Community women given a gender perspective provide the foundation for paralegal training to strengthen the role of Mahila Panchayats as a redressal mechanism.

Annual Report
2010
Domestic violence is perhaps the most universal, yet in a way, one of the most invisible forms of violence against women. Initiated in Delhi in 1994 by Action India, the Mahila Panchayat, in other words women's courts, were established to create spaces for women facing violence at home to speak out their grievances where they are heard in a non-judgemental and gender sensitive environment. The Mahila Panchayat acts as a dispute redressal mechanism wherein it provides a safe space to the concerned parties to speak openly and negotiate settlement on their own terms. Known for being impartial and fair the Mahila Panchayat has gained recognition in the community. Both men and women comply to the resolution signed after the hearing.

Mahila Panchayat Centres in NCT Delhi in the urban slums and resettlement colonies: New Seemapuri, Sundernagari, Janta Mazdoor Colony, Harsh Vihar, Dakshinpur, Madangir, Dwarka, Jehangirpuri, Sant Nagar Mahila Panchayat open from 10a.m. to 5 p.m. Women in crisis come at any time of day or night and will find a friend to help her Mahila Panchayat case hearing: Wednesdays 1 to 5 p.m. in all areas

2010
517 cases were registered of which 160 were resolved by the Mahila Panchayats, 134 cases were advised by the paralegals, 137 were resolved through counseling, 76 cases were referred to Delhi Commission for Women, Crimes against Women Cell or provided a lawyers from Delhi Legal Service Authority, 10 cases were unresolved.

Two Mahila Panchayats were supported by Delhi Commission for Women and the full programme has been sustained by Action India.
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

MAHILA PANCHAYATS
Women Helping Women
GARIMA to Live Life with Dignity
Beti Utsav

EMPOWERING THE GIRL CHILD
The Girl Child Programme
Scholarship Programme

WE CAN CAMPAIGN
WeCan Stop Violence Against Women and Girls

SWACHH DELHI SWASTH DELHI
Women’s Initiative for Community Management -Towards a Clean Environment and
Better Health

A RURAL INTERVENTION-HAPUR, U.P.
Community Empowerment through Women’s Initiative
Mother and Child Health and Safe Birthing-Breaking the Silence

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

AUDITOR’S REPORT
Balance Sheet

A LIFETIME ACHIEVEMENT AWARD
WOMEN HELPING WOMEN

In 1994, the concept of Mahila Panchayat was introduced by Action India to address the growing number of incidents of domestic violence in the “resettlement colonies”. MARG provided the resource inputs lawyers and legal manuals for training paralegal workers. Case work was handled by the paralegal workers trained from the community and the members of the panchayats were women from the Sabla Sanghs (Women’s Collective). 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 suffered by women in the home. They were united in their mission in joining the mahila panchayats to help women in crisis. On the passing of PWDVA, 2005 and its notification in 2006 the mahila panchayats began to focus on access to the law. Paralegals were trained and connected with the Protection Officers provided under the Act.

The GARIMA Project

GARIMA means DIGNITY
The project was launched by Action India in May 2010 in collaboration with Counterpoint International and IFES, supported by USAID for 11 months. After the funding ceased we have attempted to look for other donors. However, the work continued. The GARIMA project was a comprehensive package providing institutional support to government agencies like the ICDS anganwadi workers, PHCs-ANMs and ASHAs. At the same time community-based groups like Mahila Panchayats and our women centered health collectives were strengthened and enabled women to proactively prevent gender-based violence (GBV). The GARIMA Project also addressed reproductive health issues more effectively and included violence against women as a public health issue. Women were educated on the rule of law, laws concerning women, women’s legal rights and their access to the justice system.
How the Garima project was launched

We began with an Orientation workshop with the entire Action India’s staff taking the opportunity to envision a gender just society.

Action India’s mission reflects "Garima", inspires confidence, pride, self-respect and innumerable ways of empowering women to live with dignity. Eliciting each participant's understanding and writing her expression of the meaning of "Garima" we created the "GARIMA" Tree. Putting leaf by leaf on the frame of the Tree on the wall; each and every participant now belonged to the "Garima" family.

Intervention Strategies-Identifying stakeholders for sensitizing and awareness building at three strategic levels-Family, Government, and Grassroots.

This was done through Role Play in five groups as five themes had emerged in the process of discussion – Lack of concern of Family members and Irresponsible behavior of Doctors, Coordination with CMOs, Community Watch groups at three levels (Family, ICDS, and Dispensaries), and Training of stakeholders at all levels was planned.
**Baseline study - Mapping ICDS and PHCs and status in the family** - The objective of this survey was to gather qualitative information about the basic needs of pregnant women and their accessibility to health care and nutrition from public health services. The questionnaire is also focused on the woman’s status in the family and level of concern and care given by the family particularly during her pregnancy. Our project addresses GBV over a cross section of Women’s Human Rights and the implementation of PWDVA,2005, while assessing the health systems response to the victims of domestic violence, we gathered general information, with the aim to create a women freindly environment where women feel comfortable and confident to speak freely in case she is subjected to any kind of violence or deprivation and neglect.

**Capacity Building of Service Providers (ASHA Training)**
Action India conducted a one-day training session on gender, violence and health awareness. Around 138 ASHAs attended this training in the North-East dispensary. The major purpose of this training was to make them aware of the impact of violence on mental and physical health and tell them how and why domestic violence is a public health issue. However, further follow up of the training was not welcomed.
FGD (Focus Group Discussion)/ End line review
Reproductive Health & Family Planning

Action India’s Fertility Awareness program has been running successfully in Jehangirpuri, Welcome, Harsh Vihar and New Seemapuri. We had talked to around 100 women from the Prajanan Group (Fertility awareness group). 12 Community Health Worker worked with a group of 20-25 women in weekly sessions held over a six-month period. The curriculum consists of a woman’s life cycle, anatomy-male and female reproductive organs and their biological functions, menstruation, scientific information, the social taboos of menstrual cycles, family planning and side effects to contraceptive practices. Through the FGD with prajanan group we collected information on women’s reproductive health status and family planning practices and how they have used this knowledge. Over this period we reached out to 300 women.

We found the sessions have successfully taught the Prajanan group to keep records of their menstrual cycles. They began identifying their fertile days. Many taught their partners so they abstained or used condoms during the fertile days if they did not want to conceive. Knowing their fertile days also helped women who did not have children to conceive. They also learnt to check their cervical mucous so as to confirm their fertile/infertile days. The Fertility Awareness program grew out of these women’s own experiences and convictions about the value of the information they were given. They were keen to share the knowledge with other women and relatives as well. They felt empowered to teach others and grew confident in knowing their own capability.

Gaining Control Over Our Body

Giving fertility awareness to community women enabled them to gain greater control over their lives. They were introduced to the perspective that they had the right to control their sexuality as well as their fertility. Acknowledging sexuality as normal and natural allowed them to assert their needs and desires. They developed the notion of a right to choose as regards these intimate areas of life. Some of the Prajajan group members said, “I learnt so much that I could begin teaching others as well. People began listening to me. Earlier I was scared and shy to speak. I gained confidence and a voice.”
PWDVA, 2005 stipulates that orders be given within 60 days. Our experience of cases filed in Delhi are given below showing the relief granted and time taken to get an order:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Cases</th>
<th>Relief</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>01</td>
<td>Maintenance</td>
<td>One case in 2 months</td>
</tr>
<tr>
<td>2007</td>
<td>05</td>
<td>Right to residence and</td>
<td>One case in 1 Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maintenance</td>
<td>Two cases in 3 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 4-1/2 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One case in process</td>
</tr>
<tr>
<td>2008</td>
<td>10</td>
<td>Right to residence and</td>
<td>One case in 3 Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maintenance</td>
<td>Two case in 7 Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 2-1/2 months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 4-1/2 months</td>
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<td></td>
<td></td>
<td></td>
<td>One case in 6 months</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>One case in 15 months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 1-1/2 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 2 Year</td>
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<td></td>
<td></td>
<td></td>
<td>One case continue</td>
</tr>
<tr>
<td>2009</td>
<td>14</td>
<td>Right to residence and</td>
<td>Two case in 1 day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maintenance</td>
<td>Two cases in 6 to 10 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Two cases in 3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Two cases in 6 months</td>
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<tr>
<td></td>
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<td></td>
<td>One case in 1 year</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 18 months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Two cases in 30 months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Two cases in process</td>
</tr>
<tr>
<td>2010</td>
<td>14</td>
<td>Security and maintenance</td>
<td>Two cases in 11 days</td>
</tr>
<tr>
<td></td>
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<td>One case in 25 days</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>One case in 3-1/2 months</td>
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<td></td>
<td>One case in 4-1/2 months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 5 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One case in 14 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Two cases in 21 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Five cases in process</td>
</tr>
</tbody>
</table>
BETI UTSAV

“Badlenge hum soch beti nahin hai bojh”

Mission: Celebrating the birth of a daughter breaks custom, tradition, and reinstates the value of a daughter to counter the deep-rooted practice of “son preference.”

This has been our key intervention to addressing the declining girl child sex ratio. Women from each community who had recently given birth to a baby girl (registered in a dispensary and an ICDS centre) were invited to this celebration. Our main objective was to change the mindset that birth of a baby girl is inauspicious. By welcoming of the birth of girls, we challenged the traditions of celebrating the birth of a son.

A total of 104 mothers came along with their newborn baby girls from 28 ICDS centres and 8 dispensaries in Action India’s working areas. Some of them were accompanied by their mother-in-law and husbands. The mothers were greeted with a card that read "Congratulations you have a girl child (Mubarak ho Beti hui hai)" and a box of sweets and put stickers on their front doors. Nari Shaktivahini (Members of the Mahila Panchayat) in collaboration with the staff of Dispensaries and ICDS organized this event. Nari Shaktivahini sang songs to welcome and congratulate the mothers on the birth of their daughters. Various activities were organized–street plays, rallies and slogans, along with the distribution of pamphlets. The Beti Utsav was celebrated in all Mahila Panchayats areas. A poster with the message “Badlenge Soch, Beti Nahi Hai Bojh” was distributed to all the institutions including the Chief Medical Officer. The Nari Shaktivahini spreads the message in the community to value the girl child. The whole gathering learns that this societal attitude can be changed and the first step towards this is to welcome the birth of a daughter in our own homes and congratulate others as well.
Educating and empowering the girl child in deciding her future has been the first step towards societal change. Girls are asserting their own identity, and claiming their own space. As they become aware of their rights and responsibilities to themselves and the larger community, they develop negotiating skills with parents, brothers and friends gaining confidence to step out into the world.

An adolescent programme should be specific to the needs of adolescents in their socio-cultural reality. The process of developing Action India's GIRL CHILD Programme was spread over 10 years beginning with knowledge of the body, gender awareness, identity and autonomy and "freedom to be me". We believe that access to information on reproductive health has to be created with a rights based approach beginning with the concept of selfhood and a girl's right to live with dignity and act of her own volition. Decision-making is a major part of gaining autonomy and young women have to learn to balance freedom with responsibility for themselves and their families. In the given socio-cultural context, this means making a choice between custom and recognizing the need to 'change with the times.'

We would like to change the concept that brothers are protectors of their sisters, symbolized in tying the "rakhi". No sister has claimed her right to her father's property, Nor have brothers voluntarity given his sister her rightful share.

**Constraints on their freedom**
The barriers to mobility and vigilant watch on adolescent girls originates from the great concern and fear over the loss of a girl's virginity. As the age of marriage and the onset of menarche grow wider, ranging between 14-18 years in the urban settlements, the young women have begun to voice their preference and choice of male partners. This results in severe forms of repression such as withdrawing girls from school by the age of 12 years, and physical violence ending in submission to marriage against their will. Fathers and brothers remain the decision makers in the patriarchal Indian family structure, which means they control education, marriage, family pride and economic opportunities.
Chhoti Sabla programme
The Chhoti Sabla programme was established in the early 90’s in six areas of Delhi-New: Seemapuri, Sundernagari, Janta Mazdoor Colony, Jehangirpuri, Dakshinpuri and more recently in Kalandar Colony.

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.

Enabling the Girl Child - Legal Education
Legal education on family laws is given to educate girls on their right to equality in the family and enable them to make choices and decisions with confidence and break the chains of patriarchal oppression. Body knowledge is most important for girls to understand notions of purity and taboos which control their body and their mobility. The girls were made aware of the steep declining child sex ratio and the discrimination faced by girls. Workshops were conducted on the PCPNDT Act and the PWDVA,2005 to teach girls how the law can protect them against domestic violence in the home.

Life Skills
Training in life skills provided girls and boys ways to cope with different situations as they grew up to become young men and women, like gender and sexuality and HIV/AIDS. Vocational skills were given to enable girls to earn as they learn and prepare them for jobs or self employment. Teaching conversational English was a very important component to meet the demands of the day.

Social Activism
The Right to Information workshop by Parivartan introduced concepts of citizens rights. The girls who came to Chhoti Sabla also connected with Action India’s ongoing campaigns. In 2010, they joined the WATSAN campaign to demand clean and safe drinking water for all. They prepared wall newspapers to make people aware of their rights to a clean environment and health. They joined the campaign to demand ration cards for all, collecting signatures in the community to be sent to the Food and Civil Supplies Department.

The SONY Company donated 25 cycles for girls so they could learn to use a bicycle to go to school and tuition classes.
Education for Equality - Scholarship Programme

Action India’s Girl Child program emphasizes the importance of education for girls. Action India raised some funds for the scholarship program which was primarily utilized 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 gave scholarships to girls who dropped out at the 6th standard and continued 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 2010, the Arunjeet Ghosh Charitable Trust contributed Rs 1.51 lacs, enabling Action India to give out 55 scholarships described below:

<table>
<thead>
<tr>
<th>Class</th>
<th>VII</th>
<th>VIII</th>
<th>IX</th>
<th>X</th>
<th>XI</th>
<th>XII</th>
<th>B. Sc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>1</td>
<td>4</td>
<td>14</td>
<td>10</td>
<td>12</td>
<td>13</td>
<td>1</td>
</tr>
</tbody>
</table>

Girls Learn International

Chhoti Sablas entered a new phase in 2008 - Girls Learn International, India creating links between 7 Schools in Virginia, USA and 7 Chhoti Sabla groups in Delhi as well as schools in the Hapur District, U.P.

The concept of GLI catalysed a demand for Education. GLI forum motivated girls who had ‘dropped out of school’, to continue education and inspire girls to move forward and dream about a bigger world. It gives them the opportunity to interact with the girls from the U.S. The GLI forum connects girls studying in high schools of Fairfax County in Virginia. They learn about their peer groups, their lives and culture in another country.

In 2010, this forum ran in 6 centers of Delhi, each having groups of 20-25 girls that met every Wednesday or Thursday. Amazingly, GLI Girls have found a distinct identity and they prefer to introduce themselves as a GLI. Being a member of GLI gives them a status and the feeling of being a part of an international group!
The GLI Celebration 28 December 2010

“We are girls from Delhi. We are creating our own history. We will not be excluded, nor marginalized nor be looked upon as the poor from urban slums nor be deprived of the benefits of SHINING INDIA and the 9% growth that India is proudly telling the world.”

GLI Celebration
On 28 December 2010, all GLI chapters of Delhi and Hapur came together for a celebration at Bal Bhawan Auditorium.

GLI girls presented plays, dance, poems and posters with the message which they shared with each other. Each group displayed a variety of methods to present information about their group and the education programme. Senior members of Action India who were invited as guests to the celebration spoke words of encouragement to the youth and they in turn were inspired by their experiences. At the conclusion of the celebration students from GLI, Virginia- Monica, Julia and Suphia joined the celebration.

Fund Raising through International Exchange
The GLI girls in Hapur village had formed “Aagaz”, making bead bangles and key chains etc. sent their produce to the U.S. where the GLI girls sold them at fairs for fund raising. GLI U.S. sent the money back to GLI India.
WE CAN STOP VIOLENCE AGAINST WOMEN AND GIRLS

The WE CAN stop violence against women and girls was a nine year long South Asian campaign (2004-2012). Initiated in 6 countries, namely India, Pakistan, Bangladesh, Nepal, Sri Lanka and Afghanistan, it was later extended to 27 countries. Oxfam supported the Campaign in India, and this campaign ran in 13 states starting in Delhi in 2006.

Action India was to hold the Secretariat, and our task was to build an alliance with 10 partners to reach out to Changemakers across the capital city. A Changemakers is one who does not accept violence in any form. Beginning with themselves they work to change attitudes and behaviour, abusive language and any form of discrimination they see around them. This campaign encouraged people to raise their voice against all kinds of violence, and anyone who was ready to bring change at a small level was inspired to take it beyond themselves and their immediate community. The campaign enthused 80,000 people to join together across Delhi. However, four years later, only 40,000 of them were traceable as there had been no sustainable plan to reach out to the Changemakers in the long term.

The WE CAN Campaign in the Schools

“Hum hinsa aur bhedbhav ke virudh awaz uthane ki shapath late hai”

“Yadi hum bolenge nahi to hamare sath hinsa hoti rahegi”
Changemakers Campaign Strategies

1. **Create and spread awareness** - We informed people about the violence women and girls are subject to and spread awareness throughout the communities. Most were not even aware of what exactly can be considered violence. In the campaign, they were encouraged to identify different kinds of violence, break the silence and raise their voice against the same.

2. **Networking and Visibility** - We built relations with different organizations and spoke about taking steps towards establishing a violence free society. If someone protests against violence against women, then the community should come together and help curb the violence. The campaign was also run in schools to educate children in order for them to grow into fine citizens and inspire them to march toward a violence free society. The message of the campaign, “Violence free society” was spread out to the larger mass of people.

3. **Establish Change** – The efforts that have been taken till now towards building a violence free society were strengthened at the third level. We traced the Changemakers yet again and our volunteers continued the campaign in their own areas.

“The Sticker Campaign Public Education - Mobile Van

“Mai apni mahila swariyon ka samman karunga” - I will respect my women passengers.

“Hinsa aur bhedbhav ke khilaf hum sub ek hain” - We are united against violence and discrimination of women.
WOMEN’S INITIATIVE FOR COMMUNITY MANAGEMENT
TOWARDS A CLEAN ENVIRONMENT AND BETTER HEALTH
Supported by WaterAid

Starting in Nov. 2008, the Water and Sanitation Programme in East Delhi addressed the needs of the most densely populated area of the capital with the least civic facilities and water of poor quality. Action India developed a right based approach with community participation, building self reliance with women in the lead.

The overall goal of SDSD is to ensure improved health and quality of life to all the urban poor population through improvement in access to quality WATSAN services.
Women's agency steps beyond gender equality in the family to rights of the citizens. Action India's team of 12 women had been trained as community health workers, 6 of whom were appointed as Social Organizers and 6 as Health and Hygiene Facilitator in 2009. The Project Coordinator and Health Hygiene Coordinator were recruited from outside with prior experience in the field of WATSAN and research. They organized the TOT, undertook resource mapping, conducted PLA with community participation, and charted a road map for the first year. The inadequacy of public services and ratio of infrastructure to the population was shocking. A documentary film was made recording the voices of women. Their perception of their life and dehuman environment explained their lack of hope to better their life. They certainly had no concept of Human Rights. Their views on service providers and total lack of the government's concern for the poor were expressed loudly.

Baseline Survey conducted in 2009
The first six months, up to May 2009, were devoted to a baseline survey under the guidance of CURE (Centre for Urban and Regional Excellence) which involved preparation of the survey questionnaire with detailed intensive inputs from the field. A sample survey of 5% of the total population collected data from 1,525 households and mapping of existing services in six areas was done. New Seemapuri-250, Kalandar Colony-400, Sundernagri-358, Harsh Vihar-100, Chandbag-42, Welcome Colony-375 households were covered.

Formation of WATSAN Committees
Regular galee meetings to identify members for WATSAN committees was the first step. Recognizing problems collectively at WATSAN meetings held fortnightly led to mobilization around WATSAN issues, and dialogue with Municipal Coorporation of Delhi(MCD)and Delhi Jal Board(DJB) functionaries began to yield results. WATSAN members began to participate actively in the Mohalla Sabhas and learnt how to negotiate their demands.

School Water, Sanitation & Hygiene Education
In 6 primary schools in the project areas, the teachers had granted permission to conduct sessions on WASHE. Hygiene education was integrated into their co-curricular activities. School sanitation and hygiene committees were formed and continue to be strengthened on regular basis to demand adequate drinking water and toilet facilities.
Use of Right to Information Act

Action India filed 6 RTIs in 6 wards asking for information on the number of Safai Karamcharis hired per ward and for a record of 3-months attendance in each ward. After three months, we received a reply in full detail giving the number of male and female workers.

We realized that the Safai Karamcharis were greatly insufficient in number which meant that some workers were responsible for up to three times their assigned work load. After this information was discovered, the North-East Deputy Commissioner of MCD visited the wards to check the claims of one worker taking three salaries from three different wards. The DC delivered salary cheques personally in order to investigate the situation. Ultimately, this resulted in the introduction of the biometric system. This was a major positive outcome of the use of RTI.

We also learned that in Vivek Vihar, ward number 239, there were only 100 brooms for 250 workers. This lack of sufficient supplies led to continual inefficiencies as more than half the workers had to wait in order to do their work.

We filed another RTI in order to know which organization was responsible for water supply to the toilet complexes in Sundernagri E 60 and H Block. Instead of dealing with it directly, the DJB forwarded the message to the MCD and the MCD forwarded it to the Slum Department! Finally, after all of this, the Slum Department bored a ground water well to supply water in both CTCs. Though the problem was ultimately addressed, the amount of time the transfer of the message between departments took could have been used to in a much more efficient and meaningful way.
World Toilet Day
Due to lack of toilets and proper hygiene, flies, feet and fingers carry hazardous bacteria and viruses that are transferred from faeces into food and water. Diarrhoea is one of the leading causes of death of children under five.

Community toilets are essential in urban communities where individual HH toilets are not feasible. Community monitoring in the maintenance of CTCs requires cooperation with safai karamcharis from the municipality. Safai karamcharis have become more regular under community supervision. However, community management should not be seen as a replacement of the contractual system. Rather, the right-based approach demands accountability from the MCD. RTI’s have been filed to question the strength of staff, the required equipment and the adequate ratio to maintain cleanliness of community toilets. Therefore, we must keep up the demand for the required number of seats in ratio to the population.

Our survey shows that 50% of households have installed private toilets in 3 of the 6 areas, but without sewerage connection or septic tanks. Household toilets flow into open drains, the filth and smells are unimaginable, apart from the health hazard as breeding grounds for disease.

WORLD TOILET DAY 19 November 2010
World wide 2.6 billion persons—that is four out of ten people do not have access to a proper toilets or latrine.
Women's initiative in building community involvement and access to basic facilities is a matter of urban governance and accountability. Adequate budget and transparency have to be ensured through sustained vigilance by the WATSAN Committees. Leadership development therefore becomes crucial for bringing about change from the grassroots.

Networking with like minded organizations, platforms like Sanjha Manch, Jan Swasthaya Abhiyan, Right to Food Campaign, Right to Shelter, Right to Education and other issue based joint forums will strengthen our advocacy and influence as effective civil society organizations to seek State accountability. The Right to Safe and Clean Drinking Water will be taken up as a citywide campaign.

**Behavioural Change**

Health Hygiene Promoters hold galee meetings and go house-to-house beginning with 3 lanes in each area.

Behavioural change in the household:
- Garbage collection - use of dustbins at household level for
- Disposing household solid waste at community dustbin
- Keeping the water on an elevated stand and using a ladle for taking out water
- Washing hands before and after meal
- Using soap for washing hands after defecation

Greatest motivation for behavioral change is saving medical costs and loss of earning. Most people are learning of the benefits of health hygiene and sanitation for the betterment of health **Swachh Delhi Swasth Delhi** is a long term mission.
2010 Exposing the DJB
In February, 2010, a meeting was held with Delhi City Welfare Board, Delhi Jal Board and Municipal Corporation of Delhi. The issue of laying down sewer network and community toilets was brought up. In one of the Mohalla Sabhas the concerned government authorities were informed that the community toilets needed repairs and also new toilets should be installed. Also, the replacement of the old sewer lines was discussed. The authorities responded by saying that they did not have any budget allocated for these projects and the issue must be raised before the MCD office in writing, so that they can take the required course of action. The Action India team took the initiative of writing the letter with signatures of 1500 community members. The letter was forwarded to the concerned government officials on their behalf.

In the month of April 2010, in the area of L Block Sundernagri, a severe problem of lack of potable drinking water arose due to faults in the sewage system which overlapped with the drinking water pipe lines. The DJB was approached, but it went in vain, as they responded by saying that nothing could be done. The Action India team raised the point of the budget allocation for this project. The result was shocking, as we found that most of such projects were approved on paper, but the ground reality was different as no projects had been implemented. The DJB members were confronted but they said that they will look up the matter in the coming days. However, no action has been taken even after repeated reminders. A meeting was held with the MLA and the local authorities, of the North-east district, where the DJB was brought into discussion.

Milestones
- Access to clean drinking water and sanitation has been recognized as a right to ensure good health and continues to be an active agenda.
- We are attempting to build the concept of rights and responsibilities in the context of the rights of the Citizens and responsibilities of the State. An integral part of the 74th Amendment, the political representative calls the Mohalla Sabha to seek people’s participation, listen to their problems and take immediate action.
- Awareness Campaigns have led to individual contribution to a clean environment even as it may appear to be very small. The neighborhood assumes a community ownership which is a big step towards rising aspirations of the poor who had accepted the filth and squalor as normal in the urban slums. To live in a clean environment with basic civic needs to meet their daily requirements is becoming a possibility, though we have a long way to go.
COMMUNITY EMPOWERMENT THROUGH WOMEN’S INITIATIVE

In 1999-2000, UNDP facilitated an action-research study by Action India, on the conditions of women and child workers in 20 villages from where H&M was sourcing costume jewellery. As an outcome of this study, Action India was requested by UNDP and H&M to develop an integrated intervention to improve the conditions of women workers and eliminate child labour in the costume jewellery operations. We emphasized education for all children to reduce child labour. A school enrollment campaign travelling through the villages influenced them to send their children to school. Self-Help groups were started with women in five villages, and the “Aagaz” bead group was setup to work independently of the middle men.

Small and Marginal Farmers
One finds that more than three fourth of the community in this region are very small and marginal farmers, for whom social and economic development opportunities have been inaccessible due to caste and class structures that have led to exploitative power relations. The marginal farmers are depended for technical knowledge, information and access to governance structures on the larger farmers.

Traditional forms of energy from animal dung provides clean fuel. Women provide all their labour and their energy to sustain the subsistence of economy.
**Self Helps Group and Federation Building**

As the project area expanded to 16 villages in 2007, a network of 151 SHGs provided the base for strengthening the rural programme. Women’s empowerment and community development is envisaged through the building of a Federation of 151 SHGs, to act as a pressure group to address economic, social and political issues, and thereby strengthen women’s voices in the political domain of the Panchayati Raj system.

**Exposure Trip to Kudumbshree-Kerala**

Action India felt the need for an exposure to a successful venture to learn how to take the consumption loans in most of our SHGs to start entrepreneurship development. Kudumbshree provides a unique experience of a people’s movement working in collaboration with selected representatives from the grassroots with district administration. Leadership development begins with Children’s Parliament. They identify the needs of children in villages and bring their demands to the elected PR leaders. A 6 member’s team met the members of the Kudumbshree in Ernakulum and travelled around the villages for 5 days to learn how women at the grassroots had become a state level force to reckon with. For example the NREGA-road construction had been contracted by women and monitored by Kudumbshree to ensure proper implementation and payment for labour.

**Developing a gender based perspective for the rural programme**

Community Health Workers from Delhi have played a very important role in the building of a gender equality programme through monthly interventions, trainings and workshops, melas and travelling campaigns through the villages to educate the public about Action India’s mission on women centered health and preventive health.

<table>
<thead>
<tr>
<th>SHGs 2010-2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Saving</td>
<td>3,952,10</td>
</tr>
<tr>
<td>Loan given- Internal Loan</td>
<td>1195550</td>
</tr>
<tr>
<td>Interest earned from Loan</td>
<td>297731</td>
</tr>
<tr>
<td>Repayment of Loan</td>
<td>970098</td>
</tr>
<tr>
<td>Interest from Bank</td>
<td>5616</td>
</tr>
<tr>
<td>Membership fees</td>
<td>73,865</td>
</tr>
</tbody>
</table>

**Adolescent girls stepup and join the middle school**

Our youth workers visit twice a month to build a perspective on gender and sexuality in the rural context. An adolescent programme with girls is also ongoing in conjunction with our Chhoti Sabla programme in Delhi with regular interaction and activities.
Mother and Child Health and Safe Birthing

Breaking the Silence

According to the Govt. of India, 301 women die annually for every 100,000 live births. The state of Uttar Pradesh has one of the highest MMR at 440 deaths per 100,000 live births. The GOI targets to reach 80 percent institutional birthing, all deliveries to be attended by trained personnel and reduce maternal mortality ratio to a level below 100 per 100,000 live births. The Janani Suraksha Yojana (JSY), offers monetary rewards for mothers who have their deliveries in a government institution. The conflict of interest in the public health doctors and their private practice is the biggest challenge facing the country today. Hapur gives us a glimpse through the keyhole so to speak of the alarming misappropriation and collapse of the Government’s Mother and Child programmes, JSY under NRHM. The relevance of dais continues to serve home births.

A study on “Breaking the Silence” on maternal mortality in the year 2009, was conducted based on our findings from the urban slums in Delhi and a block of 16 villages in Hapur district, the study indicated the need for an integrated approach to reduce MMR. Working with a focus on pregnant women and children under 6 years, we have addressed the causes of MMR and IMR through ACCESS to improved health services and nutrition provided by the ICDS in 16 villages of Hapur district for women and children.

A baseline survey was conducted by the facilitators between Oct to Dec 2010 and the strategy to access public health services set out the road map for Action India’s rural intervention.
Mothers Groups Formed
Each facilitator formed a pregnant women’s group in 3 villages and held weekly meetings. 180 meetings were held by 6 facilitators. 558 pregnant women between the first and third semester were prepared for safe birthing. Pregnant women were encouraged to register at the Anganwadi centre and go for check-ups to the village health centre. ASHA in each village attended the mother’s meetings and informed the pregnant women of the importance of registration, immunization and nutrition provided by the ICDS. They are motivated to take women for institutional delivery and ensure they receive the payments that are provided from JSY under NRHM. About 45%, that is 232 of the identified pregnant women registered at the Anganwadi centre indicating preference for institutional birthing.

However, the existing facilities at the Community Health Centre(CHC) do not meet the minimum requirements for safe birthing lacking the presence of qualified personnel and basic infrastructure. Quality of care was found to be very poor. The skilled birth attendant who is presumed to be present to provide delivery services once women reached the CHC was incapable of handling complications of delivering the baby.

Community Monitoring
Village Health Centre (VHC)-One of the first intervention by the Hapur team was to create demand for services taking pregnant women to the VHC. The attendance of the ANMs who are known to be absent improved over a period of time. Each ANM travelled to three villages, but they did not have any conveyance facilities. 7 VHCs were activated and 5 continue to provide services. Under NRHM, one ASHA and one anganwadi per 1000 population is provided, and one ANM serves a population of 10,000.
Building Access to Public Health Services
- Baseline Survey of Pregnant Women - 558 women identified
  180 Group meetings held with pregnant women and mothers-in-law
- Pregnant women and their families educated to access health services for safe motherhood and child survival.
- Community participation and intervention to activate and strengthen the role of government health functionaries.
- Dialogue with health functionaries at the CHC has been initiated, ensuring the registration of pregnant women for institutional delivery.

Capacity Building of ASHAs, ANMs and PRIs, Anganwadi workers and Dais
- Gender sensitization of ASHAs and motivational support to play her role effectively in prenatal care and institutional birthing
- ANMs- visits monitored and attendance improved on demand
- DAI training by Sunita Sahi from Prayas, Uttrakhand. Action India organized a 3 day workshop with old and new dais to keep alive a valuable tradition enhanced with hygienic practice.

Mother’s bring their children to the Anganwadi Center
A group of women and girls formed a collective to market their product through Dastkari Melas and soon Aagaz bead works was able to pay the bead workers a higher wage, which in turn raised the rates of payment made by the middlemen. Many of the girls went to school beyond the primary class and reached high school, even as they continued the bead work after school hours.
The Delhi government has set up a new system for delivering government schemes to the most vulnerable in the capital city working through a network of NGOs. Mission Convergence aims to provide “single window” delivery to the vulnerable populations. Action India was one of the many NGOs selected in 2008 to undertake a GRC/SSSK to be monitored by SOSVA and directly administered by the Programme Monitoring Unit (PMU) situated in Vikas Bhawan II.

The GRC/SSSK aims to deliver health and nutrition services, vocational training, legal counseling and informing the poor of the Delhi government’s schemes for their welfare and benefits such as, old age pension, pension of widows, ladli (Save the Girl Child), disability, Janani Suraksha Yojana (Maternal Health), and scholarships for poor students etc.

**Survey- Phase-I, II and III**

In 2009, phase-I, an extensive survey was carried out to cover the most vulnerable household in the given area- New and Old Seemapuri, Sunlight Colony, Kalandar Colony, and Tahirpur. Pre-mapping of 254 households were done before the survey. The surveyors were appointed from the local community to ensure that each household in galees and clusters would be covered. This survey helped the GRC/SSSK understand the communities’ needs. The surveyors involved a large number of students and make them aware and think of the problems of the poor. Many of these students were employed by the GRCs.

In 2010, the objective of the 3rd phase was to cover the vulnerable households which had been excluded in the 2nd phase 2009. In 2010, we added 236 households which had not been included earlier. This survey was conducted in E-43/D block of New Seemapuri which had been identified as vulnerable.
Information Awareness & Dissemination through the Help Desk
The Counselor Help Desk provided information and awareness to 9978 beneficiaries on various Schemes and Services this year. An average of 27 beneficiaries per day visited the GRC Help Desk Counter this year.

Financial Entitlement Scheme
There are 77 beneficiaries from the community that have been helped to fill their entitlement scheme forms. 58 of 77 forms have been sanctioned schemes such as - Laadli, construction worker, SJSRY, Widow pension, Old Age pension, Disability pension, National Family Benefit Scheme, and Financial Assistance for Widow Daughter marriage etc. Earlier the GRC used to certify and verify the Financial Assistance Scheme forms as well. But later it was withdrawn from the GRCs in the month of October 2010.

Registration of Construction Workers
There were 18 forms for registration of construction workers filled by the GRC/SSSK, during the period. All of them have received their pass book against registration under Labour Department. However, 25 forms were rejected because the department of Labour and Construction stopped accepting the registration forms sent by GRC/SSSK.

Rastriya Swasthya Bima Yojna (RSBY) status in the month of December 2010
Total number of families enrolled-2040
Data collected in 2009 covered 17,465 families during phase–II survey. However, this scheme seems to have been discontinued.
Note*- The RSBY enrollment activity was started in GRC-Action India from 8th of December 2010.

Counselor Help Desk provided information to community members
Legal Counseling - Legal resource person visits twice a week 3 to 5 p.m.
## Activities at the GRC

<table>
<thead>
<tr>
<th>Activity</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Health Camp</strong>&lt;br&gt;We conducted five health camps in the year 2010. A memo was circulated from the PMU that after July 2010, the GRCs would conduct a health camp once in two month. Through these, we were able to reach out to 947 patients.&lt;br&gt;&lt;br&gt;<strong>Health OPD</strong> - We are running Homeopathy OPD at New Seemapuri. We conduct Health OPD every week. There were 28 Health OPD’s under GRC this year. This year 1445 patients have come to the OPD.</td>
<td>The GRCs have to manage many tasks before organizing health activities in the community such as – Organizing the resource people, arranging logistics, properly counting medicine stocks, and most importantly, identifying the people in the community that are looking for health services through house-to-house mobilization.</td>
</tr>
<tr>
<td><strong>Nutrition Camp</strong>&lt;br&gt;We conducted 12 nutrition camps this year and covered 350 people. We provided counseling about nutritious food through live demonstration sessions.</td>
<td>Nutrition Camp is generally conducted by a dietician or a community health worker to show how to prepare nutritious food at low costs.</td>
</tr>
<tr>
<td><strong>Vocational Training - Certificate Courses</strong>&lt;br&gt;Vocational Courses for Computer Education, Cutting and Tailoring, Dress Designing were conducted. 158 students appeared for examination and were given certificates. A community canteen for children from the rag pickers community was developed to teach cooking skills as an experiment livelihood option. However, the venture was not feasible for lack of business skills.&lt;br&gt;&lt;br&gt;<em>Note</em> - As per new circular from PMU only 2 trades were to be conducted from the month of October 2010.</td>
<td>The students were identified on the basis of vulnerability criteria. Around 80% of students were enrolled from the families covered under survey by the GRC/SSK. Batches of vocational training and skill development courses have maximum coverage in all the clusters.</td>
</tr>
<tr>
<td><strong>Non Formal Education</strong>&lt;br&gt;Adult Education classes were conducted at the GRC Centre as well as in the community. Two batches of six months were conducted for adult women. Remedial classes for “Drop out” 6-14 year old children were introduced in GRCs.</td>
<td>Previously, the syllabus of NFE course was only for Adult education. There were a total of 138 students certified by the GRC/SSK-Action India from both classes.</td>
</tr>
<tr>
<td><strong>Self Help Groups</strong>&lt;br&gt;The formation of Self Help Groups began in 2009. Within a year, we formed 24 SHGs.</td>
<td>The SHG members helped us to identify community volunteers.</td>
</tr>
</tbody>
</table>

### Images
- Registering at the Health Camp
- Sharing food at Nutrition Camp
- Adult Education
ORGANIZATIONAL STRUCTURE

EXECUTIVE COMMITTEE MEMBERS 2010
Gouri Choudhury- Chairperson  
Pritam Kumar – Treasurer  
Saroj Sager – Convener  
Deepmalika – Joint Convener  
Bharati R. Chowdhury - Member  
Veermati- Member  
Sushila – Member  
Vidya Thapa- Member  
Manorama- Member  
Ramzan- Member

GOVERNING BODY/ADVISORY COMMITTEE MEMBERS 2010
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  
Sushimita Mukherjee-Senior Manager, Programme 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 2010
Sulekha Singh, Kriti Paliwal, Priyanka Singh, Runamoni Bhuyan, Praveen Naidu, Manohar Rana, Farman Ahmed, Yogender Sharma

PROJECT STAFF
Swachh Delhi Swasth Delhi  
Social Organizers - Vidya 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, Ravi, Sunil Kumar

Mahila Panchayat  
Unit Leaders – Sushila, Gyanwati, Shahnaz  
Paralegals – Arati, Bimlesh, Bhanwari, Geeta Rani, Krishna, Kalawati, Rampyari, Santosh Thakur, Shakuntala, Uma, Poonam, Kalawati (Renu), Manju, Munni, Prem, Maya,

Empowering The Girl Child  
Deepmalika, Mridula, Savitri, Sarita, Rajni, Shamim, Heena Mehra

GRC-Stree Shakti Suvidha Kendera  
Sangeeta, Anju Tomer, Shahida, Basanti, Alpana, Sunita

A Rural Intervention (Hapur, U.P.)  
Afsana, Shabana, Shriram, Sushila, Usha, Suman, Anita, Shashi

ADMIN AND ACCOUNTS TEAM
Saroj Sager, Saroj Kashyap, Dinesh Kumar, Manju Bahuguna, John Samuel
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 2010 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 2010 and

(ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on 31st March 2010

The prescribed particulars are annexed hereto.

Place : New Delhi
Date : 22.09.2010

R.K.SHARDA & ASSOCIATES
Chartered Accountants

R.K.SHARDA

Prop.
## Balancesheet

### 30th Action India

#### Capital Fund

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Amounts (Rs)</th>
<th>Assets</th>
<th>Amounts (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Per Cent to the extent of</td>
<td>3,601,960.60</td>
<td>Fixed Assets</td>
<td>5,580,960.69</td>
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<tr>
<td>Total</td>
<td>3,601,960.60</td>
<td></td>
<td>3,601,960.60</td>
</tr>
<tr>
<td></td>
<td>Add: Purchase of New Computer</td>
<td>26,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less: Sale of old assets</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,601,468.00</td>
<td></td>
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</table>

#### General Fund

<table>
<thead>
<tr>
<th>General Fund</th>
<th>Amounts (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>As per Balance Sheet</td>
<td>(212,520.07)</td>
</tr>
<tr>
<td>Add: Drawings</td>
<td>8,183,018.00</td>
</tr>
<tr>
<td></td>
<td>7,970,491.03</td>
</tr>
<tr>
<td></td>
<td>Less: Current Utilization</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td>791,376.00</td>
</tr>
<tr>
<td></td>
<td>647.00</td>
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</table>

#### Closing Balances

<table>
<thead>
<tr>
<th>Closing Balances</th>
<th>Amounts (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Hand</td>
<td>9,911.00</td>
</tr>
<tr>
<td>Bank of India</td>
<td>287,292.38</td>
</tr>
<tr>
<td>Bank of India SB</td>
<td>18,530.80</td>
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<tr>
<td>DBIF</td>
<td>31,065.00</td>
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<tr>
<td>UFO Bank A/c</td>
<td>11,121.56</td>
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<tr>
<td>UFO Bank A/c</td>
<td>15,144.86</td>
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<tr>
<td>UFO Bank A/c</td>
<td>4,829.71</td>
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<td>UFO Bank A/c</td>
<td>17,711.15</td>
</tr>
<tr>
<td>Project Impairment</td>
<td>536.40</td>
</tr>
<tr>
<td></td>
<td>22,570.00</td>
</tr>
<tr>
<td></td>
<td>485,710.26</td>
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</tbody>
</table>

| Total | 15,191,178.08 |
| | 15,191,178.08 |

---

## Income & Expenditure Account for the Year Ending 31st March 2019

#### Expenditure

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amounts (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxfam (GB)</td>
<td>994,750.00</td>
</tr>
<tr>
<td>Action Aid-National Secretariat for the coordination and Implementation</td>
<td>448,350.00</td>
</tr>
<tr>
<td>Global Fund for Women</td>
<td>266,320.00</td>
</tr>
<tr>
<td>Water Aid</td>
<td>2,312,854.00</td>
</tr>
<tr>
<td>Girl Learn International</td>
<td>253,910.00</td>
</tr>
<tr>
<td>Action India Women's Programme</td>
<td>511,394.00</td>
</tr>
<tr>
<td>The Foundation</td>
<td>133,200.00</td>
</tr>
<tr>
<td>Action India Women's Programme-Indian</td>
<td>1,018,744.80</td>
</tr>
<tr>
<td>Oxfam (India) Trust</td>
<td>416,263.00</td>
</tr>
<tr>
<td>DCW- Mahila Panchayat</td>
<td>1,297,569.00</td>
</tr>
<tr>
<td>Gender Resource Center-Sridhara Kendra (GRC-SK)</td>
<td>1,377,201.00</td>
</tr>
<tr>
<td>Jageeri</td>
<td>209,263.00</td>
</tr>
<tr>
<td>Women Power Connection</td>
<td>390,414.00</td>
</tr>
</tbody>
</table>

| Total | 9,524,742.00 |

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#### Income

<table>
<thead>
<tr>
<th>Income</th>
<th>Amounts (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant in Aid</td>
<td>7,501,130.00</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>28,444.00</td>
</tr>
<tr>
<td>Interest on endowment fund</td>
<td>400,000.00</td>
</tr>
<tr>
<td>Other Receipts</td>
<td>3,709.00</td>
</tr>
<tr>
<td>Excess of expenditure over income</td>
<td>3,339,724.06</td>
</tr>
</tbody>
</table>

| Total | 5,524,742.09 |

---

For Action India

Gouri Choudhary
(Chairperson)
Place: New Delhi
Date: 22nd September, 2019

For R.K. Sharda & Associates Chartered Accountants

R. K. Sharda
(Proprietor)
Membership No: 04847
Sumitra received a lifetime achievement Award of Rs 1,00,000/ on the 1 November 2010 after 25 years of commitment to the cause of working for women and the poor to achieve equality, equity and social justice. Action India has received an Endowment Grant from Ford Foundation which created the Gratuity Fund to be given after 25 years of service.

In 1977, Sumitra was one of the first women in Sundernagri who came to Action India. She started adult literacy classes for Ankur with a stipend of Rs 75 a month. She began to organize Sabla Sanghs, collectives of women to protest corruption by the PDS shops. She led the first demonstration on right to food in 1981. She was wise enough to know that if the ration shops were closed the women and children would suffer the most. Vigilence committees were set up to catch the black marketing of grains. Sumitra was a born leader committed to Action India’s vision and mission.

Born in a Koli family, Sumitra was a “charkhawalee”, and together with her husband Chetram had setup 5 handlooms, until the textile policy and rising price of yarn and changing market needs, wiped out all the homebased weavers in Sundernagri by 1995. Sumitra was the main resource person for our study on handloom weavers in 1995. She had brought out bills of the purchase of yarn from the early 1960s, which gave us an insight as to how the price of cotton and obsolete handlooms could no longer survive the competition from power looms.
Over 30 years of our struggle of the Women’s Movement

1974 Status of Women Report in India – Towards Equality inspired and catalyzed the Women’s Movement across the country. The two great women Veenadi and Lotikadi, who changed the map of women’s place in government plans and policies, are no more. It was the beginning of an era, women all over the world were emerging as leaders and changemakers. Action India initiated the first grassroots women’s collectives in the urban slums of Delhi. Sabla Sanghs were formed with a feminist perspective of the “personal is political”.

1980’s, Breaking the silence on domestic violence the women’s movement united across the country against dowry killings and brought gender based violence from the private to the public arena. This gave rise to many crises centres and redressal mechanisms addressing violence, and support groups which enabled women to step out of violent situation.

1990’s, The Sabla Sanghs as collectives evolved to become Mahila Panchayats, community redressal mechanism in the capital city of Delhi. By the year 2000 more than 3000 victims of domestic violence had stepped out of violent situation to become survivors.

2000, Collaboration with Delhi Commission for Women further led to the expansion of a network of Mahila Panchayats with Delhi NGOs across Delhi. Together, we supported the draft presented by Lawyers Collective demanding a law to ensure violence free homes.

2005, Victory of the Women’s Movement - Enactment of “The Protection of Women from Domestic Violence Act,2005” (PWDV A,2005). - The Indian Women’s Movement succeeded in gaining a central legislation with the passing of the PWDV A, 2005. The role of women's groups and NGOs has been acknowledged in breaking the silence over domestic violence. A three-year national level advocacy campaign was initiated by Action India across 8 states. We collected 2.5 lac signatures, voicing demands from the grassroots for an early passage of the bill tabled in Parliament on 8th March 2002, International Women's Day.

2006-2007 National Women's Conference - The passing of the PWDVA,2005 was possible only after the collective strength of the Women's Movement showed to the GOI that we were, determined to make the PWDVA a reality. At that time, the Act was in place but not operative because the Rules had not been framed and finalized. Action India convened the second National Women’s Conferences to demand adequate budget and infrastructure, and awareness generation of the PWDVA,2005 at all levels. The success of the law depends upon creating access to justice in order to ensure that women start living violence free lives.

And the struggle continues....
16 Days of Activism begins on 25 November, the International Day of Violence Against Women and Girls and brings Women’s Rights as Human Rights on 10 Dec Human Rights Day.

Gouri Choudhury
Chairperson
2010
दहेज विरोधी दिवस
एक्शन इंडिया महिला पंचायत
इलाका - नई सीमापुरी