



**Women step out on the streets of Hapur town, U.P.
Women speakup against violence**

**Annual Report
2012**

ai action india



On 8th April 2012 the Sabla Maha Sangh Maitri Mela was publically inaugurated at a gathering of 2000 women held at the Tara Chand Inter College Ground. Important government officials and the local MLA were invited to meet the leaders of the Federation and listen to the women's voices on issues of violence, alcoholism and need for greater participation in community life and governance. Eight Village Pradhans attended, and the three women Pradhans were for the first time given public recognition. The Sabla Mahasangh - the Federation created a forum for women's collective power which was widely reported by the local press. They have gained recognition from the Public Health Administration, Village Health and Education Committees and the Department of Agriculture.

Women unite and get organized to challenge gender based violence.



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

A RURAL INTERVENTION-HAPUR U.P.

Community Empowerment through Women's Initiative

Make Birthing Safer - Collaboration with Public Health System

SWACHH DELHI SWASTH DELHI

Women's Initiative for Community Management

Water, Sanitation and Health Education(WASHE)

GENDER RESOURCE CENTRE

Stree Shakti Suvidha Kendera

MAHILA PANCHAYATS

Women Helping Women

Beti Utsav

SAVE THE GIRL CHILD CAMPAIGN

EMPOWERING THE GIRL CHILD

Education for Equality

Scholarship Programme

ORGANIZATIONAL STRUCTURE

Executive Members

Governing Body/Advisory Committee Members

Project Coordination Team, Field Staff

Admin and Accounts Team

AUDITOR'S REPORT

Balance Sheet



The Green Revolution in Western U.P. did not bring change in the lives of women or give them the right to live with dignity. Gender based violence is rooted in the patriarchal structures and culture of an orthodox society where women have no identity, lack mobility and safety in their own homes. It has taken 10 years of sustained work to mobilize individual women and enable the collective potential to change and create social structures that empower women to live with dignity and achieve their human rights. They demand state action and community support to close the wine shops. Exacerbated by alcohol, male domination has lead to physical and sexual violence which is not to be tolerated.



COMMUNITY EMPOWERMENT THROUGH WOMEN'S INITIATIVE

Action India's work covers 16 villages in Hapur district, U.P. with a population of 1,08,000. Over 12 years, the community mobilization through a network of 151 Self Help Groups (SHGs) has reached 1826 members. Building the Federation, called 'Sabla Maha Sangh', with a cluster approach brings 3 villages together. Ten village women are selected from each village to form a cluster of 30 members who meet every month. Leaders are elected to attend the Federation meeting to develop plans for intervention.

Six sub-committees have been formed to work and develop strategies for intervention:

- Access to health services and nutrition schemes-addressing MMR/IMR.
- Promoting small women farmers for sustainable agriculture, food security and sustainable livelihood
- Create bank linkages for enterprise development
- Ensure Right to Education-school intervention at primary level
- Develop leadership to strengthen women's political participation in Panchayati Raj
- Address domestic violence through redressal mechanism at community level making women aware of their legal rights

Although development processes have taken root in Hapur district in western U.P. more than in other parts of the country, they have favoured those with larger land holdings, dominated by those in socio-economically stronger positions. Hence governance structures such as Panchayati Raj Institutions, village, block and district committees and decision making are also dominated by the more powerful members of the community, despite attempts by the marginalized to gain political voice. Access to agricultural information, new schemes programmes and other inputs from government that communities could benefit from has been limited due to the prevailing power structures.

Rural Women's Voice

Strengthening the Sabla Mahasangh

The leaders of the Federation meet on the 5th of every month to discuss matters of concern and actions to be taken at the village level. Alcoholism and the demand to close the wine shops has been a repeated demand. Gender based violence(GBV) is emerging as a serious issue at the level of domestic violence and other incidents of sexual assaults, which had till now not been voiced at the village level. The Federation was beginning to show the collective power of women to confront the patriarchal structure which supports GBV.



Rural Women's Protest

A rally was organized in Hapur Town on 24 Jan 2013 to speak out against the gang rape of "Damini" in Delhi. They linked their own protest in solidarity with the rising movement in Delhi since 16 Dec 2012. The leaders of Sabla Mahasangh met senior district officers and handed a memorandum supported with the 2557 signatures collected against alcoholism. The event was widely reported by the local media, who gave detailed information about the crimes committed by men on women and children, after consuming alcohol illustrated with case studies. The district officers assured immediate action in response to the demand to close all wine shops. However, we are aware from past experience that this may not solve the problem and there was no substitute to attaining gender equality and equity through sustained struggle.

Mahila Panchayat a Redressal Mechanism for Domestic Violence

Action India till now had been unable to enter the family domain on the issue of GBV. In 2012, the first Mahila Panchayat was formed. The Mahila Panchayat meets every third Wednesday of every month from 12 to 2 p.m. at Hapur office with 32 members. Two women leaders from each of the 16 villages have been selected to form the Mahila Panchayat. Till now 3 cases have been resolved. The biggest challenge has been to create a women's forum in the rural context that could effectively question patriarchal customs and values, and resolve family disputes with a gender perspective and their judgments be accepted by the community.

Panchayati Raj Workshop and Women's Participation in Open Meetings

Women have been elected as village heads (Pradhan), but they are merely shadows of their husbands. In order to address the issue of women's political active participation in the Panchayati Raj system, the role of elected women as Pradhans has been discussed at the cluster meetings, and the issue has also been raised at the Gram Sabha meetings at the village level. To educate the leaders of the Federation, a resource person was invited to speak at the Sabla Mahasangh monthly meeting to motivate and encourage women to recognize their ability to participate as elected leaders effectively and actively in the Panchayati Raj system. The forum provides a training ground for strengthening women's agency



Women have begun to attend the Khuli Baithak, though they sit in segregated areas, they are listening and even voice their opinion from time to time.

Make Birthing Safer Collaboration with Public Health System

In 2010, India was one of the key contributors to maternal deaths accounting for 22 percent of the global maternal deaths. Without hesitation we can infer that maternal mortality in India is a threat particularly to India's poor. Apart from the biological causes of maternal mortality, the fundamental issue is that of unavailable, inaccessible, unaffordable and ultimately poor quality of health care delivery without adequate health services. Working with a focus on pregnant women and children under 6 years, we have addressed the causes of MMR and IMR.

Overreacting Goals

- Reduce MMR and IMR through awareness and information to access health services for safe motherhood and child survival
- Involving community participation and intervention to enhance and strengthen the role of government health functionaries like ASHAs (accredited social health activists), ANMs (auxiliary nurse midwives), and Anganwadi Workers (ICDS)

Progress Towards Goals

We have been able to create awareness to demand access to the public health system under the National Rural Health Mission (NRHM). More specifically Janani Suraksha Yojana (JSY), an incentive based program for institutional birthing aims to achieve MDG by reducing MMR. Systematic H/H surveys to identify the pregnant women (3-9 months) calling them to attend mothers meetings has led to awareness of the needs of pre-natal check ups and post-natal care for lactating mothers. A training manual has been developed to enable the community facilitators to give information and motivate pregnant women for anti-natal care. The manual enables them to conduct meetings specifically addressing the pregnant women at different stages of first, second and third trimester. Included in the content is awareness of nutrition, importance of rest, emotional support and care from the family.

Bimonthly meetings held with pregnant and lactating mothers. This has created awareness that all pregnant women are required to reach the anganwadi centre in their village to ensure: timely immunization; take iron and folic acid supplements to prevent anemia; and the importance of nutrition for pregnant women; recommended at least 3 checkups.

Pregnant Mothers		Lactating Mothers	
1499 Mothers	174 Meetings	1744 Mothers	174 Meetings

Our community facilitators visit house to house to reach out to those who had not attended the mothers group meetings.

Intervention Strategy

Though the public health system is promoting institutional birthing with incentives for cash transfer, the facilities and services at public hospitals and health centres are far from adequate, not for the lack of funds. The callous and careless attitude and behaviour of the health functionaries has kept health seeking behaviour of rural women at bay. Our intervention strategy has been planned to seek a collaborative approach with the government. Regular interaction and dialogue with community facilitators is bringing about some behaviour change in the client service provider relations. ANMs visit regularly twice a week at 8 village health centres. As a result 168 women have opted for hospital birthing at CHC in the last 6 months; but not without challenges. Some of the common practices to be overcome: being referred to a private doctor; sent for pathological tests to private laboratories. Ultrasound machines are always found out of order. We also learnt that the hospital staff ask for money after delivery.

Births Jan-Dec 2012

No. of Births	Community Health Centre	Private Nursing Home	At Home
1305	355	229	721

The biggest challenge of the project has been the lack of motivation and poor attitude of service providers. We are giving them respect to encourage them to perform their role and join our mission to save and reduce maternal and infant mortality.

Training and strengthening the rights approach of our community facilitators to firmly convey the right to health message to ASHAs, ANMs and health functionaries is the most important task before us.

Safe motherhood is the right of every woman as reproduction and reproductive health is a major part of her life and contribution to the family and society.

Access ICDS Network

With cooperation of the Anganwadi workers, we have activated the Balwadi centers, the number of children have increased and the quality and quantity of nutrition has improved. Better quality of nutrition has shown considerable improvement in the health of both, the mothers and children.

Integrated Child Development Services is one of the largest networks in Asia providing health and immunization, nutrition and child care services. One anganwadi serves 1000 families both rural and urban. However, it is a well known fact that the functioning of anganwadis is far from satisfactory and the beneficiaries are unable to receive the intended package from the government. Special benefits are prescribed for malnutrition and underweight children. Pregnant women with extreme forms of anemia are not aware of these facilities intended for them. Therefore making them aware of these benefits and the need to access them.

Monitoring ICDS Services (Anganwadis)

- Action India was invited by the District Magistrate (DM) in the presence of all departmental heads to monitor the ICDS at anganwadi centers at the village level, there are 43 centres in the 16 villages in our area of operation so far, village community watch groups have been formed in 4 villages with local representatives.
- Two staff members were nominated to be part of the monitoring and evaluation committee at the Block level.
- Our senior staff member was invited to be part of the monitoring and evaluation committee of the District Health Services – budgetary allocations and functioning of health services in Hapur district. Three NGOs were nominated to the District Committee to ensure transparency.



Government Schemes and Programmes for Rural Self Employment Skill Building and Bank linkages

- **RUDSET**- This organization provided training to girls and boys on acquiring skills for self-employment and also career counselling. This year around 25-30 boys and 35 women have learned artificial jewelry making, 30 women learnt pickle making, and 20 women learnt fashion designing.
- **Department of Agriculture** provided technical training for Small Women Farmers at the village level
- **NABARD** gave training to SHGs and provided stalls to the entrepreneurs to enter the market.
- **Zila Gramin Sehkari Bank and the Central Bank** have provided substantial linkages to SHG groups through sustained rapport building by staff and leaders of the SHGs.

WOMEN'S INITIATIVE FOR COMMUNITY MANAGEMENT TOWARDS A CLEAN ENVIRONMENT AND BETTER HEALTH

Supported by WaterAid

Action India initiated the Swachh Delhi Swasth Delhi-Clean Delhi and Healthy Delhi project in Nov 2008 in six resettlement/JJ clusters in North-east district. Bhalaswa in the North-West was included in 2011. The North-east zone in this region has the largest concentration of economically backward and poor families. They are living in the most squalid condition and human degradation, excluded from the amenities and development of Delhi as a world class city. Action India undertook a water and sanitation project to bring about the much needed change ensuring that the urban poor live a dignified life with access to adequate essential services with an emphasis on women's agency.

Operational Areas Expanded in 2012

SN	Ward Name	Slum Name	Direct In- tervention/ Influence	Population			No. of House hold
				Men	Women	PWD*	
1	Vivek Vihar (239)	Kalandar Colony Deepak Colony Dilshad Vihar	Direct Intervention	10472	9278	176	3950
		Rajiv and Sonia Camp	Influence	5037	44630	0	1900
2	New Seemapuri (242)	New Seemapuri F Block Jhuggi, E 44, Jain Mandir, F Block Jhuggi	Direct Intervention	8845	7835	457	3336
		E-46- Jain Mandir Block -A, B, C, D, E	Influence	3783	3352	0	1427
3	Sundernagari (244)	Sundernagari E1, E2, E57, E60, G3, G4	Direct Intervention	10700	9480	168	3688
		Block -E117, H, I, J, K, L, N,O, F1, F2, G5 and MCD employeesa quarter	Influence	13109	11613	0	4520
4.	Janta Mazdoor Colony (259)	Janta Mazdoor Colony (Welcome) E49 Slum, Block-A, B, C, D	Direct Intervention	9220	6167	432	2675
		E49 Slum, Block-E, F, G, H, I, J, K, L, M, N	Influence	16629	14734	0	4825
5.	Harsh Vihar (264)	Harsh Vihar Block-D, D1, C1, C2, C3	Direc Intervention	8020	7150	0	3025
		Harsh Vihar Block - A, A3, B, B2, B3	Influence	3611	3199	0	1362
6.	Tukhmirpur (270)	Chandbagh A, B, C, D, E, F	Direct Intervention	6697	5933	95	2526
7.	Bhalaswa (005)	Bhalaswa Resettlement (JJ Cluster) Block -A2, A3, A5, B4, C2	Direct Intervention	7057	6253	265	2662
		B, C, D, E, CB, CN, DB	Influence	7423	6577	0	2825

* People with Disability

Situational Analysis

In the year 2012, Action India undertook an intensive baseline survey covering 3875 H/H in the 7 working areas. Why did we choose a baseline survey? We realized there was a need to assess the work done by us in the first phase and use the findings to guide future plan of action. Three years since inception of the Swachh Delhi Swasth Delhi (SDSD) project, the second phase (April 2012-April 2015) required a baseline survey to provide a benchmark. This survey would enable us to evaluate the impact of the coming three years, of the second phase. (*Baseline Survey Report 2012 available on website*)

Indirectly the findings of the survey also reflect situational analysis and achievement of the first phase. 'An Evaluation Report of the SDSD Project 2008-2011' was conducted by Adil Ali in a participatory mode at the end of 2011. The evaluation was fruitful and provided qualitative outcomes, it made us realize that quantitative data is needed for effective evidence based advocacy.

The Baseline Survey shows the outcome of community mobilization as a growing and sustainable strategy to improve their environment, health and quality of life. As the project title says it was women's leadership all the way changing the dynamics resulting in accountability of the government functionaries and monitoring by the community. For example, construction works were undertaken under the eyes of the WATSAN members, poor quality and diversion of funds was exposed.

14 FGDs have been conducted and provides some observations and validation of the findings of the data collected. Moreover, the FGD team from Action India had the opportunity to meet face to face with old and new members of WATSAN Committees and assess their level of awareness, motivation and commitment.



“A Citizen’s Right To Live With Dignity Includes The Right to Basic Services.”

Community mobilization by WATSAN members have been acknowledged to be one of the good practices of participatory democracy. Sustained effort to educate the community and engage them to make the ULB accountable to the people has given good results.

Rallies and meetings were held every month in each of the areas and 4155 community people participated in the campaign. 10,000 leaflets have been distributed in our working areas. By the end of the year, 3171 people had responded through the feedback slips:

- 1715 said no to privatization of water,
- 1615 demanded clean and safe drinking water,
- 335 said water quality testing was important.

The WATSAN staff realized the importance of rallies and regular meetings in the community in strengthening the Right Based Approach of the campaign.

Clean and Safe Drinking Water is Our Right

People’s Demand from the State Government

- Provide 270 litre of clean and safe drinking water per person per day as per norms of DJB, to be supplied 2 hours in the morning and evening. Water quality testing to be done on regular basis. Water should be coasted at affordable price according to economic status. Privatization of water was not acceptable. The government was responsible to provide adequate and potable water to the citizens.
- Rain water harvesting to be developed to meet the demands of the people.
- Ratio of the toilet seats to the population have to be provided.
- Safai Kramcharis to be appointed as per the norms and rules of the MCD.



Community Awareness

Street Play: Nukkad Natak by the Youth Group - Twenty one street plays were held by the youth groups. 100-500 people gathered each time to see the play.



Water Quality Testing - A team of 9 members, 5 staff and 4 from the youth group were trained for water quality testing in October 2012 at Development Alternative, New Delhi. Water testing was done in all the project areas and 51 samples of DJB water at source was found to be fit for human consumption. Contamination of pipelines was common when overlapped with drains. Only two or three sources had excess of chlorine or less as per the parameter of Bureau of Indian standard. Hand pump and bore well water was tested but found not safe for drinking. Hand pump and bore bell water had presence of coliform and chemical contamination.



In Bhalaswa testing showed that the residual chlorine presence is in excess and the water is hard. Residents fear to drink this water and till this day carry home water from distant colonies.

School Health and Hygiene Education



Capacity Building

In the year 2012 training and reviews were held for capacity building of the SDSD staff on Stakeholder Analysis: water availability and quality; sanitation and hygiene, community management of WASH, water borne diseases and preventive measures, and the Right to Information Act.

The social organizers and health and hygiene promoters shared their learning with the 32 SHG groups, 6 primary schools and the community at large. We have created our module on the Right Based Approach and also used existing resources developed by the Population Foundation of India, Health for Urban Poor and Mission Convergence.

Grassroots women take initiative as citizens to influence governance

A spearhead group of 5 to 7 women were identified from each WATSAN committee. These women had taken initiative and responsibility, were capable of learning and transferring information. They were willing to volunteer their spare time for community work. A monthly workshop was held with 40-50 women including the staff. The training module evolved each month as they showed enthusiasm and interest to participate in the process which has created the concept of a model leader who could become a symbol of change.

Leadership Development Training



Leveraging of funds Rs 14,32,37,500 and total beneficiareis 1,31,000

Decentralization of Municipal Corporation of Delhi (MCD) in 2012



The **74th Amendment** of the Constitution of India provides the guidelines for Municipal Corporation and urban local bodies to provide infrastructure and management of the policies and programmes with active intervention by elected representatives. Community participation has been advocated under the 74th Amendment for effective and efficient implementation and planning through the mechanism of mohalla sabhas bringing government functionaries and local counsellors accountable to the people.

In 2012, the first Mohalla Sabha was held on 24th June and the second on 24th July 2012 with the local MLA due to Vidhan Sabha elections.

Some Challenges

Clean and Safe Drinking Water and adequate supply to live a dignified life are determinants of health. Water, sanitation and hygiene contributes to improved health status of the community and catalyses economic growth. Census figures on urban slums reveal that Indian cities are amongst the most unequal and least inclusive in the world. Adequate health and sanitation facilities hardly reach the slum population.

Networking - The campaign for “Safe and Clean Drinking Water for All” was initiated by the SDDSD project supported by WATSAN Committees in March 2012 on World Water Day. In the last year some sustained networking with Hazard Centre and Sanjha Manch gave us hope that in the coming years we will be able to link the campaign for “Clean and safe drinking water for all” with the AWAS campaign and widen our outreach beyond East Delhi and Wards covered by the SDDSD project.

Jan Sunwai-Public Meeting on 17th Dec 2012

The WATSAN leaders had worked hard to prepare their presentation to place before the Mayor. Each community had specific needs, 400 women gathered to demand action for improving infrastructure and delivery of services. The public meeting was attended by the Mayor Ms Anupama Mishra accompanied by one ward councillor.

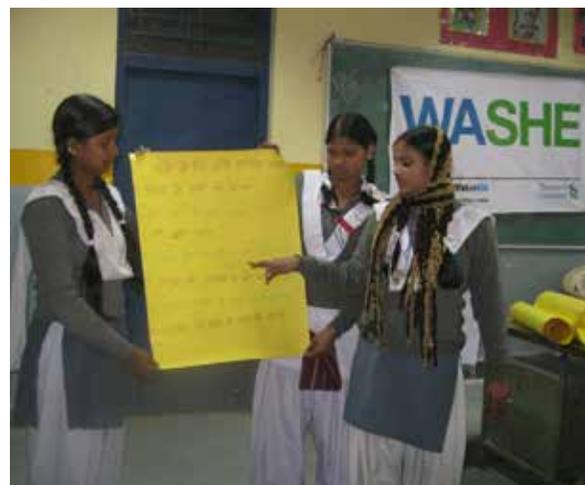


Community demands accountability and seeks redressal

Water, Sanitation and Hygiene Education - School Intervention

Water, Sanitation and Hygiene Education (WASHE) are key elements to ensuring the health, development and welfare of women and children. Inadequate access to safe water and sanitation services, coupled with poor hygiene practices, is the cause of at least one quarter of all child deaths and one fifth of the total childhood disease burden globally. Water, sanitation and hygiene are also linked to school attendance and performance (particularly among girls), safety and security for women and girls, and the economic and social development of communities and nations.

Water and Sanitation is one area of intervention where awareness generation through IEC activities should be supported by infrastructure facilities and vice-versa. Both aspects need to be addressed in order to fully succeed in creating better water and sanitation conditions for everyone. The WASHE project covered 15,000 girls in 4 Senior Secondary Schools in North-East Delhi.



377 Girls participated in awareness sessions, of whom 141 were trained as Peer Educators.
5 Events celebrated on WASHE in each school



STREE SHAKTI SUVIDHA KENDERA

Mission Convergence Delhi State

In the third year of the GRC, the Project Coordinator moved on and the Project Officer successfully took charge. In general, the turnover in the GRCs is greater than in Action India's other projects, in spite of better salaries. But those who had stayed on gradually integrated with the culture of Action India and developed a strong rapport with the community.

The monitoring team from SOSVA has also matured and enabled us to meet the functions required by the Program Monitoring Unit (PMU). Unfortunately, the nature of funding has now acquired the reimbursement system like other government grants. This means that the NGO must have Rs. 5 lacs in the bank to pay for the cost of running the GRC until the statement of expenditure (SOE) is submitted every month and the expenditure is reimbursed every quarter.

Enriching the GRC Programme

World Environment Day - Poster Making



Vocational Course Certificate Distribution



Disaster Management
by experts
from District
Commissioners
office



One day training
attended by students
from vocational
classes and youth
groups. Certificates
were given.

Awaz Uthao Campaign

The Department of Women and Child Development of GNCTD has taken the initiative to launch the campaign "Awaz Uthao" to address the safety issues of women and girls. Mission Convergence began implementing this program by forming Women's Collectives at the grassroots to support the women in distress, including situations of sexual harassment, assault and rape. These collectives not only supported the victim but also worked to prevent crimes of this nature through awareness generation. The formation of Stakeholder Committee is in process.

Four Collective Groups formed this year

Name of Group	Area	Members	Activities
Sanghrash Collective group	New Seemapuri	20	<ul style="list-style-type: none"> • 96 Collective meetings • 4 Safety audits were conducted • 2 Public meeting held • Linkage with NGOs and government departments to form a stakeholder group 4 meetings held.
Koshish Collective group	Old Seemapuri	18	
Ahsas Collective group	Sunlight Colony	20	
Parivartan Collective group	Kalandar Colony	20	

Legal component

Twice a week a lawyer comes to the GRC from 2 to 4 p.m.

Group counseling sessions are held for community awareness, and individual counseling for those who required legal advice on a personal basis.

Total number of beneficiaries - 787 participated in group counseling sessions.

197 Individuals came for counseling and 25 cases were referred to DLSA.



DC visits Swarn
Jayanti Swarojgar
Yojna
Certificate
distribution



Help Desk

Information Awareness and Dissemination to beneficiaries on schemes and services. 3875 community members visited the GRC Help Desk this year. Our community mobilizers had visited the area to inform the people about schemes and services. 4169 member attended the community meetings and were able to access information from the Help Desk.

Vocational Training Courses

We started two trade courses, in Computers and Dress Designing for skill development from April'12– March'13. The students were identified on the basis of vulnerability. Around 80% of the students were enrolled from the families covered in the survey undertaken by the GRC/SSSK. The GRC community office has achieved maximum outreach to cover all the clusters. Basic computer course and DTP, and dress designing courses were conducted in 4 batches. Total 276 students were registered and 213 students were given certificates after passing the final exams.



Non Formal Education

Adult education classes were conducted at the GRC as well as in the community. 93 students were certified by the GRC/SSSK from two six monthly batches. A one year course for NFE was also conducted. We have followed the Jamia's syllabus for adult education. The remedial class including dropout children was introduced for 6-14 year at the GRC.

Health Camp

We conducted 6 health camps in the year 2011. Health camps were organized once in two months. We were able to treat 1279 patients. The GRC staff have gained competency to manage Health Camps. Organizing the resource people, arranging logistics, keeping inventory of the stock of medicine. Most importantly, they identify the people in the community who are looking for health services through proper mobilization in the community.



Mayor Anupama Mishra visits Health camp

The **Homeopathic Clinic** held once a week at the GRC, has had great response. We have conducted 48 OPDs and reached out to a total of 1675 patients.

Nutrition Camp



Twelve nutrition camps were conducted this year. These camps have benefited a total of 392 people. Nutrition Camps are generally conducted in the community to demonstrate how to prepare nutritious food at low cost. A dietician is invited to give an informative lecture on nutritious diet. Women are taught how to prepare the nutritious dish which they also enjoy after the session.

Self Help Groups

32 SHGs have been formed since 2009, including the 4 SHGs added this year. The purpose of SHGs is to inculcate the habit of savings among poor women, and facilitate the process of internal loaning to avoid borrowings and exploitation by the money lenders. Members have helped each other to solve their problems, and they work together to improve their economic conditions. SHGs also mobilized individual resources for collective economic development.



Unique Identity Card

The GRC enrolled 798 people. For the remaining population residing in the areas where we reach vulnerable pockets in North-East Delhi, a conscious decision was taken to take our services to the doorsteps of community members.

Menstrual Hygiene Scheme

Sale of sanitary napkins -15,169 were sold this year. This scheme has slowly moved into commercial mode. A 'User Pay Model' is being followed. Each pack of sanitary napkins (8 pads) is being made available at Rs. 10/- same cost at which it is procured from the agencies after waver on VAT from Delhi Government.

Convergence of GRC with WATSAN

Trainers from the SDSD project have linked with the members of the SHGs to build awareness on water and sanitation, and more importantly motivated community participation with the WATSAN Committees. This helped to widen the network of community activism, building Nigrani Samuhs and participation in Mohalla Sabhas to ensure citizens right to water and sanitation.



Beti
Janmotsav
- Vatsalya
Mela
at New
Seemapuri



GRC/SSSK
leads
Swasthya
Jagrukta
Rally



WOMEN HELPING WOMEN

Challenging patriarchal power structures, the Mahila Panchayats emerged as a community based redressal mechanism in 1994. The Mahila Panchayat, provides a safe space for women where they can share their problems and seek solutions to family disputes. The members of the Panchayat are volunteers, some of who have been involved since its inception. The Mahila Panchayat has established its own distinct identity and the members are recognized and respected in the community. 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 16 paralegal workers placed at 9 Mahila Panchayats across Delhi- New Seemapuri, Sundernagari, Janta Mazdoor Colony, Bhalaswa, Jehangirpuri, Sant Nagar, Dakshinpuri, Madangir and Dwarka.

In 2012, 565 cases were registered of which 157 were resolved by the Mahila Panchayats, 163 cases were advised by the paralegals and another 153 were resolved through counseling, 72 cases were referred to Delhi Commission for Women, Crimes against Women Cell or provided a lawyers from Delhi Legal Service Authority, 20 cases are unresolved.

The Mahila Panchayat is not an alternative to the legal system. It is an effective forum for dispute resolution 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 we refer them to lawyers who work directly with our paralegal workers.

Domestic Violence is a Public Health Issue

In 2012, the paralegals of the Garima project set out to create awareness among women about governmental and non-governmental health schemes and facilities and their right to health care. They also looked at domestic violence as a public health issue and asked women to raise their voices against violence against women and girls. We contacted AWWs and ASHAs through their supervisor in the 4 areas and introduced the concept of gender equality and women centered health. Tools like body mapping and the scroll were used to communicate gender concepts. The response was encouraging but needs permission from the Department of Health to widen the outreach to other anganwadi workers and ASHAs.

Application of the Protection of Women against Domestic Violence Act 2005

Cases taken to court by Action India paralegals between 2007 and 2012

121 cases of domestic violence were taken to the Magistrates courts in NCT Delhi.
8 orders to stop violence were given within 60 days stipulated in the Act.

Relief was provided to 56 applicants under PWDVA:

Maintenance was given to 19 applicants, and right to residence ensured for 26 women.
2 women were given child custody, 2 cases reached a compromise through counselling.
19 cases are dormant and 16 cases under process

One case of non compliance to magistrate's order was not arrested by the police

Capacity Building on PWDVA,2005

Over the years, sustained inputs on legal awareness with a gender perspective, and non-judgmental counseling had enabled ordinary women to handle complex cases of marital dispute. With the passing of the PWDVA,2005 we now had an instrument of law to strengthen the informal mechanisms of delivering justice to women subject to violence in the home. In 2007, Action India played a very active role attempting to disseminate the PWDVA,2005 and training other NGOs and social activists on the application of the law. The PWDVA Secretariat operated an e-network attempting to collect information from other States on the status of implementing the law. We also, undertook trainings of the Action Aid partners in Bhopal, followed by there northern region and the southern region partners. Action India was determined to disseminate the new law and reach out to large numbers of women who were fighting against violence in the home. In Delhi we connected with the newly appointed POs to support them in reaching the addresses of the applicants/

Action India seeks donors to support the work on implementing the PWDVA,2005 with greater zest and human resources to seek accountability of the GOI to implement the law.

PWDVA,2005 Training of Action Aid partners in the Northern Region September 2009 in Delhi



BETI UTSAV

Beti Utsav celebrates the birth of girls. Every three months we honour the parents of the girl child born in the community. Celebrating the birth of daughters brings in a new tradition with a clear message to the society to value the girl child. 201 girl child mothers have been honoured till now. Members of the Mahila Panchayat act as community watch as the Nari Shakti Vahini who are active in their community in supporting the pregnant women who may face pressure from the family and society to give birth to a son and compel the “bahu” (daughter-in-law) to go for an ultrasound/sex selection. An interesting dialogue between, “saas and bahu vartalap” has been attempted to discuss and debate the issue enabling women to create a non patriarchal space to assert their point of view.



Doctors at the Community Health Centre join the campaign to welcome the new born girls

SAARC Day of the Girl Child

December 8th, 2012

Action India mobilized more than 1400 adolescent girls and boys of the communities in Delhi to listen to speakers Kamla Bhasin and Rashmi Singh and view an exhibition of oil painting on the Girl Child by artist Anjali Sinha.



SAVE THE GIRL CHILD CAMPAIGN

Supported by Action Aid

Think Tank on August 31st, 2012 -A high level advocacy dialogue
Civil society collaboration with Delhi PC&PNDT Cell
Implementation of the Pre-Conception & Pre-Natal Diagnostic Testing Act

Action India organized a Think Tank in the Indian Islamic Center to get a deeper understanding of the implementation of the PC&PNDT Act and why this act has not been successfully implemented till now. After the alarming revelation of the further decline of girls in the Census 2011, it became clear that the law has failed to curb the malpractice of sex selective elimination of the girl child. The Census Commissioner of India, Dr. C. Chandramouli commented that, “instead of looking at each State as a whole, there is a need to look into the child sex ratio of villages at the block level, also, the need of the hour is to develop a holistic approach to plan action on child sex ratio and sex ratio in general. He said, “the increase in sex ratio does not mean that there is an improvement in the status of women and her health.”

Dr. Syeda Hameed, a member of the Planning Commission also stated that, “the declining child sex ratio is the focus in the 12th Five year plan and has been given the utmost importance. The strategy for implementation was to work through the Panchayati Raj System at the village level, block and district level. Dr Hameed has been a friend of the women’s movement for the last 2 decades and we are hopeful that her words will lead to action.

The Principal Secretary-Delhi, Ministry of Health confirmed, that the “State is committed to the issue of declining child sex ratio and would like to collaborate with civil society organizations who are known to have worked in a sustained manner since the Census 2001 brought to light the steep decline in the birth of girls 0-6 yrs, and shocked the nation.”

Dr. Shelley Kamra of the PC&PNDT Cell Delhi State had shown the greatest enthusiasm to work in collaboration with CSOs to join hands with the state to address the issue. A participant appreciated the positive attitude of the government and emphasized the need to institutionalize the protocols in order to sustain the efforts so that the collaboration did not collapse after there is a change of guard.

Eminent representatives of the civil society as panelists and chaired the meeting were Ms Ena Singh (UNFPA), Dr Imrana Qadeer (Professor Emeritus JNU), Akhila Sivadas (CFAR), Pamela Phillipose (Women Feature Service), Dr. Suman Parashar (Consultant-Census Commission), Dipali Sharma (Senior Manager, ActionAid, Delhi) Rizwan Parvez (CFAR, Rajasthan), Meera (ActionAid India Partner, M.P.), Sulekha Singh (Project Coordinator, Action India, Delhi), Smita Khanijow (Programme Manager, ActionAid India, Delhi), Dr. Shalley Kamra (State Program Officer, PC&PNDT), Health & Family Welfare, Delhi, Dr Anshu Prakash (Health Secretary, Delhi State Supervisory Board), Arti Dhar, Journalist (The Hindu), Tanveer Kazi (Regional Manager, Action Aid India, Delhi)

Action India is an NGO member of the State Supervisory Committee, headed by State Minister of Health. As member of the East District Appropriate Authorities, we are aware of the lack of seriousness of the CDMO, Nodal Officer etc. all of whom were the implementing agency of the PC&PNDT under the supervision of the District Commissioner Revenue. The Think Tank provides the possibility of a collaboration for effective implementation of the PC&PNDT Act.



EDUCATION FOR EQUALITY

India became one of 135 countries to make education a fundamental right of every child when the Right to Education Act (RTE) came into force on 1st April 2010.

The RTE, provides a reservation of 25% for economically weaker section(EWS) and gives the children the opportunity to access private schools.

Vishnu, an Action India staff member working in New Seemapuri, was able to get his son admitted in a private school, under the economically disadvantaged quota.

Savitri, enrolled 4 children in private school in Sundernagri using her knowledge of the RTE Act to negotiate their admission.

2010

Since the passing of the RTE Act we have organized 6 workshops with parents and teachers to develop an understanding of the Rights given by the State for our children. To achieve the full benefits of this Act, in each area where we worked we created a Shiksha Committee. The committees meet once a month and talk about the provisions in the Act, particularly about the quality of education and their children's performance; behavior of teachers and attitude to children; lack of water and sanitation in government schools; the mid-day meals and schemes and scholarships for children in government schools.

2011-School Management Committee (SMC)

Two of our youth workers are members of the SMC in Dilshad Garden and Sundernagari Primary school. This has led to the participation of parents in the SMC. A pamphlet was printed in the year 2011 for the general public so that they can access the benefits of the Act. The usefulness of this 'parchee', can be measured by the fact that the parents carry these pamphlets to schools to support their application for the child's admission. Our youth workers also helped the teachers and administrative staff to develop an understanding on the Act during 2011-2012.

Action India also brought the teachers of government schools and parents on one platform in Seemapuri and Sundernagari. The teachers would meet the parents and give them the information on admission procedures and government schemes under Sarva Shiksha Abhiyan(SSA) for children in primary schools.

Collaboration with CRY in Dakshinpuri

Action India also worked in a Primary School in Dakshinpuri with CRY volunteers to create awareness on access to the RTE Act. In 2010 we did regular workshops on Water and Sanitation to improve the environment of the school and make it cleaner and healthier for the students. This led to appointment of 'safai karmcharies', for the maintenance of grounds, toilets and classrooms and the school has visibly improved.

In 2011 we worked on the behavioral pattern of the teachers with students in collaboration with CRY. This led to positive change in the behavior of teachers and the students interest in study improved with the good environment in the school.

Safety and Security in Schools

In 2012 the theme was safety and security of the students in school. Regular meetings with the principal and teachers resulted in the appointment of a watch man. CRY volunteers have played a dynamic role in their intervention in Dakshinpuri.

WECAN CAMPAIGN ends but we continue the struggle to stop violence

This was the final year of the campaign. This forum was envisaged to provide a nodal point for grievances related to violence against women and girls at all level, at home, at school, in the work place and in all public spaces. The four alliance partners created Mumkin Manch in each district in Delhi, where they could be approached by the people in their surrounding communities. 36 conveners were appointed in Delhi and a two-day workshop was organized to train them. However, there was no funding support to ensure that campaign activities were continued.



Youth as Changemakers

Gender Training

Gender trainings for adolescents girls were conducted in the month of May by the youth facilitators. New girls had joined and new groups had been formed. 190 girls participated in the gender training held across 9 colonies where Action India had established youth programmes. The success of the program in May, led to the demand from the girls to continue the process and deepen their understanding of gender equality. The training was repeated in October 2012.



Training on Laws

In order to increase the awareness of their legal rights knowledge of the laws concerning women and girls was conducted by a senior paralegal and assisted by the youth facilitators. The sessions were held throughout the year covering 250 adolescent girls. The main subjects included laws on eve teasing, rape, dowry, marriage acts (Hindu, Muslim, Christian, and Special marriage Act and Crpc. 498A on cruelty by husband and in-laws).



Training of Trainers on HIV/AIDS

A three days workshop on HIV/AIDS and new research on the subject was organized for the youth facilitators to become trainers under the guidance of Kalyani V. The purpose of the workshop was to give detailed information to our trainers and to share it with school children, as the topic of HIV/AIDS is considered a shame and not discussed publically. Therefore it is essential to use that right kind of language to overcome fear and shame and develop sensitivity on this issue.

Workshop with Teachers of Vocational Courses

This workshop was conducted with the teachers many of whom had been a member of the Chhoti Sabla forum. The main objective of the training was to engage them in the process of social change and connect them with the work of Action India. We also talked of their dreams and aspirations and what they wished to achieve in the coming years.



Films like 'Barf' and "Gender Bender" were shown to the participants. The Jagori diary, "Safe Place for Women in Society" was reviewed by the participants and discussed to understand how these young women responded to the visual presentation of situations faced by women. The workshop was a great success and the Vocational teachers demanded that more such meetings of this kind was held to involve them and enhance their knowledge on social issues.

Training of Trainers on Life Skills

A four day workshop was conducted by Kalyani V. on Life Skills for the youth facilitators to become trainers. The theme of the training was Life Skill and Sexuality. Life skills include behavioral skills and livelihood skills. Discussions focused on three major areas -social skills, cognitive skills and argumentative skills. This included self awareness, creative thinking, planning skills, critical thinking, problem solving skills and decision making. The case study method was used in groups of four and participants had to identify the life skills, the person possessed or lacked in the story.

Discussion was held on sexuality and the relevance of sexuality at different stages of adolescence. Sexual attraction between the same sex, opposite sex or both the sexes and the right to sexual preference were discussed. They were also informed about various STDs including HIV.

Self Defence Training : (9th to 25th June, 2012)

The self defence training in Judo and Karate was held with 130 girls at Ambedkar Park in Jehangirpuri. The purpose of the training was to teach girls to learn self defense so that they can protect themselves physically, and boost their self confidence to step out of their homes fearlessly. The Police Team - Parivartan was called as resource person. Four members of the Action India staff were active participants. The program was arranged and managed by the Unit Leader. Parivartan and Usha from Rohini court gave information to girls on VAWG, domestic violence and PWDVA. They also educated girls about types of violence.

The SHO and police constable from Jehangirpuri inaugurated the programme with demonstration of Judo and Karate which included breaking coconuts with one punch and breaking bricks, planks etc.



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 in Action India. Thereby, a scholarship program had first been introduced in 1997 in order to help the youth to pursue education without a break. Initially, both girls and boys were given scholarships. We realized that the importance of education for girls in the family is not considered at par with the boys. Weak financial condition of the family usually deprived the girl child of education. Girls often dropped out after primary school or upon reaching menarche as the environment was not considered safe for girls. Many girls dropped out due to poor performance at the middle school level, and such girls had no future without qualifications or skills to enable them to become independent or claim to an identity, or even have the confidence to assert themselves in exploitative relationships. Today, children who have not had formal schooling are likely to have poor self esteem.

In order to make girls independent and self sufficient it is important to educate and make them aware of the needs for skills and vocations to enable them to pursue a career. Action India raised some funds for the scholarship program which was primarily introduced for girls. With limited funds specific rules were 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 gives scholarship to girls who dropped out at the 6th standard and continues to study to complete high school. The majority of the girls given scholarships were in the 10th to 12th standard. Scholarship is primarily provided for tuitions, admissions, exam fees and books.

In 2012, the Arunjeet Ghosh Charitable Trust contributed Rs 1.90 lacs and 66 scholarships were distributed as given below:

Class	VI	VII	VIII	IX	X	XI	XII	Graduation 1st year
Students	1	5	3	20	13	23	11	1

Action India is proud to say that this has created opportunities for girls to move upward. Earlier the girls in the community who had dropped out in the 7th or 8th class, have now completed high school. They are also pursuing computer courses, becoming teachers through National Teacher Training, pursuing vocational courses, Bachelor of Social Work(BSW) and employed in NGOs. 10 of the girls have begun to work in Action India as fellows in the Child Sponsorship Program introduced by Action Aid in 2012. Eleven girls are studying through correspondence courses to become graduates.

How scholarships help to enable girls to become economically self-reliant

SHAMIMA, New Seemapuri

Shamima came from a very poor family to learn cutting and tailoring. She then began to participate in the GLI group where it was found that she had stopped school after the 3rd standard and was not allowed to study further. But she was determined to finish school and started preparing for the open school exam without informing her family. Shamima managed to pass 10th standard with good grades. During this period, she completed her training in tailoring and has started her own classes as an instructor thanks to which she could pay her examination fees. Today, she is studying for a Bachelor's degree in Social Work while she earns a living as a cutting and tailoring teacher in an NGO.



POONAM, Dakshinpuri

Poonam is a member of GLI and is determined to pursue a higher education. As a member of the Chhoti Sabla forum she has received training on gender and women's issues. She has completed her Bachelors in Humanities. She has been chosen for the Chief Minister's Help line 181 (Jan 2013) for women in crisis.



SAVITRI, Sundernagri

Savitri is a GLI member of Sundernagri where she has done a course in Cutting and Tailoring. She received a scholarship for Fashion Designing to upgrade her skill. After completing her course, she started working as an instructress at our center. It was Savitri's dream to open her own boutique and this has finally come true. She now runs two shops in Sundernagri and Harsh Vihar.



BHARTI, Dakshinpuri

Bharti has graduated with maths, chemistry and physics which is rare for girls from the urban resettlement community. The scholarship enabled her to study beyond high school and pursue a science education. She has a strong understanding of gender being a member of the GLI forum and has for the time being joined our Child Rights programme to support her family after the demise of her father.



ORGANIZATIONAL STRUCTURE

EXECUTIVE COMMITTEE MEMBERS

Gouri Choudhury- Chairperson	Shahnaz - Member	Rajdulari - Member
Pritam Kumar – Treasurer	Shakuntala - Member	Sushila - Member
Saroj Sager – Convener	Mridula - Member	Shabana - Member
Deepmalika – Joint Convener	Gyanwati - 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, Program 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 2012

Farman Ahmed, Kriti Paliwal, Manohar Rana, Priyanka Singh, Praveen Naidu, Runamoni Bhuyan, Sulekha Singh, Yogender Sharma

Project Staff

Water and Sanitation

Bishnu, Brahmwati, George M.P., Geeta, Geeta Gupta, Kaushalya, Manorama, Maharani, Meena, Pramod, Ramzan, Rajdulari, Ramkishan, Ravi, Sunil Kumar, Saroj, Savita, Usha, Vidya Thapa

Rural Project (Hapur)

Afsana, Anita, Shabana Khan, Shriram, Sushila, Suman, Shashi Devi, Usha

Mahila Panchayat

Unit Leaders – Sushila, Gyanwati, Shahnaz

Paralegals – Arti, Anita, Bimlesh, Bhanwari, Geeta Rani, Kalawati, Krishna, Kalawati, Poonam Devi, Rampyari, Shahnaz, Santosh Thakur, Shakuntala, Uma

Empowering the Girl Child

Deepmalika, Mridula, Rajni, Shamim, Savitri, Shabana Zaidi, Sarita, Vimlesh

Gender Resource Centre

Anju Tomar, Basanti, Gulista Parveen, Kavita Parmar, Shahida, Sunita, Sangeeta, Shabnam Nazli

ADMINISTRATION AND ACCOUNTS TEAM

Ajit Kumar Jha, Dinesh Kumar, Manju Bahuguna, Saroj Sager, Saroj Kashyap, Shibu Pathan

AUDITORS REPORT

FORM NO. 10B

[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 2012** 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 2012** and
- (ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on **31st March 2012**

The prescribed particulars are annexed hereto.

Place : New Delhi

Date : 29.09.2012

Pravin Choudhary
ACTION INDIA
NEW DELHI

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

R.K.SHARDA
Prop
M.No. 084847.



Balancesheet

R.K. SHARDA & ASSOCIATES
CHARTERED ACCOUNTANTS

309, DELHI CHAMBER
DELHI GATE, NEW DELHI
OFF : 23283005,23274795
RESI : 27561184

ACTION INDIA
5/27 A, JANGPURA B, NEW DELHI
BALANCE SHEET AS ON 31ST MARCH, 2012

LIABILITIES	AMOUNT(Rs.)	ASSETS	AMOUNT(Rs.)
CAPITAL FUND		FIXED ASSETS	
To the extent of Fixed Assets as per Contra	460,361.75	(As per last year)	2,621,393.75
		Additions During the year	10,500.00
			2,631,893.75
Endowment Fund		Less Accumulated Depreciation	2,171,532.00
As per last year	13,349,937.33		460,361.75
		ENDOWMENT FUND INVESTMENT (FC)	
GENERAL FUND		FDR with IDBI Bank Ltd.	10,000,000.00
As per last year	932,950.54	FDR with UCO Bank	1,500,000.00
Add current receipts	15,674,743.00		11,500,000.00
	16,607,693.54		
Less current Utilization	14,250,342.00	CLOSING BALANCE	
	2,357,351.54	FCRA Account	
		Cash	5,773.00
		Bank of India SB A/c No. 10285	3,531,423.99
		Project Imprest/ Advances/ Payables	(462,435.00)
		TDS Recoverable-OLD	122,401.00
		TDS Recoverable-2011-12	35,720.00
		Garima Project Imprest Account	303,008.86
		Accrued Interest	301,437.00
			3,837,328.85
		NON FCRA Account	
		Cash	10,790.00
		Bank of India SB A/c No. 4081	4,798.00
		Project Imprest/ Advances/ Payables	(29,110.00)
			(13,522.00)
		Society Account	
		Cash	4,233.00
		Bank of India-11189	267,302.80
		IDBI Bank Ltd.-162241	28,501.00
		Uco Bank-6296	6,338.56
		Uco Bank-7941	4,996.71
		Uco Bank-8683	2,490.15
		Uco Bank-9284	253.80
		TDS Recoverable-2011-12	20,000.00
		Project Imprest/ Advances/ Payables	49,366.00
			383,482.02
	16,167,650.62		16,167,650.62

For Action India

Gouri Choudhury
Gouri Choudhury
(Chairperson)
ACTION INDIA
NEW DELHI

For R.K.Sharda & Associates
Chartered Accountants
Firm Regn No. 006226N

CA. R. K. Sharda
(Proprietor)
Membership No.- 084847

Places : New Delhi
Date: 29.09.2012



R. K. SHARDA & ASSOCIATES
CHARTERED ACCOUNTANTS

309, DELHI CHAMBER
DELHI GATE, NEW DELHI
OFF : 23283005, 23274795
RESI : 27561184

ACTION INDIA
524 A JANGPURA B NEW DELHI
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31ST MARCH, 2012

EXPENDITURE	AMOUNT(Rs.)	INCOME	AMOUNT(Rs.)
FCRA Account		FCRA Account	
GFW New	130,554.00	Water Aid	4,592,607.00
GLI Project	140,009.00	We Can	831,051.00
GFW Old	492,676.00	Global fund for women	947,338.00
Jagori	228,852.00	Girl Learn International	309,833.00
Johnson & Johnson	618,773.00	Johnson & Johnson	900,299.00
Water Aid	6,447,504.00	Jagori	331,589.00
Oxfam WCC	43,430.00	Other Travel Reimbursements	24,660.00
We can Campaign	826,979.00		7,937,377.00
Garima	941,426.00	INTEREST RECEIVED	
Action India A/c	150,884.00	Bank Interest on Designated A/C	114,480.00
	10,021,087.00	Interest on Endowment Fund Investment	4,613,238.00
NON FCRA Account			4,727,718.00
GRC 1 Skill/Dev. Vocational Training Livelihood	166,283.00	Non FCRA Account	
GRC 2 Health Activity	78,694.00	Grant in Aid-GRC	1,245,431.00
GRC 4 Legal Awareness	40,327.00	Grant in Aid-AUC	58,000.00
GRC 5 Non Formal Education	69,715.00	Bank Interest	7,196.00
GRC 6 HR Component	583,750.00		1,310,627.00
GRC 7 Others	406,316.00	Society Account	
Awaz Uthao Campaign	37,591.00	Grant in Aid	86,575.00
Nutrition Demonstration Camp	21,324.00	Grant in Aid DCW	81,000.00
	1,404,000.00	Grant in Aid DCW-II	108,000.00
Society Account		Grant in Aid Oxfam Hapur	1,000,000.00
DCW Mahila Panchayat	71,759.00	Sale of Books	6,010.00
DCW Legal Camp	17,905.00	Scholarship Receipt	150,000.00
DCW New MPP	122,749.00	Travel Reimbursement	18,583.00
DCW Women Day	19,935.00	Travel Reimbursement of We Can	2,250.00
OXFAM Hapur	1,003,153.00	Interest on FDR	200,000.00
Action India General A/c	1,589,754.00	Other Receipts	35,690.00
	2,825,255.00		1,688,108.00
Excess of Income over Expenditure		Bank Interest	6,793.00
Trfr to General Fund	1,424,401.00	Interest on I T Refund	4,120.00
			10,913.00
	15,674,743.00		15,674,743.00

For Action India

Gouri Choudhury
Gouri Choudhury
(Chairperson)

ACTION INDIA
NEW DELHI

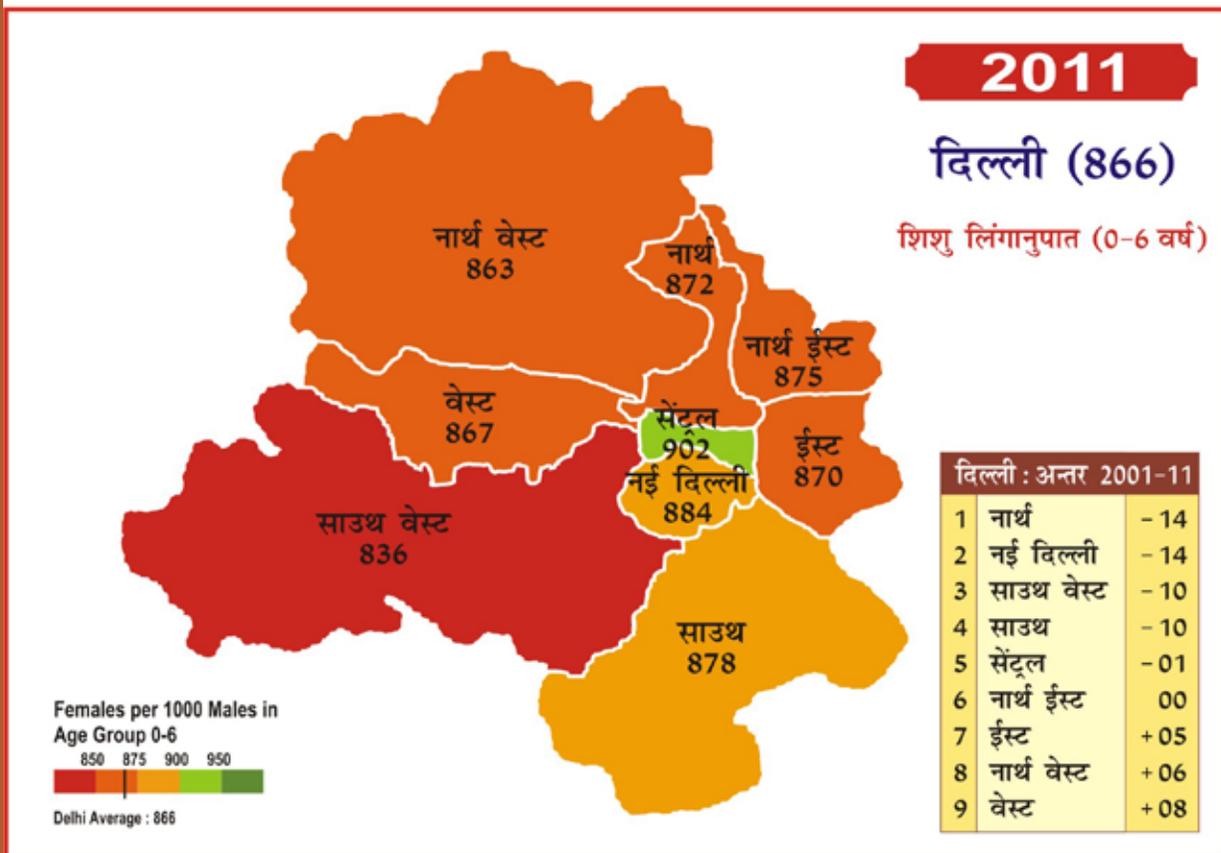
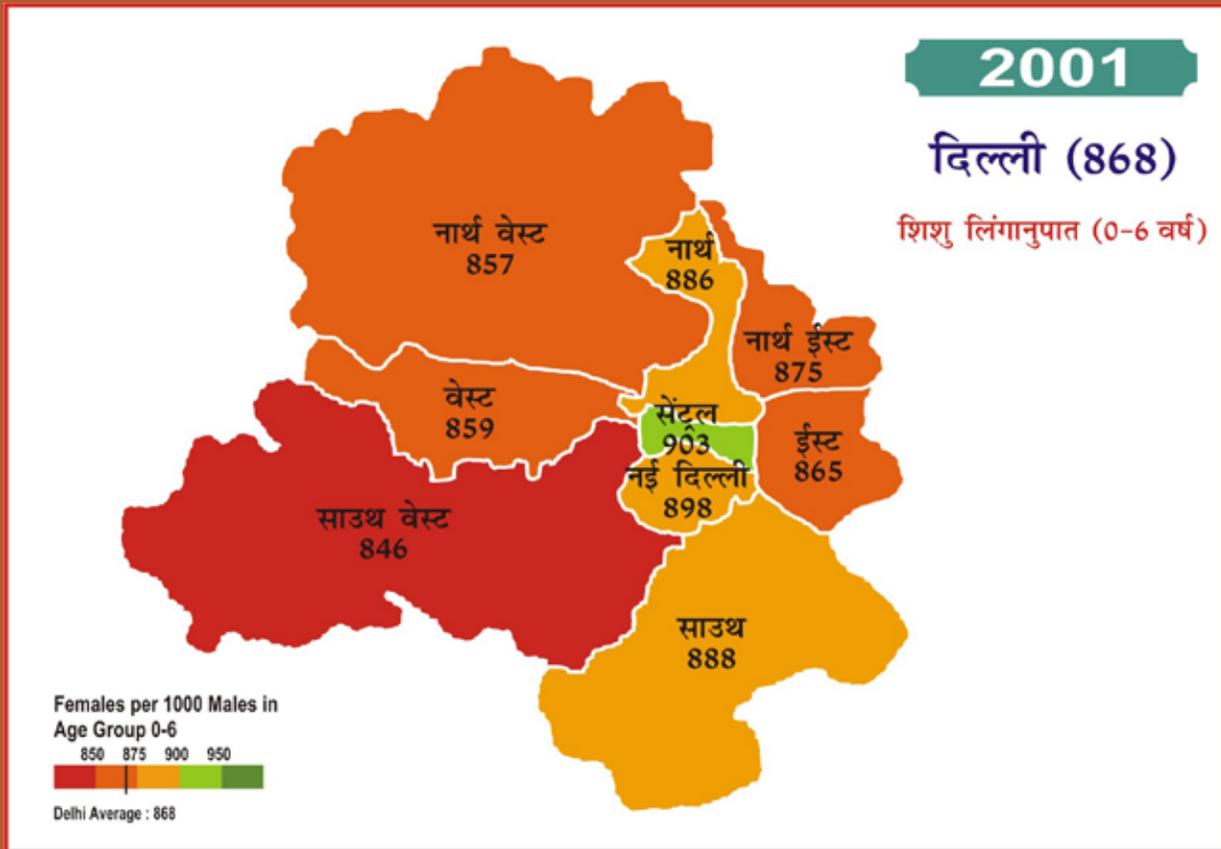
For R.K.Sharda & Associates
Chartered Accountants
Firm Regn No. 006226N

R.K. Sharda
CA. R. K. Sharda
(Proprietor)
Membership No.- 084847



Place: New Delhi
Date: 29.09.2012

CHILD SEX RATIO 0-6 Yrs



Girls

1981 **962**

1991 **945**

2001 **927**

2011 **919**

per thousand

Boys

Discrimination of the daughter is the mirror image of son preference. Unless the vicious cycle of discrimination is addressed holistically at multiple levels to improve the status of daughters, son preference is likely to perpetuate gender inequalities. Discrimination and devaluation of girls and women manifests itself in the decline in sex ratio over the last century, and in the last three decades with the practice of sex selection it begins before birth. This is one of the key reasons for the low child sex ratio(CSR) of the number of girls for every 1000 boys in the 0-6 age group. The 2001 Census figures of CSR was 927. In 2011 the CSR dropped to 919 which is a matter of grave concern.

Action India believes that civil society action is crucial to bring about gender equality and equity to facilitate the implementation of the vast plethora of laws to curb the dangerous trend of elimination of the girl child at birth. Beginning in the family, our social and cultural traditions like dowry have to be addressed. Educational institutions are required to create awareness of the decline and gap in male, female ratio and build respect for girls.

Gouri Choudhury
Chairperson
2012