The Founder of our Health Programme

Bharati initiated the training of community health workers in the urban slums of Delhi. Developing a women centered approach to reproductive rights on fertility control and informed choice, with a concept of self help, knowing and listening to your body before seeking medical advice.

Bharati founded the Women’s Health and Reproductive Rights programme to change the structures of patriarchy and unequal power relations. In the context of targeted family planning policies in the 1980s, strategies to counter coercive practices at the grassroots became the basis for women’s health movement in India. Action India’s work at the grassroots empowered women to gain control over their body and take health into their own hands providing a “sampurn swasthaya”, a holistic health concept that is relevant in the lives of the urban poor women.

Introducing the basics of Ayurveda and herbal medicines with the guidance of Vaid Prabhat in Saharanpur, Bharati leaves behind a legacy in the hands of a team of very informed and capable health workers, who continue to challenge the biomedical system in the hands of the public and private medical professionals.

Bharati’s sustained work on land rights for women and the forest workers struggle was in connection with her partnership with Vikalp Social Organization in U.P.

*Action India remains committed to Bharti’s vision and community struggle for women’s rights and a just and equitable society.*

Gouri Choudhury
Chairperson
2011
Action India’s Vision: A Gender Just and Egalitarian Society
Mission: Empowering Women to achieve Equality and
Equity and the Right to Live with Dignity and Self-esteem

INTERVENTIONS

SWACHH DELHI SWASTH DELHI
Women’s Initiative for Community Management
Water, Sanitation and Health Education (WASHE) in North-East Delhi

A RURAL INTERVENTION - HAPUR, U.P.
The Invisibility of Women in Agriculture
Mother and Child Health and Safe Birthing-Looking Through Gender Lens to Make Birthing Safe

MAHILA PANCHAYATS
Women Helping Women
Can We Allow the Girls to Become an Endangered Species?

EMPOWERING THE GIRL CHILD
Enhancing the Value of the Girl Child
Education for Equality - Scholarship Program

WECAN CAMPAIGN
WeCan Stop Violence Against Women and Girls

GENDER RESOURCE CENTRE
Stree Shakti Suvidha Kender

ORGANIZATION STRUCTURE
Executive Members
Governing Body/Advisory Committee Members
Project Coordination Team, Field Staff
Admin and Accounts Team

AUDITORS REPORT
Balancesheet
The Water and Sanitation Programme in North-East Delhi addresses the needs of the most densely populated area of the capital with the least civic facilities and water of poor quality. The overall goal of SDSD is to ensure improved health and quality of life of the urban poor population by ensuring access to improved WATSAN services.

We in Action India have realized that water and sanitation was an issue of good governance. And, the 74th Amendment of the Constitution of India provides the law which governs the urban local bodies (ULB). It has the potential to bring about devolution of power through people’s representation at the ward level and ultimately lead to more equitable distribution of resources and ensuring public services to the underprivileged. The question arises, what is the scope of micro planning with the ward members? (A small booklet has been prepared for dissemination of information on the 74th Amendment, available on the website: action-india.org).

The main objective of the 74th amendment is to involve the people in decision making process in governance. Including the people in micro planning would lead to decentralization and ensure transparency and accountability of the State. The following structural changes are envisaged: Democratic process in local urban bodies, better coordination with State government on implementation of plans and schemes and taxes. The three types of local urban bodies are:

- Nagar Panchayat
- Municipality (small town)
- Nagar Nigam (Metro-city)

We know that municipal election had not been held for 20 years and that the Bhagidari aspect under this law was controlled by the Delhi government through Residents Welfare Association (RWAs) which were highly politicized.

**Training on the 74th Amendment (CAA)**
We organized a 2 day workshop on the 74th Amendment for grassroot workers, WATSAN Committee members and SDSD staff conducted by Institute of Social Sciences (Delhi).
World Water Day on 22 March 2011-Campaign for Safe Drinking Water

On July 28th, 2010, access to clean drinking water and sanitation was declared a human right by the United Nations General Assembly. The UN, “Affirms that the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to the highest attainment standard of physical and mental health as well as the right to life and human dignity”.

Networking with local NGOs led to the formation of JAL MANCH on the eve of organizing the World Water Day. This Manch provides an effective platform to exert pressure on the Delhi Jal Board to demand adequate supply of water to each household, at appropriate times, with an emphasis on safe drinking water. The community had strong objections to the discrepancies related to water bills. It was ironical that the people who could not avail of adequate supply of water were being charged beyond their means. The community realizes that there is no equal distribution of the water across the city or compliance to the Delhi Jal Board's water policy. The community strongly opposes any move towards privatization of water in the capital.
Community Mobilization is Our Strength

The **WATSAN Committee** is actively promoting health and hygiene practices in their community. They are monitoring the safai karmachari’s on duty and motivating their neighbours to keep their drains clean. The household garbage collection and keeping of dustbins at home is seen to be a good practice across model galees. Each area has expanded the galee model from 7/8 to 14/15 galees. The committee members have learned to write applications to concerned departments and follow up relentlessly till their demand is met. The WATSAN Committees have strategically used signature campaigns, directly meeting the officials in groups to address their problems.

**Mohalla Sabhas** have emerged as a people’s forum for the redressal of grievances and exerting pressure on local representatives to take action in the respective department. New Seemapuri and Sundernagri have improved infrastructural development through the pressure created by the respective Mohalla Sabhas. The 74th Amendment provides the Ward Cunsellor the budget to hold Mohalla Sabhas. However, Action India has pre-empted this move by holding Mohalla Sabhas and inviting the government representatives to listen to peoples greiveince and find solutions.

**Health and Hygiene Training** was conducted at 5 MCD Primary Schools and one Private school. Efforts were made to educate both teachers and students on the need to improve water and toilet facilities in schools. Positive impact is visible in the environment of the schools. The children take back messages of good hygiene practice to the communities.

**Nukkad Natak**

The youth performed street plays in all the SDSD areas creating awareness on the right to clean and safe drinking water and sanitation. They emphasized the importance of building a better and clean environment for improved health. The message to promote better health and hygiene practices at the personal was given loud and clear.
Cross Learning: a Process of Evaluation
Conducted by Adil Ali

Evaluation of the SDSD project 2008 to 2011. During this period, certain changes took place at the field level and the evaluation sought to understand the changes that occurred through a community dialogue using participatory techniques to assess the basic WATSAN services and knowledge around health and hygiene at the community level.

Certain key activities of the project were identified collectively and various relevant parameters were then determined keeping in view the overall objectives of the evaluation. The identified parameters were:
- The role of WATSAN committees and expectation of community members
- Participation of people, and awareness generation through these activities
- Attitudinal changes in the attitude of service providers and regularity
- Greater co-ordination amongst various stakeholders and most importantly rise in demand for their rights.

The 5 WATSAN members from each colony and Action India team members scored these activities on the set parameters to assess the impact. This was done to facilitate their own understanding of these activities with a goal to discuss variations if any. Two sub-groups were formed and they in turn discussed their views and arrived at a common score which was shared with all participants. Overall, the WATSAN committee members were more generous in scoring for impact of the activities than the Action India team workers. One reason for this was that the WATSAN committee members were satisfied with small successes and tended to allot a higher score. While the Action India team appears to have had greater expectations of change. Overall there was a positive trend for all parameters however, relatively lower scores were given for co-ordination and demand for rights, pointing towards the need to strengthen these aspects in the next phase. (Evaluation report available on Action India website: action-india.org)
The evaluation shows us THE WAY AHEAD. Action India will summarize the learnings derived from this assessment process and promote right based strategies to ensure water supply and essential sanitation facilities to these communities contributing to their improved living and health standards. In all the 6 locations, there has been an increase in access to urban basic services. Availability of water has increased; improvement in services at the CTC and sanitation services provided by government agencies have all shown an upward trend in the graph. The evaluation shows the WATSAN committees have effectively used multiple methods of demanding better services. This includes using the Right to Information and media advocacy. What has most effectively worked, have been their engagements in the Mohalla Sabha and follow up with the concerned local authorities and political leaders. This has resulted in greater cooperation and co-ordination with the lower level government functionaries deriving significant benefits for the community.

Engaging with schools reaches out to large numbers providing opportunity to motivate the young with the aim to work for long term change and inclusion of WATSAN issues in the school curriculum.

Participation in events such as Hand Washing Day, World Water Day and World Toilet Day brought large numbers of young children and youth to actively voice their rights, strengthened by the forces of collective action working towards a better future.
**Action India’s approach has promoted:**
1. Community involvement to access sanitation and water facilities to urban poor communities contributing to improved living and health standards.
2. Good practices to bring about positive behavior change within the community.
3. An effective mechanism of Mohalla Sabhas whereby community has direct access and influence on local governance asserting their rights to basic services.
4. Leaveraging resources Rs 3,75,89,000 from a position of strength to demand improved services.
5. Nigrani Samuhs to monitor functionaries and services, as well as making residents more responsible towards their civic duties.

**Problems and short term solutions**

**PPP** Public Private partnership is best described in the process and participation of the people in seeking accountability and access to public services. As given below it is obvious that there is no long term strategy or city planning to include 70% of the residents in the capital. Short term solutions and unplanned budgetary allocations provide some immediate relief to the poor.

**Hand pumps**
In Sundernagri, seven hand pumps were installed by MLA on demand placed at the Maholla Sabha. One of the hand pumps has been installed in Sundernagri by MLA after a letter was given to him by a WATSAN member in the month of November. In Harsh Vihar, five hand pumps have been installed. Two new hand pumps installed at D-Block and E-Block in New Seemapuri through Mohalla Sabha.

**Pipe lines**
Water line has been laid in Harsh Vihar after a letter was given to the MLA, and followed up with DJB. The leakage of pipeline in the N, M & O block of Sundernagri was repaired by bringing it before the Mohalla Sabha. Water supply has started in the whole of O block of Sundernagri after the issue was brought to the Mohalla Sabha. In Dilshad Vihar and Deepak Colony 7 community taps were installed, in Welcome Colony, 15 community taps were installed by the DJB. In Chandbagh, 8 community taps were installed from MLA fund after a letter was written by a WATSAN member.

**Community Toilets**
The community toilet of E-57 Sundernagri and F Block New Seemapuri were repaired after it was brought before Councilor at the Mohalla Sabha held in the month of September. The floor of Community Toilet (E-60), in Sundernagri was repaired by the councillor after it was brought before Mohalla Sabha. In New Seemapuri, two more mobile toilets were installed by the MLA. The damage in the community toilet E-60 in Sundernagri was reconstructed by the Councilor after the WATSAN committee refused to accept the poor quality of work. After consistent demands placed through letters to the Councilor a two-storied toilet was constructed in Kalandar Colony.
WATER SANITATION AND HEALTH EDUCATION (WASHE)
in North East district of Delhi
Sant Eknath Sarvodaya Girls School, Govt. Girls Senior Secondary School,
Zeenat Mahal Sarvodaya Girls School, Sarvodaya Kanya Vidyalaya

A brief partnership with Standard Chartered Bank was facilitated by WaterAid to generate awareness and knowledge of the significance of WASHE at this crucial stage in the life cycle of adolescents to be integrated with school curriculum. Action India immediately responded to the concept and formed a team of facilitators specialized in working with adolescents to initiate a rights based approach to create a demand for water, sanitation and clean environment. The WASHE programme was developed with total participation of all stakeholders to ensure ownership, accountability and long term sustainability reaching out from the school to the community.

Permission from Directorate of Education to undertake the project:
The letter for seeking permission on WASHE project was moved on May 23, 2011 to the Directorate of Education. A newly appointed liaison officer undertook the challenging task of getting permission for Action India to work in the selected schools. It took more than six months after relentless pursuing the files and functionaries of the department to get official sanction.

Achievements
• Catalyzed a spirit of leadership and developed voluntaryism among students creating peer educators to sustain the programme.
• Improved the existing infrastructure and monitoring systems for higher user benefits.
• Behavioral change at 4 levels, working through a participatory process, where every stakeholder finds a win-win situation to better their lives-
  1. Authorities
  2. Functionaries-cleaning staff
  3. Beneficiaries (students)
  4. Larger community
INVISIBILITY OF WOMEN IN AGRICULTURE

Hapur, located in western Uttar Pradesh, is a semi-rural region. Traditionally it has been the largest grain mandi in Asia. The impact of the green revolution and the mechanization of agriculture and move to cash crops have led to highly skewed socio-economic stratification. Small and marginal farmers are also affected by the caste and class structure and deprived of education and economic opportunities.

Action India is working for women’s right to equality, autonomy, identity and visibility. This project focused on women as farmers and aimed to make them visible as producers. Action India chose three village-Ubarpur, Sudana and Ayadnagar(North). They organized groups of 40 women in each village, basically those who had 2 hectare to 20 hectares of agricultural land who could be categorized as small and marginal farmers.

How we began
Mapping of the farm lands for information was taken on the following aspects:
• Information about the village routes and the farm lands
• Working hours of the women
• Distance from the farm land to the house of the women
• How much women travel when they are going to the farm land
• How many hours they work
• Type of work
• Age and level of education
• Sex ratio in the village
• Their decision making power in agricultural related issues

Minority and dalit women formed the majority group of this initiative in Hapur district. 80 percent of farm work is done by women and they are beginning to assert themselves as knowledge partners and decisions makers.
Women gather fodder for their buffalos. Milk produced is sold to the dairies to “dudhias” who give loans and keep them bonded through debt.
**Identifying what is to be done**

Women are active but invisible in the production process as unpaid labour in their own field. They work as paid labour in the field of bigger farmers. Women’s ownership of land is almost absent and their ownership of assets is negligible, as is their control over income and assets in the household. When we listed out the work of men and women, we found that about 80 percent of work is done by women. Almost all the households have their own animals and women have to take care of the family and the animals. Specific focus on 100 women members of SHGs from 3 villages from marginal and small farmer households was planned to build a self sustainable model.

**Recognize women as farmers in their own right**

In the first year we collaborated with the government schemes with the aimed to develop sustainable agricultural technology to counter the ill effects of the “green revolution”. The Department of Agriculture organized: workshops, farmer melas, and agricultural visits were conducted where they gained knowledge on various agricultural techniques. This included information on benefits of organic farming, effects of chemical fertilizers and pesticides, techniques of soil testing, different types of manures and their effects on soil. Awareness on crop diseases and their management was created through workshops. Information on agriculture related government schemes was given. Most importantly it was the women farmers who participated in the training programmes and would benefit from the growth catalyzed by the schemes. The next step would be to make linkages with the market.
Mother and Child Health and Safe Birthing
“Looking through the gender lens to make birthing safer in collaboration with the Public Health system’.

November 2010-July 2011, the following deaths were reported:
- One maternal mortality caused PPH in Tiyala village
- 24 Infant mortality- 3 still born, 21 after delivery deaths
  11 infants died after home delivery and 10 died after hospital birth.

A visit to the CHC in Hapur city revealed the state of institutional deliveries wherein the facility had one ambulance that did only drop offs, 3 nurses (no confirmation in their credentials), no gynecologist, no anesthesiologist, no blood bank, no ultrasound machine, and deplorable sanitation. This severely inadequate services for a rural/urban population of 600,000. The health supervisor boasted that in 2010 they had 2200 institutional deliveries and no recorded deaths. However, further probing revealed that all complications were referred to the District Hospital in Ghaziabad located 40 km away. The case of maternal health has been pigeonholed into Janani Surakhsha Yojana and its supposed success. Meanwhile, no further efforts are being undertaken to improve public health in general and maternal health in particular.

JANANI SURAKSHA YOJANA(JSY)
In an effort to combat maternal mortality, the Government of India increased budgetary allocations for health through the National Rural Health Mission (NRHM) effective since 2005. Reproductive and Child health were blanketed under the larger umbrella of the Mission. In particular, the JSY as part of the NRHM, premised on reducing infant and maternal deaths by increasing institutional deliveries. JSY can be characterized as “a conditional cash transfer scheme, to incentivize women to give birth in a health facility.” As such, these schemes are designed to “provide cash payments to poor households that meet certain pre-defined healthy behaviour” – in this case, institutional delivery at a public or private health facility. Moreover, the program also provides monetary incentives to Accredited Social Health Activist (ASHA) who support the pregnant woman throughout her pregnancy and accompanies her to the health facility.

Our community facilitators visited every house, reached out to those who had not attended the Mothers groups meetings. Systematic house to house surveys to identify the pregnant women (3-9 months) calling them to attend Mothers meetings have led to awareness of the need for pre-natal and post-natal care for lactating mothers.
**Spreading Awareness**
A training manual has been developed to facilitate the transfer of information by our facilitators. The manual enables them to conduct meetings specifically addressing the needs of pregnant women at different stages of their first, second and third trimester. Included in the content is awareness of nutrition, importance of rest, emotional support and care from the family.

Bi-monthly meetings held with pregnant women and lactating mothers had created awareness that all pregnant women were required to reach the anganwadi centre in their village to ensure registration to get the benefits of Janani Suraksha Yojna (safe birthing).

**Revival of Sub-centres - Dialogue with Health Functionaries**
Nine sub centres in 16 villages were not regularly visited by the ANM or actively providing services under NRHM. The project coordinator and facilitators met with the village head (Pradhan) and ANMs to activate the Sub centres. 140 meetings held over 4 to 5 months were required to pursue the matter and now 5 sub centres are functioning regularly in response to the demands of the community.

**District Task Force Committee**
Village level - Community watch groups have been formed in 4 villages with local representatives.
Block level - Two staff members were nominated to be part of the monitoring and evaluation committee.
District level - Action India was invited to assist district health service to assess budgetary allocations and functioning of health services in Hapur district.

**Local Self-governance**
As an integral part of the Panchayati Raj institution (village self-governance) 6 open meetings were held. These public forums for grievance redressal had not been taking place as stipulated under PRI for some years; but now, with the coming of the new state government, efforts to revive people's participation are in process. Action India was invited by the BDO (Block Development Office) to participate in the open forums held at the village level to motivate the Sarpanch (Village head) and other members of the community to take charge of the village development and sanitation committees. For the first time women raised their voice in the village panchayat to raise questions of community problems and concerns.
**Capacity Building**

Action India health resource group from Delhi visited twice a month.

1. Five women from each village were selected as health advocates, to develop a gender perspective on: Reproductive health and fertility awareness
   - Family planning and contraception
   - Infant care and child health, nutrition awareness
2. Training of facilitators - 5 days workshop on Gender and Health, Jagori Rural, Himachal
3. Follow up training of Dais - second session completed
4. House visits - add new batch of pregnant women, and mothers group meetings continued.
   Monthly training on safe motherhood ensures sustainability.
5. Community Health Center (CHC) and Sub Centers improved response to women accessing institutional birth.
6. Village Health and Sanitation Committees (VHSC) in 5 villages activated by the community meets regularly, used the budget of Rs 10,000 for sanitation purposes and emergency needs.

**Slowly but surely our aim to access the public health system was showing results. Both the community facilitators and the beneficiaries showed increased participation and voice.**

The Sabla Mahasangh Federation Meetings is scheduled on the 5th of the month. Women leaders from 16 villages discuss topical issues. A resource person is invited to speak on a different issue each month. Strategies for collective action are planned. A campaign against alcohol related violence has been initiated. Young men have begun to speak up against GBVWG starting with taking sides in their own families to protect their mothers and sisters.
The concept of Mahila Panchayats was initiated by Action India in 1994. The growing number of incidents of domestic violence in the resettlement colonies in the capital had to be addressed. Legal training for community based workers was conducted with resource inputs from MARG. Our trained paralegal workers formed four Mahila Panchayats who were members of the Sabla Sanghs. Over time other women volunteered to join the panchayats. Case work was handled by the paralegals. Gender perspective was the foundation of educating panchayat members who were from different castes, communities, ages and were working class women who felt strongly about violence women in the home. They were united in their mission in joining the mahila panchayats to help women in crisis. Every Wednesday cases are heard and arbitration take place in the Mahila Panchayat office between 1p.m. and 5 p.m.

Mahila Panchayat is based on a traditional form of community organization for social justice. These women’s courts have radically changed the caste, and gender discrimination found in the structures of our “Biradari and Gram Panchayats” with a women's perspective. The Mahila Panchayat provides a space for concerned parties to speak openly and negotiate settlements on their own terms. The women speak without fear knowing they have the support of their sisters. The men usually bring their own support team or members of their family, but they comply to the final resolution of the Mahila Panchayat as they see that the verdict is fair and non partial. Two important factors ensure the success of this redressal mechanism, proper investigation prior to the case hearing and regular monthly follow ups after the case is resolved. Today there are 10 Mahila Panchayats across Delhi— New Seemapuri, Sundernagari, Janta Mazdoor Colony, Harsh Vihar, Jehangirpuri, Sant Nagar, Mukundpuri, Dakshinpuri, Madangir, and Dwarka. Approximately 500-600 women a year seek the support of the Mahila Panchayats to resolve family disputes and stop the violence. The Mahila Panchayat is not an alternative to the legal system. It is an effective forum for dispute resolution prior to or preventing the need for legal intervention. In the case of divorce or property dispute, legal aid is needed to legalize the procedures, in which case the paralegal refers them to a lawyer and continues to support the woman for her case.
Some Challenges
When funds for the Garima project ceased in February 2011 a major decision was taken by Action India. The phenomenal impact and value of the Garima project with a multi-stakeholder approach must be underscored. Developed with a comprehensive strategy, the title ‘Garima’ was to be continued and the erstwhile donor was accordingly informed. As a solution, Rs 12 lacs from our Corpus fund was given to the Garima Project for a year. Programme activities continued at the community level with 10 panchayats and 16 paralegals and unit leaders. The Delhi Commission for Women contributed Rs 2.16 lacs for two panchayats in South Delhi. Action India sent out new proposals to support the Mahila Panchayat programme.

In 2011, 567 cases were registered of which 161 were resolved by the Mahila Panchayats, 182 cases were advised by the paralegals and another 141 were resolved through counseling, 67 cases were referred to Delhi Commission for Women, Crimes against Women Cell or provided a lawyers from Delhi Legal Service Authority, 14 cases are unresolved.

Nari Shakti Vahini Stays Alive
No major events were organized in this period, however the Nari Shakti Vahini created on 10th December 2010 was mobilized to be active at the community level to keep an eye on pregnant mothers who were likely to go for a sex detection test at an ultrasound clinic. At the same time, the Mahila Panchayats members felt it was equally important to show girl preference to counter the negative impact of son preference in our society. The 2011 census showed further decline in child sex ratio emphasizing the gravity of the situation. The paralegals underwent training on the PCPNDT Act and we realized the challenges to implement the law would have to address both the, “demand” and the “supply” factors.

Beti Utsav Campaign Sustained
Initiated in 2010, the Beti Utsav identified the girl children born every three month in all the areas where Action India had established Mahila Panchayats. The paralegal workers traveled from colony to colony with a nukkad natak to create awareness on the importance of the girl in our family and society. The campaign aims to change the patriarchal mindset where women are compelled to go for sex selection, and they face severe forms of violence if they did not deliver a son. To our amazement, the men, women, and youth who watched the street play joined hands with the call for solidarity to make a pledge to save the girl child.
Can we allow the girls to become an endangered species?
A Project supported by UNFPA-WPC

The Action India strategy to address the implementation of the PCPNDT Act is focused on the Appropriate Authorities (AAs) in NCT Delhi. We have worked in alliance with 3 NGO partners situated in the South District- Navshristi; MRYDO in South West; and Child Survival India in the North West. Action India focussed on the East and North East districts.

Action India’s involvement with East district began in 2004-2005 as member of the Dist. Advisory Committee. Since the transfer of authority from Chief District Medical Officer to the office of the District Commissioners (Revenue) AAs have taken some effective steps to monitor the registration of clinics and surveillance visits with the official team to monitor the misuse of ultrasound technology but, punishment on violation was avoided.

25 Nov 2009 Consultation-Our connection with the East district AAs was publicly established on 25th Nov 2009 when we invited DCs from all districts to our consultation. Only 2 more DCs joined the meeting for a dialogue between the government and civil society on PCPNDT. Civil society groups are required to build a multipronged strategy and unite to make this a priority making the government accountable by taking strong action against unethical medical practitioner and the money that promotes the sale of machines.

Awareness generation is strongly advocated to eliminate “son Prefrence”. Declining child sex ratio in Delhi is being presented to the community at a nukkad natak performance. members of Mahila Panchayats provide vigilance as community watch committees.
Court Cases
The AAs was not ready to share their cases with NGOs per se. In East district the DC requested a sensitive lawyer to oversee 2 cases in the High Court. Our lawyer Soumya Bhowmik studied the two cases and found that there was not enough evidence for sealing of clinics or punishment of the doctor. At the recent Advisory Committee Meeting held on 19th August 2010 at the East District office, the DC worked out a protocol for the monitoring of ultrasound clinics in three stages. Giving a warning with a show cause notice; suspend the operations till proved guilty, and sealing would be the last resort if violation of the PCPNDT Act was proved with sufficient evidence.

Monitoring F-Forms
The F-Forms are the main source of data for investigation of misuse of sex detection on pregnant women by registered clinics. 6000 forms have been scrutinized by the project coordinator with volunteer support clearly indicating gross oversights. The purpose of this activity is to emphasize the importance of maintaining records which the act has stipulated. Sustained monitoring on our part is aimed to emphasize the role of AA to scrutinize the forms and lodge complaints against clinics and nursing homes who fail to comply to the PCPNDT Act on submitting the F forms.

We have evolved a another way of demonstrating the value of the girl child through our mahila panchayat network. We celebrate the birth of girls with ladoos, “Mubarak ho ladki hue hai”, going from house to house where a daughter is born. Mahila Panchayat members identified the newly born girls within 3 months of the birth and honor the parents, mother and father with a greeting card.
Every year 400 adolescent girls come to our Chhoti Sabla programme and undergo our skill training classes. They participate in other variety of activities to enable them step into womanhood with confidence and a sense of self-esteem. Career counselling by Urvi Chairitable Trust has over the years played a very important role in guiding the youth, girls and boys about their future prospects in the changing market economy.

Speak out: Girls perceive the, “daughter aversion” at a very personal level. The gap between the number of births of boys and girls in India is increasing. In 2011, a decline in child sex ratio in the 0-6 yrs age group had dropped . Girls have learned about the PCPNDT Act and how the misuse of sex selective technology has resulted in the steep decline in CSR. They have expressed their thoughts through the medium of plays, songs and poems and are determined to create their own space in the family and the society.

We are together to learn: Girls learn Internationl(GLI) gives priority to girl’s education and they welcome every willing girl to join the group where they help each other to study. Girls come to study at the center during exams if they do not have the proper environment to study at home.

A Place for Girls…Stepping up: All the girls associated with GLI feel more empowered because they now possess the right to education and are also aware of their legal rights. Regular activities and workshops carried out with them have strengthened their gender perspective, and notions of justice and equality. Their dreams and aspirations have gone beyond their lives of deprivation and poverty as they now have made a global connection with the GLI girls through interaction with 7 schools in the State of Virginia in the United States.
Gender and Sexuality Workshops
Gender and Sexuality module for training was introduced in all 6 chapters of the Chhoti Sabla in Delhi. Two workshops were organized every month. A total of 16 workshops in each area covered 250 girls. The module provides body knowledge-changes in adolescent boys and girls and the myths associated with adolescents sexual health. Greater emphasis is given on the anatomy of the male and female body, reproductive organs and their functions. They were given information on the biological aspects of menstruation and pregnancy with the help of body mapping tools. The gender and sexuality module is discussed within the framework of patriarchy.

The social construct of the roles of the male and female in the family and society are discussed. What is gender equality and its various dimensions are explained in the workshop in the context of their own life experiences and how it influences freedom, mobility and choice in our society.

Learning and Earning - The GLI girls meet regularly once a week, except when they study for their school exams. The weekly meetings are guided by the facilitators many of whom were Chhoti Sabla not so long ago. Vocational skills like mehendi, cutting-tailoring, jewellery making and paper craft are provided by local resource persons, enabling the girls to earn an income, which helps them to fund their own education. Many girls have started teaching in other organizations after completing the course at Action India.
Education for Equality - Scholarship Program

Education is a human right with immense power to transform and bring about Equality. The right of all children to education has been valued by Action India. Thereby, a scholarship program, first introduced in 1997, to help “school drop outs”, to pursue school education without a break. Initially, both girls and boys were given scholarships, however, we realized that even today the importance of education for girls in the family is not considered at par with the boys. Poor financial condition of the family usually deprives the girl child of education. Girls are often forced to drop out after primary school or upon reaching puberty, due to unsafe environment. Many drop outs at the middle school level, due to poor performance, leaving the girls without a future.

Our adolescent girls programme provides a space for girls to meet to share their dreams and fears while they gain confidence and sense of independence to assert their right to study and say, “No to early marriage and motherhood”.

Initially, Action India raised some funds for the scholarship program, which was primarily utilized for girls. With limited funds, specific rules had to be made for selection of deserving candidates, economic conditions being the highest priority followed by the motivation and aspiration of the girl to continue her studies. The program gave scholarships to girls who dropped out at the 6th standard so that they could finish high school. Majority of the girls given a scholarship were in the 10th to 12th standard. A scholarship covers tuition, exam fees and purchase of books. In 2011, the Arunjeet Ghosh Charitable Trust contributed Rs 2.54 lacs and 67 scholarships was distributed.

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<tr>
<td>-------</td>
</tr>
<tr>
<td>Students</td>
</tr>
</tbody>
</table>
**Career Counseling**

Every year scholarships are granted to the most deserving girls to further their education. Scholarships were granted to 67 girls in the year 2010-2011. Career counselling workshops was organized for 6 days at 6 different centres. 130 girls from senior secondary classes participated. The aim of the career counselling was to introduce the students to the vocational courses available after 10th and 12th, which they could choose according to their economic situation. They were also given information about where these courses are available and the procedure of undertaking them. The students asked a lot of questions during the workshop. Most of the girls expressed interest in becoming a teacher, nurse, lawyer, airhostess, and the police services. It was attempted during the workshop to find out the student’s area of interest, what career they wish to pursue and how it can be achieved within their economic means.

*DREAMS AND ASPIRATIONS OF THE GLI GIRLS KNOWS NO BOUNDS*

*These files were sent to the GLI girls in Virginia, USA*
The Girl Child Programme

The process of developing Action India’s GIRL CHILD Programme in the urban slums was spread over 10 years beginning with knowledge of the body, gender awareness, identity and autonomy and “freedom to be me”. We also believe that access to information on reproductive health has to be created in the context of a rural environment. Decision-making is a major part of gaining autonomy and young women have to learn to balance freedom with responsibility for herself and to her family. In the given socio-cultural context in most cases this means making a choice between custom and tradition, “parampara and biradari” or recognize the need to ‘change with the times’ within the cultural milieu.

Adolescents Girls in two Rural Schools
Life Skills: This year the life skill module was taken to the Middle School of village of Salai in Hapur. Under this programme, the facilitators held a two-hour session with the school girls twice a month. The module covered topics such as self-awareness, friendship, family, marriage and dowry. The success of the programme in this school and its positive impact on the girls inspired the teachers to discuss it with teachers of other schools. The demand encouraged us to start the GLI programme in the Junior Middle School of Kathikheda and the Junior High School of Gondi village.
**Hapur Girls Visit Delhi**

An educational trip was organised for the girls of the Middle School of Salai village. The purpose of the trip was to visit the different monuments and museums in the capital city to improve their general knowledge. Moreover, by stepping out of the village and coming to Delhi, they would have an opportunity to see the external world. Even after 65 years of independence, the societal norms of our country are so rigid that they do not allow girls and women the freedom to step outside the home. As a result, many girls and women have never stepped out of their homes. Our girls in Salai village fall into this category and coming to Delhi was a dream come true for them. Two teachers of the school accompanied our facilitators on this trip. The trip included a visit to the India Gate and Children’s Park. The girls had a lot of fun at all these places. While they tremendously enjoyed the visit to the Doll Museum, the visit to the Science Museum was full of surprises for them.

The lifestyle of the people of Delhi also aroused their curiosity. They noted how easy it was for girls and boys to talk to each other, and how girls could move about without covering their head. It was evident that these things had a strong impact on them when they gradually chose to remove their dupattas from their heads as well.
WE CAN STOP VIOLENCE AGAINST WOMEN AND GIRLS

The WeCan Campaign was initiated in South Asia in 2004. Six countries in India, Pakistan, Bangladesh, Nepal, Sri Lanka and Afghanistan, and then extended globally to 27 countries. In India, this campaign reached 13 states. In Delhi we started in 2006, and Action India held the Secretariat and was given the task to unite 10 alliance partners to mobilize Changemakers. Working towards a “violence free society” was our goal.

The target in 2011, was to trace the 80,000 Changemakers who had joined the campaign since 2006. All activities were geared for this purpose. Clusters were formed, and we mapped 719 clusters covering 80,000 Changemakers, we reconnected with 42957 Changemakers. 78 Volunteers were trained to conduct activities in their specific regions with the Changemakers. Multi-cluster events were organized by the volunteers, which included role-play, stories about change and taking street plays to the community. As given below 82% Changemakers were active in 2011 and four alliance partners continued to support the campaign.

<table>
<thead>
<tr>
<th>Districts</th>
<th>Number of Changemakers</th>
<th>Changemakers reconnected</th>
<th>Clusters formed</th>
<th>% Reconnected</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>7697</td>
<td>6938</td>
<td>151</td>
<td>90.1%</td>
</tr>
<tr>
<td>North-east</td>
<td>8076</td>
<td>7651</td>
<td>180</td>
<td>94.7%</td>
</tr>
<tr>
<td>Central</td>
<td>280</td>
<td>270</td>
<td>6</td>
<td>96.4%</td>
</tr>
<tr>
<td>North</td>
<td>769</td>
<td>769</td>
<td>17</td>
<td>100%</td>
</tr>
<tr>
<td>North-west</td>
<td>6022</td>
<td>3896</td>
<td>84</td>
<td>64.7%</td>
</tr>
<tr>
<td>South</td>
<td>3548</td>
<td>3167</td>
<td>69</td>
<td>98.3%</td>
</tr>
<tr>
<td>West</td>
<td>3634</td>
<td>691</td>
<td>17</td>
<td>19%</td>
</tr>
<tr>
<td>South-west</td>
<td>12931</td>
<td>9441</td>
<td>195</td>
<td>73%</td>
</tr>
<tr>
<td>Over all</td>
<td>42957</td>
<td>32823</td>
<td>719</td>
<td>82%</td>
</tr>
</tbody>
</table>
2011 - Taking WE CAN Campaign to Educational Institutes
Already working in 75 schools, we expanded the campaign by adding 5 more schools. Our campaign addresses children, teachers and parents on the issue of gender based violence and the importance of creating a violence free society.

WeCan Campaign supported by Oxfam in Delhi was concluded in 2011.
Action India was one of the many NGOs selected in 2008 to undertake a GRC/SSSK. The Delhi government had set up a new system for delivering government schemes to the most vulnerable in the capital city, working through a network of NGOs.

**Information Awareness & Dissemination through Help Desk**
The counselor Help Desk provided information to 4642 beneficiaries on various schemes and services. 2715 beneficiaries visited the GRC Help Desk counter. 1927 members of the community attended meetings at our area sites.

**Some Challenges**
The biggest challenge in establishing the SSSK was finding suitable staff members to implement the programme of GRC. Action India chose to combine the educated, qualified, fresh candidates with the experienced and knowledgeable community grassroots workers.

By the third year, all the activities at the GRC had begun to operate on time according to plans and funds provided by the Delhi government. However, vocational training courses were reduced. Now we have only two skill development classes, with qualified teachers for the computer training and dress designing course. The legal counsel comes on every Tuesday 11a.m. to 2p.m. and the response from the community has been good.

Another big challenge was to find medical doctors to attend the camps. However, our Homeopath Dr Amrinder Singh and his assistant has sustained a bi-monthly visit at New Seemapuri GRC and attends to 60-70 patients per visit.
## Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vocational Training courses</strong></td>
<td>The students were identified on the basis of vulnerability criteria. There were around 80% of students enrolled from the families covered under survey by the GRC/SK and we attempted maximum outreach to cover all the clusters.</td>
</tr>
<tr>
<td>We started two trades courses- computer and dress designing, for skill development and livelihood from April 11 – March 12. 172 students completed the course and were given certificates.</td>
<td></td>
</tr>
<tr>
<td><strong>Non Formal Education</strong></td>
<td>We have followed the Jamia’s syllabus for adult education. There was a total of 95 students recived certificates from the GRC/SSSK-Action India.</td>
</tr>
<tr>
<td>We conducted two, 6-month courses on adult education. These batches of Adult education were conducted in GRC centre as well as in the community. A remedial course for drop out children was introduced for one year for one batch.</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Resource Person at GRC</strong></td>
<td>Legal awreness is created and women and girls become aware of their legal rights. Those with specific problems seek legal advise and are further refered to DLSA lawyers to access the courts.</td>
</tr>
<tr>
<td>Two sessions per week:</td>
<td>Aim of SHG formation</td>
</tr>
<tr>
<td>1. Group counseling session for community awareness</td>
<td></td>
</tr>
<tr>
<td>2. Individual counseling for the persons who require legal advice.</td>
<td></td>
</tr>
<tr>
<td><strong>Self Help Groups</strong></td>
<td>• Members help each other solve their problems and work together to improve their economic conditions.</td>
</tr>
<tr>
<td>The formation of Self Help Groups began in 2009. We have been able to form 30 SHGs by the 2011.</td>
<td>• Mobilization of individual resources for collective economic development.</td>
</tr>
<tr>
<td></td>
<td>Inculcate the habit of saving among poor women and facilitate the practice of inter-loaning.</td>
</tr>
</tbody>
</table>

### Unique Identity Card

Enrollment center was setup at the Basti Vikas Kendera. Total number of people enrolled - 818. for the vulnerable population residing in pockets of Delhi, GRC took a conscious decision to take the services to the doorstep of the people.

### RSBY (Rastriya Swasthya Bima Yojna)

The GRC/SK survey phase-II was done in 2009, the data was used for enrollment for the RSBY. This scheme fissled out.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Camp</strong></td>
<td>The GRCs have to manage many tasks before organizing health activities in the community such as:</td>
</tr>
<tr>
<td></td>
<td>Organizing the resource people, arranging logistics, properly counting the medicine stock and most importantly, identifying the people in the community who are looking for health services through proper mobilization in the community.</td>
</tr>
<tr>
<td><strong>OPD</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>We are running Homeopathy OPD in GRCs and conduct 4 OPDs every month. We have conducted 36 OPDs and reached out to a total of 1631 patients.</td>
</tr>
<tr>
<td><strong>Nutrition Camp</strong></td>
<td>Dietician is invited to give an interesting lecture on nutritious diet how to prepare nutritious food at low cost. 394 people were provided information about nutritious food through live demonstration sessions.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 nutrition camps were conducted in this year in the community. Each time a different theme is taken up and an extensive but simple lecture is delivered by the Dietician. How to prepare a nutritious dish is demonstrated and distributed among the participants of the camps.</td>
</tr>
<tr>
<td><strong>Menstrual Hygiene Scheme</strong></td>
<td>4693 Sanitary Napkins sold this year. A much needed provision for women and girls. The GRC needs to introduce awareness of menstrual hygiene a very crucial component of women's reproductive health.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Each pack of sanitary napkin (8 pads) is being made available for Rs. 10/- (Same cost at which it is procured from the agencies after waiver on VAT from Delhi Government). This scheme as gradually moving towards a commercial mode. A ‘User Pay Model’ has been introduced.</td>
</tr>
</tbody>
</table>

**Awaaz Uthao Campaign Against Violence Against Women and Girls**

Involves formation of a multistakeholder committee to take responsibility and take preventive steps to address the growing violence in the capital city.
ORGANIZATIONAL STRUCTURE

EXECUTIVE COMMITTEE MEMBERS
Gouri Choudhury- Chairperson
Pritam Kumar – Treasurer
Saroj Sager – Convener
Deepmalika – Joint Convener

Shahnaz- Member
Sushila – Member
Vidhya Thapa- Member
Savitri- Member

GOVERNING BODY/ADVISORY COMMITTEE MEMBERS 2011
Dr Imrana Qadeer- Retd. Director, Centre of Social Medicine and Community Health, JNU, Delhi
Dr Ritu Priya–Associate Professor, Centre of Social Medicine and Community Health, JNU, Delhi
Soma K. Parthasarthy-Micro-Credit and Urban Development Planner
Laxmi Rameshwar Rao–Educationist, Hyderabad
Renuka Mishra-Educationist, Founder of Nirantar
Sushmita Mukherjee-Senior Manager, Programe Quality-Restless Development
Mamta Dash-Advisor, Rights, Equity and Inclusion
Kalyani V.–Youth Trainer and Developed Modules on Life skills for adolescents, HIV/AIDS
Abha Joshi-Advocate and former Executive Director of MARG
Rajesh Kumar Pachauri-Divisional Manager, Family Planning, UNFPA, Bharatpur Zone, Rajasthan

PROJECT COORDINATION TEAM 2011
Sulekha Singh, Kriti Paliwal, Priyanka Singh, Runamoni Bhuyan, Devender Kumar, Praveen Naidu, Manohar Rana, Farman Ahmed, Yogender Sharma

Project Staff 2011
Water and Sanitation
Social Organizers - Vidhya Thapa, Manorama, Ramzan, Rajdulari, Saroj, Maharani, Veermati
Health Hygiene Facilitators - Brahmwati, George M.P., Geeta, Geeta Gupta, Kaushalya, Meena, Ramkishan, Savita, Usha, Uma, Murti
Youth Organizers - Vishnu, Pramod Kumar, Ravi, Sunil Kumar

Rural Project (Hapur)
Afsana, Shabana Khan, Shriram, Sushila, Usha, Suman, Anita , Shashi Devi

Mahila Panchayat
Unit Leaders – Sushila, Gyanwati, Shahnaz
Paralegals – Arti, Bimlesh, Bhanwari, Geeta Rani, Krishna, Kalawati, Rampyari, Shahnaz, Santosh Thakur, Shakuntala, Uma, Poonam Devi, Kalawati (Renu), Anita

Empowering the Girl Child
Veenu Kakkar, Geeta Bhasin, Deepmalika, Mridula, Savitri,Shabana Zaidi, Vimlesh, Sarita, Rajni, Shamim

Gender Resource Centre
Anju Tomar, Aplana, Basanti, Shahida, Manju Aggarwal, Sunita, Sangeeta, Kavita Parmar, Gulista Parveen, Shabnam Nazli

ADMIN AND ACCOUNTS TEAM
Saroj Sager, Saroj Kashyap, Dinesh Kumar, Manju Bahuguna, John Samuel
AUDITOR’S REPORT

[See rule 17B]

Audit report under section 12A(b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions

I have examined the balance sheet of ACTION INDIA :: NEW DELHI [name of the trust or institution] as at 31st March 2011 and the Profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said Trust or institution. I have obtained all the information and explanations, which to the best of my knowledge and belief were necessary for the purposes of the audit. In my opinion, proper books of account have been kept by the head office and the branches of the above named trust/institution visited by me so far as appears from my examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by me, subject to the comments given below:

In my opinion and to the best of my information, and according to information given to me, the said accounts give a true and fair view-

(i) in the case of the balance sheet, of the state of affairs of the above named * trust/institution as at 31st March 2011 and

(ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on 31st March 2011

The prescribed particulars are annexed hereto.

place : New Delhi
Date : 26.09.2011

R.K.SHARDA & ASSOCIATES
Chartered Accountants
Firm Regn No. 006226N

R.K.SHARDA
Prop
M.No. 084847.
## Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>Amount(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
</tr>
<tr>
<td>- As per last year</td>
<td>2,651,480.09</td>
</tr>
<tr>
<td>- Additions During the Yr</td>
<td>29,740.00</td>
</tr>
<tr>
<td>- Gain on sale of assets</td>
<td>9,950.00</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>2,791,270.09</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
</tr>
<tr>
<td>- Bank &amp; Cash</td>
<td>1,552,308.09</td>
</tr>
<tr>
<td>- Short term Investments</td>
<td>4,843,290.16</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>6,395,598.25</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>9,186,868.34</td>
</tr>
</tbody>
</table>

## Income & Expenditure Account for the Year Ending 31st March, 2011

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amount(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxfam (GB) India - We Can</td>
<td>1,001,093.00</td>
</tr>
<tr>
<td>Oxfam (GB) India - Novato Hapur</td>
<td>63,234.00</td>
</tr>
<tr>
<td>GFO - Saris</td>
<td>1,555,758.00</td>
</tr>
<tr>
<td>GFO - Swasti</td>
<td>749,099.57</td>
</tr>
<tr>
<td>Water Aid - Swasti Delhi</td>
<td>670,000.00</td>
</tr>
<tr>
<td>Water Aid - Swasti Delhi</td>
<td>532,299.00</td>
</tr>
<tr>
<td>Water Aid - Swasti Delhi</td>
<td>3,628,875.00</td>
</tr>
<tr>
<td>Ford Foundation</td>
<td>204,999.00</td>
</tr>
<tr>
<td>Action Aid-BCP Raj Panchayat</td>
<td>1,233,417.00</td>
</tr>
<tr>
<td>Action Aid-BCP Panchayat</td>
<td>966,343.00</td>
</tr>
<tr>
<td>Excess of Income over Expenditure</td>
<td>2,385,260.61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant in Aid</td>
<td>13,820,041.00</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>45,555.00</td>
</tr>
<tr>
<td>Interest on Endowment Fund</td>
<td>419,334.16</td>
</tr>
<tr>
<td>Contribution</td>
<td>238,463.00</td>
</tr>
<tr>
<td>Other Receipts</td>
<td>9,815.00</td>
</tr>
</tbody>
</table>

For Action India

Gauri Choudhury  
(Chairperson)  
Place: New Delhi  
Date: 26th September, 2011

For R.K. Sharda & Associates  
Chartered Accountants  
Firm Regn No: 086324N  
Membership No: 884847
We will always remember your spirit and strength to struggle for justice for the oppressed.
Founded in 1976, Action India facilitates and enables the poor and the marginalized to organize themselves, to demand a rightful share in the social and economic resources, and be a political voice in all spheres of development.

Our focus is on human development to ensure long term sustainability by:

*Creating awareness and dissemination of information and knowledge*

*Building self-reliance by organising grassroots collectives to struggle for their rights*

Women’s Agency, the main strength of Action India has emerged through grassroots women’s collectives. Action India works for social transformation through policy advocacy, legislative reform, networking and alliance building from the grassroots to national forums building strategies to impact change.

Effective citizenship and civil society action groups are taking the lead in the making of progressive legislation and taking on the challenges of implementation to make laws a reality.