prospects of employment in the fast expanding retail, hospitality, BPO and other sectors.

UNIQUE FEATURES

- Focussed and Customized Curriculum
- Online Monitoring System to keep a track record of the students
- Capacity building of teachers
- Employment Engagement Programme & Exposure visits
- Career counselling
- Job placement support
- Post placement support

2013-14 OUTCOME

- 33 STeP centres across 16 states are in operation
- 3343 youths enrolled
- 2712 youths trained
- 1822 candidates placed
- Placement percentage—67.18%



▲ Chandigarh STeP centre trained 110 underprivileged youths in the year 2013-14





STeP trainers from across the country take part in the 'Training of Trainers' national workshop in New Delhi ▲

In meeting the primary objective of providing quality employability training, Smile Foundation has put a highly research-based approach into practice.

The purpose behind this was to make the learning experience of students easier and user friendly.

This was done by introducing a new curriculum on Functional English, focused on interactive skills in the language rather than the intricacies of grammar. The curriculum was developed with support from Edulever.

Computer operating systems and office products were also upgraded at all the centres to match the current market needs. New computers,

complemented with accessories, were provided to 10 STeP centres to meet the needs of the newly enrolled students.

Training of Trainers

A three-day Training of Trainers programme was conducted in New Delhi. Titled 'English & Information Technology,' this training was focused on augmenting teaching and training skills on the above mentioned subjects. Three resource persons each for English and IT conducted the programme wherein 19 English trainers and 17 IT trainers from select STeP centres across India participated.

A new aspect has been introduced under the Smile Twin e-Learning Programmed (STeP), in the form of volunteer engagement sessions, where privileged youth from reputed colleges and universities take the onus of adding value to the learning process of their less privileged counterparts inducted at STeP centres across India.

These young dedicated volunteers not only score high with STeP students by bringing a more interactive approach in the classrooms, but being of

the same age group, are also able to understand better and resolve the various challenges that the students face.

Innovative techniques, games and puzzles are being used by these volunteers to increase student participation at the STeP centres. Mostly these volunteers help enhance the communication, vocal and interpersonal skills of the students. The volunteers consider this a two way learning process, which also augments their own knowledge and skills.

▼ A guest faculty giving handy tips to STeP students



VOLUNTEER ENGAGEMENT



▲ A career counselling session in progress at Chandigarh STeP centre

CAREER COUNSELING AND PLACEMENT SUPPORT

STeP provides dedicated counselling facilities through a centralized placement cell. This cell executes structured career counselling sessions that help youth chose the right domain of employment.

Post the training period, Smile Foundation's Centralized Placement Cell takes up the responsibility of identifying relevant job opportunities for the graduating youth. The dedicated cell aims to connect the youth with the right employer, so that it is a win-win situation for both parties. STeP has tie-ups with more than 200 renowned brands that offer employment to the students. STeP's placement cell works in cooperation with regional programme teams and potential employers, in order to achieve a fair placement percentage.

A good number of aspirations of the youth have been catered to in the year 2013-14. Overall, 67.18% of the students who have completed the course are placed in reputed brands. Majority of

these young professionals are sole earning members of their families. They are first generation blue-collar workers who work in an organised sector. Education has led them to a dignified employment and they have now become inspirations for their siblings, cousins and other youths in their communities.

STeP also undertakes post placement follow-ups. The aim is to ensure healthy employee-employer relation as well as retention of the newly recruited students.

EMPLOYEE ENGAGEMENT PROGRAMME

STeP is completely tilted towards practical training. The idea is to make the youth 'Job Ready' as well as to inculcate a competitive attitude in them so that they could easily cope with the fast-paced work environment. The 'Employee Engagement Programme' and 'Industry Exposure Programme' have been integrated in STeP to help the young professionals understand the firsthand philosophies of the employment sector.

It gives the students an opportunity to witness the massiveness of the sector, and feel motivated by meeting successful corporate leaders who share their success stories. The students get a chance to get familiar with corporate cultures and the many facets that one experiences at work. The idea of the exercise is to transfer the knowledge base and upgrade it with regular market analysis and relate theoretically-gained knowledge with practical hand-on-job experience.



▲ JW Marriott Mumbai officials training STeP students during an industry exposure visit in the hotel



▲ STeP students during an industry exposure-cum-field training

INDUSTRY EXPOSURE PROGRAMME

The Industry Exposure Programme was introduced with the purpose of broadening the perspectives of the candidates who will very soon join the dignified workforce of India. Through exposure visits, the students get a chance to learn from the experience of others by direct interaction. The learning experience is practical, which allows the students to ask questions pertaining to the functioning and activities of the various departments, and get first hand feedback at the same time. Very soon, after completion of their six month STeP course, the youth will seek employment in retail, hospitality and service sector organisations. Industry exposure visits are

part of the STeP curriculum, which helps them become market ready.

Students of STeP are taken for exposure visits to reputed corporate houses, retail outlets and private organizations, during the training period. There are many times when the employer who visits these centres invites the students for an industry exposure visit, showing the nuances of their trade. During such visits, the students are imparted knowledge on management skills, on-job experiences, and measures that they must take to upgrade their skill levels on a continuous basis. The exposure programme starts with a warm welcome, followed by motivational sessions, guided orientation of different departments, lunch and ends with a detailed question-answer session.

WHERE THERE'S A WILL, THERE'S A SMILE

Madhuri, Mumbai

To live as a single mother in a city like Mumbai is not only tough but challenging enough, especially if there isn't enough financial support for the family. Facing such odds, Madhuri, a 25 year old mother lives with her 9 year old daughter. Due to some marital problems, she got separated from her husband in 2007. Her mother and her younger sister is her only family in the big city, as her father had passed away when she was young.

For a long time Madhuri has aspired to learn English and at least the basics of computing in order to avail a decent dependent job to secure her future. With this dream in mind, she came to Smile's STeP centre. After the training, Madhuri was equipped with the knowledge and skills required by the city's market trend.

She soon got placed with A1 Collection Store in Andheri, Mumbai. Today she is successfully conducting exhibitions in and around the city at various important locations of the city, earning Rs. 9,000 per month.



Vikram, Chandigarh

Financial crisis was not the only problem that life had in store for Vikram. It was at a tender age of ten, when he lost his father and was left with his mother and an elder brother. The only source of income of the family was through Vikram's mother, who worked as a maid. Later his elder brother started supporting the family with the little, by working at the nearby factory. Meanwhile, Vikram was privileged to complete his schooling.

After passing out from school, he had an impending surge to support his family in whatever way he could, which led him to hunt for a job. But lack of communication skills and less knowledge of computer fetched him only failures. During those depressing times, Vikram came to know about the Smile Twin e-Learning Programme.

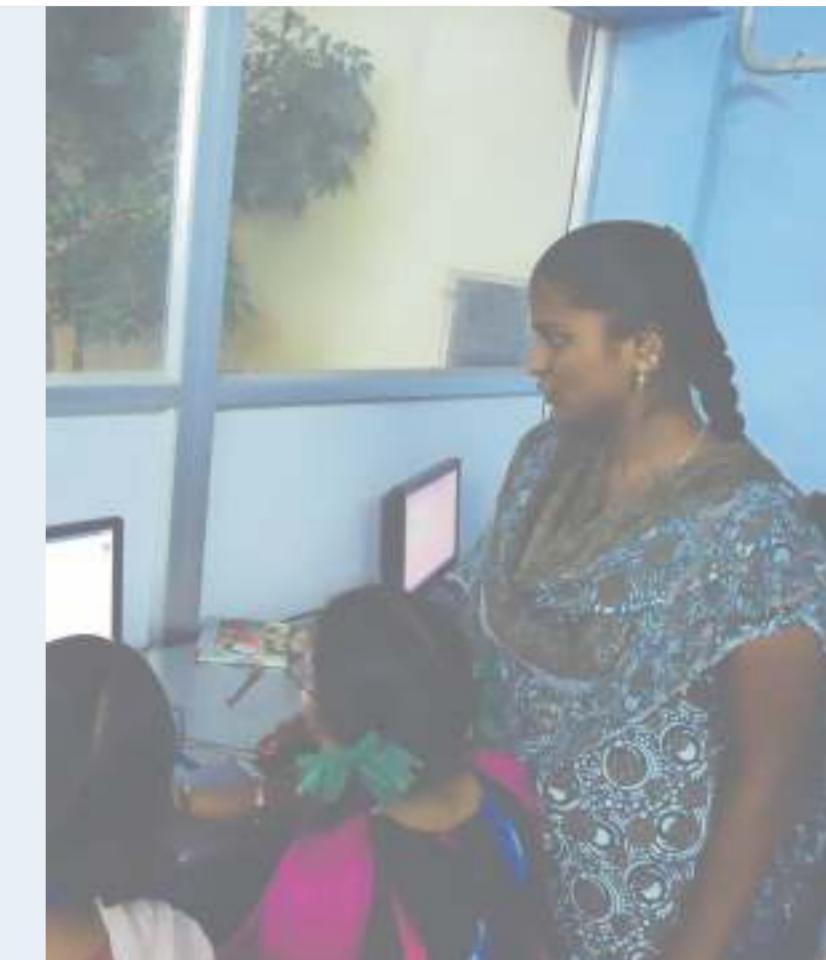
The six months training gave him fruitful results, much better than what he had earlier expected. Vikram now helps his family with an amount of Rs. 8500/- per month, which he earns by working as a Graphic Designer at Fine Touch Printing Press.

Swathi, Hyderabad

Swathi's father Mr. K Laxmi Narayan used to work as a private employee and was the sole earner of the family. Her life came to a standstill when her parents died in an accident. Survived with a brother and a sister, the burden of supporting the family fell on her shoulders. Her sister was to get married in a month's time and already a considerable amount was spent on the preparations. Calling off the wedding would have made situations worse. All the savings they had were used in paying for the expenses incurred during the wedding.

With a graduate degree, Swathi went out looking for a suitable job. But to her dismay, she wasn't able to find anything worth her qualification. Proficiency in English and basic computing skills was something she lacked and because of which her career became difficult. During a mobilization process, when Swathi came to know about the STeP training programme, she immediately enrolled herself.

She completed her six months training programme and got hired as an Accountant in INOX, Secunderabad with a handsome salary.



Gomathy, Chennai

19 years old Gomathy, living in Chennai, is part of a family of 5 members. Her father is a truck driver who works dedicatedly, so that his children could go to school. Her brother dropped school and started working as a daily wager to support the family's living. Seeing her family always strangled in financial glitches, Gomathy looked for a part time job. However, no computer knowledge and fluency in spoken English stood as the biggest hitch on her career path.

When informed about Smile's Twin e-Learning Programme by a friend, Gomathy grabbed the opportunity. She regularly attended classes at the centre. Unbroken dedication, eagerness to learn and personal guidance by the faculty members helped her get fully equipped with the skills of spoken English, computer knowledge, and retail management skills.

She is currently working as a part time computer faculty member at Royal academy, Chennai. She has been assured of a full time job in the same organization on completion of her Bachelor's degree.



IMPACT

- There was **an overall increase of 62.7% from last year in enrolment** at STeP centres.
- In the reporting period, out of the total youth enrolled under STeP, **81% successfully completed training and received certificates of accomplishment.**
- **Three corporate engagement programmes and three exposure visits were conducted** in each of the 33 STeP centres across the country.
- **67.18% of the total trained youth got placed** in first attempt of the recruitment drive **in more than 140 reputed brands.**
- **55% of the total beneficiaries were girls.**
- One-third of all the STeP centres were fitted with new computers and accessories.



**“ DURING THE YEAR,
34,904 WOMEN
AND GIRLS WERE
DIRECTLY BENEFITTED ”**

CHAPTER 4
WOMEN EMPOWERMENT

Various studies as well as our experiences have shown that when women are supported and empowered, the whole society benefits.

Their families are healthier, children go to school, income levels improve and communities become more prosperous.

But unfortunately in India, far from being empowered, most women are denied even their basic rights like health, education, employment and a respectable status in society. The patriarchal mindset of people prohibits a woman's education and independence, confining her to the household—burdened with duties—without any rights to have an opinion over her wellbeing.

THE GROUND REALITY

- India's current child sex ratio is 914 girls for 1000 boys—the worst figure since Independence
- 64% of India's adolescent girls drop-out of school before completing elementary education.
- 47% of India's women are married before the legal age of 18.
- 88% of pregnant women (age 15-49) suffer from anaemia.
- Majority of women live a subjugated life with no control over sexual and reproductive needs or choice of motherhood, and freedom to even visit a doctor when they are unwell.

Right from birth, girls do not receive as much care and concern from their parents and society as a boy would. For instance, a newly born baby girl would only be breast fed for a very short period of time, scarcely supplying her with the nutrients she needs. This is so that the mother can get once again pregnant (as soon as possible) in hopes of a son the

next time. India has a dangerously imbalanced sex ratio, the chief reason being female infanticides and sex-selective abortions.

Even though the constitution assures free primary schooling to every child up to 14 years of age, very few girls get the chance to step in a school. The aching reality is that only about 39% of all girl children in India actually are in schools. There are many reasons why families prefer not to educate their daughters. One of the main reasons is that parents think that educating their daughters is an unnecessary investment of money. Another reason is that all the females in a household are considered bearing the responsibility of housework. Hence, even though education does not monetarily burden the family, it costs them the time she spends at school when she could be doing household chores.

The newspapers are teeming with stories of violence against women. Abductions, rapes, murders, acid attacks, honour killings, dowry deaths, female foeticide, maternal mortality, the list goes on. There are questions being asked on where we continue to go wrong as a nation and society. Existence of legislations and laws alone are not abetting the problem of violence against women and girls. India is ranked as the worst place for women among all the G-20 nations by a survey that not only looked at violence but also empowerment.

Today, as India stands on the cusp of modernity with an aspiration to be a superpower, half of its population is still struggling to find its identity, is still being discriminated against, is still being made to feel marginalized socially, economically and politically, and is still fighting for access to education and healthcare. Constitutionally, men and women are equal in India. Article 14 of the Constitution of India provides equal protection of the law to all persons; Article 15 prohibits discrimination on the grounds of sex; and Article 42 makes provisions for just and humane conditions of work and maternity relief...yet women rights in our country are neglected more than ever before.

If one suffers, we all suffer. Togetherness is strength. Courage. 



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Swabhiman

Empowering the Girl Child & Women

Swabhiman, meaning 'self-respect' in English, is a programme designed to enable girls and women realize their optimum potential in every sphere of life—be it home, workplace or community. The programme enables women and adolescent girls, who belong to lower socio-economic strata, to lead a life of dignity through realisation of their self-esteem and inner potential.

Promoting positive health seeking behaviour through various group activities like meetings & counselling sessions as well as house-to-house visits is one of the key interventions of Swabhiman. The focus is on addressing critical issues like consequences of early marriage and early pregnancy, benefits of early registration of pregnancy and institutional delivery, significance of proper ante natal & post natal care,

OBJECTIVE

Ensuring right to living with pride and dignity to unserved/underserved women & girl child of India through:

- Increased access to **quality maternal and child health services**
- Promote **positive behavioural changes** among the community and make it sensitive towards women issues through health education/awareness [IEC/BCC] activities
- **Capacity building & life skills trainings**
- **Scholarship to meritorious girls** to support their educational needs and aspirations
- Facilitate **youth (adolescent girls) as change agents**, to bring about improved health seeking behaviour

breast feeding, etc. This well structured intensive intervention helps in reduction of infant & child mortality as well as maternal mortality. Counselling and group meetings result in higher demand for health services which are met through fully equipped mobile hospital.

Male involvement towards creating an enabling environment for women is a distinct feature of Swabhiman. Swabhiman has successfully demonstrated that men take responsibility for their sexual and reproductive behaviour as well as their social and family roles. On similar lines, mothers-in-law who represent the power centre in such families are sensitised to support their daughters-in-law.

Adolescent girls are an important target group under Swabhiman. Young girls from within the community are selected as change agents and given intensive training on issues like Gender and Reproductive Health, rights and legal provisions, life skills education including negotiation skills and decision making, etc. Change Agents form a cadre of peer educators within the community who in turn create a cascading effect by equipping community women in their journey towards empowerment.

Under Swabhiman, various focussed campaigns on critical issues of women empowerment are organised:

"Beti bhi apni hai" is a girl child campaign that aims at creating acceptance of girl child within the society and her significance in ensuring the continuity of humankind. The objective is to condemn discriminatory practices like female foeticide.

Safety & awareness campaign are held with the objective of sensitising the privileged as well as underprivileged to create a safe and secure environment.

As part of advocacy campaigns, institutions, corporate, colleges and schools are sensitised on championing the cause of the girl child.



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APPROACH

A tailor-made strategy called the '4 S Model' has been developed under Swabhiman. The '4 S Model' is an acronym for four novel approaches, namely Seeking Healthcare as a Behaviour, Support for Education, Supporters in Men through Male Involvement, and Sustaining the Change in Communities. The programme identifies adolescent girls and women from the community and develops them into Change Agents, who in turn actively contribute to the community mobilization process.

UNIQUE FEATURES

- Maternal and Child Health (MCH) services
- Mobile Health Clinic
- Swabhiman Scholars
- Educational Support
- Spouse Counseling

2013-14 OUTCOME

- 1629 Specialized Health Camps conducted
- 10046 newly married women counselled
- 7398 Community Awareness activities
- 900 Health Workshops



▲ Women from a slum cluster in Delhi are made familiar about their rights during a community meeting



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ENCOURAGING HEALTH-SEEKING BEHAVIOUR IN WOMEN AND GIRLS

The multi-dimensional growth of a country primarily depends on its manpower, efficient service utilization and health. For effective health outcomes, it is necessary that women make use of the services at par with men, more so because they are the main caregivers to the children in the community. Diseases in women and girls have long-term effects both in cognitive and physical infirmities. Unemployment, illiteracy, fixed firm cultural beliefs and non-availability of medical services are factors that have greatly affected the healthcare-seeking behaviour of mothers and their children in India's rural community. Smile Foundation's Swabhiman programme, through its culturally acceptable gender-sensitive interventions, generates intense awareness among the women and girls, so that affirmative, health-promoting behaviours are adopted.

The programme helps young women and adolescent girls

- understand their sexual and reproductive wellbeing
- makes them aware of their menstrual hygiene know consequences of unprotected sexual behaviour
- understand how various methods of temporary and permanent contraception can facilitate making informed choices and prevent STI and RTIs

Through community participation tools like workshops, trainings on various health components and other outreach initiatives, the programme lets

women and girls know about importance of health, education, decision-making powers and legal rights. Home visits, community meetings and street plays are essential components of the programme.

The Swabhiman team regularly counsels and advocates the women and adolescent girls on issues concerning their reproductive and sexual health, family planning, adolescent health, acquiring life skills for self empowerment and education for holistic and sustainable development. Innovative tools like theme based street plays, puppet shows, mime shows, counselling sessions, one-to-one interactions, etc. are used for community mobilization and awareness generation. An information centre is also developed where deliberation of contentious and sensitive issues are addressed. This centre, in addition, acts as a depot for provision of information on government schemes, distribution of family planning methods, etc.

▼ Swabhiman Community Health Educators disbursing contraceptives to working ladies in Shri Ram J. J. Camp



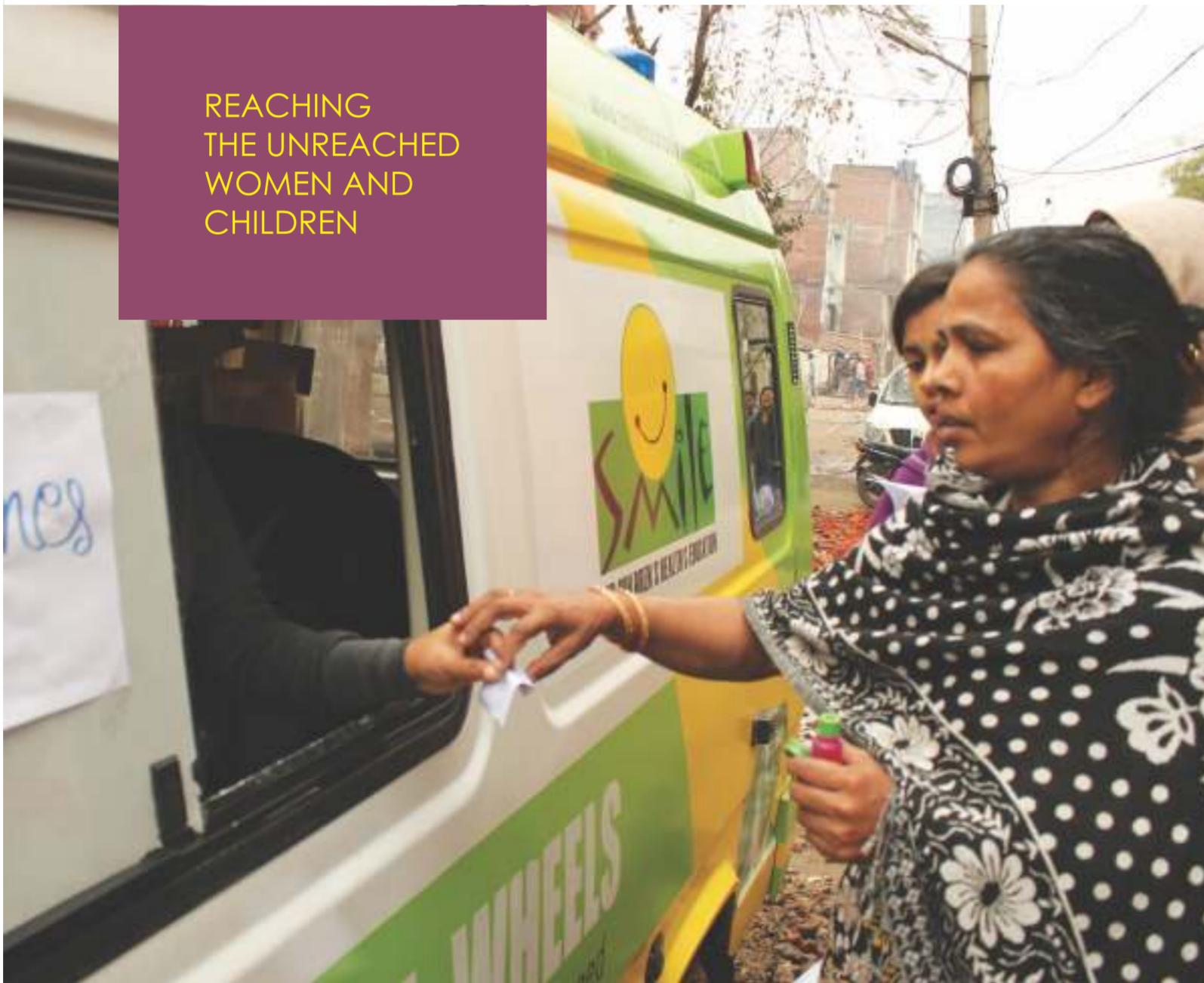
◀ Swabhiman Health Volunteers make a demonstration on maternal health at Shashi Garden community

A fully-equipped Mobile Hospital has been customized to provide Maternal and Child Health (MCH) services at the doorsteps of mothers, newly married women, girls and children who dwell in urban slums and distant rural areas. It has all the necessary facilities for clinical examination of patients belonging to the categories of pregnant, lactating women and children. The mobile hospital visits all the intervention areas of Swabhiman programme in a fixed roster and extends low-cost healthcare support to underprivileged women and girls. Information pertaining to the visiting schedule of the mobile hospital is widely disseminated to ensure that the services are availed by the targeted groups. Qualified and trained medical and paramedical personnel form the main team of the mobile hospital.

The services provided include:

- General health care which comprises basic curative services, ante-natal and post-natal check-ups, and child care initiatives, including immunization
- Distribution of condoms, sanitary napkins and oral contraceptive pills
- Counselling of men and women to ensure better health seeking behaviour and a planned parenthood
- Educating the mother towards proper nutrition essential for her and her child
- Referral for high-risk pregnancies, abortions, sterilizations and other complications to nearest government hospitals and facilities

REACHING THE UNREACHED WOMEN AND CHILDREN



ENSURING EDUCATION OF THE GIRL CHILD



Adolescent girls in the middle of making a school project ▲

"If all girls had secondary education, there would be 67% fewer child marriages"

"If all girls are educated, there would be a significant decrease in birth rates"

"If all mothers had secondary education, millions of children would be saved from malnutrition"

"If all women are educated, employment opportunities among girls would move up, and salary gap between men and women is likely to get lower"

"Educated women are more likely to initiate action for social change than those who are illiterate"

With at least 17 million girls between age 6 and 14 out of school, the situation for girls' education in India desperately needs addressing. Educating a girl child has enormous benefits on improving the lives of girls and women, and the lives of those around them. For lakhs of girls in India, getting a good education is beyond their imagination. Lack of education directly

affects their health and that of their families, their rights to equal employment opportunities, and their chances to get married later and to choose when and how many children they have.

Smile Foundation's Swabhiman programme encloses education of adolescent girls as one of its most integral parts. A survey on the rate of out-of-school-girls, conducted in the Swabhiman intervention areas show that while 12% of the girls never went to school; 88% discontinued their schooling in the early years itself for reasons like distance of the school, monetary limitations, engagement in household work or family business, looking after siblings and disapproval of parents.

Swabhiman programme identifies truly deserving but needy young adolescent girls in its intervention areas and provides full educational support to them. The programme, in addition, tries to bring about positive changes in the parental attitude of the girls by sensitizing them about the importance of sending their daughters to school, letting them finish their education thus creating good employment opportunities, resulting in overall development of the family.



Community women collecting medicines after consulting the doctors in the Swabhiman mobile hospital



Young community girls learning cloth printing techniques during a workshop ▶

Life Skills Education

An empowered woman/girl has the competence to contend with all the challenges and adversities of life. To instil the abilities for adaptive and positive behaviour, so that young girls could effectively deal with the demands, challenges, and stress of everyday life, Smile Foundation has incorporated Life Skills Education in the Swabhiman programme.

Under Life Skills Education, the adolescent girls are imparted knowledge on various subjects, including critical and creative thinking, interpersonal relations, decision making and problem solving, advocacy, conflict management skills, negotiation and refusal, reproductive health, gender-based violence, goal setting, and coping with emotions and stress.

Catching them young, male involvement begins early ▶

Male Involvement in Women Empowerment

Smile Foundation believes that a woman cannot be empowered until and unless her partner allows her to practice her freedom by will and lets her participate in all decision-making processes, whether in the family or in the community. This programme is specially articulated to bring attitudinal and behavioural changes in the community men who act as male protagonist, models who would set example, and real men who equally supports their partners in all walks of life. Men in the community are oriented with appropriate messages on planned and responsible parenthood underlying the importance of increased male involvement in planning families, responsible fatherhood, adoption of permanent male sterilization, providing critical care support to spouse during pregnancy and ensuring safe delivery.

Regular household visits, spouse counselling, informal meeting with male family members, activities encouraging better familial and spousal communication are some of the activities that are focused upon to bring about male involvement and attitudinal shift in them.



▲ Young Swabhiman Health Volunteers (SHVs) educate their peers on proper nutrition

Change Agents

The mainstay of Swabhiman programme's community outreach is through Change Agents, Peers Educators, Community Health Educators and Swabhiman Health Volunteers. These change agents are identified from the community and empowered through regular training sessions on relevant issues. They further educate and spread awareness among their peers in the community. A cascading effect of change is built through these change agents, which is sustainable and long lasting. More than 100 of these change agents were developed and provided training by some of the best trainers and resource persons from specialized organizations like Parivar Sewa Sansthan, Purvabhyus theatre group, Population Foundation of India and National Institute of Health & Family Welfare.

institutions to enhance community awareness. The community institutions with which the networking is undertaken are Integrated Child Health Scheme (ICDS), health departments, educational institutions and panchayats. The fostering of network with such institutions has qualitatively impacted the outcome of efforts and activities, and Swabhiman has always kept these organizations under the information loop ensuring possibilities of future convergence and relationships.

Networking is also done with 3-level structures of the health administration for seamless implementation of its interventions:

a) Primary level—working closely with Auxiliary Nurse Midwives(ANMs) and Accredited Social health Activists (ASHA) workers in the community

b) Second level—coordination with Primary Health Centres (PHCs)/dispensaries

c) Third level—contact coordination with medical personnel at specialty hospital/institutions





ADDRESSING THE CRITICAL ISSUE OF FEMALE FOETICIDE - PADHARO MAHARI LADO CAMPAIGN

Girl students from a government school in Barmer take a pledge to fight against female foeticide ▲

Smile Foundation, in association with Department of Health (Rajasthan), National Rural Health Mission (NRHM), Help Age India and Cairn India Limited, initiated the Padharo Mahari Lado campaign in Rajasthan—one of the states with the lowest Child Sex Ratio in India. In many regions of the state, quite unfortunately, the communities are unfriendly and hostile to women. The girl child is not allowed to take birth and in cases where she takes birth, she is not allowed to survive beyond the early years.

Every year, Rajasthan witnesses acute female foeticide cases. As per a report of 2012, the number of girls in the state was found to be just 893 versus 1,000 boys—a figure that explains that female foeticide is commonplace. Between 2011 and 2012, Rajasthan was listed among the states where India's highest number of violations of Pre Conception and Pre Natal Diagnostic Techniques (PCPNDT) Act, an act forbids sex determination of unborn babies, was recorded. A shocking report by volunteers working in

Rajasthan reveals that as many as 200 female fetuses are aborted every day.

One of the main reasons behind this critical subject is the intensification of son preference in the existing patriarchal society. A report by the Centre of

TRANSFORMATION

Since its launch in 2005, the programme has brought sizeable acceptance among the stereotype cultural set-up. Today, in the intervened communities, there is an increased participation of the parents both mother and father in providing a protective and secure childhood for their daughters.

Public in large numbers have become supportive of this campaign. Volunteers, government officials, community leaders and locals are now actively mobilized. They have started participating in the monitoring of the functioning of the sex-determination clinics. With the doctors from the local levels, effective alliances are made that have ensured the non-violation Pre Conception and Pre Natal Diagnostic Techniques (PCPNDT) Act.

Bringing about sustainable changes is a long process and has to be tackled through women's education and empowerment. In many schools, on a regular basis, sensitization drives are being conducted where hundreds and thousands of students participate. They are made aware about the consequences of female foeticide, and in the process of change, they work as change agents and communicate the message to others in their locality.

Women's Development Studies suggests that most couples are carefully planning the gender composition of their children, in accordance with the costs of bringing them up. This has tilted the scales further in favour of boys as the cost of having a daughter now includes her schooling and higher education, besides her marriage. Thus even progressive developments are being used to portray girl children as a burden.

'Padharo Mahari Lado', literally meaning 'Welcome my Dearest Daughter', is all about encouraging individuals, families and communities to create a safe environment for the newly born girl child and break the social stigma. Strongly condemning female foeticide, Smile Foundation organizes intensive awareness programmes, including folk songs, dance and drama every month. The objective is to make the community more and more aware about the consequences of female foeticide.

The programme celebrates the birth of a girl child to ensure that she receives a healthy upbringing, undergoes proper immunization, gets proper nutrition and could equally compete in the school with other children, both boys and girls. The birth is marked by beating of a Thali (Bronze Plate), a usual local custom that was earlier practiced only when a male child is born. During the event, to promote the privileged birth of a girl child and bless her with a protective childhood, her birth is celebrated by cutting cakes and distribution of clothes, baby kit and education kit.



▲ Birth of a baby girl being celebrated by the traditional beating of thali during a Padharo Mahari Lado campaign at Pachapadra village in Barmer, Rajasthan

REAPING REWARDS OF EMPOWERMENT

Santosh, Rajasthan

Santosh, from Rajasthan, is 22 years old and a mother of two children. She was 15 when her father died. The economic deprivation after the father's death forced her to start working as a domestic servant along with her mother. Being the eldest in the family, she took the responsibility of sharing her mother's burden in earning a livelihood and looking after the siblings. Her mother married her off at the age of 17, so as to fulfill her obligations and in the hope that Santosh would have a better life thereafter.

After marriage, Santosh and her husband migrated to Delhi. There, she got an opportunity to come across the Swabhiman Programme. Through the programme, she was educated on family planning methods, sexual health, STI/RTI, menstrual hygiene and other sensitive topics related to a woman's well-being.

Having gained an insight into the benefits of family planning, she and her husband both decided on a family planning operation. It has motivated her husband to seek self empowerment, and she has also joined vocational training course in cutting and tailoring.



Soni Mandel, West Bengal

26 years old Soni Mandel hails from West Bengal where she got married at the age of 19. Shortly after the marriage, the couple migrated to Delhi. They have been living in Delhi for the last seven years and have a daughter. Her husband works as a rickshaw puller and splurges all his earnings in alcohol. She was thus compelled to work as a domestic servant to sustain herself and look after her daughter. She made up her mind not to have another child because of her alcoholic husband who offers no financial support.

When Soni enrolled herself in Swabhiman Programme, she learnt the benefits of family planning and child spacing. She has become a regular user of the contraception methods advocated in the programme and is determined to have her next child only after her husband overcomes his alcoholic addiction and starts contributing financially to the household.

Minakshi, Delhi

18 years old Minakshi is the eldest of four siblings. Her father works as a labourer and earns a meager amount with which meeting even small household needs is a big challenge. The economic hardships were so unsympathetic that the father could no longer afford his daughter's education and Minakshi had to drop out of school in class 9. Dropping out of school had an adverse effect on her personality and she turned into an introvert, choosing to live in isolation.

It was when one of the Swabhiman Health



Volunteers noticed her condition that Minakshi found a new ray of hope. Minakshi regularly attended meetings and workshops. She started liking what she was being exposed to and slowly came out of her despondency of having had to drop out of school. She interacted with people, improved her communication skills and re-built her self-confidence. Her parents were also counseled by the Community Health Educator of the programme.

Based on her merit, Minakshi was awarded with scholarship under the Smile Scholarship Programme. She is now studying in class 12 and aspires of becoming a teacher.



IMPACT

- 234 women and adolescent girls were trained to be "change agents" to further serve as Community Health Educators, Health Volunteers and Peer Educators in their communities
- Over 25,000 community members were counselled on issues concerning women rights through innovative advocacy events, celebration of events like International Women's Day and Girl Child Day, puppet shows and street plays
- There was an overall increase of 65% from last year in the number of men and boys who were sensitised about the rights of women and girls, reproductive health, family planning and education of children
- 70% of the adolescent girls and women beneficiaries, along with community stakeholders, were provided adequate knowledge of reproductive and sexual health issues and access to primary health services
- Educational support was provided to 47 underprivileged girls for secondary and senior secondary education through full scholarships, besides regular counselling for academic and personal development



▲ Hansraj Moraji Public School students invited Smile Foundation kids for a cricket match at their school in Mumbai, Maharashtra

CHILD FOR CHILD

Right from birth, by virtue of the environment in which he/she grows, a child develops certain habits that define his/her future. Members of the family, friends, relatives, teachers and caretakers play major roles in forming the character of a child. Teachers in schools, family at home, and community at large merge together to create the moral development climate that ultimately becomes the moral development classroom for children. The influence of those within the context of the child's life moves beyond the emotional aspect to the cognitive development and its correlation to moral development.

The future of a nation depends on children. They are the best change agents, be it in the family or the community in which they live. It is therefore crucial to

OBJECTIVE

- Inculcate a conscience and value system in school children, so that they grow up to become responsible citizens.
- Ensure moral development of the children
- Inculcate feelings of empathy among the children
- Ensuring development of a child's personal, social and emotional capabilities

catch them young and inculcate in them feelings of empathy and conscience so that they grow up as responsible individuals. Empathy is an important aspect of moral development that is learned through social interaction.

Smile Foundation believes that the development of children's personal, social and emotional capabilities should be given the same priority as the development of cognitive capabilities in schooling.

One of the most important aspects of social and emotional learning that schools need to help develop in children is understanding, acceptance, appreciation and welcoming of difference. Sensing this need, Smile Foundation came up with Child for Child (CFC) programme in 2006. Sensitization of privileged children and their parents, towards the existing inequalities around them, is an important objective of CFC.

Privileged children are sensitized about the deprivation and pain endured by their less privileged counterparts. CFC seeks to inculcate a conscience and value system in the children so that they grow up to become responsible citizens and change makers. Before their minds are set with age, the CFC programme tries to make them count their own blessings and understand the plight of less privileged ones.

Once they start realizing the worth of the privileges they are born with, they automatically turn their thoughts towards positivity and develop the right outlook. This eventually helps them develop into not only successful but responsible individuals in life. They grow up to become significant change makers, who contribute positively to the society.

APPROACH

Under the Child for Child programme, Smile Foundation visits various schools and conducts engaging sessions for the young minds. It sensitizes children towards various causes and lets them realize their privileged status. Workshops and thematic trainings are organised in the schools that involve principals, teachers, students and their

parents. In addition to these, thematic campaigns, symposiums, knowledge exchange programmes and movie screenings are done as part of the value-based sessions for the students.

UNIQUE FEATURES

- Value Education
- Life Skills
- Safety and Self Defense Workshops
- Knowledge Exchange
- Career Counseling
- Health Camps

2013-14 OUTCOME

- Students sensitized - 6,55,114
- Schools covered - 1974
- More than 2500 activities and events in schools



Privileged kids take out a rally to support education of their underprivileged counterparts ▲

AWARDS AND RECOGNITION

- Global CSR Excellence & Leadership Award 2014 by ABP News
- Education Excellence Award 2013 by the Associated Chambers of Commerce and Industries (ASSOCHAM)
- NGO Excellence) 2013 by IPE (Institute of Public Enterprise)
- Quality Initiative Mission Award 2013
- Healthcare Leadership Award 2012
- Represents India as nominated member of Together4Change Alliance
- GE Healthcare - Modern Medicare Excellence Award
- Asia-pacific Child Rights Award
- Barclays Bank Chairman's Awards

EMPANELMENT AND ACCREDITATION

- Empanelled with National CSR Hub at TISS, an initiative under Ministry of Heavy Industries & Public Enterprises
- Accreditation with India Development Foundation of Overseas Indians, under the Ministry of Overseas Indian Affairs, Govt. of India
- Accredited as Charities Aid Foundation (CAF) India validated charity since 2012
- Accredited as IRD-registered non-profit organisation with Guide Star
- Listed as a member organisation with United Way Worldwide

FINANCIAL STATEMENT 2013-14



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SMILE FOUNDATION

Regd. Off : V-11, Green Park Extn., New Delhi - 110016

BALANCE SHEET AS ON 31ST MARCH, 2014

PARTICULARS	SCHEDULE	AS AT 31ST MARCH, 2014	AS AT 31ST MARCH, 2013
SOURCES OF FUNDS			
Capital Funds	1	187,520,598	187,520,598
Corpus Fund		85,783,750	69,906,986
General Reserve Fund			
Current Liabilities & Provisions	2	254,297	873,402
Sundry Creditors for Expenses		25,871,082	43,442,476
Advance for Specified Programmes - Pending Execution			
Other Current Liabilities		10,718,947	1,355,418
TOTAL		310,148,675	303,098,881
APPLICATION OF FUNDS			
Fixed Assets	3	87,577,147	72,185,245
Total Gross Block of Fixed Assets		22,209,563	22,248,413
Less : Gross Block of Assets held by Trust having Right to Use Only			
Gross Block - Owned Assets		65,367,584	49,936,832
Less : Accumulated Depreciation		20,916,749	17,944,021
Net Block of Fixed Assets		44,450,835	31,992,811
Current Assets & Loans and Advances			
Deposits	4	244,466,796	253,548,560
Deposits with banks		448,210	338,000
Security Deposits		6,961,041	8,623,001
Tax Refund Dues			
Loans & Advances	5	2,097,004	3,423,382
Project Advances		8,529,944	2,042,848
Recoverable against Specified Programmes			
Other Advances		2,914,216	2,849,650
Cash in Hand		280,628	280,628
TOTAL		310,148,675	303,098,881

Significant Accounting Policies & Notes to Accounts forming part of Balance Sheet

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AUDITORS' REPORT

As per our report of even date annexed

For M.K. Kuchchhal & Co.

Chartered Accountants

Sd/-
Manoj Gupta

FCA/Prop./M.No.086669
Firm Regn. No.007670N

Place : New Delhi

Date : 30th September, 2014

For and on behalf of board of trustees of
SMILE FOUNDATION

Sd/-
(Pratap Ray)

Sd/-
Chief Operating Officer
(Vikram Singh Verma)

Sd/-
(Santanu Mishra)

Sd/-
Trustee
(Yogesh Jagia)

SMILE FOUNDATION

Regd. Off : V-11, Green Park Extn., New Delhi - 110016

INCOME AND ITS APPLICATION ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH, 2014

PARTICULARS	SCHEDULE	FOR THE YEAR ENDED ON 31ST MARCH, 2014	FOR THE YEAR ENDED ON 31ST MARCH, 2013
INCOME			
I. Voluntary Contributions (including for specified programmes)		154,054,982	127,234,764
II. Education Project U/s 35AC of I.T. Act, 1961		639,400	702,977
III. Other Incomes Interest Income Other Miscellaneous Income		20,916,988 84,823	18,426,271 29,856
		(III) 21,001,812	18,456,127
Gross Income Available for Application (I to III)		175,696,194	146,393,868
APPLICATION OF INCOME			
I. Income Applied for Execution of Various Social and Welfare Programmes: Mission Education Programme Action for Children Programme Child for Child Programme Education Programme U/s 35AC of Income Tax Act, 1961 Smile Twin E-Learning Programme Smile on Wheels Programme Swabhiman Programme Other Social and Welfare Programmes		35,738,363 33,694,654 20,465,118 361,300 9,835,151 28,350,945 5,282,275 1,174,778	22,671,193 30,634,493 18,780,929 3,800,582 6,473,836 27,428,973 1,371,463 880,795
		(I) 134,902,583	112,042,264
II. Administrative & Other Expenses		21,944,117	14,746,686
Total Income Applied (I + II)		156,846,700	126,788,950
Net Surplus / (Deficit) before Depreciation & Taxes		18,849,494	19,604,918
Less : Depreciation		2,972,729	2,820,465
Net Surplus / (Deficit) before Taxes		15,876,764	16,784,453
Less : Provision for Tax		-	-
Net Surplus / (Deficit) transferred to General Reserves Fund		15,876,764	16,784,453

Significant Accounting Policies & Notes to Accounts forming part of Income and its Application Account

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AUDITORS' REPORT

As per our report of even date annexed

For M.K. Kuchchhal & Co.

Chartered Accountants

Sd/-
Manoj Gupta

FCA/Prop./M.No.086669
Firm Regn. No.007670N

Place : New Delhi

Date : 30th September, 2014

For and on behalf of board of trustees of
SMILE FOUNDATION

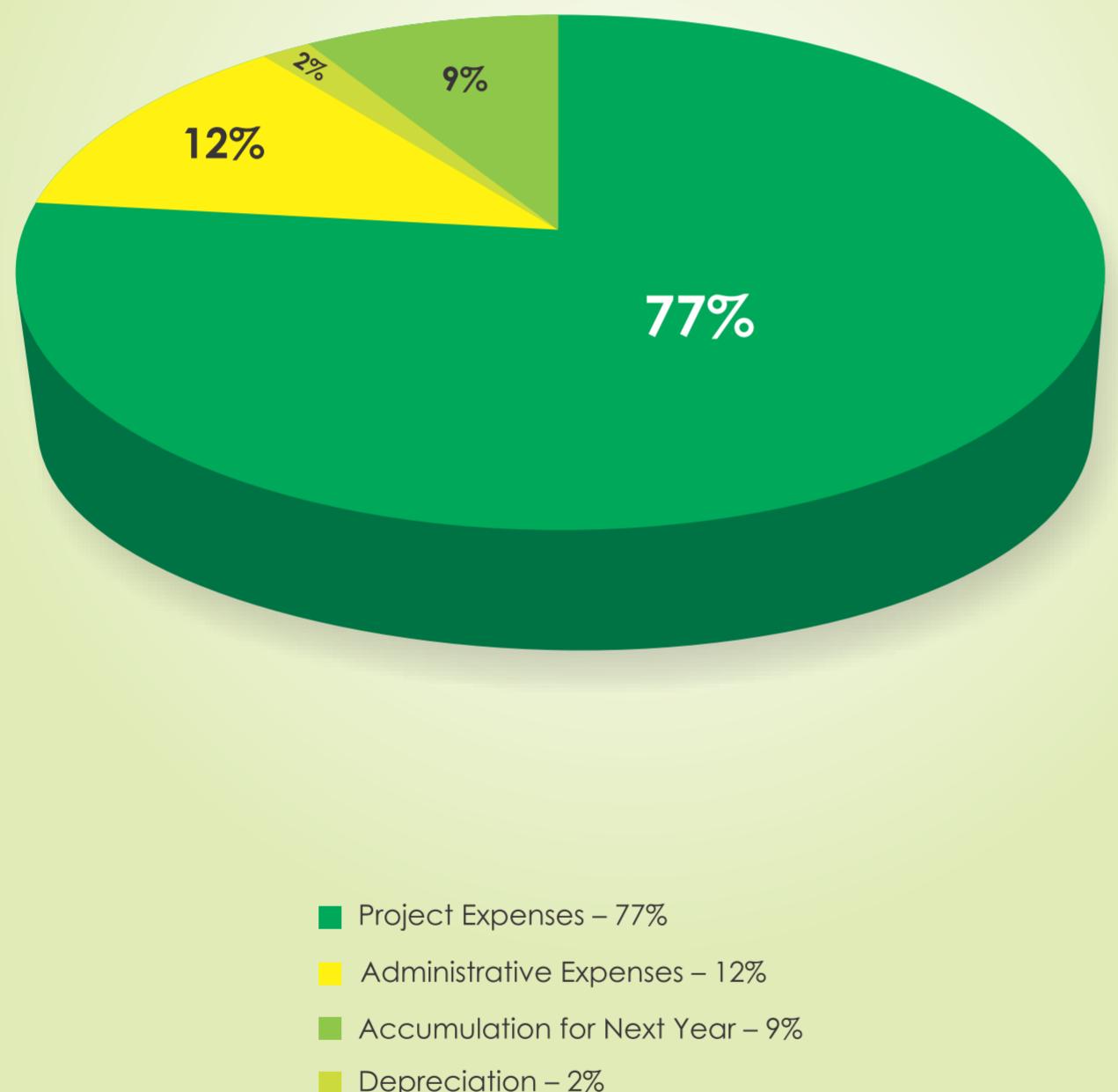
Sd/-
(Pratap Ray)

Sd/-
Chief Operating Officer
(Vikram Singh Verma)

Sd/-
(Santanu Mishra)

Sd/-
Trustee
(Yogesh Jagia)

DISBURSEMENT OF FUNDS 2013-14



CERTIFICATE OF COMPLIANCE

TO WHOM IT MAY CONCERN

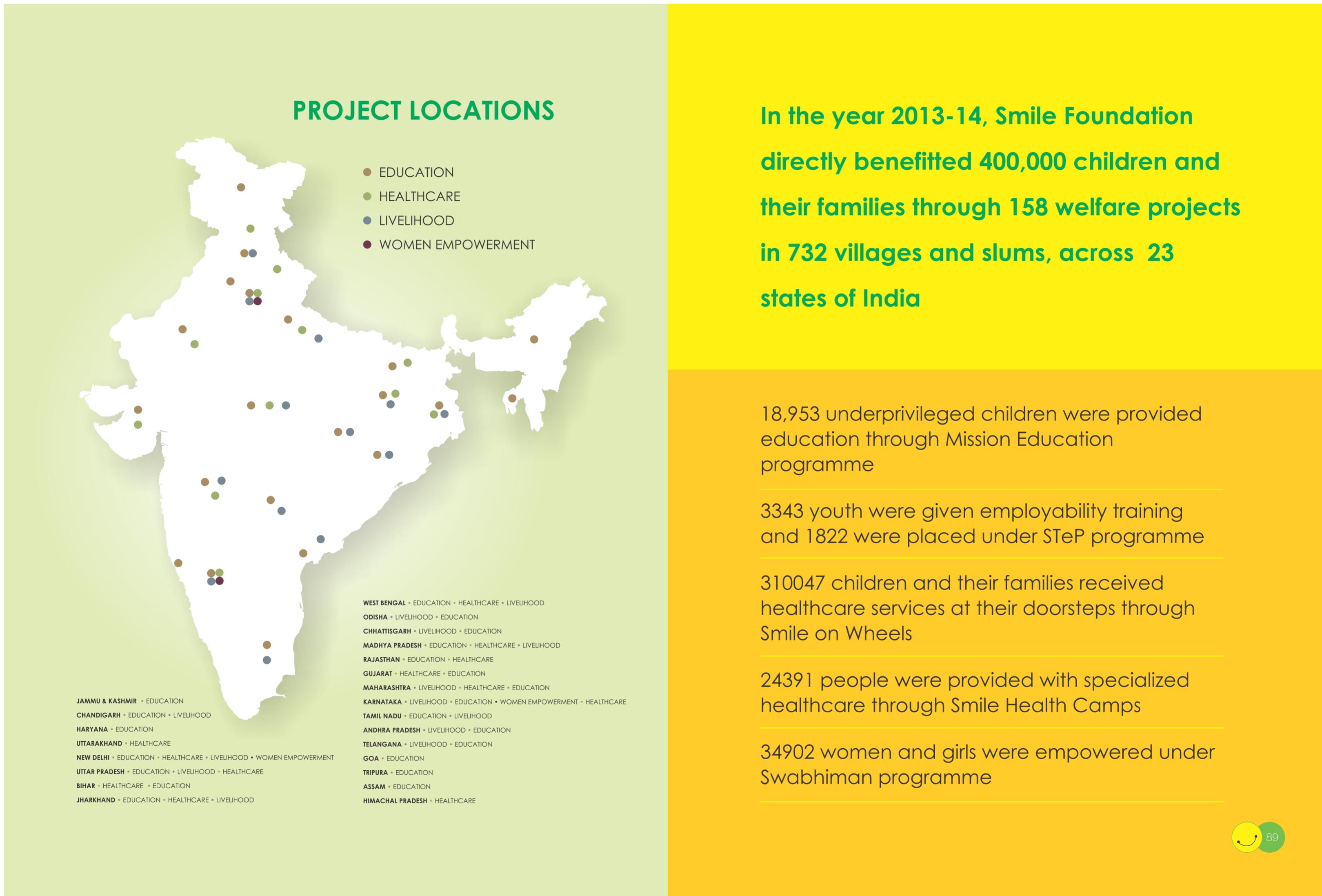
We have examined the compliance of conditions stipulated in the "Standards of Good Governance" by Smile Foundation, for the year ended March 31, 2014.

In our opinion and to the best of our information and according to the explanations given to us, we certify that Smile Foundation has complied with the standards as stipulated in the "Standards of Good Governance".

The compliance of clauses/conditions of "Standards of Good Governance" is the responsibility of the management; our examination was limited to procedures and implementation thereof adopted by Smile Foundation for ensuring the compliance of all the standards.

For S. Behera & Co.
Company Secretaries

Sd/-
(Shesdev Behera)
Company Secretary in Practice
CP No. 5980
Date – October 15, 2014





Head Office
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Website: www.smilefoundationindia.org