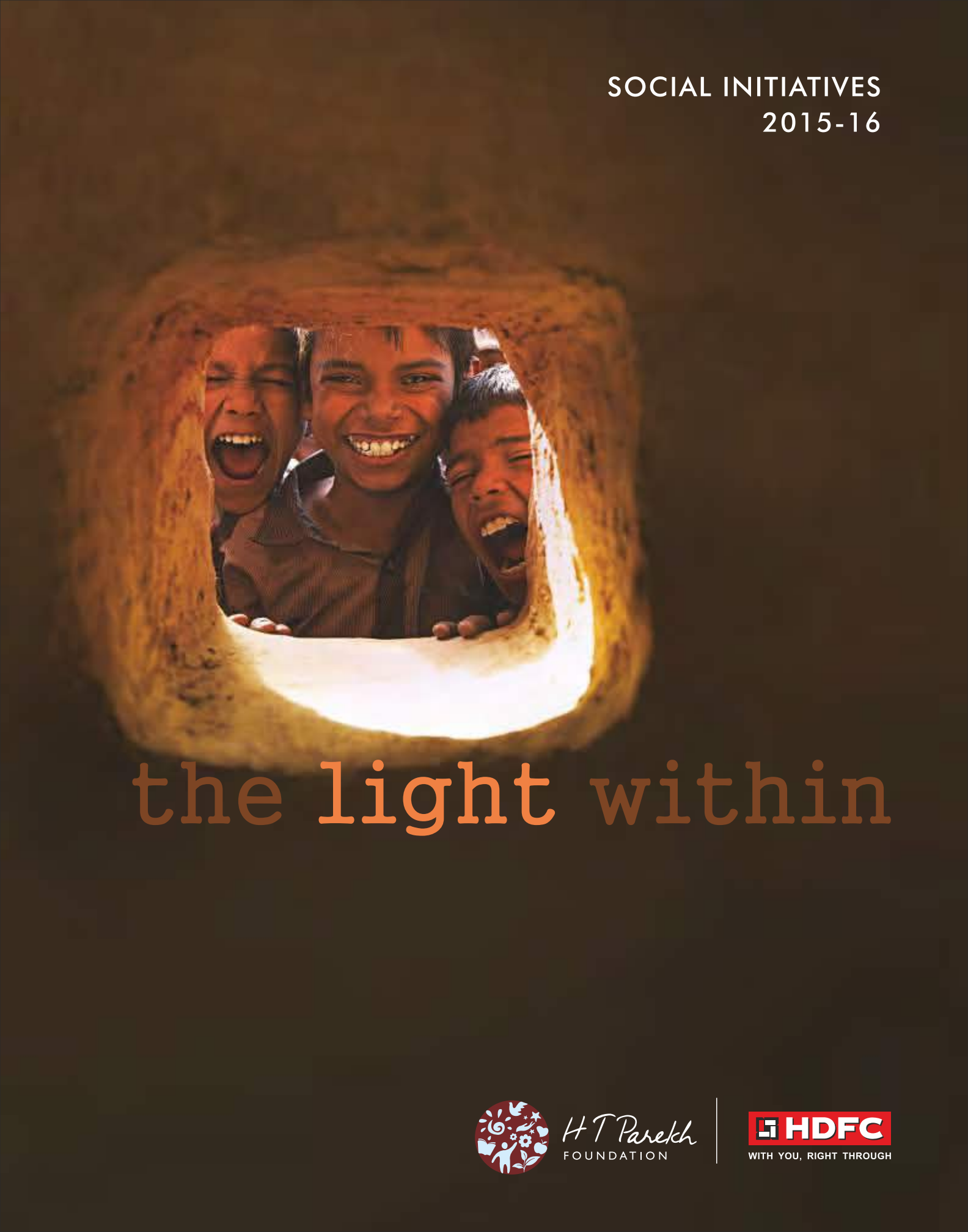
SOCIAL INITIATIVES
2015-16



# the light within

HT Parekh FOUNDATION

HDFC
WITH YOU, RIGHT THROUGH

The light within
can light a world out there
What you care for deeply
can ignite a movement everywhere

The world is beautiful
As beautiful can be
If you see me as you
and I see you as me

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# about
# H. T. Parekh

Hasmukh Thakordas Parekh, fondly known as 'Hasmukhbhai', was born in a banking family in Surat (Gujarat) on March 10, 1911. Since his childhood, simplicity and humility were his defining characteristics. A visionary, who left an indelible mark on the country's banking and housing finance industry, Mr. Parekh's strong desire to be of service to society and the common man, were his guiding force in both business and philanthropy.

A graduate in economics from Wilson College, Mumbai, Hasmukhbhai also completed a B.Sc. degree in Banking & Finance from the London School of Economics in 1936. He began his professional career at Harkisandass Lukhmidass, a stock broking firm in Mumbai, besides being a lecturer in Economics at St. Xavier's College, Mumbai between 1937 and 1940. In 1956, he joined Industrial Credit and Investment Corporation of India (ICICI) as Deputy General Manager. He retired as the Chairman of the ICICI Board in June 1978.



At an age when most people contemplate retirement, Mr. H. T. Parekh started work on a cherished dream, one that he had nurtured for nearly 30 years, to enable the common man to own a house in the beginning of his career rather than at its end. 'A home for everyone' became his passion and in October 1977, Housing Development Finance Corporation (HDFC) was born. HDFC stood testimony to one man's persistence and determination in finding an institutional solution to a prevalent social need.

At a time when housing was viewed primarily as the government's responsibility, Mr. H. T. Parekh saw people and government as two sides of the same coin. He felt, that the private sector should also contribute to finding a solution to the vast housing needs of the country. HDFC was a pioneer in the field of housing finance in India and its premise was to provide long term loans at a reasonable rate of interest to the middle class. The organisation and its employees strived to embody Mr. H. T. Parekh's philosophy that institutions exist for a larger purpose, and thus should be built on the cornerstone of selfless service. And like a true leader he led by example, the man who helped provide homes to millions, himself never owned a home. With HDFC, Mr. H. T. Parekh met a social need while making it profitable - proving that the two need not be mutually exclusive.

“Service without publicity, without a thought of personal gain, has been my watch word”, he used to say. He strongly believed that the synergies between business and social welfare lay in the fact that strong businesses can only come from healthy and vibrant communities. His strong sense of empathy and an inherent generosity fuelled his drive to contribute towards social causes. Apart from the several notable financial institutions Mr. H. T. Parekh set up, he was instrumental in the formation of some key social organisations. It started with the setting up of the Centre for Advancement of Philanthropy (CAP) in 1986, which was formed to further the cause of corporate philanthropy.





The learning from CAP became the precursor to the establishment of Bombay Community Public Trust (BCPT) in 1991, born out of the desire to give back to the city of Mumbai, the community he felt had contributed to his professional success. BCPT was modelled on similar organisations working towards community welfare in cities such as New York and Hong Kong. Apart from pooling together individual contributions, it was also visualised as a platform for effective corporate giving for social causes relevant to Mumbai. Being the first of its kind, BCPT continues to help organisations address various social, educational, health and environmental problems affecting the citizens of Mumbai. Over the past 25 years, BCPT has partnered with over 300 organisations and provided support to over 700 projects. It continues to be the only active community organisation in the country.

Mr. H. T. Parekh also served as the President of the Social Service League and was a trustee of several welfare organisations such as Sameeksha Trust, Saurashtra Trust, Kasturba Gandhi National Memorial Trust, The India Foundation, The lndia Heritage Trust and The Chakallas Puraskar Trust.

Mr. H. T. Parekh was known as a man who built institutions which were well ahead of their time, but were shaped by the determination of a man to make them a reality. Apart from HDFC, Mr. Parekh had many firsts to his name including promoting India's first private sector oil exploration company the Hindustan Oil Exploration Company. He was elected Honorary Fellow of the London School of Economics in 1984 and was conferred the third highest civilian honour in India, the Padma Bhushan in 1992.

A visionary, a prolific writer, a widely respected business leader, a pioneer, a beloved human being and above all, a man who left behind a legacy which continues to make a difference to this day, Mr. H. T. Parekh is rightly remembered as 'a man who saw tomorrow'.

‘The light of a great man
shines for generations to come’



## Building a Better Tomorrow

Over the years, public expectation of the role of business houses in society has increased. To achieve the expectations of the stakeholders, there is a growing realisation that corporate social responsibility (CSR) must be an essential part of corporate governance and of day-to-day business.

Despite concerns from critics that improvement of social welfare is the role of the state, government spending on social infrastructure has historically been stagnant. For instance, government expenditure on health and education is at a miserly 1.3% and 3% of the GDP respectively.

Hence, it is critical for corporate India to come forward and bridge the gap by participating in social welfare activities. The emergence of the triple bottom line impact (which is the balancing of three critical aspects - economic returns, social benefits and environmental sustainability) and the growing influence of socially responsible investors, aim to make companies accountable not only to shareholders and employees, but also to all those affected by their operations including future generations. Companies are now required to discharge their stakeholder obligations and societal responsibilities without compromising on the shareholder wealth maximisation goal.

## Fulfilling a Vision

Interestingly, the inception of HDFC was started with the idea of fulfilling a social need. The Founder, Mr. H. T. Parekh was fully aware that while the British created the oldest and largest commercial bank, gave India the railways, the legal structure and even the bureaucracy, somehow they never set up any building societies. Prior to 1977, housing finance companies were non-existent in India. Recognising that there was a real need for retail mortgage finance in India, HDFC was set up with the objective of fulfilling the aspirations of the Indian middle-class. In a similar vein, HDFC's social initiatives which started way back in 1988, were established with the purpose of reducing the gaps between the haves and have-nots.

While for some business houses there is a conviction that CSR strategies need to be interwoven within their core business, HDFC has consciously chosen not to follow this path. So, when the H T Parekh Foundation was established in 2012, it was with the intention to carry out CSR activities on a larger scale, as also to ensure that it impacts the maximum number of people irrespective of whether there is any affiliation with the housing finance business. Incidentally, naming the Foundation after Mr. H. T. Parekh was a logical choice, as it was formed with the intent to honour his values and legacy.

Consequently, H T Parekh Foundation's social and developmental mandate has been kept as wide as possible to maintain flexibility and respond to various sectoral challenges. Since starting its operations in April 2014, key themes began to emerge and we have invested ourselves in the areas of healthcare, education, sanitation, child welfare, livelihood and support to the differently-abled. Our aim is to identify organisations that are already experts in their domain and aid them in scaling up.

# chairman's foreword



## Our Social Reach

We have touched multiple facets of social issues in a short period of time with the confidence that our interventions will have sustainable outcomes. In healthcare, we have partnered with organisations that have dedicated their focus on cancer treatment & care, ophthalmological care and tackling the huge burden of public health in communicable diseases such as leprosy and tuberculosis. For instance, one of our largest grants is to the Tata Medical Centre (TMC) hospital in Kolkata, which is the largest cancer specialty hospital in eastern India. The cancer spectre haunts the nation with east and north east India having the highest incidence of cancer in the country.

We have supported institutions along with medical practitioners that perform transformative surgeries for underprivileged children such as, craniofacial surgeries for facial deformities, cochlear implants for the profoundly deaf and congenital heart disease. These surgeries have the potential to alter the life of the children by allowing them to get back to their regular life and education, as well as help their families by reducing the burden of health costs and societal stigma. For instance, cochlear implant surgeries (the programme is called, 'HDFC Hears You') enables children to be integrated into the mainstream education system post surgery & rehabilitation.

Similarly, we are partnering with organisations such as the Om Creations Trust and Jai Vakeel Foundation which provide livelihood training & support to the differently-abled. Om Creations Trust is constructing a residential, life care facility for over 300 intellectually challenged adults in Karjat. Here the support is not about outcomes and impact assessment – it is just simply fulfilling a huge gap in our country today, so that the differently-abled can lead a life filled with dignity and respect once they start ageing.

We also provided scholarships to deserving but underprivileged students and supported organisations that provide quality holistic education in both urban and rural areas. If India wants to be a knowledge based economy and if we are to unleash the potential of our human capital, the foundation of our children has to be strong. Every child deserves (irrespective of economic background) an equal opportunity to receive the best education possible. Despite government estimates of 99% enrolment in primary schools, less than half of them go into the senior secondary level (Standards XI and XII). This clearly indicates that there are numerous fault lines along the way that dissuade children from continuing on their educational path.

One such example is the VidyaGyan schools, which have been established to address and bridge the urban-rural divide. Students from rural Uttar Pradesh (UP) (whose parents are mostly marginal farmers) are admitted to these boarding schools located in Bulandshahr and Sitapur districts of UP. The first batch of 187 students from the school in Bulandshahr has recently passed out from their Standard XII, and the H. T. Parekh Foundation has offered scholarships to 72 students who would be pursuing their college education in various fields.

Likewise, we have identified strong partners in the field of sanitation. A lack of basic sanitation continues to undermine India's developmental plans. According to India's Economic Survey 2015-16, only 47% of households have access to drinking water within their premises and less than 50% of households have a toilet. We have partnered with experienced implementing organisations in North, West and South India, for both rural and urban sanitation programmes. Furthermore, these programmes are community led and include behavioural change workshops, a critical component for the long term success of sanitation projects.

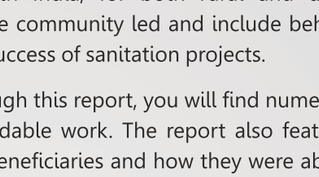
As you go through this report, you will find numerous examples of organisations across sectors that are doing commendable work. The report also features some case studies that will highlight individual stories of our beneficiaries and how they were able to overcome their struggles. While some may look at CSR activities dispassionately, the few case studies that we have covered in this report, reveal the triumph of the human spirit. They show us that we are taking steps in the right direction and that the outcomes are bound to be long-lasting and gratifying.

## Next Steps

Going forward, we intend to continue supporting organisations that are bringing about sustainable changes to communities. Moreover, we are now set to strengthen our efforts in skilling India's youth. India needs to focus on training its youth in both technical and vocational skills, as many organisations are struggling to get 'job ready employees.' According to CII's India Skill Report 2016, more than 93% of India's workforce is unorganised with only 5% of the total workforce in India having undergone formal skill training, as compared to more than 50% in developed economies.

Lastly, a sector which is new to us and that needs serious attention is Water, where drought-like situations are becoming more prevalent over the past several years. There are complex issues associated with this sector but there are also solvable solutions available. For instance, in rural areas a 'one size fits all' policy for a water structure is not feasible. But with the right implementing methods (such as an integrated watershed management), water security will reach across sectors such as livelihoods, sanitation and health. Our efforts in this sector will also address the need to provide clean drinking water, thereby reducing health costs and preventing the growing number of deaths resulting from widespread water borne diseases.

As we embark on our journey and strive to constantly evolve, I would like to end with a quote of H. T. Parekh, "There is no area of development which does not interest me and I am inclined to take an optimistic view of things despite ups and downs. I am never tired of dreaming about growth and progress, and about the betterment of living, about human welfare."



**Deepak S. Parekh**
Chairman



# a legacy of social consciousness

## 1977

**17th October**, inception of HDFC, a pioneer in the mortgage financing industry in India. It was the first institutional solution to address the need for financing the vast housing needs of the middle class Indian.

## 1979-80

In an effort to serve the lower income households who truly struggle to fulfil their housing needs, HDFC initiates 'Corporate Housing' wherein finance is provided on flexible terms to companies for the housing needs of their employees. Comprising 30% of HDFC's loan book, the product facilitates employee housing, mostly for lower income groups, workers in factories, plantations and mines and enterprises located in backward areas.

## 1980-81

HDFC negotiates a guarantee with United States Agency for International Development (USAID) under the United States government's Housing Guaranty Programme. In the period between 1981 and 1987, HDFC borrows a total of US$ 90 mn to provide finance to over 34,000 low income families.

## 1986

Mr. H. T. Parekh starts CAP. Today CAP has grown to become a leading service provider for various institutions working in the social welfare sector.

## 1987-88

HDFC marks a decade of its existence with the creation of a fund to provide development grants. The Shelter Assistance Reserve (SAF) is instituted in the Board Meeting of HDFC with an initial funding of Rs 50 lac.

## 1988-89

HDFC becomes the first corporate to support Sulabh International Social Service Organisation (Sulabh) for the construction of a community toilet at Dadar, in Central Mumbai. HDFC continued to support Sulabh's work at multiple locations in Mumbai and in Pune.

## 1989-90

HDFC continues using its business expertise to contribute towards its goal of housing for all. A line of credit from KfW, Germany facilitated the financing of homes for lower income families. This was done through non-profit intermediaries, special loan products tailored for the target beneficiaries and subsidies provided through SAF.

## 1991

With a desire to give back to Mumbai, a city which he loved dearly, Mr. H. T. Parekh forms BCPT. 25 years hence, BCPT continues to be an active community trust in Mumbai.

## 1993

Post the Latur earthquake, HDFC adopts the Holi Village in Osmanabad district of Maharashtra and rebuilds 337 homes, including the entire social infrastructure for the village.

## 1998

HDFC becomes the co-founder of the Indian Association for Savings and Credit (IASC), a Tamil Nadu based microfinance company which provides livelihood support in rural areas, especially to women entrepreneurs. Over the years, HDFC has supported and capacity-built a number of such institutions addressing the capital needs of the economically deprived.

## 2001

Post the earthquake in Bhuj, Gujarat, HDFC aids the construction of over 10,000 homes for the displaced people.

## 2003

Post the Mumbai bomb blasts, HDFC is assigned the responsibility of channelling voluntary contributions from citizens and corporate houses on behalf of the Government of Maharashtra's Relief and Rehabilitation Committee and BCPT.

## 2006

Over 200 HDFC employees volunteer along with 1,800 others for the 'Jimmy Carter Work Project' initiated by Habitat for Humanity. The volunteers built 100 houses for low income families in Lonavala (~2 hours drive from Mumbai) in just 5 days.

## 2012

To commemorate the birth centenary of its Founder Chairman and pay homage to his legacy, the H T Parekh Foundation (Foundation), a Section 25 (now Section 8) not-for-profit company is formed, with a funds commitment from HDFC for various social and developmental activities. By establishing the Foundation, HDFC takes its first steps towards formalising and expanding its work in the social sector. The objective is to carry forward the vision of a socially conscious and responsible organisation with larger and long term impact projects across sectors.

H T Parekh FOUNDATION

## 2014 onwards

Since the creation of SAF in 1988 and up to 2014, HDFC has funded over 2,500 projects across India covering a diverse range of sectors.

In the financial year 2014-15, which was the first year of operations of the Foundation as also the newly announced CSR law, HDFC committed and disbursed **Rs. 49.18 crore*** across a broad spectrum of social sectors. This amount increased to **Rs. 85.70 crore** in the financial year 2015-16. In the coming years, HDFC is committed to broaden and grow its support to various social and developmental activities across India.

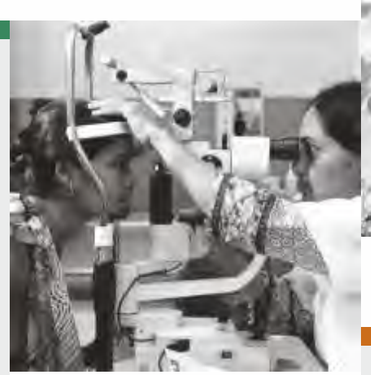
** 1 crore = 1,00,00,000 - 1 lac = 1,00,000*

# focus areas

The guiding principle of HDFC's social initiatives is that its developmental activities should focus on building organisations who will eventually be self-reliant and empower their beneficiaries. HDFC has chosen the grant making route, where backing the right implementing partners has helped us leverage their sectoral expertise and community reach. By supporting organisations in both programmes and capacity building, we aim to positively impact their growth and sustainability.

## HEALTHCARE

A healthy population is the essential foundation for a productive nation. While India has 20% of the global disease burden, its share of the global health infrastructure lags far behind. With low investment in public health estimated at 1.3% of GDP and the increasing cost of treatment, medical facilities are unaffordable and inaccessible to a large section of the Indian population. In the area of healthcare, our initiatives have been focussed on facilitating direct grants for life transforming surgeries, institutional support to organisations providing affordable medical care to economically weaker sections of the society and support for strengthening public healthcare for communicable diseases.





## EDUCATION

The earlier United Nations Millennium Development goals had marked 2015 as the year to achieve universal primary education. Even though India has made progress towards achieving this, many children still struggle to stay in school. Also, the quality of education requires significant support in order to be both effective and relevant. Our scholarship support strives to ensure equal opportunities for economically challenged students. Other areas of support include building and sustaining educational institutions through grants to urban and rural schools. Education needs to be multi-dimensional and hence, we also support a number of holistic education programmes which include after school programmes to strengthen learning in core subjects and teacher's training.



## SANITATION

Due to its strong inter linkages to key socio-economic factors, sanitation is said to yield the highest return on investment of any development intervention. Globally, India has the highest number of people who do not have access to a toilet. The Government of India has set a 5 year target from October 2014 to make India open defecation free. While it is a mammoth task, the private sector has a significant role to play not just in building sanitation infrastructure, but also in creating awareness and behavioural change amongst people. HDFC continued its support to organisations with domain expertise in the area of water and sanitation, for both urban slums and rural villages.



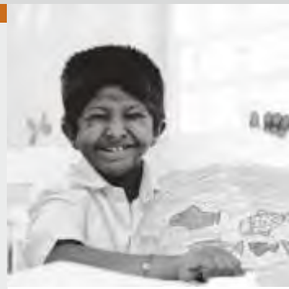


## CHILD WELFARE

In India, there are multi-faceted issues linked to the welfare and security of children and adolescents. We have chosen to focus on the issues of malnutrition and child protection. It is estimated that in India 42% of the children under 5 years are malnourished. Cognisant of the fact that malnutrition needs to be tackled from the time of conception we have supported maternal, newborn and child health nutrition programmes, midday meal programmes in schools and for children in crèches on construction sites. We also supported organisations providing shelter to vulnerable children and protection from abuse.

## DIFFERENTLY ABLED

Census 2011 puts India's disabled at 2.21% of the total population although the actual numbers are estimated to be double this number. The result of India's missing disabled population is that policy measures will inevitably fall short of the actual need. However, this is only one of the many challenges that differently abled people have to overcome in India. Lack of inclusive spaces in healthcare, education or employment, limits opportunities and curbs livelihood potential for many. Our support for the differently abled has been towards special education and therapy, vocational training and life care institutions for adults. We have also contributed to the corpus of some organisations to ensure sustainability of their operations.





## COMMUNITY AND LIVELIHOODS

Although over 1 million people join the workforce each year in India, just 2% of this workforce is skilled. Our support for community development in urban areas has largely been towards welfare issues for marginalised groups in society, skilling for dropout youth and for empowering women and girls. We also partnered with specialist organisations for livelihood enhancing projects in rural areas, imparting scientific training to farmers to help improve agricultural productivity and food security.

# overall reach



## HEALTHCARE

**23,507**
CANCER PATIENTS SUPPORTED

TB & LEPROSY INITIATIVES REACH
**4,272**

EYE SURGERIES FOR
**6,750**
PATIENTS

**1,48,168**
STUDENTS PROVIDED HOLISTIC EDUCATION SUPPORT

**Rs. 12.30 crore**
COMMITTED THROUGH
**360**
SCHOLARSHIPS



## EDUCATION



## SANITATION

**TOILETS SUPPORTED**

**2,104**
RURAL HOUSEHOLD TOILETS

**1,192**
URBAN HOUSEHOLD TOILETS

IMPROVED NUTRITION FOR
**1,03,431**
MOTHERS AND CHILDREN

CHILD SAFETY PROGRAMMES FOR
**1,613**
CHILDREN

SUPPORTED CHILD SHELTERS FOR
**1,372**
CHILDREN



## CHILD WELFARE



## DIFFERENTLY ABLED

**355**
SPECIAL CHILDREN & YOUNG ADULTS SUPPORTED

**2,219**
WOMEN & GIRLS EMPOWERED

**1,760**
PROVIDED WITH SKILLING & LIVELIHOOD SUPPORT



## COMMUNITY & LIVELIHOODS

**8%** OF ORGANISATIONS SUPPORTED RECEIVED CORPUS SUPPORT

**16%** OF ORGANISATIONS SUPPORTED RECEIVED CAPACITY BUILDING GRANTS

# healthcare



Photo Credit: Charutar Aarogya Mandal

India has consistently underinvested in its human and social capital, which has consequently led to our low rankings year on year in the Human Development Index. Despite being the fastest growing major economy with a favourable demographic profile, the government's spend on healthcare is amongst the lowest at 1.3% of our GDP. India is still ranked amongst the lowest on availability of healthcare to all; 84% of health expenditure is out of pocket, placing underprivileged families at risk of falling into poverty.

The healthcare sector is vast and complex, with multiple options for choosing the health intervention which we would associate ourselves with. Our focus areas during financial year 2015-16 included:

## 1. Support for Cancer

Support for the diagnosis, treatment, care and rehabilitation of children and adults suffering from cancer, has been our largest area of support within the healthcare vertical.

### 1.1 Tata Medical Centre Trust

Established in May 2011, the Tata Medical Centre Trust (TMC) in Kolkata is a state-of-the-art cancer facility, fast emerging as a well-recognised centre of excellence for patient care, education and research. The hospital was set up in East India, to facilitate treatment for the large number of cancer patients from East and North East India, who were earlier forced to visit cancer care centres across the country, including the Tata Memorial Hospital in Mumbai. With the mission to promote prevention, early diagnosis and treatment of cancer patients, (as also rehabilitation and palliation care), the hospital today sees 700-800 patients every day. A large proportion of the patients at TMC receive the best possible cancer treatment at highly subsidised rates, thus being inclusive for patients coming from all sections of society. Over the first 5 years of operation, TMC is already undergoing capacity constraints putting a strain on its existing infrastructure and staff. Hence, the expansion phase has begun in 2014 and is presently under construction.

The Foundation has committed funds to TMC over a 3-year timeframe starting from 2014-15, towards covering the cost of subsidies provided to underprivileged patients **(~30% of total)** and the operating costs of the hospital.



Paediatric oncology ward at Tata Medical Centre, Kolkata



PET CT Scan at Tata Medical Centre, Kolkata

### 1.2 St Jude India Childcare Centres & Cankids Kidscan



Children at the St Jude Childcare Centre in Hyderabad

The Foundation also supported St Jude India Childcare Centres and Cankids Kidscan. Both the organisations provide comprehensive support to the families of children diagnosed with cancer. These cancer-stricken children coming from smaller towns and villages, are brought to a major city for specialist cancer treatment by their families. The children and their families are often overwhelmed, both with trying to navigate the healthcare system as well as to find affordable accommodation during the many months of treatment. These two organisations assist families with clean residential facilities near hospitals, food & travel, counselling and palliative care (if required), and are located in multiple cities across India.



Children at the St Jude Childcare Centre in Delhi

With the above two grants we were able to assist over **1,100 families** of children with cancer across the three cities of Delhi, Hyderabad and Kolkata during financial year 2015-16.

## 2. Ophthalmological Care

Our support in the area of ophthalmology is towards facilitating eye checks and medical surgeries for preventable blindness mainly benefitting people in rural areas and urban slums. There are ~18 million blind persons living in India today, primarily affected by cataract in their old age. The two major causes of blindness are cataract and uncorrected refractive errors – both of which can be avoided through early detection and surgery, thereby bringing a new lease of life to the patient.

### 2.1 Medical Research Foundation (Sankara Nethralaya)

Sankara Nethralaya, operating under the aegis of the Medical Research Foundation, is a pioneer institution in the field of ophthalmic care, with hospital units in Chennai, an upcoming hospital at Rajarhat, Kolkata and mobile eye surgery units (MESU) in rural Tamil Nadu and Jharkhand. The organisation actively reaches out to low income group patients through their community service wing. Patients are identified during the course of Sankara Nethralaya's rural camps and those in need of complex surgeries are brought to the base hospital in Chennai. It is the only licensed hospital in India today for the MESU, which it uses to regularly conduct eye surgeries in rural areas around Chennai and recently Jamshedpur.

Apart from the basic cataract surgery, other complex surgeries such as retinal/corneal surgeries, glaucoma, oculoplasty etc are also conducted either free or at subsidised rates at their hospital in Chennai. Sankara Nethralaya conducts complex eye surgeries free of cost for an estimated 4,000-4,500 patients each year. Our grant supported **800 complex eye surgeries** for patients having an income of less than Rs 7,000 per month. In addition, our grant also supported a Modular Operation Theatre in the community ophthalmology building under construction in Rajarhat. Seeing the critical need for quality eyecare in East India, a separate community building at the new hospital will exclusively cater to patients from Kolkata and North East India who are economically un-affording.



### 2.2 Vision Foundation of India (VFI)



Eye camp in progress by Vision Foundation of India

VFI was established in 1993 by Dr Kulin Kothari, a Mumbai based eye surgeon, with the objective of reducing preventable blindness and eye diseases in India. VFI regularly undertakes eye check ups and free/highly subsidised surgeries for cataract, glaucoma and other eye diseases at its Mumbai eye centre. VFI also operates outside Mumbai, through partner tie-ups with charitable eye hospitals across Maharashtra, Gujarat and other states, which are suitably equipped and staffed with skilled eye surgeons. Our Grant to VFI will be utilized for **5,700 free eye surgeries** for needy patients.

## 3. Programmes addressing Communicable Diseases

We supported programmes addressing two communicable diseases i.e. Leprosy and Tuberculosis (TB). Though there is a lot of stigma and misinformation surrounding both these diseases, with concentrated efforts and the right approach, they can be controlled and cured, if diagnosed in time. Whilst the incidence of new cases of Leprosy has largely been noticed across rural areas of Bihar, Uttar Pradesh, Odisha, Gujarat and Maharashtra, TB has seen a national spread across urban slums and rural regions, with India having the highest burden of TB cases globally, estimated by the World Bank at 2.2 million new cases in 2014-15.



Leprosy patients being examined by health workers in Maharashtra

### 3.1 ALERT-India

For Leprosy we supported ALERT-India, a Mumbai based organisation working in the field of leprosy control for over 36 years. ALERT-India's Leprosy Elimination Action Programme (LEAP) works across rural & peri-urban areas in Maharashtra along with the public healthcare system, to ensure early detection, capacity building for community health workers, rehabilitation of patients and the provision of aids to persons affected by leprosy.



Patient being fitted with an aid produced by ALERT-India

Our Grant was used towards implementing LEAP in 11 endemic districts of Maharashtra, thus reaching **over 3,000 beneficiaries**.

### 3.2 Public Health Foundation of India (PHFI)

We supported PHFI for a programme to be implemented in Meerut city, Uttar Pradesh, which will educate and strengthen the capacities of private practitioners for treatment of TB. The key to stemming the spread of this disease is to ensure correct and timely protocols are followed for TB treatment, before it reaches the stage of becoming drug resistant. The Revised National Tuberculosis Control Programme (RNTCP), the Government of India's TB programme aims to achieve universal access to TB control services. However, there are still a significant percentage of patients who continue to avail the services of private practitioners, who are largely unaware of the correct treatment and notification protocols. Over a two-year timeframe, our programme with PHFI will strive to achieve this objective for the private sector practitioners in Meerut. The project aims to reach **1,200 persons** in Meerut including doctors, existing TB patients and vulnerable communities.

## 4. Transformative Surgeries for Children

During the year, we supported 2 different organisations in providing free/subsidised surgeries which are not just prohibitive in costs for the families of such underprivileged children, but are transformative and life-altering for the children themselves, helping them to overcome societal stigma and re-enter the education system post their surgery and rehabilitation.





### 4.1 HDFC Hears You – Our cochlear implant programme with Dr Milind Kirtane

The cochlear implant surgery programme was started by us in 2015 in association with Dr Milind Kirtane at the Hinduja Hospital in Mumbai, which has an active cochlear implant programme running since 1996. We jointly designed a financial support programme 'HDFC Hears You', to support cochlear implant surgeries for profoundly deaf children from economically deprived families. The children supported by us have all come from rural Maharashtra and/or the urban slums of Mumbai, seeking specialist treatment for the same from Dr Kirtane. The selection criteria is based on set out income criteria of the family and age of the child, giving preference to extremely impoverished rural families, girl children, children with a single parent or one or more disabled parents.

An integral part of this surgery is the mandatory, post surgery rehabilitation that is required to be undertaken by the parents. The process and costs of rehabilitation are explained upfront to the parents by Dr Kirtane's team; children are only considered for the surgery, after their parents commit to undertake this rehabilitative process. This is an integral part of the programme to ensure its successful impact on the lives of both the child and the family.

### 4.2 Maaya Foundation (Maaya)

Maaya was started as a charitable trust in 2006 by Dr Krishna Rao, a pioneer in India for Cleft, Palate & Craniofacial surgeries. He started Maaya to surgically treat underprivileged children born with various forms of facial deformities, which can medically impact the health of such children, sometimes even causing death in severe cases. Dr Rao conducts these surgeries free of cost for such children, through donor funds raised by Maaya. The children are identified in rural areas by the social outreach team within Maaya, who are then brought to Bangalore for the surgery. Craniofacial surgeries are often done in multiple stages, where the Stage 2 and 3 surgeries are spaced out over a few years, to observe and allow development of the child after the initial surgery.



Child being examined by Dr Krishna Rao

With a view to increasing the reach of their activities and providing better accessibility to children in need of such surgeries, Maaya has started additional centres in Navi Mumbai and Srinagar in financial year 2015-16, through tie-ups with hospitals to provide infrastructure and other facilities to aid such surgeries.



Charutar Arogya Mandal's rural outreach in Anand

## 5. Capacity Building and Institutional Support

Other than direct programme support, we also provided grants for building the capacities of medical institutions through corpus or capital expenditure.

### 5.1 Charutar Arogya Mandal (CAM)

CAM was set up as a charitable trust in 1972 with the objective of providing modern and professional healthcare to the rural community across the Anand and Kheda districts in Gujarat. The Shree Krishna Hospital (SKH) is a tertiary and specialist care hospital based in Karamsad, Anand district and the primary healthcare channel of CAM. It is a 550-bedded teaching hospital and research centre, serving rural

communities in the 100 km stretch between Baroda and Ahmedabad in Gujarat. Its prime location sees a large influx of critical patients coming in for trauma care services. Being a charitable hospital, it largely provides subsidised medical services to low income patients, resulting in substantial operating cost deficits each year.

We have contributed to the corpus of CAM to assist them to self-sustain some part of their operating costs.

**5.2 The Childs Trust Hospital (TCTH)**

TCTH is a multi-speciality, paediatric hospital located in Chennai. For close to 40 years, TCTH has been providing high quality, specialist care to children coming from across India, largely from the lower socio-economic strata. It has grown from a 4 bedded hospital to a 220 bedded hospital today, with the introduction of several multi-specialty facilities, a post graduate teaching diploma, a centrally recognized medical research foundation, to the most recent being the addition of a Bone Marrow Transplant Centre. To date, close to 2/3 of the beds belong to the General Ward where patients are charged a very nominal rate. The hospital was in need of a major infrastructure and equipment upgradation, for which the new management have been on an aggressive fund raising exercise over the past 18 months. A large part of this upgradation is already complete and comparable to the best medical facilities and care available in a private hospital in India today.

We have supported TCTH for different parts of its upgradation expenditure, including a new world class, Modular Operation Theatre used for critical surgeries.

**5.3 Marrow Donor Registry India (MDRI)**

MDRI was started in 2008 by a team of professional doctors led by Dr Sunil Parekh, to create a registry of voluntary, unrelated stem cell donors in India, to facilitate bone marrow transplants for patients suffering from leukaemia, thalassemia and other blood related disorders. MDRI is registered with the World Marrow Donor Association and has a database of close to 30,000 voluntary donors in the Registry today.

In order to enable MDRI to be competitive by reducing the costs of testing, as also time required to find a perfect donor match in compliance with global standards, they required to purchase high resolution testing equipment as used by other global registries. We have supported them for the purchase of this capital equipment.





## Stories of Change

### Sanskar's Story



Sanskar after surgery

My son, Sanskar Yadav was 2 years old and was not speaking. We were worried because other children his age were already talking. We took him to an ENT Surgeon in Miraj (a small city in southern Maharashtra), who straightaway told us that this child cannot hear and will need a cochlear implant surgery. We did not know what a cochlear implant was, but were devastated on being told that our child could not hear. The thought of surgery also scared us. We came to Mumbai looking for a solution. Sanskar underwent detailed testing and was fitted with hearing aids and therapy was started. However even with the most powerful hearing aids he had no benefit. We were told once again that Sanskar would require a cochlear implant. The cost of a cochlear implant surgery was too high and we could not possibly afford it. We continued with the hearing aids hoping he would hear somehow. Sanskar also had behavioural problems and hyperactivity due to his hearing loss.

My sister-in-law heard that Dr Milind Kirtane at Hinduja Hospital in Mumbai was well-known for cochlear implants and that his center also helped patients to secure funding from donors. Sanskar was 4.5 years old by then. When we met Dr Kirtane he told us that he would try to help us find donors, but since Sanskar was already 4.5+ years old, our options would be limited as most donors only funded very young children below 4 years. We were disappointed as we could not possibly arrange for such kind of money.

Someone we knew suggested that we enrol Sanskar in a deaf school and so we started sending him to a school in Airoli (Navi Mumbai). But even after two years there, all that he would do was babble and make some sounds, scream and shout. We had lost two more years by then. Sanskar was already 6 years old. Although we had given up all hopes of our child being able to hear or speak, we again approached Dr Kirtane as a last resort. We were hoping he would help us find a way to make our child hear and speak. This time Dr Kirtane told us that he would be able to arrange about Rs 6 lac which were being donated by HDFC for the actual implant and we would have to contribute some portion for the hospitalisation costs. We arranged for the balance funds and Sanskar finally got operated on 4th January 2016. His implant was switched on 2 weeks later and we started with the mapping and therapy.

Today 6 months after his implant, Sanskar can hear us and speak some words. His hyperactivity has completely disappeared. Dr Kirtane and HDFC have saved my son's future and given him a new life. This implant has also given me a sense of completion as a mother, as now my child can hear me and respond to me when I talk to him.

***Narrated by Urmila Yadav, Sanskar's Mother***

## Stories of Change

### Chethan's Story


Chethan Before


Chethan After

Chethan was unable to open his mouth as he was born with a complete fusion of his mouth opening joints. However it was only when he attained the age of 3, that his family recognised the gravity of the issue. Till then he was being fed only milk. The severe difficulty in eating meant the maximum weight he ever attained was 27 kilos and he remained at this weight till 23 years of age. His deformity also led to a condition called obstructive sleep apnea which caused him to snore very loudly and he would have at least 10 episodes every night of being unable to breathe at all.

Chethan attended school and initially was performing well - he became fluent in Kannada, Hindi and English until his physical and psychological issues pushed him to a corner. By Standard IX, he was being teased and bullied by his classmates for his appearance and speech to such an extent that he felt embarrassed and stopped attending school. When Chethan was asked what was he dreamed to become, an engineer, doctor or agriculturist, he replied promptly - 'I only want to breathe normally'.

His parents had consulted a few specialists over the years and were always told that he needs surgery, but there was no guarantee as to what would happen during the surgery. They were also informed that the cost of treating him would be prohibitive and between Rs 5-10 lac. By a serendipitous event, Chethan and his father came to Chinmaya Mission Hospital to see a family member, at the same time Maaya Foundation was performing a surgery at the hospital. One of the team members of Maaya Foundation spotted him and spoke to his father about the possibility of getting Chethan treated successfully, free of cost.

Finally after several rounds of counselling, Chethan and his father agreed to have the surgery done. Chethan underwent a series of surgeries over a period a 1.5 years in order to achieve his current appearance, and the ability to open his mouth and eat normally. In fact, his disturbed sleep pattern completely reversed and he no longer snores or has difficulty in breathing. His heart has also reverted back to normal size and significantly improved its functioning.

His father has now enrolled him to write his Standard X exams in April 2017 after which Chethan hopes to get a job in Bangalore. He has now gained weight after his final surgery and weighs 33 kilos from the previously stagnant 23 kilos. The family hopes to see him put on some more weight, finish Standard X, get a job and then get him married in a year or two.


Photo Credit: Teach to Lead

In a developing economy, education can be the great leveller and the most powerful tool to help break the poverty cycle. Schools that are run or supported by the government dominate India's educational landscape and account for 2/3rd of the K-12 (Kindergarten to Standard XII) segment. However, right from the primary level, government schools on their own have often not been able to deliver the required quality. As a result, India is grappling with a weak public education system that is having a cascading effect on the entire education sector. Despite having a high enrolment ratio, children in India progressively drop off the education ladder - the drop out ratios just at the primary level are estimated at 50% for boys and 58% for girls. As one goes further, the effects of the weak foundation become even more glaring, as fewer students go on to pursue their higher education and even fewer are able to have the skill sets to meet the job expectations of their employers.



Classroom session at VidyaGyan School in Bulandshahr



Students at VidyaGyan School in Bulandshahr

There is no single solution for improving and transforming the educational system in India, rather a confluence of a number of favourable factors is required to address this challenge. Therefore, we have undertaken several initiatives aimed at ensuring improved access, strengthening of education institutions as well as programmes aimed at providing holistic education for children and youth.

## 1. Scholarships

We strongly believe that every student deserves an opportunity to further one's education. By providing scholarship assistance to deserving students, we aim to create an enabling environment for their greater success. We have carefully selected organisations which comprehensively develop students through the scholarship programme:

### 1.1 Shiv Nadar Foundation

The Foundation is providing support to **72 students** who have cleared their Standard XII from VidyaGyan School (VidyaGyan) in Bulandshahr, Uttar Pradesh. VidyaGyan has been established by the Shiv Nadar Foundation to bridge the massive urban-rural divide and create leadership in rural areas through transformational education and exposure.

VidyaGyan strives to provide high quality school education to students from all the 75 districts of Uttar Pradesh. There are two residential schools located in Bulandshahr and Sitapur, both in Uttar Pradesh. Students are selected from Standard VI to these two schools through a competitive entrance exam based on certain criteria. (i) All the students selected are rural children from vulnerable and marginalised communities in UP and; (ii) the parents income must be less than Rs 1 lac per annum. Post admission, these schools also provide nurturing, grooming, mentoring and awareness to these students.

The first batch of 187 students graduated from the school in Bulandshahr in 2016. The students supported by the Foundation would be pursuing their higher education in various careers in the fields of medicine, engineering, finance, hotel management etc.



## Stories of Change

**Shikha's (an HTPF Scholar) Story**

Shikha, hails from a village near Bulandshahr from a family of five. Her father is a small-time farmer and her mother is a housewife. Shikha's family lives in a kutcha (mud-brick) house, which also belongs to the elders from the joint family system. The only girl child amongst two brothers, Shikha's life constituted little more than helping her mother with the household chores and attending the government primary school. That too with significant absenteeism, as her primary responsibility was helping manage the house. However, even her sporadic attendance at the school was enough for her school teachers and principal to identify that she was a sharp student with a sense of curiosity and hunger to learn.

Therefore, when the VidyaGyan Leadership Academy reached out to the state primary schools through the Government of Uttar Pradesh, to identify the best students who could potentially study at the academy, Shikha's name was recommended for the girl child category. Shikha was part of the batch of 10,000 students who took VidyaGyan's first entrance test in 2009 and was selected as one of the 187 students who constituted the Founding Batch of the school.

While Shikha was surprised to be selected to attend the VidyaGyan Leadership Academy and nervous about being away from her family, her parents were eager for her to have the opportunity and access to world-class education. As a young child Shikha misinterpreted their enthusiasm, to the sheer desperation of having one less mouth to feed and absolving themselves of taking responsibility for their girl child.

It was of little surprise then that Shikha had made up her mind to quit her studies as soon as she walked in through the gates of VidyaGyan, wanting to return to her village and her family. It was then that the school Principal and the other teachers took it upon themselves to counsel her and help her adjust to the school environment, knowing that girls need more time to adjust when moved out of their safety nest.

Over the past seven years at VidyaGyan, Shikha not only settled well to her surroundings but soon excelled in academics. Her story is remarkable not because education has turned around her life but because she has been instrumental in touching the lives of her peers in her village and motivating them to pursue education.

The girl who had threatened the Principal in grade VI to take drastic steps if not sent home, has today topped the Standard XII examinations with 97% marks.

She has set an example in her village that girls can excel if given the right platform and opportunity.

Shikha's transformative journey has led her to securing admission in one of India's top colleges, Lady Shri Ram College in the University of Delhi. Today, inspired by her journey, Shikha's entire village enthusiastically bats for girls' education and treats them equally with the male children – a major achievement in the social context of gender-based discrimination rampant in the country.

Shikha is now pursuing BA (Hons) in Psychology and is concentrating on excelling in her new environment where she has to compete with some of the best students from across India. The support by the H T Parekh Foundation towards her course fee, living expenses and a laptop to help her with her studies ensured that Shikha and her parents do not have to take on the unaffordable burden of a loan. The next three years will further define Shikha's life and hopefully she will continue to excel in all her endeavours.

### 1.2 International Foundation for Research and Education (IFRE)

IFRE is the sponsor body of Ashoka University. The University, which started operations in 2011, aims to be India's premier liberal arts university in the tradition of Ivy League and top-ranked global institutions. The Ashoka University campus is located on 25-acres in the Rajiv Gandhi Education City in Sonepat, Haryana. We are providing **90 scholarships** over a two year time-frame, to students who are attending Ashoka University's post graduate programme called the Young India Fellowship (YIF).

Currently, the Indian higher education system has been narrow and restricted, and focuses on specialisation too soon. The education system also assumes that an individual will stick to a single career for his/her entire life. As a result, many students are unable to obtain other skills that are required in a dynamic environment to prepare the mind for further studies as well as a wide range of professions where analytical abilities, critical thinking, communication and leadership skills are valued.

YIF is a liberal arts programme for graduates who wish to pursue a multidisciplinary education. This programme is a one year, fully residential programme. Students are from diverse socio-economic as well as varied educational backgrounds, such as engineers, lawyers, entrepreneurs and economists. Students are from across India and selected by the University purely on merit.



Visiting faculty at Ashoka University



Class in progress at Ashoka University

### 1.3 Bombay Community Public Trust (BCPT)

BCPT is the first community foundation in India and was set up as a model organisation with the primary task of administering public funds for improving the quality of life of Mumbai's citizens. BCPT supports projects in various fields such as education of children and youth, care of senior citizens, women's empowerment, support for the girl child, health & nutrition and community development.

BCPT has established a scholarship programme wherein the major beneficiaries are underprivileged children and youth in Mumbai who pass out from either Standard X or Standard XII. The parents of these students are from lower income groups and belong to various professions such as taxi drivers, vegetable vendors and municipal corporation workers. We are supporting **76 students** for their higher education.

## 2. Supporting Quality Education in Urban Cities

Quality education in urban government schools is largely ignored, though it can be one of the key areas to reforming our cities. We believe that investments in strengthening school management, teacher training and creating a conducive class room environment would aid in improving the quality of schools as well as the students.





### 2.1 Akanksha Foundation (Akanksha)

Akanksha has been working in the area of urban education for underprivileged children since 1990. They impart formal school education (linked to the Maharashtra State School Board) through 16 schools, reaching ~5,000 students across Mumbai and Pune. They have been working in a Public Private Partnership (PPP) model with the municipal corporations of Mumbai and Pune, using their infrastructure support. Akanksha provides trained teachers, school books and all other educational support for the children, who are taught in English.



Children at a Teach for India school

We are supporting the Shindewadi Mumbai Public School located in Dadar, Mumbai, which has classes from Junior Kindergarten to Standard IX covering around **450 students**. It is a municipal corporation owned school, in which a part of the school building has been provided to Akanksha to run the State Board curriculum.

Most of the children attending the school reside in the surrounding slum communities. Their parents are mostly illiterate and just a few have completed their primary education. Only 10% of the parents work in the private sector; the rest primarily work with the municipal corporation.

### 2.2 Teach to Lead – Project Teach for India (TFI)

Founded in 2008, TFI is a part of the Teach For All global movement. Through its Fellowship programme, TFI recruits India's most promising college graduates and high performing young professionals to serve as full-time teachers in low-income schools (government, government aided and small private schools) for 2 years.

The Foundation is supporting **46 Fellows** in 3 southern cities of Hyderabad, Chennai and Bangalore. 1,610 students across 27 government and small private schools are being impacted by the programme supported by us. The Fellows work tirelessly with these children, putting their students on a fundamentally different life path. They employ innovative teaching strategies to maximise their effectiveness in the classroom.



## 3. Rural Education

Nearly 70% of India still lives in villages and therefore the extent of reach of rural education is of critical importance. Further, quality of education, particularly in reading, science and mathematics leaves much to be desired. Lack of proper textbooks, fewer committed teachers and poor school infrastructure continue to plague the rural education system. Positively, a growing number of people residing in villages have realised that education is the only path for them to get out of their poverty cycle. Our commitment is to view rural education holistically and support organisations which are introducing innovative, yet feasible strategies to enhance education levels in rural India.



Doosra Dashak camp in Sirohi

### 3.1 Aseema Charitable Trust (Aseema)

Aseema runs three government schools in Mumbai under the municipal corporation's PPP model. In each of these schools, Aseema provides teachers who are oriented to Aseema's child friendly approach, making the learning environment stimulating and creating a culture that respects the child and promotes learning.

Aseema also has a school which is under construction at Igatpuri in Nashik district. The school, called the Aseema Bal Shaikshanik Kendra, is being constructed on a 14 acre land parcel, envisioned to be a quality educational institution for the tribal children of Igatpuri. Phase 1 of this school is already operational with 152 students (Up to Standard VII). Largely focused on learning by executing, the school also offers its students training in sports, music and art. It is free of cost for the children, including their tuition fees, uniforms, books and two meals cooked in the school.

Phase 2 of the school is presently under construction and will have a capacity for 500 children up to Standard X, once completed. The school plans to offer its students a comprehensive curriculum as well as vocational training facilities. We are supporting the construction of a multi-purpose science laboratory and two toilet blocks for the school.

### 3.2 Agastya International Foundation (Agastya)

Agastya runs the world's largest mobile, hands-on science education programme for economically disadvantaged children. Through its programmes, Agastya has reached out to over 60,00,000 children and 2,00,000 science teachers across 18 states in India. By making practical, hands-on science education accessible to rural government schools, Agastya aims to transform and stimulate the thinking of these underprivileged children and rural teachers.



Bio Diversity Centre at Agastya's Kuppam campus

Agastya has a 170 acre campus at Kuppam in Andhra Pradesh. Students from surrounding villages and towns and from across India, visit this campus to attend the science, art, astronomy and multimedia labs. We have supported the construction of a Bio-Discovery Centre at the campus. The Centre aims to be an immersive, engaging and fun experience for children and to provide beneficiaries with a foundation in biology.



### 3.3 The Foundation for Education and Development – Project Doosra Dashak

Doosra Dashak is focused on the education and development of adolescents in the 11-20 year age group, to make it a lever for social and economic development. The project has been making relentless efforts in the realm of educating, organising and empowering adolescents, youth and women belonging to the most socially and economically marginalised communities in the remotest rural areas of Rajasthan to enable them to act as potential harbingers of social change. The Doosra Dashak project is spread across 9 village blocks over 7 districts of Rajasthan.



Magic Bus activity session at Dahanu

The Foundation is supporting Doosra Dashak in Desuri (Pali District), Pindwara (Sirohi District) and Laxmangarh blocks (Alwar District). In each of the blocks, there is a 4 month residential camp and short-term, life skill training programmes for adolescent school dropouts. In these 3 blocks, besides enhanced learning skills (holistic curriculum addressing literacy, mathematics and science), understanding of the adolescents is being developed on issues such as health, gender sensitivity, religious harmony, personal cleanliness and local governance. Doosra Dashak also runs follow-up education centres which act as village libraries and information centres. In these centres, girls are persuaded to further their education and are exposed to various aspects that encourage them to secure their rightful place in the society. The aim of the Foundation supported project, which has impacted **3,412 children**, is to ensure that the participants go back to mainstream schools.

### 3.4 Magic Bus India Foundation (Magic Bus)

Magic Bus is one of the largest sports-for-development organisations, which uses the mentorship programme to engage underprivileged children. The Foundation is supporting Magic Bus to implement their programme for **6,500 children** of the Warli tribal community in 25 villages of Dahanu area in Maharashtra. Despite being close to Mumbai (approx 3 hours drive by road), the Warli community are known to avoid influences of modern urbanisation. The programme empowers children, youth and communities to engage in the areas of education, health, gender, leadership and livelihood to enable them to break through the poverty cycle. Magic Bus uses sporting activities and games in each session with children to make them fun and appealing.

Magic Bus aims to create long-term behaviour changes in the child through its programme. Further, the Magic Bus programme is delivered by youths from the targeted communities. Magic Bus trains these youth called community youth leaders in leadership skills through the youth development programme. After a few years these youth go back to their villages and assume leadership positions, thereby infusing new ideas and bringing about positive change in their communities.

## Stories of Change

### Seema's Story

Seema Kumari belongs to the Garasiya Community (a Tribal Caste) of Rajasthan and has 3 siblings. Her father is no more and the only earning member of her family is her mother, who is a sculptor.

Seema dropped out from school in Standard III. However when she was 13 years of age, she enrolled in the residential camp organised by Doosra Dashak at the Pindwara block of Sirohi district, Rajasthan. During the stay at the camp, Seema was able to read short stories in Hindi, write paragraphs and perform Standard V mathematics.

Immediately after completing the 4 month camp, she was enrolled in the Kasturba Gandhi Balika Vidyalaya (KGVB) scheme of the Government of India. This scheme provides educational facilities for girls belonging to scheduled castes, scheduled tribes, other backward classes, minority communities and families below the poverty line in educationally backward blocks. During her education at KGBV, she was provided constant hand holding support by the Doosra Dashak team.

And there was no looking back after this...today Seema is doing her Masters in Arts in English Literature in a well known college of Udaipur and she is also preparing for the government Civil Services Examination. When she is at the Pindwara block during her vacations, she teaches computers and english to other children enrolled in the Doosra Dashak programme.

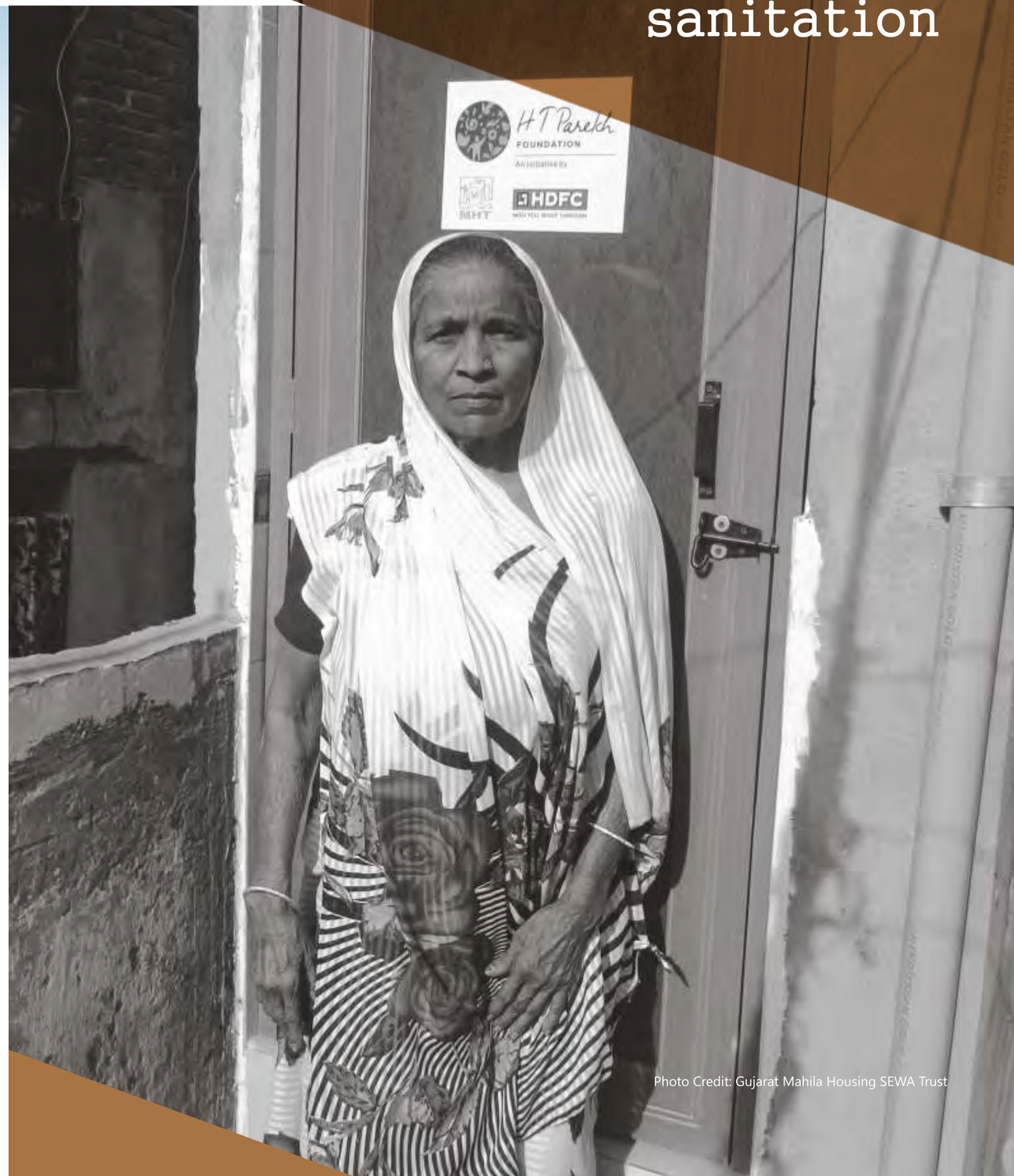



Photo Credit: Gujarat Mahila Housing SEWA Trust

Understanding the importance and need for sanitation as a key input for good public health and hygiene, HDFC was one of the few corporates who had partnered with Sulabh International way back in 1989, to build public toilets at prominent locations in Mumbai. With the launch of the Swachh Bharat Abhiyaan in October 2014, which promotes the need and importance of sanitation at a national level, we have considered this a thrust area for CSR support, in both urban slums and rural areas. We have partnered with experienced organisations working in the water and sanitation area for over 15 years, who are deeply connected with the communities they work with.



A community awareness workshop by Shelter

All our sanitation interventions are preceded with behavioural change education undertaken by our implementing partners to ensure a buy-in from the community for the programme. Another common feature across all our sanitation programmes has been our approach to supporting 'individual household toilets', which creates clear ownership of the asset by the family, security for women and girls and their long term maintenance, which then steers the path for the urban and rural settlements to become open defecation free.



Beneficiaries with the toilet constructed by Shelter

Recognising the multi-pronged impact that investment in the sanitation sector has in terms of reduced burden of health costs, ensuring the dignity of women and girls and their security (especially during nightfall), we are committed to continue support to this sector in the coming years.

## 1. Urban Sanitation

The unplanned growth of Indian cities and sustained migration from rural areas, has resulted in the development of large, unorganised slums which often lack basic amenities such as electricity, sanitation and sewage infrastructure and access to clean drinking water. The acute shortage of living space in many such slums, coupled with very few or dysfunctional community toilets, leads to rampant open defecation within and along the perimeters of such slums. During financial year 2015-16, we supported two organisations across New Delhi, Kolhapur and Pimpri-Chinchwad (both in Maharashtra) for community-led sanitation programmes.

### 1.1 Shelter Associates (Shelter)

Shelter started its operations in 1993 in Pune, with the aim of reaching out to the urban poor living in slums with sustainable solutions for both housing and sanitation. The organisation's philosophy of 'One Home One Toilet' aligns with our approach to sanitation. Shelter uses robust data collection techniques (GIS mapping) to determine the status of existing slum infrastructure across the city, prior to commencing any project. The organisation works closely with urban local bodies for the successful implementation of urban sanitation projects. Shelter's projects are both data driven and community centric, wherein the demand for a toilet comes from the beneficiaries' along with their contribution, either via labour or funds.

We first supported Shelter for a pilot sanitation project **(162 toilets)** in two slums of Pimpri-Chinchwad, a highly industrialised zone in the Pune Metropolitan region. The project was completed in 6 months, since the data mapping and collection was previously completed. Our association with Shelter was extended with a larger grant for a similar project in Kolhapur, a Tier 2 city in Southern Maharashtra for **527 toilets** across 2 slums. This project installed a Biogas plant in one slum, where there was complete absence of sewage infrastructure. The pipelines from the households to the Biogas plant were laid by the municipal corporation during the tenure of the project, as part of the partnership role with the government.

### 1.2 Gujarat Mahila Housing SEWA Trust (MHT)



Under-construction toilet by MHT in Delhi



Completed toilet

Gujarat Mahila Housing SEWA Trust (MHT) is a sister organisation of the Ahmedabad based women's cooperative, Self Employed Women's Association (SEWA). MHT has been working in the slums of New Delhi in the area of water and sanitation since 2007. Through MHT we supported a project in 4 resettlement colonies of East and West Delhi. The largest of these i.e. Savda Ghevra in West Delhi, lacks basic infrastructure facilities such as drinking water, sewage pipe lines and transportation access, as also limited livelihood opportunities for its 20,000+ households. MHT works through a subsidy (donor funds) cum micro-finance model, with the community's contribution primarily being labour. Our grant supported the construction of **500 toilets** over one year, along with community mobilisation and behavioural change.

## 2. Rural Sanitation

Open defecation has been prevalent in rural areas for decades and is the socially accepted norm. In rural India, space constraints are not the issue; the issues is access to water and the social and cultural stigma of having a toilet in the house. Accordingly, our sanitation programmes in rural areas involve large investment in time, to create awareness on the health risks and costs related to open defecation, and change in mindset. Investment in infrastructure creation, especially in hilly areas, also involves both time and money. Our key partners for rural sanitation were Gramalaya in South India and Himmotthan Society in North India.

### 2.1 Gramalaya

Gramalaya has been working on water and sanitation interventions in the southern states of Tamil Nadu, Karnataka and Andhra Pradesh since 1997. It has constructed around 100,000 household toilets and 100 school toilet blocks as of date. In 2015, the Ministry of Drinking Water and Sanitation,

Government of India appointed Gramalaya as the National Key Resource Centre for providing Water, Sanitation and Hygiene training and capacity building to senior government officials and non-profits in Andhra Pradesh, Karnataka, Telangana and Tamil Nadu. The trainings take place at Gramalaya's residential training center in Tiruchirappalli district, Tamil Nadu. It is the only training center in India for toilet technology training, showcasing more than 25 toilet models and their applicability across different terrains and cost structures. They work across urban slums also, although their core work is in the villages, driven by the women's groups empowered within a community.



Under-construction toilet by Gramalaya in Trichy



A completed toilet with a beneficiary

The Foundation has undertaken a pilot project for **150 toilets** with Gramalaya in 3 villages of Kolakkudi Panchayat of Trichy district, Tamil Nadu. It is a short duration project for 6 months, aiming to make 2 of these villages open defecation free on completion.

## Stories of Change — Prabha's Story

We did not have a toilet at home; thus my 16 year old daughter had to go to the community toilet and wait in the queue for a long time. Due to this she would regularly miss school. When her teachers and friends asked her the reason for her absenteeism she was unable to tell them the truth. She would feel inferior and extremely embarrassed. After the toilet was constructed by MHT in our home, she overcame this inferiority complex and her confidence has increased. We are also relieved as far as her safety is concerned, she was unable to visit the community toilet after dark, as it is far from our home and unsafe at night. She would also not drink water in the evenings for fear of going to the community toilet at night. Now she is ready to go to college and pursue higher studies.

### 2.2 Himmotthan Society (HS)

Himmotthan Society, (an implementing agency of the Tata Trusts) in the northern hilly state of Uttarakhand, works across livelihoods, water and sanitation in close partnership with the government of Uttarakhand and the local communities residing there. We have supported HS for a large, multi-year project covering both water security and sanitation, in one block of Pithoragarh district in Uttarakhand. The project is a joint initiative of the Tata Trusts, the H T Parekh Foundation, State government and local community.



The project aims to ensure water security, for both, potable drinking water and sanitation for an estimated **300 villages** in the block. The project is being executed over a 3 year timeframe, covering the required water infrastructure for **6,400 household toilets and 20 school toilet blocks**. The project is presently in the initial stages of implementation, with the baseline survey completed. At the end of 3 years, HS will endeavour to target the following:

- Reduce drudgery of women, for time spent in fetching water from over 5 hours at present, to 1 hour
- Reduce average distance to collect water from 2,500 metres to ~ 20 meters
- Increase water availability from 5-10 litres per person per day to 70-100 litres per person per day
- Make project villages 100% open defecation free
- Reduce average medical expenses per household, resulting from water borne diseases and open defecation by 75%



Access to safe drinking water for villages in Uttarakhand

## Stories of Change — Pramila*tai*'s Story

At the early age of 10, Pramila*tai* was diagnosed with a physical disability. She could not walk properly and her condition was slowly deteriorating each year. After a failed first marriage, she was married off to a widower who had 2 children, both girls, of his own. She took on the role of a mother immediately and raised his 2 children as well her own. All her married life she sat in the house and did all the housework.

Her family, being in a financial crunch, could not afford to build a separate toilet for her to use in the house. They made a provision for her in the existing 'mori' (bathing area) inside the house by digging a hole inside the mori itself. Her family had to help her use the toilet whenever she needed to. For 30 years, Pramila*tai* could not walk to the toilet to relieve herself. Her self esteem was hit badly by this. Not only did she feel embarrassed that she had to defecate in the mori, but also terribly guilty of being entirely dependent on her family.

Eventually, her husband passed away and her children married and left their home. Pramila*tai* was left helpless and without support. In such a time, her family members came to her aid to help in whatever way they could. Pramila*tai's* siblings and more importantly her mother, were her emotional backbone and support. Her mother saved money little by little and when she had enough saved, she took the help of Shelter Associates and built a toilet for Pramila*tai*.

Pramila*tai* feels grateful to her family and Shelter Associates for helping her get her dignity back. After 30 long years, she can now finally live her life with self-esteem and pride. Despite all the hardships she faces daily, Pramila*tai* is always seen with the most radiant smile on her face.

****Tai is a common term used in Maharashtra to refer to a woman. Literally translated, it means sister.***

# child welfare

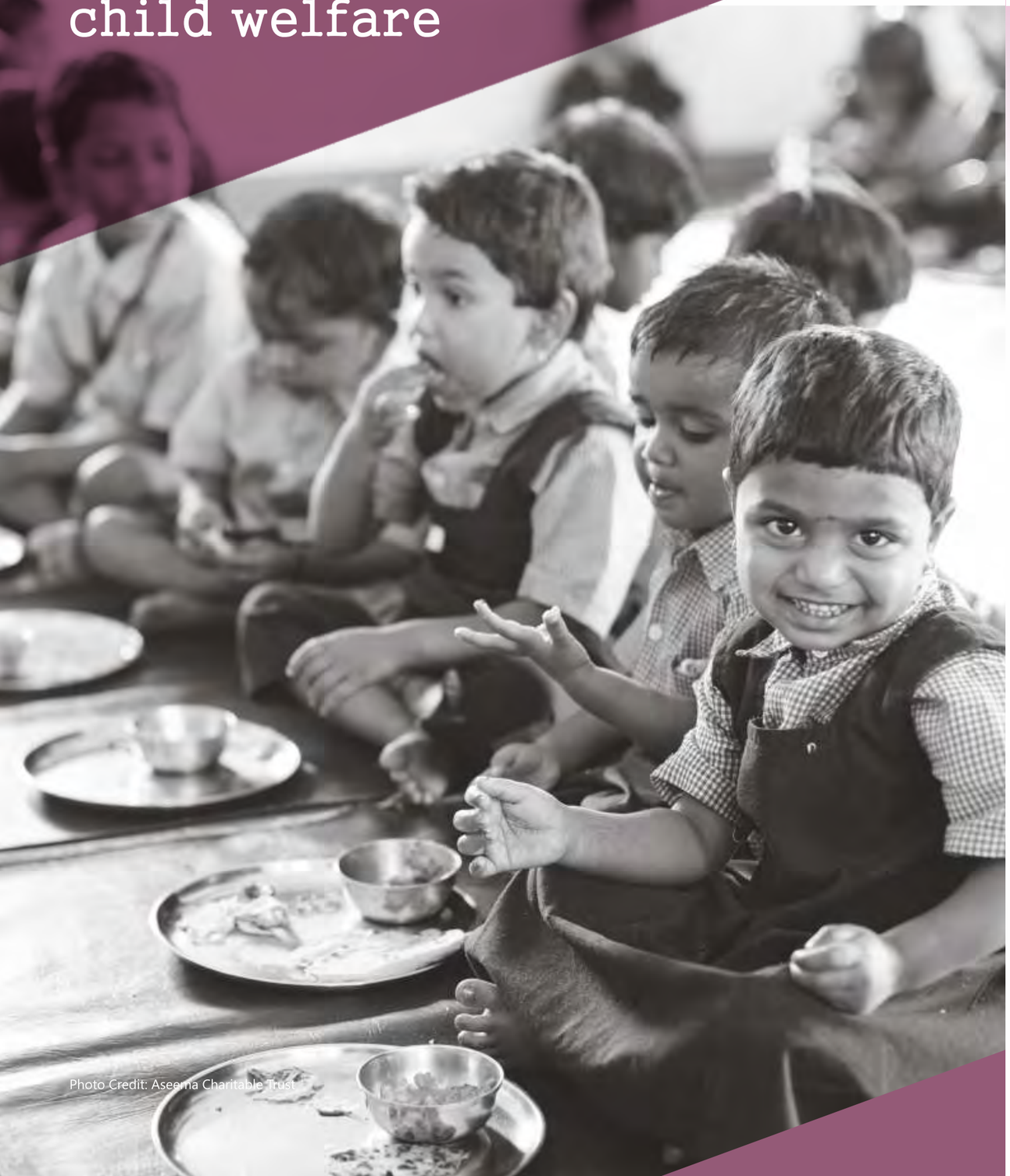


Photo Credit: Aseema Charitable Trust



Every child represents an unlimited potential that needs a nurturing, safe and enabling environment to grow up in. It has been rightly said that children are the world's most valuable resource and its best hope for the future. The world acknowledges that one of India's greatest strengths is its demographic profile, where over 40% of its population is below the age of 18 years. Having such a young population is promising for the future of the country, as it signifies that India will have the youngest workforce in the world. We must therefore invest in building stronger children, as assets for the future of our nation. In a country like India, social issues related to child welfare are numerous. We have chosen to focus on two critical issues, child malnutrition and child protection against abuse.

## 1. Addressing Child malnutrition

One of the largest issues facing children in India today is the lack of adequate nutrition during their formative years, leading to developmental disabilities, stunted growth and even death, in severe cases.



Nutrition session for mothers

### Community based nutrition programmes

The objective of community based nutrition programmes targeted at maternal and newborn child health and nutrition is to bring about awareness and sustainable behavioural change to tackle the issue of malnourishment. Women facilitators are recruited and trained from within the community, who in turn, reach out to pregnant and lactating women to educate them on the importance of nutrition, hygiene and its long-term impact on the welfare of their children. Children in their caseload are regularly monitored to track whether they are meeting their development goals and are getting the required immunisations.

Nutrition sessions with mothers' groups teach women the best way to optimise available resources to create a healthy diet for their children. Those children who are identified as malnourished are given supplementary nutrition. In cases where children are identified with severe acute malnutrition, they are referred to a government Nutrition Rehabilitation Centre. An important part of the programme is to also ensure that the community is aware of resources and government schemes which they can leverage for themselves.

### 1.1 Bal Raksha Bharat (Save the Children India)

Save the Children India is a member organisation of Save the Children International, and works across multiple states in India in Health, Education, Child Protection and Disaster Risk Management for children.



Weighing of babies by community facilitators

We partnered with Save the Children for a 2-year programme for maternal and newborn health, to be implemented in slums across three wards in east Kolkata. The project aims to directly reach over **33,000 beneficiaries** including adolescent girls, pregnant and lactating mothers and children up to the age of 5 years. At the end of 2 years, the programme aims at increased awareness on various issues of maternal and child nutrition in the targeted slums; better accessibility through basic healthcare services to address child mortality and capacity building grass-root level care providers, for community-based management of malnutrition.



Food being made in an Akshaya Patra kitchen



School children eating midday meals served by Akshaya Patra

**Midday meals in schools**

The Indian government's Midday Meal scheme was launched with the intent of providing a wholesome meal to school children in government and government aided schools, thereby improving their nutritional status and encouraging better attendance. Statistics show that a healthy school feeding programme often reduces dropout rates and can produce up to a 40% improvement in academic performance in just two years.

### 1.2 The Akshaya Patra Foundation (APF)

APF now spearheads the world's largest non-profit run, school midday meal programme. APF works in partnership with the Government of India and the corporate sector, to provide 16,00,000 meals each day in government schools across 11 states in India. APF's focus is on both, the nutritional content of the meal and the high standard of hygiene maintained across all its kitchens, supported by its logistic ability to daily transport the cooked meals on time to the schools.

Our grant to APF has been towards funding midday meals at 2 locations in Uttar Pradesh i.e. Lucknow and Mathura, covering over **66,000 children across 747 schools**. The meal ensures the right balance of fats, proteins and carbohydrates and also considers the food habits and tastes of children living in different parts of the country. Both Lucknow and Mathura have centralised kitchens which are technology intensive, with the capacity for churning out an average of 1,00,000 meals in under 4 hours with limited human intervention. The food is then securely transported to the schools through heat insulated vans to ensure there is no spoilage and quality is maintained.

**Crèches on Construction Sites**

HDFC has consistently supported crèches on construction sites over many years through SAF. The construction sector in India is largely unorganised and dominated by migrants, who struggle to find a foothold in their city of work. As a result, their children are likely to be in vulnerable situations on construction sites, with no formal education or means to access nutritious food.



Children at Tara Mobile Creche, Pune



### 1.3 Mobile Crèches

Mobile Creches offer day care facilities to children of construction workers at the construction sites. In keeping with our focus on nutrition for children, we supported their meal programmes on the crèches at construction sites across 3 cities, i.e. New Delhi, Mumbai and Pune. Through this programme we have been able to reach **over 2,400 children** on multiple construction sites across these 3 cities. By working on construction sites the Mobile Crèches aim to ensure safety, health and education of these often invisible children.

## 2. Community driven child protection programmes

We supported programmes designed with the objective of engaging with and creating awareness in communities towards reducing child vulnerabilities. These programmes try to find sustainable solutions to ensure even the most vulnerable children have the opportunity for a safe childhood.



Aangan's parent volunteers with the school principal

### 2.1 The Aangan Trust (Aangan)

We partnered with Aangan for its 'Parents and Children Against Trafficking' (PACT) programme. The programme aims to prevent and reduce serious child harm such as early marriages, child labour, child trafficking, violence and abuse. Aangan implements PACT in 39 hotspots - locations associated with serious child harm across India. The aim of PACT is to develop a small cadre of child protection volunteers who are able to recognise and respond effectively to such issues, and in turn alert the larger community by raising awareness among the community adults. The PACT volunteers hold parent circles, build community-based girl safety (Shakti) and boy safety (Chauraha) networks, to foster resilience and safety for children, and to ensure regular dialogue with the police and local government officials appointed for child protection.

Our grant was used to support PACT in 6 communities, 4 in Bihar and 2 in Uttar Pradesh. Across the 6 communities, over **100 parent volunteers received nearly 480 hours of training** on key child protection issues.

### 2.2 Childline India Foundation (Childline)

Childline supports the National Helpline 1098 for children in distress. Established in Mumbai in 1996-97, the services of Childline are now present in 350 cities of India and is supported by Ministry for Women & Child Development (Government of India). The organisation works with a network of partner NGOs to respond to the over 30,000 calls which are received on its toll free number every day. We extended support to Childline for training and strengthening of personnel in its partner NGOs. We also supported the organisation in upgrading 4 of its shelters at Nagaon and Guwahati in Assam, benefitting about **110 children** annually.

## Stories of Change

### Gunja's Story

13 year old Gunja lives in Varanasi, Uttar Pradesh. She was out of school and forced to work by her single mother. After the death of her father, Gunja's home became an unsafe place for her, where her mother's new partner often physically and verbally abused her. When PACT child protection worker Sushma found out about this, she along with the rest of the PACT group approached Gunja's mother. On doing so, not only did they find out that she wanted to get her married to an older man but also realized that Gunja was at high risk of being trafficked since her mother was to receive money for this marriage.

To keep Gunja safe from an early marriage and trafficking, PACT mothers put in coordinated efforts – they approached the local child protection officer who counselled Gunja's mother on the risks of early marriage and its link to trafficking, as well as the legal implications associated with child marriage. In addition, they invited Childline to speak about the risks of child marriage at monthly parents' circles, which Gunja's mother would attend. They also convinced her to send Gunja to Shakti circles, where she could learn to create a safety plan for herself and establish a support system. After all these efforts, PACT mothers were successful in stopping Gunja's marriage, keeping her safe from abuse and trafficking. She is now in a government run residential school in Varanasi, a safe environment, where she receives schooling and vocational training.







Photo Credit: SPJ Sadhana School

HDFC has supported causes related to the differently abled for several years through SAF. We continued this support, partnering with organisations towards various aspects of welfare for differently abled children and adults. Some of our key areas of focus during financial year 2015-16 included:

## 1. Early Childhood Development

The first few years in a child's life are particularly important as vital brain development occurs during this time, with the most rapid development occurring up to 3 years. It is estimated that the number of children with developmental disabilities is around 650,000 in Mumbai alone and over 50 million across India.



Ummeed's Community Health Worker with a mother



Training of Community Health Workers

Our partner for an early childhood development programme was Mumbai-based **Ummeed Child Development Centre (Ummeed)**. Ummeed targets the needs of both groups of children, those born with disability and those who are at risk of developmental disabilities because of the environment they are growing up in.

Ummeed, along with its partner, Sahyog is implementing a Community Health Worker (CHW) mediated, family-based intervention programme, to monitor and promote early childhood development in children from 0-3 years. The project is being implemented in the Narayan Nagar slum in Ghatkopar (a suburb of Mumbai), and covers **over 900 children** in this age group. 20 CHWs have been recruited by Sahyog and trained by Ummeed for this project. During the course of the project, the CHWs will use an internationally recognised tool, the Guide for Monitoring Child Development, to monitor the development of all the children in their target area. Resources have been identified in the vicinity of the community, to be used for addressing any issues identified amongst the children during the course of the project. This includes malnutrition, domestic abuse, maternal depression, developmental delays and disabilities.

The related objective of the project is to endeavour to bring about changes in the home environment and parental practices, conducive to optimum development of children in the slum community.

## 2. Special Education & Vocational Skills

### 2.1 Jai Vakeel Foundation and Research Centre (JVF)

JVF is a 72-year old institution working with the intellectually disabled across Special Education, Skill Development and Sheltered Workshops, Respite Care and Therapy. The education vertical comprises two centres in Mumbai, the Jai Vakeel School and an autism centre, along with two rural branches in the Pune and Nashik districts of Maharashtra.



The Jai Vakeel School caters to the special education needs of 350 children across the entire spectrum of intellectual disabilities from mild and moderate to severe and profound. A significant percentage of the students at the Jai Vakeel School belong to lower income families. Apart from functional academics, the students learn dance, music, sports, yoga and gardening.



Students of Jai Vakeel School

A part of the annual operating expenses of the Jai Vakeel School are met by government grants; however these do not cover the entire costs of the school. Our grant has been provided to meet the deficit for the education costs of the school.

The journey of a student at Jai Vakeel School continues after 18 years with a comprehensive vocational skills training programme. The young adults enter a 3-year programme at the Vocational Training Centre wherein they are taught different skills such as weaving, sewing, candle making and art, based on their individual capacities. These skills, apart from being a form of therapy, also help in building self esteem and self reliance. At the end of the programme, students who cannot be placed in open employment are taken into JVF's Sheltered Workshops. The workshops currently employ 196 such persons, who produce different items and earn a stipend based on their productivity, remaining here till the age of 50.

### 2.2 Society for Higher Education of Women in India (SPJ Sadhana School)

The Mumbai-based SPJ Sadhana School (Sadhana) with 115 students, has a strong focus on making children and young adults with multiple disabilities self-sufficient and independent. The curriculum of the school is designed to assess each student's vocational aptitude and interest, in their initial years of schooling. As they grow into teenagers, they enter the five-year polytechnic course where intensive vocational skills are imparted across sectors such as hospitality and catering, office administration, visual arts, crafts and carpentry with a view to making such persons employment ready. Over 90% of the graduating students are placed in jobs across various industries.



Sports day at SPJ Sadhana School

Those students who cannot be placed in industries, are employed in Sadhana's sister organisations, i.e. OM Creations Trust (for women) and Shraddha Charitable Trust (for men). The two organisations produce a wide variety of high quality products which are sold to individuals and corporates via pre-booked orders and at exhibitions. The proceeds from the sales are used to cover some part of the operating costs of the organisation, as well as pay a stipend to the employees, giving them some form of livelihood.

Through our grant, we have supported a part of the expenses of the annual operating budget of Sadhana.



OM's sheltered workshop for adults

## 3. Lifecare Institutions

There is a huge lacuna in our country today for organised, institutional care for ageing disabled persons, as its need is highly underestimated. If we were to consider the numerous issues related to the social security of India's regular ageing population, those related to the disabled ageing population are manifold. Such persons with physical and/or mental disabilities are left to fend for themselves completely as they grow older, as their parents have either grown older or expired, and very often there is no sibling support.

The need for quality, life-care facilities for the mentally disabled, has been reinforced by our partner organisations in this sector. There are some such institutions across the country, which are few and scattered and often unable to accommodate new persons due to their struggles with existing inmates as also financial constraints.

### 3.1 OM Abode

'OM Abode' is a life-care project of Om Creations Trust, under construction on a 12.5 acre land parcel in Karjat (2 hours drive from Mumbai). Once completed, it will be home to over 320 multiple-challenged adults. The facility will not only offer residential facilities, it will also be an integrated campus providing livelihood, recreation, care and support to such individuals. The land for the project has been acquired and it is currently in the first phase of development.

### 3.2 Cheshire Homes India – Delhi unit

Cheshire Homes India was set up in 1957, with the aim of providing a home for the chronically ill, physically disabled and the intellectually challenged who have limited resources and no family support. Our corpus grant has supported the Delhi unit of Cheshire Homes which provides life-care to around **80 adults** with multiple physical and/or mental disabilities, many from underprivileged backgrounds with no family support. In addition, it also provides education and a day care crèche to nearly **70 intellectually disabled children** living in the slums around Cheshire Home.



## Stories of Change

### Shaad's Story

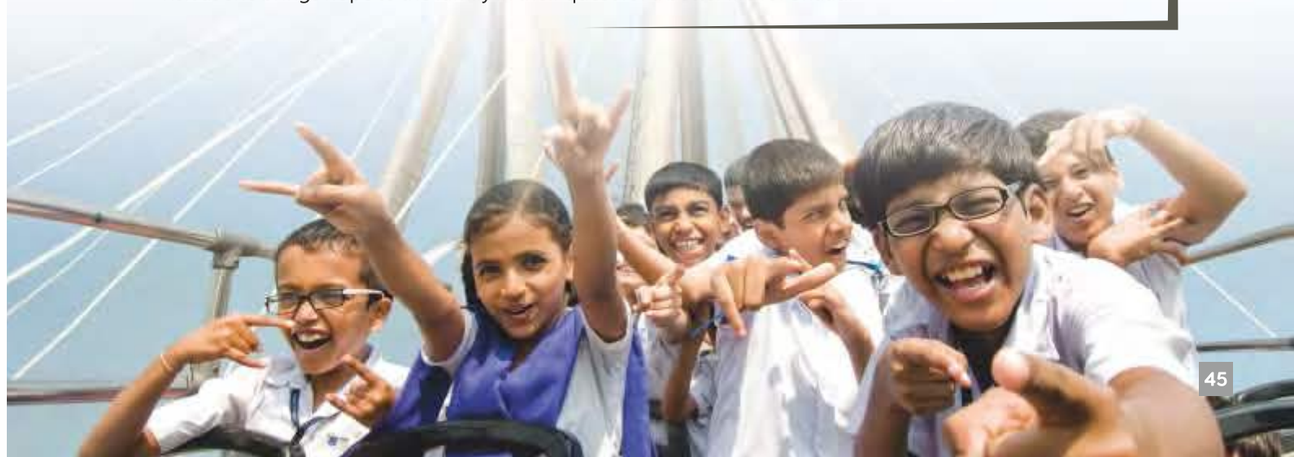
One of three children, Shaad Rais was born in a village in Uttar Pradesh in 2013. Not long after his birth, he was diagnosed with cerebral palsy. His mother, wanting a better life for her child with special needs, broke away from family support and moved to Mumbai in 2014. For almost a year, she took Shaad to a renowned centre in Haji Ali, Mumbai where he was provided with therapy and an adapted seat. However, the centre was too far from home so she was unable to continue Shaad's sessions at the centre.

In July 2015, CHWs from the Sankalp project started visiting the community to enrol kids in the 0-3 year age group for the project. When the CHWs knocked on Shaad's door, they were turned away as his mother was reluctant to enrol in the project. Persistence from the CHWs helped his mother enrol the child. Initial visits with the family revealed that the child was fed only 'tea and biscuits' since he wouldn't eat anything else. He was usually lying on the floor in a corner with toys strewn all around him. He could not speak, he cried a lot and the mother was frustrated that she was not able to do much with him.

The CHW working in that area viz Sneha, with support from her supervisors, used a strengths-based approach and simple home based recommendations with the family over the course of 1 year. Sneha initially recommended feeding Shaad 'rice and lentils' to add better nutrition to his diet. She showed Shaad's mother a better way to feed him rather than in a lying down position. Sneha used existing toys at home and encouraged his siblings to play with him. His elder sister now spends time with Shaad, talking to him, telling him names of objects and toys. Sneha explained to the mother, easy ways of playing and talking to Shaad (keeping in mind his level of functioning) while doing her housework.

Sneha and the Sankalp supervisors searched around and found a charitable therapy centre in the community. Sneha made an appointment for Shaad's first consultation and supported the mother in accessing the centre by accompanying her there.

Today, Shaad often sits in his adapted seat in a corner of his house. He has begun to reach for toys that are kept in front of him. His mother reports that he is beginning to imitate sounds for names of objects like 'ball' and 'fan'. Sneha's visits to the home are met with Shaad's gurgling smiles as he recognizes her. Shaad's mother is now able to independently access the therapy centre and looks forward to Sneha's next visit as she brings hope to the family in their quest for a better life for Shaad.



# community and livelihoods

Photo Credit: PRADAN



During the year, we supported community development programmes in both urban and rural areas, for the welfare of marginalised sections of society. We also supported pilot projects for livelihoods in rural areas, which we will continue to support in an increased way in the coming year.

## 1. Support for welfare of migrants

**Aajeevika Bureau** (Aajeevika) based out of Udaipur, Rajasthan is an organisation which provides services, support and security to rural migrant workers at both the source (home villages) and destination (cities they migrate to). The organisation, working in the south Rajasthan-Gujarat migration corridor, expanded its reach to one migrant corridor area in North Mumbai last year. Aajeevika provides a range of targeted services such as registration and photo ID, skill training and placement, legal aid, social security, financial services, primary healthcare services and family support to migrant workers.



Aajeevika's health camp for migrant workers

We partnered with Aajeevika in Mumbai and Ahmedabad, for a programme that covers mobilisation and outreach to the beneficiary workers, financial inclusion, literacy and healthcare support with specific focus on occupational health risks such as TB. The project also supports crèches for children of workers on the construction sites. Through our support, it is estimated that **~ 3,500 migrant workers** will avail of the direct benefits of the programme and with many more through the outreach efforts.

## 2. Support to women in urban slums

Strengthening and sensitising public systems to issues of violence against women and children is an important aspect of empowering victims of violence. We supported **Society for Nutrition, Education & Health Action (SNEHA)** for a project to sensitise the law enforcement system to improve responses and foster preventive action for domestic violence.

Under the project, **480 police personnel** based in the Shivaji Nagar and Dharavi slums of Mumbai are being trained to provide adequate support to women and children who are victims of domestic violence. The impact of the project has been twofold: (i) There was an increase in the number of people reporting instances of abuse and seeking out police intervention and (ii) a rise in the number of cases referred to SNEHA for counselling, by the trained police personnel.

## 3. Skilling of dropout youth

Over 50% of the population of India is under the age of 25, but with a school dropout rate of over 80%, the vast majority of such youth are unskilled. Hence, they are not contributors to one of the fastest growing economies.

The **Kherwadi Social Welfare Association** is a 50 year old organisation based in Mumbai, working on skilling and motivating unemployed youth to enable them to earn a livelihood. Their flagship project

## Stories of Change

**Kalimbhai's story**

In the Alifnagar area of Vatva, Ahmedabad there is a small garment unit which mainly produces shirts. The factory employs 15-20 workers and is run by Kalimbhai, who hails from Uttar Pradesh. Kalimbhai has been living in Ahmedabad for the past 10 years. In the early years he migrated alone and worked as a helper in a garment unit. He was a fast learner and soon picked up the required skill-set besides the social capital to set up a unit of his own. He eventually brought his family to the city to live in the Alifnagar settlement. This area is one of the local hubs of the textile industry and is dotted with sweatshops but has limited basic amenities. The area is highly polluted due to the high concentration of industrial units, has no availability of clean drinking water and poor drainage. The garment factories generate a lot of dust from cloth pieces which workers inhale throughout the day. Kalimbhai's health started suffering in these surroundings. He would fall sick quite often, get dizzy and run high temperatures. He went to a private clinic to seek medical care but the symptoms persisted. Slowly his condition worsened and he would cough the whole day.

Kalimbhai learnt about the AMRIT clinic, a community healthcare centre run by Aajeevika. In March 2016, he came to the AMRIT clinic where he narrated his health problems and sought help. He was medically examined and sent to a nearby government hospital for a TB check up, after proper counselling. In April 2016, he visited the AMRIT clinic again with his X-ray reports. He was counselled on the medication and advised on proper intake of nutritious food. He has found relief with the medication and comes to the clinic every week to get his medicines, and is now doing better.

'Yuva Parivartan', currently spans 18 states in India, transforming the lives of ~4,00,000 youth who have dropped out of the education system very early and are not equipped to take up any livelihood activity. Yuva Parivartan works on the ground, engaging with the community to train such youth in different skills such as Driving, Electrical repairs, Beautician, Tailoring and subsequently provides them livelihood support through placements within industry.



Yuva Parivartan's nursing session for young girls

Through our grant we supported three livelihood development centres located in Raipur, Mova and Durg in the state of Chhattisgarh in East India. The centres are located in close proximity to the target community and the organisation carries out active outreach in order to get the youth to enrol for the trainings.

The project reached out to **650 youth** across the three centres, imparting skills in wiring, mobile repairing and computer hardware training for the boys, and tailoring, beautician courses and nursing for the girls. The programme has achieved an average placement rate of 60% for the students trained at the three centres.



## 4. Livelihood through Agricultural Skilling

### 4.1 Professional Assistance for Development Action (PRADAN)



Women farmers at PRADAN's agricultural fair

We partnered with PRADAN on a pilot project for the skilling of women farmers in Paschim Medinipur in West Bengal. The primary objectives of the project are to bring additional land under cultivation and enhance productivity. The tribal community living in this region is relatively new to agriculture and would benefit from this knowledge-building exercise. The programme seeks to achieve an increase in income levels of the farmers by an estimated amount of Rs 10,000-15,000 per household and at the same time empowering the women to play a greater role in the economic welfare of their families.

The target was to reach out to **1,000 families** organised through 150 Self Help Groups (SHGs). The women were imparted SHG membership training to help them work together as a cohesive group. PRADAN developed an agricultural plan detailing various crops to be grown for different topographies and different seasons. Agricultural fairs were held in each Panchayat and were used, not just as a medium of creating awareness, but also as training platforms. Over 2,500 women attended these fairs. The challenge of limited finances was met by convincing local banks and co-operatives to assist the women, thereby ensuring the government also recognises the women as farmers.

### 4.2 Yuva Mitra

We partnered with Yuva Mitra, based in the Sinnar district of Maharashtra for a pilot project to train **150 farmers** in scientific management of agriculture. The objective of the project was to train these farmers on various matters including crops which can be grown in the region, soil and water



management, disease and pest management, fertiliser management and labour and financial management for farming. Farmers received nearly 100 hours of training over a period of two months, including theory sessions and exposure visits to get hands-on experience in various agricultural techniques. The training was followed up with regular visits to the farmers' owned land to handhold them through the process of implementation of the learnings.



Training of farmers by Yuva Mitra

## 5. Livelihood for the differently abled

With the right training and opportunities, persons with moderate disabilities can be financially empowered to lead a dignified and independent life.



Ceramics workshop at OM Creations

**Om Creations Trust (OM)** is a pioneer in the area of skilling and livelihood for mentally and/or physically challenged women. The organisation is the natural progression for girls who graduate from the SPJ Sadhana School, for training in skills best suited to each woman.

OM employs **63 women** in the age bracket of 20-60 years across all socio-economic strata, who earn an average monthly stipend of Rs 6,000 from the sale of the products which they are trained to manufacture. OM produces over 150 different products under its various departments which include food and beverage, crafts, ceramics, art and clothing. The organisation meets some part of its operating expenditure through the sale of its high quality products and relies on donor funds for the balance. Our grant was used to partially support their operating costs for financial year 2015-16.

## 6. Livelihood support for Indian artisans

We partnered with **Sahachari Foundation** for a programme to create awareness and support the rich textile traditions of India, with a specific focus on the traditional artisans who weave the Benarasi silk in Varanasi, Uttar Pradesh and the Bandhani textile in Gujarat. These ancient Indian traditions continue to be passed down from one generation to another. Such traditional crafts need to be kept alive and allowed to flourish, as they face threat from automated looms, mass production, cheap labour and imitations.

### Stories of Change

**Sushma's Story**

Sushma Bhagwat, a Downs Syndrome employee at OM Creations, is testimony to the difference that the organisation is making to the life of its employees. Two years ago, her father passed away, leaving Sushma and her mother to survive on a monthly pension of Rs 1,500. Sushma's younger sister, who could have perhaps supported the family, unfortunately committed suicide. But today, Sushma is the able bread-earner who supplements the family pension with her monthly stipend of Rs 6,500 from OM Creations.



Photo Credit: Dr. Anish Andheria, WCT

Outside our focus areas, we extended support to some niche organisations working on environmental sustainability and promotion of sports.

## 1. Wildlife Conservation Trust

Wildlife Conservation Trust (WCT) works in 103 national parks and sanctuaries in India. WCT lays equal emphasis on both wildlife conservation and community development. WCT works closely with the Government Forest Departments helping them to build capacities, to ensure they have the best equipment and training to perform their duties.




Infrastructural support provided to WCT



WCT employee fixing the camera traps

Our partnership with WCT is for a multi-dimensional Tiger conservation project in the Greater Tadoba region of Maharashtra. The project involves monitoring of tigers and leopards, livelihood interventions for the communities living in and around the forest reserves, capacity building of frontline forest staff and understanding tiger movements. All aspects of the project are geared towards developing better strategies for conservation of wildlife and also facilitating co-existence of humans and animals in the Tadoba reserve.

This is our second consecutive year of support to WCT. During the previous year, we had worked with WCT on a tiger protection programme in the Satpura Tiger Reserve in Madhya Pradesh. The project undertook an extensive camera trap study in the reserve, with the objective of executing one of the most difficult tiger estimation exercises undertaken in the history of tiger conservation in India.



## 2. Foundation for Promotion of Sports and Games

In the area of sports, we supported a non-profit initiative of Indian sporting legends Geet Sethi (Billiards) and Prakash Padukone (Badminton). The Foundation for Promotion of Sports and Games, aims to assist potential Indian athletes to achieve their dream of winning an Olympic gold medal for India. We have supported the organisation's programme, the Olympic Gold Quest (OGQ).

OGQ is a programme whose sole purpose is to identify and support Indian athletes who have the potential to win Olympic gold medals for the country. OGQ scouts potential talent from across rural and urban areas and supports the chosen athletes by filling in their need gaps such as, providing them with expert coaching, sports equipment, sports science doctors, personal physiotherapists and similar facilities. OGQ currently supports athletes across chosen sports such as badminton, boxing, archery, athletics, shooting and wrestling.

We extended support to 3 athletes who were preparing for the 2016 Rio Olympics. This included Parupalli Kashyap (Badminton), Apurvi Chandela (Shooting) and Annu Rani (Javelin). This was our second year of support for the three players. It was truly heartening to see Apurvi Chandela go on to qualify for the Olympics. In addition to this, we also extended our support to 2 junior athletes who have displayed great potential to represent India at international sporting events in the future.




OGQ Athlete: Annu Rani



OGQ Athlete: Apurvi Chandela




OGQ Athlete: Parupalli Kashyap

# board of directors



MR. DEEPAK S. PAREKH



MR. KEKI M. MISTRY



MS. RENU SUD KARNAD



MR. V. SRINIVASA RANGAN


HDFC House, H T Parekh Marg,
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020, India
contact@htparekhfoundation.com
www.htparekhfoundation.com

Sitting still, reflecting deep

Let's find the light within