

# ANNUAL REPORT 2014

*Celebrating Five Years of Progress*



5  
*Years of Progress*  
2009 - 2014



ANNUAL REPORT 2014

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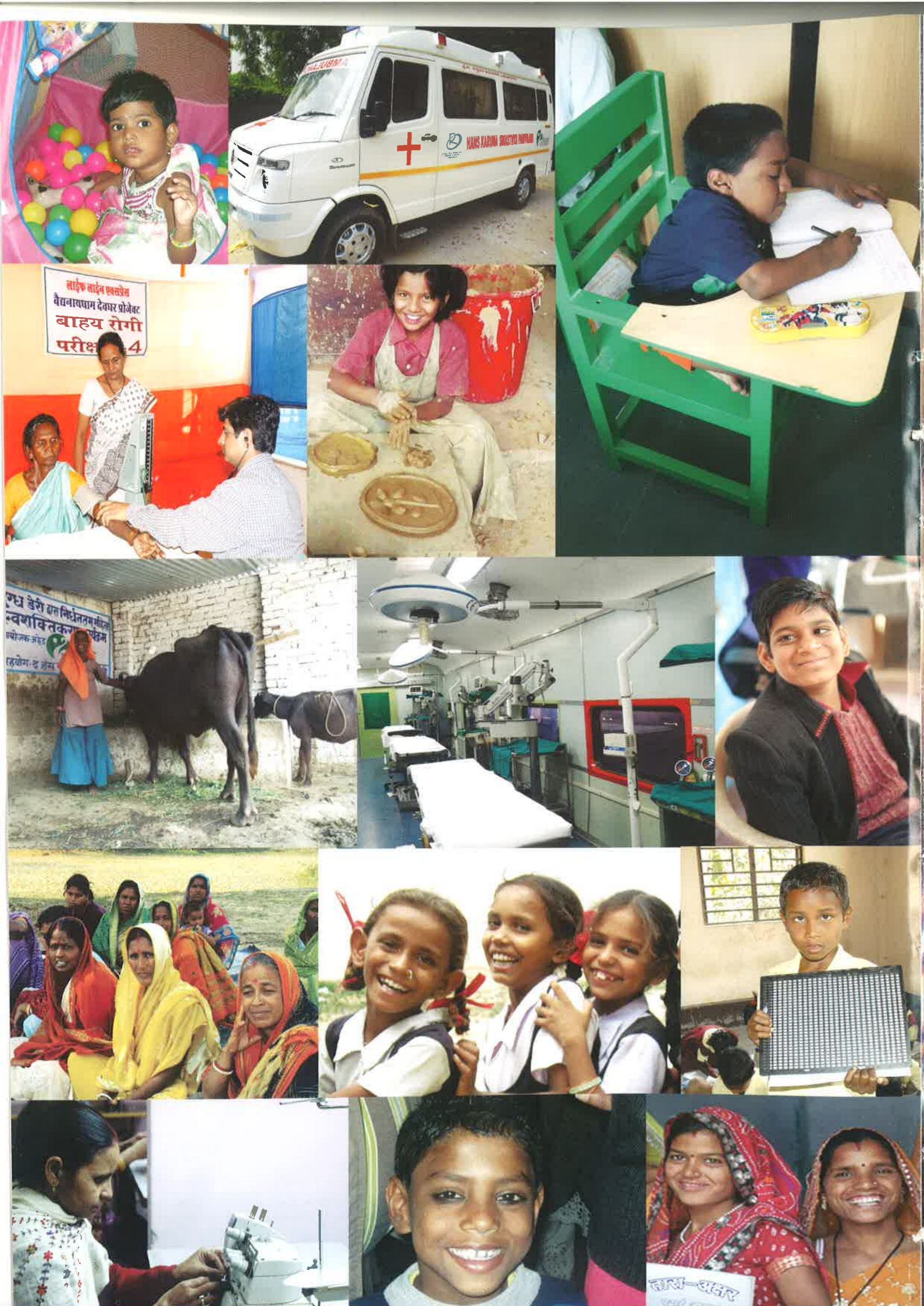
# The Hans Foundation

*In Partnership We Flourish*

5  
*Years of Progress*  
2009 - 2014

*Fifth Anniversary Issue*

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## Foreword

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Years of Progress  
2009-2014

The Hans Foundation (THF) made a humble beginning in 2009 with the help of Rural India Support Trust (RIST) and took a pledge to transform the lives of millions of people from the deprived and marginalized sections of society in India. Challenging the status quo and adopting a partnership approach with the NGOs, the aim has been to fast forward our development work by harnessing their expertise, integrate their already well established network and focus on three core issues Viz education, health and disability. India, with its 70 percent population living in rural areas still lacks access to basic amenities such as clean drinking water, healthcare, education, hygiene and sanitation in most cases. There are myriads of other complex issues like social taboos, multi ethnicity, illiteracy, diversity, customs and beliefs which often impede the pace of development work. Against this backdrop, the task of the Foundation has been daunting, inspiring and full of challenges. Nonetheless, we marched ahead with our beliefs, values and forged long term strategic partnerships with our valued NGOs who have helped us in this incredible journey to realize our vision.

THF's five years' journey has been a satisfying and credible learning experience. It has emerged as one of the largest key players and pioneers in development work, steadily spreading its footprint across 25 states & union territories, impacting the lives of more than 6,00,000 women, children and those living below the poverty line. Our latest initiatives in the field of healthcare have been note worthy. Eye care hospital at Haridwar, with its state of the art facilities commissioned in July 2014, has met with an overwhelming response from the local populace and villages around. A multispecialty 80 bed hospital at Satpuli is nearing completion and is already functional



from its temporary location. A unique experiment of mobile health clinics on boats to serve the people in the flood affected villages of Sunderbans has come off age with the launching of its third boat mobile clinic with diagnostic & pathology lab on board. The organization has also embarked upon a major initiative with its cochlear implant program for children suffering from hearing impairment/deafness from birth in partnership with Saket City Hospital. Starting with a modest beginning of two to three operations a month we have scaled it up to an operation a day, the biggest initiative in the country in this field which has already benefitted 240 such children since the beginning of this year. The organization is also supporting Little Hearts Program for treatment of rare heart ailment in partnership with Salman Khan Foundation and Fortis Hospital which is benefitting 20 children every month aged between 1 and 18 years.

The next major area and the most neglected is the disability and mental health. THF has done a considerable work in this field in partnership with NGOs in five states of Bihar, Meghalaya, West Bengal, Rajasthan and Tamil Nadu and

plans to take this work forward in another eight states. A National level effort is afoot with its centre being set up in Delhi in partnership with Saarthak, a leading and pioneering NGO in this field.

So far, over Rupees two billion have been invested for various programs towards women empowerment, child development, education, disability and health, which have yielded tremendous results with a great promise and proved to be a game changer. To address a major void in the most backward areas of Nagaland and interiors of Andhra Pradesh region, state of the art educational facilities are coming up where poor children will be provided free education and hostel facilities with free meals with a long term commitment to support these ventures by THF. Recently, Akshya Patra in partnership with THF has inaugurated the biggest kitchen in the country with a capacity of cooking 2,00,000 meals at a time under the mid day meal scheme for school children.

Previously, we studied the past to shed light on the present. But THF has turned the mirror around, convinced that a coherent image of the future can also shower us with valuable insight into today. Using this as an intellectual tool, we have set our agenda for the next five years and decided to focus on a State for all round development. What could be a better choice than Uttarakhand, which has suffered in the recent past with unprecedented floods, adversely affecting its tourism, economy, and millions of lives. While we continue to build and strengthen our current partnership programs, we would like to develop an effective model of growth for the deprived and marginalized people of this hill state.

We thank all our NGO partners for supporting us all these years. Each one of you have



contributed immensely with your tireless efforts, commitment and shown great perseverance towards fulfilling of our mission. It has been really a daunting task to choose the works to be included in this Annual Report due to constraints of space. With great humility, we would like to acknowledge the contributions made by each one of you.

In the end, I would say that it is 1.2 billion people who make up something more diverse, more complicated and more exciting than any other nation on this earth. In the words of our Chairperson, 'no one should have to give up their dreams and this is where we wish to make a mark'. We invite all those who wish to play a role and contribute in our endeavor to accomplish this noble cause.

Wishing you all a very happy New Year.

**CEO**

The Hans Foundation

## A Message from the Chairperson

5  
Years of Work  
2009-2014

*"First, have a definite, clear practical ideal; a goal, an objective. Second, have the necessary means to achieve your ends; wisdom, money, materials, and methods. Third, adjust all your means to that end" – Aristotle*

As I write my annual letter for the report, I remember this quote and the influence it has had on the journey of the foundation and all of us involved with THF.

In April of 2009, the idea of The Hans Foundation was a dream. And a very optimistic one at that. We had a goal, to change the lives of the millions of people of India that do not have access to education or decent healthcare and to bring positivity and hope to the lives of people with disability who fall through the cracks at an even larger rate. The challenges ahead became clearer as we created partnerships with over 250 organizations all over the country, for a variety of projects and missions, which made a qualitative difference to the lives of lakhs of women, children and marginalized sections of society.

The principle was simple; to do whatever works best- accommodate the needs of the people and adapt projects to local customs, beliefs and needs. We refused to stick to guidelines and parameters, creating our own methods and systems to keep track of the work happening all over the country. And the idea seemed to work. As long we kept the goal in mind, all other things would fall into place. We met great people, those who have dedicated their lives to social work. We heard about and used great innovations and continue to invest in and research technology that will balance the divide that exists between rich and poor.

As we complete what I hope is the first of many five year cycles, I can say the journey has been rewarding, at many times arduous and painful, even replete with moments of heartbreak, but fulfilling nonetheless.

As the foundation evolves to meet the changing needs of society, we too need to bring in more focus to our work in order to make greater impact. Thus, we have decided to focus on a State to achieve inclusive and all encompassing development work to showcase it as an effective model for progress. As part of this strategy, we have chosen Uttarakhand State, where the recent disaster in Kedarnath happened, for future investment to make improvements in education in schools, to create an effective healthcare system and entrepreneurial opportunities.

We still believe in partnerships with community organizations but it is time for the foundation to take more initiative and declare defined goals for the next five years. We are optimistic and eager to have The Hans Foundation recognized as one of the premier development organizations in the country. But I am confident our work will speak for itself...to quote Franklin D. Roosevelt, *"The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little."*



Sweta Rawat  
Chairperson





Health

## HANS HOSPITALS

### An Endeavour in Compassion by The Hans Foundation

#### Introduction

THE HANS FOUNDATION (THF) has always prioritized health care. For years, it has partnered with other like-minded NGOs' helping upgrade pre-existing health care facilities, setting up dispensaries, providing charitable organizations mobile health care units, medical equipment and much more. In early 2013, the desire to alleviate India's medical sufferings on a larger scale, led the THF team to carry out some research. The findings were astonishing. A staggering 63 million people in India were needlessly blind or visually impaired, but access to quality eye care would cure 80% of them. A new 'idea' was born: Set up nonprofit eye facilities in Uttarakhand, a state with a seemingly large need and little access to eye care. A feasibility study corroborated this urgent need in that state and surrounding areas. The senior team members made whistle stop study tours to several established eye hospitals including Aravind Eye Care Systems in Madurai, Indira Gandhi Eye Hospital and Research Centre in Lucknow and Til Ganga Eye Institute in Kathmandu, Nepal.

#### Hospital - Model Approach

Based on the feasibility study and tours, it was decided that to reach the urban underserved and the rural unreached, THF would apply the tested **'hub and spoke' model approach to eye care**. The study indicated that Haridwar would be the ideal place for the hub hospital, "Hans Eye Care" [HEC], as this secondary or tertiary hospital could cover not only Haridwar but also areas of the Dehradun district, the hills of Tehri

*"A Staggering 63 million people in India were needlessly blind or visually impaired"*

and Pauri Garhwal, and even the adjoining districts of Uttar Pradesh, viz., Saharanpur, Muzaffarnagar and up to Bijnor. As this hospital would upgrade into a tertiary centre, several secondary satellite eye hospitals and vision centers would be in the pipe line... also to be constructed in Uttarakhand. The target population to be served stood at a staggering 14 million and more. Among the eye diseases, cataract took up the chunk with 62.6% in the age group 50 and above. 19.7% of the population had uncorrected refractive errors and corneal diseases, glaucomas and diabetic eye diseases. And, childhood blindness accounted for the remaining 17.7%.

#### The Fruition of an Idea - Hans Eye Care

The Hans Eye Care (HEC) initial team came to fruition on 01<sup>st</sup> May 2013 with a motley crowd of four to five professionals with as varied background as philanthropy, army, hospitality, medicine, accounts etc. After much searching without luck, a suitable building standing in a big piece of land was identified and bought. The building was meant to be a hotel, which never opened; now it would become an 80 bedded tertiary not- for- profit eye hospital. A profitable deal- at least for the poor eye patients!



Architects Impression of Hans Eye Care Hospital

Since the above building remodeling plan will take a little more than a year and blind patients cannot wait, we have constructed a model eye care facility with the funding and support from The Hans Foundation in a pre-fabricated structure, with all the requirements of a secondary eye hospital; a microcosm of what is to come in the hotel building and remaining land. HEC boasts some of the best eye equipment in the world; to name few- microscopes, Humphrey Field Analyzer and YAG Laser unit from Carl Zeiss, Oertliphaco and vitrectomy machines, Haag Streit and Keeler Slit lamps and many more. This 10 bedded eye hospital which became operational on 30 June 2014 has the capacity to perform modern cataract surgeries, phacoemulsification, glaucoma surgeries, squint, pterygium, trauma, oculoplasty etc. which are either sight

restoring or sight saving procedures. We are in the process of introducing Optical Coherence Tomography [O.C.T.] which is a step towards establishing a vitreo retina unit. HEC now has 10 beds, two Ophthalmologists, a general physician, Executive VP, VP Administration and a total of 35 supporting personnel. **We would like to place on record our gratitude for the assistance and advice rendered to us by Aravind Eye Care Hospital Madurai, Indira Gandhi Eye Hospital & Research Centre Lucknow, Nirmal Eye Care Rishikesh and Til Ganga Eye Institute in Kathmandu.**

HEC being a secondary eye facility, outreach program is the mainstay of HEC for the present and at the same time it is catering to 'walk-in patients' also.

“3,100 eye patients and 206 sight saving and sight restoring eye operations.”

Literally, HEC started operations with an extraordinary turn out on 30<sup>th</sup> June 2014; with an eye camp in the new premises and for 30 more days, all the services including surgery were free of cost. Since the patient flow surged to up to 200 a day and we were bursting at the seams, we decided to set up along with the free services, a paid service also. The charges are a miniscule of those of other eye hospitals and those patients who belong to the below poverty line lovingly called B.P.L.s have the choice of all the services free of cost. For a start-up, the walk-in patients are still coming in droves; the foot falls are rather encouraging. **The statistics up to 31<sup>st</sup> August 2014 were 3,100 eye patients and 206 sight saving and sight restoring eye operations.**

#### Satpuli Hospital

HEC is an encouraging endeavour and a compassionate one as well. However, we also see the need for access to general medical care by Uttarakhand's rural communities. Thus, under the “HANS HOSPITALS, UNIT OF THE HANS FOUNDATION” umbrella, we are setting up a General Hospital multi-disciplinary in nature in Satpuli, Uttarakhand up in the hills of Pauri Garhwal. The location is approximately 60 K.M. from Kotdwar along the Kotdwar- Pauri road and 47 K.M. from Pauri which is the district headquarters of Pauri Garhwal. Among the basic government facilities thereabouts are one general hospital at Kotdwar and a district hospital at Pauri. The other government health

facilities such as health centers are far and few in between. Thus the urgent need for this general medical care compassionate endeavour, **SATPULI HOSPITAL by The Hans Foundation.** Upon start of construction in end 2012, we saw that patients could not wait, so an out-patient facility was made functional in April 2013 and its supporting units, viz., Clinical pathology and X-Ray units. From the flow of patients who come from as far as 40 kms, with a lot of them walking a good distance, the need for a rural general hospital has become even more evident! When fully constructed, this Satpuli Hospital will be an entire multi discipline hospital campus including staff accommodations; presently 50% construction is nearing completion. **Our endeavour at Satpuli is being ably supported with consultations and advice from Narayana Health Care, a pioneer in the field of low cost health care, currently operating more than 26 hospitals.**

The response from the people of Uttarakhand has shown us that the demand for free and subsidized medical care is the need of the hour. The Hans Foundation, in its part has decided to focus all its compassionate/ not-for-profit health care initiatives under one roof, viz. “HANS HOSPITALS.” Hans Hospitals' mission is “Health for All.” Founded to serve the underprivileged, it brings quality affordable medical care to those in need.



Architects Impression of Satpuli Hospital

In conclusion, HANS HOSPITALS, currently comprising of HEC & Satpuli Hospital, is a compassionate endeavour of The Hans Foundation. Though only a little over a year old, it has already taken on the future of

compassionate quality health care in Uttarakhand, and has already begun to see itself as a game changer in this noble cause in not too distant a future.

“When fully constructed, this Satpuli Hospital will be an entire multi discipline hospital campus including staff accommodations; presently 50% construction is nearing completion.”

## SAKET CITY HOSPITAL

*Bringing music back into their lives....*

*Cochlear Implant program funded by The Hans Foundation*

### Introduction

3-4 in a 1000 children are born with a significant hearing loss. The exact statistics is not known but it is estimated that this problem in India runs into several 100,000s. For the first few months, parents are not sure if there is any problem at all. The parents think of consulting a doctor only when a child turns about 2 years old and is not having usual responses. Luckily there are very reliable simple tests that can check a little baby's hearing ability. These tests rely on the principle of sending sounds through head-sets and reading brain wave activity through electrodes placed on the scalp. If these waves are typical, hearing is intact and if they are absent to even the loudest sound, there is a problem. It's almost impossible to restore their hearing by medicines or any simple surgical intervention.

### The Innovative Break-Through

Science however made a big breakthrough when Dr Graeme Clark implanted and tested a man called Rod Saunders some years back. Dr. Graeme Clark achieved one of the biggest breakthroughs in medical history – a successful Bionic ear that can restore hearing in a deaf adult. That later proved even more useful in children born deaf. A Bionic ear (Cochlear Implant) replaces the function of the faulty inner ear and together with a sound processor restores the sensation of hearing. It is effective and an adult who has lost his hearing completely can rejoin his original job and a child



born deaf can hear and more importantly speak like a normal regular child.

### Prohibitive Cost and other Issues

Cochlear Implantation is being practiced in India since early 2000, but the cost of implantation and rehabilitation is prohibitive. This is the case world wide. So far around 15000 children have been implanted in India. The device itself, manufactured in Australia and US mainly, costs several lacs in Indian Rupees. In the western world, the state pays for it but in India the provision of state paying for a cochlear implant has been grossly inadequate. Very few states help with cochlear implant funding. All over India, there are only around 25-30 regularly practicing cochlear implant programs. A reasonably busy cochlear implant program carries out 4-5 surgeries every month, the major limiting factor being prohibitive cost of device and very limited funding options. Result is that a lot of these children who could



regain their hearing by a cochlear implant and lead a regular life are devoid of the same due to lack of funds.

### Cochlear Implant

Cochlear Implant Surgery lasts 2 to 4 hours typically and although the surgical process is complex and carried out only by very select centers worldwide, in experienced hands, it is a very safe procedure with minimal complications. The crucial point to note is that it needs to be carried out when the child is young, preferably in the first 2-3 years of life. Later the child's brain gets so used to living without the sensation of hearing that even if surgery is done successfully, the brain refuses to accept or comprehend sound and speech. What really happens is that the part of the brain that was meant to pick up and understand sound, due to lack of auditory stimulation, gets hardwired towards that part which was meant to pick up vision, resulting in a very strong tendency for such a child to continue with sign language. As a result, children implanted later in life, like after 6-7 years, benefit only partially. Although their hearing ability improves hugely, they are unable to develop good clear speech.

Post surgery, the child needs to undergo detailed rehabilitation. Initially, although the sensation of sound is back and the child starts to identify all sounds at normal hearing levels, the progress towards normal hearing and good speech slows down without guidance. In the beginning, the child is disoriented and has a tendency towards using visual cues all the time but with structured training, he eventually transforms completely into a regular hearing and talking.

### The Hans Foundation

The Hans Foundation decided to partner with Saket City Hospital in December'2013 and agreed for funding 2-3 surgeries per month including the cost of rehabilitation program. After assessing the impact of the program and the fact that there is long waiting list of such



“This is by far the largest Cochlear Implant program run by any single organization in the country.”

children requiring surgery before they are overage, **The Hans Foundation** agreed to scale it up to one surgery per working day (20-22 surgeries per month). By now around 170 children have benefitted from this program. This is by far the largest Cochlear Implant program run by any single organization in the country. The Hans Foundation is also providing hearing aids to the needy and so far 140 patients have been supported. The Hans Foundation has now decided to support this program indefinitely so that maximum numbers of children are provided with this life transforming opportunity.



#### Future plans of the Cochlear Implant program include:

- Increasing awareness about deafness and its treatment with cochlear implantation by early diagnosis and intervention.
- Research in the field of hearing loss and cochlear implantation.
- Training Mothers of children with cochlear implants as how to guide their children to get the most out of this intervention.
- Training courses for rehabilitationist.

#### Testimonials:

*We at Saket City Hospital are delighted to be part of this initiative with The Hans Foundation. This program conceived and sponsored by The Hans Foundation, under the leadership of Dr. Shomeshwar Singh has truly transformed lives, where by using Cochlear implants we've been able to restore the hearing of hundreds of young children. We are committed to improving the lives of many more children and look forward to continue to make a difference, in partnership with The Hans Foundation. The Hans Foundation is truly transforming the lives of 100s of our patients – a miracle I am witnessing every day.*

~~ Mrs. Divya Modi -Tongya  
(Director, Saket City Hospital)

## Our Success Stories

### Success Story 1

**Amol** was a 7 year old boy who reported to us with progressive hearing loss soon after birth. What brought him to our clinic were the recent problems in school. The parents had a detailed meeting with the school administration who advised that Amol be shifted out of main stream school and be admitted in a school for hearing impaired. Even with his hearing aids, he was not able to keep up with the class. There was no problem with his intelligence or ability to pick up new concepts. Problem was he simply could not hear what was being taught in class. A detailed assessment of Amol's hearing confirmed that his hearing levels had now progressed to a level when mere amplification with his hearing aids would not be enough. He needed a cochlear implant. Surgery was carried out on one ear. Just 3 months after his surgery his mother called to give us the good news that after summer



vacation (2 months gave time for Amol to get used to the cochlear implant) the cochlear implant has restored his hearing so well. In fact, his school shared that Amol is regular student like others and he does not need to change schools.

### Success Story 2

Gopi and Manjul had a small shop selling road side snacks – bhelpuri. Their two children were born deaf. **Rana**, 8 eight years and **Mukesh** is one year old. No one else in the larger family had this problem except them. Determined to find an answer Gopi shut his shop and looked for treatment at government hospital. They were told that the treatment even in government hospital would cost around 7-8 lakhs for each of their sons. The cochlear implant device was so expensive. They had visited Dr Singh too for the same treatment to enquire about costs. Later, when this program started he was contacted by Saket City Hospital to extend the benefit to their children. The Hans Foundation

sponsored both the brothers at zero cost to parents. Hearing aids were provided to Rana, as he was too old to benefit from surgery and Mukesh, younger has benefitted from Cochlear Implant. At present, he is already leading a normal life and attending regular school.

*“The Hans Foundation sponsored both the brothers at zero cost to parents.”*

## SAMAJ UNNYAN KENDRA (SUK)

### Mobile Health Clinic reaching out to Islands

Sunderbans are riverine blocks or small islands having around 1,000 villages. Most of these villages in 24 Paraganas in West Bengal are frequently devastated by cyclones and floods. This is also taken as one of the most backward regions of the state with poor infra-structure to provide services. Women, children and elderly people are the worst affected lot. When a woman gets pregnant, the family starts counting the days and planning on logistics for her check-up or delivery. The means to reach the hospital across rivers and particularly at night are too risky for her as logistics are irregular- local transportation to ferry and then walk on narrow passage to reach the destination. Her situation becomes even harder in absence of availability of ferry. There are more complications - high rate of neonatal mortality, maternal mortality, premature birth etc. The difficulty is same for any other patient in vulnerable cases. The adolescent girls too face similar hardships which remain unaddressed. In the name of health support, people approach quacks for normal illnesses and untrained birth attendants (dais) for delivery.



Since June 2012, the partnership between The Hans Foundation and Samaj Unnyan Kendra (SUK) has reached out to 100 villages **with three MOBILE MEDICAL BOATS (MMBs) and two primary medical centers (PMCs)**. MMBs and PMCs function five days a week. The three MMBs care unit (59 feet x 24 feet launch) have good medical team and facilities viz. medicine store, checkup room, doctor's chamber, patients' waiting place, well-equipped pathological unit etc.

“Since June 2012, the partnership between The Hans Foundation and Samaj Unnyan Kendra (SUK) has reached out to 100 villages.”



The medical team has nursing personnel, pharmacist, lab technician and six doctors – two gynecologists, Maternal Child Health (MCH) & Public Health specialist and General Physician. They are supported by health workers, traditional birth attendants (TBA) and supervisor. This team is not only for supporting operations of the health project but are proactive in general awareness on importance of promoting good health life style & safe institutional delivery, health seeking behavior etc. The health workers and TBAs belong to the same villages and have strong linkages with villagers to coordinate project implementation.

The health workers of government functionaries like anganwadi, ASHA and ANMs workers are also integrated into this set-up to bridge the gap of the health support under government schemes.

Hence, under the health support initiative by The Hans Foundation and SUK, major focus is on capacity building to deliver quality health services to those who need the most. The training is on neo-natal, ante-natal, post natal & childcare, monitoring of drug doses prescribed by the medical team, demography & family planning, immunization, awareness campaigns on preventive care on water & blood borne diseases, communicable illnesses, HIV etc.

Parents of very young children are guided to get the birth of the child registered, keep the birth card and also to go for periodical and relevant vaccinations for the protection and growth of the child.

The MMB begin their movement at 5:30 am every day, and reach the decided spot by 9:30 am. On daily basis, the MMBs can cover 1-2 spots taking care of 80-90 patients at each spot from around 5-7 villages. The patients already have the communication on the arrival of the MMB by health workers, TBAs, Asha workers etc.

**Counseling on family planning** - Supply of OCP (Oral contraceptive pills) and condoms are provided in the MMBs and centers. The **adolescent girls** are provided guidance on balanced diet and nutritional supplement such as iron tablets to prevent anemia, concept on healthy life, the proper age at marriage and encouragement for health seeking behavior. Under this health support, beneficiaries are also provided with referral services to Government Hospitals especially in case of institutional delivery, snake bites etc.

The primary medical care is also for children, elderly and all those who are devoid of medical support. To make the effort more successful, SUK ran the **vaccination program** with the cooperation of THF to provide immunization against **Hep A, Hib (Haemophylus Influenjee B), Typhoid, MMR** (those are not covered by Government of India at this part of country) to prevent child mortality as well as morbidity rate.

Children with hearing impairment have been provided proper care and after audiology screening they have been given hearing aids. By now, 230 children have benefitted from the support of hearing aids.

“**Mobile Medical Boats and the two health centers have benefitted more than 65,000 patients.**”

Hence, the approach of the health project is also to support in two ways – i) to cover their health need to lead a healthy life and ii) to protect them from existing quacks who exploit the ignorant population.

**Mobile Medical Boats and the two health centers have benefitted more than 65,000 patients.** The health workers and TBAs have reported that the transformation in the attitude and medical health seeking behavior of the villagers in general is visible as they find a declining trend in fatal cases of mothers during delivery. This is proven by the fact that the villagers are ready to take local ferry to reach the decided spot much before the Mobile Medical Boat arrives.



The **District Magistrate (Collector)**, Block Medical Officer of the region and Zilla Parishad representatives are appreciative of the health services and are ever ready to extend support where required. In some cases, Block Medical Officer refers villagers to visit the MMBs and helps us in our vaccination programs. The effective health services provided by **Mobile Medical Boats and the two health centers with the support of The Hans Foundation** has helped **SUK** being the only organization in this district to conduct its public health awareness in riverine blocks.

Samaj Unnayan Kendra (SUK) since 1979 has acted as a change agent in the region through its various efforts to bring empowerment and have also provided support on nutrition, flood relief etc and also support on health through its outreach clinic. But it is only a drop in the vast ocean. With support of The Hans Foundation, we envision to extend our services to more and more inaccessible areas in times to come.



## BEING HUMAN – THE SALMAN KHAN FOUNDATION

### *The Hans Foundation And Fortis Hospital Initiative - The Little Heart Program*

Hope is what keeps all of us alive and what ultimately drives us to do what we do. We at 'Being Human' attempt to infuse that hope and make it a reality for those little hearts who are suffering from congenital heart disease from birth. Not only they and their families constantly live under the specter of losing their loved ones but battle numerous complications in leading a normal life. It is a trauma for their families and emotional strain driven by the fear of losing their loved ones at an early stage. Though a curable disease, very few can afford the cost of surgery in India which is available only at few select centres/hospitals in the country. Against this backdrop, Being Human-The Salman Khan Foundation took up this cause in 2013 with the help of Fortis Hospital at their three centers viz Bombay, Delhi and Jaipur. Later, The Hans Foundation (THF) extended their help by sharing 50 percent of the cost of surgery, giving a major boost to the program which doubled the number of cases per month.

In India, each year 1, 50,000 children are detected with congenital heart disease. Of these, only 20,000 are able to afford surgery at various private run hospitals and government hospitals. Remaining are left to their fate which the helpless families have to endure. All these lives can be saved and these children can live a normal life if they have access to this life saving surgery. The Little Heart Program was launched in this backdrop to reach out to as many families as possible in 2013. We are fortunate in this venture to partner with Fortis hospital, a world class health care hospital who whole heartedly participated to promote this cause.



#### The Challenge

Amongst numerous difficulties, it is a big challenge to convince the families of affected children to travel to Delhi, Mumbai or Jaipur, the centers with such specialty, as most of them are daily wage earners or in lowly paid jobs. The fears of losing their livelihood and daily wages and little or no understanding of this dreaded disease and uncertainty after the surgery makes it hard for our volunteers to convince them. This is further compounded by the burden of cost of travel, accommodation and other costs. In order to alleviate these problems, Being Human has undertaken to finance cost of transportation and Fortis Foundation offers free accommodation and low cost meals. Sadly, yet another problem we face is in the case of girl children where these poor, uneducated families show a lot of reservations. It is a monumental task to counsel such families to change their minds.



#### The Process – One Surgery is all it Takes

Our volunteers and campaign managers contact families of such children aged between 1 to 18 years, and sometimes the parents approach us. Once the credentials and eligibility criteria is verified, the child is admitted. The entire process is kept as quick as possible, simple and free of any delays. In an emergency case we drop all formalities and act doubly fast to ensure timely intervention to save the life of the child. Follow ups are an important part of procedure and we stay in touch with the families to keep track of child's health and for follow up treatment, if needed. **One surgery, however can, in most cases, help the child lead a normal life** and she/he can run, play, go to school and lead a healthy life as an adult.

#### The Pledge

In the end, we would like to express our profound gratitude to Being Human, The Salman Khan Foundation, The Hans Foundation and Fortis Hospital without whose commitment and support this program would not have been possible.

**The program has benefitted 400 families in a span of one year.** We pledge to continue this program and take it to every nook and corner of our country with a resolve to reach out to those who do not have access to this life saving surgery due to unaffordable cost. We wish all those Little Hearts to grow, smile and dream like anyone else and make it their mission in life to spread this awareness and help every child suffering from such a dreaded ailment.



## BRINGING QUALITY HEALTH CARE TO MUMBAI SLUMS

AmeriCares India Foundation is an emergency response and global health organization committed to saving lives and building healthier futures for people in crisis in India and around the world. In that capacity, we have operated in 27 states across India and have delivered more than Rs. 6 Crores worth of free essential medicines and medical assistance to the marginalized population in the last two years.

Our programs focus on four core areas:

- ~ Emergency Response & Preparedness
- ~ Access to quality healthcare for urban poor
- ~ Medical commodity assistance to NGOs across India
- ~ Prevention of infectious diseases among healthcare workers and communities

### Access to Quality Healthcare for Urban Poor- The Mobile Medical Clinic Program

For an estimated 9 million people who live in the slums of Mumbai, high cost of living, job insecurity and lack of access to primary care affects their general health and well-being. Life in overcrowded and unsanitary urban slums is especially dangerous for children's health, development and welfare. The slums have few health services; most also lack basic infrastructure, such as power, water and sanitation. Such living conditions contribute to slum residents' poor health, including malnutrition, infections and, increasingly, non-communicable diseases such as high blood pressure and diabetes

In 2011, AmeriCares introduced the Mobile Medical Clinic (MMC) program with a vision to provide access and continuity of quality primary



care to the marginalized population in the slums of Mumbai. Today, our seven mobile clinics visit approximately 125 locations across 11 municipal wards treating nearly six hundred patients every day.

Stocked with quality medicines and supplies and staffed by a doctor, health worker, pharmacy assistant and patient registrar, each mobile clinic visits 12 locations twice a month, a regular schedule that slum residents can depend on. Using the mobile clinic as a base, the clinic doctor conducts patient examinations and diagnoses, and the pharmacy assistant dispenses over-the-counter and prescription medicines. Referrals to specialty clinics and hospitals to existing government and subsidized private sector programs are done for further advance treatment if needed. To ensure continuity of

“our seven mobile clinics visit approximately 125 locations across 11 municipal wards treating nearly six hundred patients every day.”



care in a mobile clinic program that treats a transient population, the AmeriCares clinics use cloud-based electronic medical records (EMRs). The EMRs document each patient's visit and health status and care, including immunizations and medications. In addition to providing primary care these mobile clinics are an effective way to conduct community health education sessions and grass root interventions focused on preventative care, like hand washing technique, safe drinking water practices, sanitation, hygiene and nutrition.

At each location, the mobile clinic staff coordinates with local community leaders and other non-governmental organizations to

identify top health needs in the community and prevent duplication of services. One or two residents at each location serve as community liaisons, alerting residents to the arrival of the van, community education topics and, in some cases, making examination space available in street-level storefronts.

“This is a noble service to the poor community in the area of Andheri East Bombay, to the 30,000 people in this slum area in the form of medical checkup and medicine,” said Ayyub Khan Habib Khan, the community liaison in one of the Andheri locations. “So I offer my house to AmeriCares as well as informing the public to come and take the benefit.”

Since inception, the mobile clinics have provided more than 1, 70,000 consultations. With a capacity of offering nearly 20,000 consultations per clinic per year, AmeriCares mobile clinic program has made 'access to quality healthcare' for urban poor a reality.

#### The Hans Foundation Support - An Expansion Catalyst

Generous funding from The Hans Foundation helped establish the Mobile Medical Clinic program, which delivers quality health care and prescription medicines to slum dwellers in Mumbai, giving them the chance to fight disease and stay healthy. With The Hans Foundation's long-term support, AmeriCares Mobile Medical Clinic program has expanded from three to seven mobile clinics that provide free primary care and referrals for nearly 12,000 patients every month throughout the slums of India's largest city.

Our vision is to complete the establishment of an operating model for mobile medical clinics in the slums of India and leverage the program for broader replication and impact. The Hans Foundation's support enables AmeriCares to



advance operations of its Mobile Medical Clinic program to serve more slum locations, expand treatment capacity, enhance data collection and introduce other innovations with the goal of improving health outcomes and identifying service improvements. The program has already demonstrated that Mobile Medical Clinics are an effective primary care "home" for slum residents that can successfully offer acute and chronic care. With the support of The Hans Foundation, AmeriCares will continue to develop both the service and operational components of the program into a model that is replicable and which would likely include collaboration with other nonprofit organizations and public/private partnerships.

The Hans Foundation has played a critical role in creating a strong foundation for expansion of AmeriCares India Foundation's Mobile Medical Clinic program. AmeriCares is grateful for this support and looks forward to expanding our partnership to bring quality health care to those in need.

## Our Success Stories

### Success Story 1

For **Ramlal Yadav**, the mobile clinic has been crucial. A full-time security guard working long hours, the 49-year-old was not able to travel to a public clinic, nor able to afford private care. At his first visit to AmeriCares mobile clinic, Ramlal was diagnosed with high blood pressure and educated about his tobacco use. Now, Ramlal visits the clinic every two weeks and receives blood pressure medicine, free of charge. He has taken the advice of the health worker, exercises regularly and has reduced his use of tobacco. "I came here in search of free medication and my health has improved permanently," says Ramlal. "If not for AmeriCares, I would have lived with undiagnosed hypertension all my life."



### Success Story 2

In the Mograpada slum, one grandmother brings her four grandsons to the clinic every six weeks for de-worming medicine. The boys live with their grandmother and parents, who both work, in a slum pocket near railroad tracks where they run and play. "Five to 10 kilometers from here there is a hospital," the grandmother said, "but I prefer the clinic because there are no transportation costs and the boys are getting relief by using the medicines." Mobile clinic staffers say that slum dwellers make about 5,000 Indian rupees a month; transportation to a clinic can cost as much as 100 rupees per trip. The de-worming medicines are just one of 120 different medicines the AmeriCares mobile clinics stock for patients.





*Disability*

## SOCIETY FOR THE VISUALLY HANDICAPPED

### Introduction

Ms. Hena Basu, the founder, shares the view that Society for Visually Handicapped (SVH) owes a debt to several persons, including Dr Miss Nurgez J Sethna, for their vision and stellar contribution to this noble cause. Way back in 1971, Dr. Miss Nurgez J Sethna was losing her vision due to a degenerative eye disease called Retinitis Pigmentosa (RP) but showed great courage to mainstream herself in her professional life as the Professor of Maternal & Child Health, All India Institute of Hygiene & Public Health, Kolkata. Ms. Hena Basu acted as the helper of the Professor as a live reader and writer. Through this shared journey, she learnt the shattered psychological state of an adult blind to come to terms with a vital organ loss. Later, she formed SVH based on this personal tragedy to further address gaps of skills needed by a person with loss of vision namely Braille literacy, orientation & mobility and like skill through adventure sports. In 1983, the Society was registered as a non-government voluntary organization aimed at **Reaching Education To Sightless Citizens**.



### Vision & Mission

Society for the Visually Handicapped (SVH) is the leading Education Resource Support Body in India in general and in the Eastern and Northeastern Region of India in particular, which addresses challenging demands of Reaching Education to Sightless Citizens in urban, rural, remote and inaccessible regions of the country.

### Work of the Organization

SVH has mainstreamed library set up within the apex library of the government of West Bengal under a Library Ministry. With the support of team of volunteers, individuals and institutions, SVH has developed facilities and services which emanate the spirit of equal opportunity and the resources for all such affected cases.

People with Blindness have most of the reading resources in Braille and audio formats. These resources and services are helpful for school and college going students, for taking competitive examinations for government's jobs or to enhance strong professional

development. SVH also focuses on counseling, guidance, providing life-skill training to facilitate mobility skill through adventure-sports, personality grooming, self-reliance, effective listening and oral communication capacity-enhancement.

### Central Library, West Bengal

In the initial decade, services by SVH were managed with a few dedicated volunteers and small resources, more as a learning experience for ourselves through constant interaction with blind students and their families belonging to extremely economically weak section of community.

From 1996 to 2009 the demand kept on increasing. The Government of West Bengal asked SVH to start a Braille & talking book library service for the blind from the State Central Library West Bengal without any commitment of resources. This is an apex Library of the Government networking with libraries in entire West Bengal. SVH committed its resources and efforts to develop this library for the use of blind children. Later, blind students who were pursuing education in an increasing number with West Bengal District Primary Education Programme (WBDPEP) and



“Reaching Education To Sightless Citizens.”

Sarva Siksha Abhiyan/Sarva Sikhsha Mission started approaching SVH.

During these testing times, SVH underwent severe resource crunch crisis. The Hans Foundation could not have come at a more fortune time than this and subsequently gave an enormous boost to this program with major funding and moral support.

### The Hans Foundation (THF)

In 2009, SVH was selected for a grant for education support of blind students by The Hans Foundation. It was practically a windfall for our Society as this grant enabled us to treble our efforts. Since then, we unhesitatingly are going ahead with developing talking books with a larger capacity, producing Braille books to promote Braille. In addition, we are able to distribute Braille paper, aids and appliances e.g. audiocassette recorders, CD players to BPL and disadvantaged sections of society.

Our partnership with The Hans Foundation has also kept up with the development in technologies. Audio books are digitized and now available in MP3. It also requires IT professionals, upgrading skills of SVH team, acquiring nano players with recorded chips which surely requires strong financial backup which was liberally and whole heartedly provided by The Hans Foundation.

So, ever since then, it has been a fostering bond with The Hans Foundation, which has become our main partners. With the aid program extended, we have touched thousands of lives and enabled them to live an empowered and dignified life.

Our Society carries the logo "Braille A Page – Light A Mind" without delay. Last year we could also upgrade the Manual Braille embosser to **Computerized Braille Production**. This is already addressing long queue of Braille books whether for leisure or academics, especially for children.

We have also developed in the field of **Life Skill through Adventure Sports**. People with disability especially have limited mobility and exposure in life. SVH also intends these individuals to avail such opportunities. Himalayan Mountaineering Darjeeling (under the Ministry of Defence) organized national level annual mountaineering training for the blind for youth. This involved rock-climbing,

high altitude trek up to 14,000' Dzongri Pass and camp living skills. With the support of **The Hans Foundation**, we at SVH were able to organize and accomplish this feat. In addition, every year, we are having coastal trek for 25 blind youths in Puri and a full-fledged nature study camp for rural blind children as a tool for mainstreaming.

### Looking Ahead

Since 2009 the partnership between The Hans Foundation and Society for Visually Handicapped have benefitted 7164 cases from 20 Educational Districts of West Bengal. 50 such cases from economically weak section are employees of – Government department, as teacher in blind schools, banks, railways etc and are inspiration and support to their families and society. With the support of THF, we wish to take our program to maximum numbers of blind persons in the country and help them to bring up their inherent talent such as music, theater and positive body language and empower them to live a dignified human life.



## Our Success Stories

### Sayera Khatun

Sayera Khatun belongs to an extremely poor minority community of Kolkata. Sayera studied from Blind School. She had to give tuitions to finance her education. She contacted SVH for a scholarship which was provided and later she finished her Post Graduation. Currently she has enrolled in MPhil, which was made possible through study material developed with support from The Hans Foundation. **Just two months back she was declared qualified for a teacher's post in a government secondary school in West Bengal.**



### Dipankar Sarkar

Dipankar, 27 years old, belongs to low income group family in a remote village in the north 24 Parganas, West Bengal. Dipankar was a dedicated student in a special school in the Southern suburb of Kolkata and qualified in the 10<sup>th</sup> Class of State Board. In most of the colleges there was no support system for higher studies of people without vision. His brother, Biswajit (with normal vision) had to struggle to get him admitted in Jadavpur University, Kolkata for his undergraduate course of studies. In 2008, Dipankar found SVH and contacted for recorded study material for his Honours in Bengali. He cleared his Post Graduation with scholarship support from SVH. With the support of talking books and other services, Dipankar cracked through the School Service Commission examination conducted by the Government of West Bengal and stood qualified while thousand of sighted students could not qualify. He soon will join general school and earn a decent salary. His brother Biswajit left his job in a call centre and is full time employee of SVH to support many such Dipankars.



## ASHISH FOUNDATION

"Your child has autism" These words can be devastating. Yet these were the words that were uttered to a mother who then went ahead to set up the Ashish Foundation for the Differently Abled, a charitable Trust running four projects, serving over 50 students, training several organizations and creating paths where there were none.

### About Ashish Foundation

Ashish Foundation for the Differently Abled is an organization working with children with special needs, mainly those with autism. Established in 2007, it now works with children and adults with autism ranging from age 3-23 years. The dream has always been to set a place in West Delhi where a child with autism would receive all the therapies he/she needs under one roof, and that one's economic condition should not affect their ability to receive the services. We wanted to help as many children as we could, sometimes stretching ourselves to the limit. As we grew so did the services that we provided. Thanks to The Hans Foundation, we provide all the therapies a child with autism needs under one roof. They range from special education, occupational therapy, speech and language therapy, pre-vocational and vocational education, physical education, life skills etc. Besides this we provide counseling to parents, training for parents and other professionals on how to work with children with special needs. We also work with organizations to equip them in working with children with autism. Our goal is to reach out not only to children and young adults with disabilities, but also strengthening the family unit and creating a society which is sensitized to the needs of the differently abled.



In 2010, Hans Foundation joined hands with us to make a difference. **They assisted us in setting up Sneh Sadan, our program for children from low income backgrounds.** The support has helped Ashish Foundation in upgrading its occupational therapy services, help retain quality trained staff - special educators, occupational & speech therapists. We focus extensively on each individual and so we maintain a ratio of 1 adult to every 2 students. In some critical cases the ratio is 1:1. We are also focusing on the capacity building and education of parents and for them we are having awareness workshop for creating sensitivity and openness to include these children in society.

Geeta Mondol, the founder, believes that there is a dearth of expertise in this sector and one need to make efforts to create skilled workforce. She has been trained in 'Structured Teaching' from Elim Christian Services in Chicago, USA. She started with training start-up agencies or with people from economically weak section so that they can get employment opportunities. However, her reach was limited due to paucity of funds. The partnership with



The Hans Foundation has given a shot in the arm to hold 'Structured Teaching' Workshop not only in Delhi but also for the institutes in Bangalore- Astitva, Bubble Centre, in Ranchi- Assembly of Good School, in Delhi- Courage Home.

The Hans Foundation's continual support is not just in terms of funds and guidance but is also to set-up the best services. Parents of children from Sneh Sadan have repeatedly expressed their gratitude and showered their blessings to The Hans Foundation.

### Future-Vision

Our hope for the future is that we would be able to provide unhindered and quality services to children with special needs, especially for those from low income families. The goal remains that we reach out to all such families with hope and services. We also hope to provide more and more training to parents to equip them in working with their children as they are the ones who have the child for longer periods of time, and to professionals and para-professionals in working with special needs organizations, besides creating a pool of para-professionals from low income backgrounds.

## Sharing Experiences

### ANITA & RATAN

Anita is a young girl with autism. Her brother too is child with special needs. They belong to family of six and live in a very difficult and unpredictable condition. Their father is a daily wage labourer earning Rs. 200 a day. The parents had no understanding of managing these children along with other two children. The Ashish team first visited their home to understand the living condition. The therapies were focused on first to control abrupt violent nature and restlessness. Besides, other therapies, we also made behavioral modification plan for her to be comfortable. Since she had never gone to school, it took her two months to adjust in the new environment. Centre is also providing her scholarship. Ratan, her brother, is also a part of the centre now. He too was helped with unique support designed for him. After assessing his interest area he was engaged in pottery making skill. The parents are now much more relieved and happy to see the transformation in their children.



### JAI

Jai is suffering from unique disorder because of which he suffers from facial disorder. This is Treacher Collins syndrome, found in about 1 in 50,000 births (as per wikipedia). This is compounded by the fact that he also suffers from Radial Ray Anomaly. He has only 3 fingers on each hand. His confidence level had been low. His father is a daily wage earner. However, he tried to giving him normal life by admitting him to government school. Jai left it soon as the teachers gave up on him and other students used to make fun of him. The parents were devastated and felt helpless till they contacted Ashish. Our team focused on having one to one interaction and communication with Jai which connected him to people from outside 'his world'. He received speech and occupational therapy. Today he enjoys life like any other child playing outdoor games and has learnt handling computer. He has become confident and has even started helping other children.

This is phenomenal story of Jai's progress which has given joy and a purpose to the parents in life to see their child leading a normal life and one day grows into a responsible adult.

In the end I would like to close with the words of Jean Vanier that resound so well with the work we do and our partnership with The Hans Foundation,

*"One of the marvelous things about community is that it enables us to welcome and help people in a way we couldn't as individuals. When we pool our strength and share the work and responsibility, we can welcome many people, even those in deep distress, and perhaps help them find self-confidence and inner healing."*

~ Jean Vanier, Community And Growth



## REACHING OUT AND CHANGING MINDS

### Mental Health Initiatives of The Hans Foundation and Saarthak

#### The Background

People living with mental illness have faced labels of 'incapable' and 'dangerous' for centuries. Their rights have been violated and their potential contribution to society continues to be neglected. The neglect faced by persons living with mental illness in India is an ongoing national emergency.

The Hans Foundation and Saarthak have entered into a partnership to address this neglect and provide a twin track but integrated support to the voluntary organizations working on the issue of mental health across the country. For the past four years, The Hans Foundation supports a growing portfolio of mental health programs that the Saarthak team provides technical assistance and capacity building to the partner organizations. Some innovative solutions have emerged from this partnership.

#### The Challenges

Any mental health process in India faces a significant challenge. The gap areas, which the partnership is designed to address are:

##### Knowledge Gap

There is a gap in the research and knowledge about designing and implementing inclusive and participatory programs. Knowledge is not translated into practice. The focus is on what the person cannot do. The programs and processes are not geared to challenging the mindset barriers in the society.



##### Services Gap

People who need mental health services do not have access to these. There is a ninety percent treatment gap. Many Districts of India do not have access to any mental health services. Most service providers address only treatment of acute illness other aspects of recovery are not addressed.

##### Participation Gap

Most persons living with mental illness do not feel that they are involved in decisions regarding their own lives. They feel patronized and controlled by those around them and there is an unsaid assumption of incapacity.

##### Financial Gap

There is a significant gap in financial resources required and available for services for the persons living with mental illness. The government funding for the programs is limited and there is no parity between mental health and health budgets.



#### Human Resource Gap

There is a significant gap in the number and quality of human resources required to implement rights based mental health programs. The training is traditional and is still steeped in the medical impairment models rather than social model of disability. The lack of professionals is alarming. There are only about four thousand psychiatrists in India and another few thousand psychologists, social workers or psychiatric nurses. Most professionals are trained to work in Institutions and not in the community and most people need support in the community and not in the institution.

#### The Hans Foundation and Saarthak Mental Health Portfolio

The Hans Foundation and Saarthak partnership presently supports eight innovative mental health projects across West Bengal, Meghalaya, Assam, Delhi and Gujarat. There is a mix of urban and rural projects. The projects go beyond medical treatment to address the issues of livelihood, participation, supported decision making, leisure and recreation, first response to homeless people living with mental illness. The programs challenge stigma and are creating tools and processes that will support policy makers to work towards inclusion. Most



of these projects provide capacity building to mental health and disability professionals of rights based perspectives and skills for mental health interventions.

The programs are using the technology effectively to bridge the knowledge gap in the mental health services. The projects adopt a common rights based value framework that focuses on inclusion, equality, liberty and participation. The processes are designed to be ability and person centric rather than disease and limitation centric.

#### The Projects

##### Bethany's Comprehensive Program for Mental Health, Meghalaya

This project was developed to evolve a state level model for mental health services for small hill area states of India. Bethany Society is implementing this project in Meghalaya for the past three years in three districts of Meghalaya. The effort is to integrate evidence based mental health care with the experiential lessons on community-based rehabilitation for persons with disability. Bethany Society is

“The Hans Foundation and Saarthak partnership presently supports eight innovative mental health projects across West Bengal, Meghalaya, Assam, Delhi and Gujarat.”

supported by The Hans Foundation as funding agency, Sanker as the treatment agency and Martin Luther Christian University as the training agency. It provides training for school counsellors, doctors and community leaders. It supports an MPhil program in Community Mental Health to address the long-standing mental health human resource gap in the state.

#### AADI's Projects in Delhi

AADI is a leading voluntary organization focused on the rights of persons with disability. AADI is implementing two projects.

**Inclusive Rural Community Development Program:** The project is working to evolve a new development and support model for reaching out to disabled people in 25 villages of Block Ballabgarh. The project is training all mainstream development workers in these villages so as to ensure inclusion and participation for persons living with disability (including those living with mental illness) in their communities and families.

**Navrang:** is a retail platform for the persons living with disability and those living with mental illness. It is built around a multi vendor shop. This shop presents products made or traded by disabled people to the community.

**The Mobile Mental Health Service (Khushhali Manasik Swasthya Sewa)** is functional out of AADI premises every Friday 2 to 6 pm. There is an extremely good initial response to the service. After ten weeks of service provision nearly 300 people have directly benefitted from the service and nearly 750 people have indirectly benefitted from the service (through consultation by other professionals and through support provided to families of people who visit the out patient). There is



computerized database for those who attend the service.

#### Anjali projects in West Bengal

Anjali is implementing two projects in West Bengal, namely Janmanas and Dhobi Ghar.

##### Janmanas: Mental Health Kiosks

Janamanas is a project, which trains lay-people to be first response workers/counsellors and provide information on positive mental health issues and early identification of mental illness to the community. Kiosks are present in four municipalities of West Bengal. The project is being funded by The Hans Foundation.

##### Dhobi Ghar

Anjali is in the process of starting professional Laundry services in the State Mental Hospital (Pavlov) in Kolkata funded by THF and supported by the Government. The professional laundry services will provide purposeful and gainful activity to persons living with mental illness in the hospital as well as increase the level of hygiene in the hospital.



#### Ashadeep's Phonline Guwhati

Ashadeep is implementing a project of telephonic counselling service in Guwhati. This project consists of identifying and intervening issues mental health problems through phone based counselling. Training and sensitization is also provided to community members, health workers and teachers/professors of colleges who have direct access to the student populace.

#### St. Stephens Hospital Project in Delhi

St. Stephens has been a "not for profit" health service provider in Delhi for more than a century now. The project integrates mental health services with the community health services of the St. Stephens Hospital in Sunder Nagri (a block level community in East Delhi) and services for the homeless people provided

by the Hospital. The service for the homeless is probably the first structured response service in Delhi for those who live with mental illness and are on the streets or neglected in their own homes.

#### SEWA's Projects in Ahmedabad and Delhi

SEWA is a working women's association. The Hans Foundation and Saarthak have agreed on a strategic alliance with SEWA to integrate mental health services with the health initiatives for the SEWA members and their families. **The service will reach out to the SEWA members (more than a hundred thousand in Gujarat and in Delhi).** Apart from providing mental health services, the project also envisages increasing the representation of persons living with mental illness and persons living with disability in the livelihood initiatives of the organization.

## The Hope Space and IndiaIncludes.org

These are two direct intervention projects of The Hans Foundation based out of Delhi. The process of direct intervention is being used to build The Hans Foundation's internal capacity through direct interaction with the challenges faced by the persons living with mental illness and their families in India. Presently, the projects are being designed and implemented by mental health professionals who have been recruited from Saarthak's network of professionals.

### The Hope Space

The Hope Space is a process for knowledge management and facilitation of inclusion of persons living with mental illness. The process would include a drop-in information and resource centre which would provide information about various impairments, services to decrease the impact of impairments, support for employment and support for independent living. There would be resources available regarding sourcing and use of aids and adaptations. The centre is envisaged as a catalyst for peer networking and community transformation. A Phone Line would also run from the centre.

Though the centre is yet to be inaugurated many services of The Hope Space have already been started through outreach to the community. These services include a free mental health service called the Khushhali Manasik Swasthya Sewa. Training on life skills and independent living skills is also available to persons living with disability. Parent support programs have been initiated. Access to resources and processes for leisure and recreation is facilitated through a calendar of events focused on Art, Music and Theatre. An



aware citizenship program for Volunteers and Resident Welfare Associations for supporting diversity and inclusion of persons with disability has been initiated.

An awareness campaign has been conducted in the neighbouring urban poverty areas; nearly 50 voluntary organizations working with the vulnerable groups in Delhi have been contacted. Nearly ten posters and five handouts have been designed and are being printed for distribution.

The service will now be started from two other points of delivery. We are in conversation with Apollo Hospitals, Sarita Vihar, New Delhi, to provide this service as a free service from the free OPD at Apollo.

**The service aspires to be the largest 'not for profit' civil society mental health service provider in South Asia in two years time.**

Other services intended from The Hope Space which are being implemented:

*The Independent Living Services:* Services to promote the independent living of persons

living with mental illness are being delivered for ten persons per month.

*The Mental Health Information and Phoneline* has been started in its pilot form. The infrastructure for the helpline including the CRM software has been identified. Nearly ten to twenty people call the pilot phone number every day.

*Micro-consultations and Roundtables on Mental Health:* Micro consultations with the leadership of the development sector in Delhi have been started. Nearly 15 Micro-consultations have been with organizations providing long term care, psychiatric care providers, micro-insurance, child care and protection organizations, State Mental Health Authority, Gender Equality organizations, Disability organizations.

### IndiaIncludes.org

IndiaIncludes.org is a web based Knowledge and Learning Hub for addressing the needs, rights and lives of persons with disability. It is envisaged as a bridge for inclusive development in India.

“The service aspires to be the largest 'not for profit' civil society mental health service provider in South Asia in two years time.”



The portal would provide space for narratives and art of persons whose lives have been touched by disability or mental illness. It will provide self help processes for recovery through Massively Open Online Courses. It will use the MOOC format to provide continuing professional development for all disability and mental health professionals. It will also provide templates for programs and initiatives for media, the policy makers and advocates regarding mental health issues. A ready to use awareness campaign that includes a film called Reach Out, a series of posters and information booklets would be available for use by mental health organizations. The portal is likely to be launched in early December. *Reach Out*: A film has also been made to launch the site.

The Hans Foundation and Saarthak projects are reaching the unreached in a manner, which focuses on the contemporary values, knowledge and skills. We are hoping that many more partners of The Hans Foundation would be able to integrate a mental health component into their existing programs.



Women Empowerment

# Women Empowerment

5  
Years of Progress  
2009-2014

## A JOURNEY OF ADHARSHILA in partnership with The Hans Foundation

Neena Jolly and Geeta Arora founded Adharshila in 2004 with a mission to empower the disadvantaged sections of the society, build strong and self-reliant communities at the grassroots level.

In less than a decade, Adharshila has created a unique model that can provide sustained economic growth and development to the underprivileged communities in the urban slums of Delhi. The healthcare and education program blend facilitate a holistic care process to the local community. Its reputation and in-depth knowledge makes it a trusted part of beneficiaries' lives. From a single Centre at Kalkaji, Adharshila has now spread its wings to 4 different centers' in slum clusters over the years. This invaluable experience helped it in achieving its mission of self-reliance, income generation and capacity building initiatives. It reaches out to thousands of illiterate women who are suppressed by the social and cultural practices of their communities. Target beneficiaries are predominantly migrants from various rural parts of the country.

Adharshila is a proud NGO partner of *The Hans Foundation - Entrepreneurship Development Program & The Hans Foundation- Women Health Centre*

**Adharshila - The Hans Foundation- Entrepreneurship Development Centre**

Adharshila's *Entrepreneurship Development Center* supported by The Hans Foundation is an innovative program that seeks to harness the flourishing entrepreneurial spirit in India. It



imparts pertinent non-formal education and vocational training courses in different fields such as tailoring, beauty and health care and computer applications to underprivileged women/children. Having migrated to the cities, women's focus and lifestyles have changed and they are forced to learn new skill sets to survive in the cities. At Adharshila, we go through an intensive assessment process to identify women's inherent interests and inclination for learning new skills & abilities to become self-reliant. Based on this, we offer appropriate training to sharpen and advance their entrepreneur skill set, which enables women to achieve economic independence. **On successful completion of the training courses, students receive a certificate from the Ministry of Human Resource Development and an Entrepreneurship Kit that assists them to get started.** In the last two years, over 1,000 women and children have gained from these training programs directly and 5000 indirectly. It is gratifying to know the significant progress made by these women in the last six months;



they could together earn an enormous income of Rs.15,10,457/- by predominantly operating from their homes. Armed with skill development and education, they are now capable of standing up on their feet and also demand for their rights for services such as education and protection of the girl child. This program has transformed many lives and we are mentioning a handful of stories that showcase the difference this program could make to the lives of our beneficiaries.

### Some Transformational Illustrations

To name a few, Aradhna Yadav has learnt tailoring skill set and how to work methodically. Her savings come from stitching clothes for the family and stitching of clothes on customers' requests, such as suits, blouses, petticoats. It gives her an immense fulfillment that she could contribute to the family savings now. Similarly, Mala Singh returned to the village and opened a beauty parlor from home and began earning money for her family. In case of Babita, she has learnt to stitch different types of bags, guthis,





and fancy nighties and earns Rs. 5,000/- per month. Anita Devi has learnt advance-stitching techniques and is capable of designing good finish to the garments. Jyoti's purchasing power has improved since she has started earning. Roshani is a brand ambassador for Adharshila, now that she has learnt to read and write, she feels proud of her education and therefore, advocates among other women to join Adharshila to benefit from such services. She says, "We should learn whenever we get an opportunity." Savitri's husband always wanted to be a literate but everyone made fun of him. She further says, "He is very happy that he can now read and write. He has received notebooks, books and pencils free of cost from Adharshila. My husband is very happy and tries to teach me at home too".

#### Adharshila - The Hans Foundation - Women Health Centre

Can you imagine being a migrant to an alien city without support of family, community and with no medical insurance? Women, after marriage or under other circumstances, are migrating to the cities to settle down in slum communities that at time pose great inconvenience for

better living. In the cities, they may have got rid of the purdah system; however they face various other survival issues including lack of social protection and services. This health centre was like a boon in the neighborhood for them. We believe in counseling along with treatment, because positive minds help patients respond better to medication. We reach out to the masses with a healing touch.

With the support from the The Hans Foundation- Women Health Centre was commenced. We have been able to provide quality and gratis healthcare to the women of the slums of South Delhi with special emphasis on antenatal care and increasing maternal and child health. By receiving timely antenatal care, **more than 750 healthy babies have been born in the community affirming the idea 'Swasthya Mahila Swasthya Samaj' (a healthy woman a healthy society).** Adharshila operates a fixed centre clinic and a mobile clinic five days a week for adolescent girls and women, reaching out to approximately 600 to 700 women every month. The treatment is rendered under the supervision of a qualified team of doctors, nurses, radiologist, sonologist, pharmacist and pathologist. Investigations and medication are delivered free of cost to the beneficiaries.



**This clinic has touched the lives of 23,330 women including 800 antenatal women in two and a half years.**

**Target Area and Population** are the slums in Okhla phase I, Govind Puri, Kalkaji, Sanjay Colony, Harkesh Nagar, Okhla phase III. We also have patients walking in from as far as East Delhi, Faridabad, Lodi Colony, Mehrauli, Jaitpur, Meethapur and Gurgaon.

**Detailed Case Studies** demonstrate the impact Women's Health Center has made on the community.

In addition to the women and child health care, the general physician services are also offered to the communities for ailments such as:

- Correct streamlined treatment for diabetics with regular sugar monitoring every month,
- Detection of patients with hypothyroidism and management,
- Prevention of hypertension by early detection and treatment,

- Treatment of common skin diseases and allergies,
- Health education on back pain and detection of tuberculosis after which patients are referred to the appropriate centers,
- Last but not the least, the emotional support the centre provides to these women is immense and the reason for our existence.

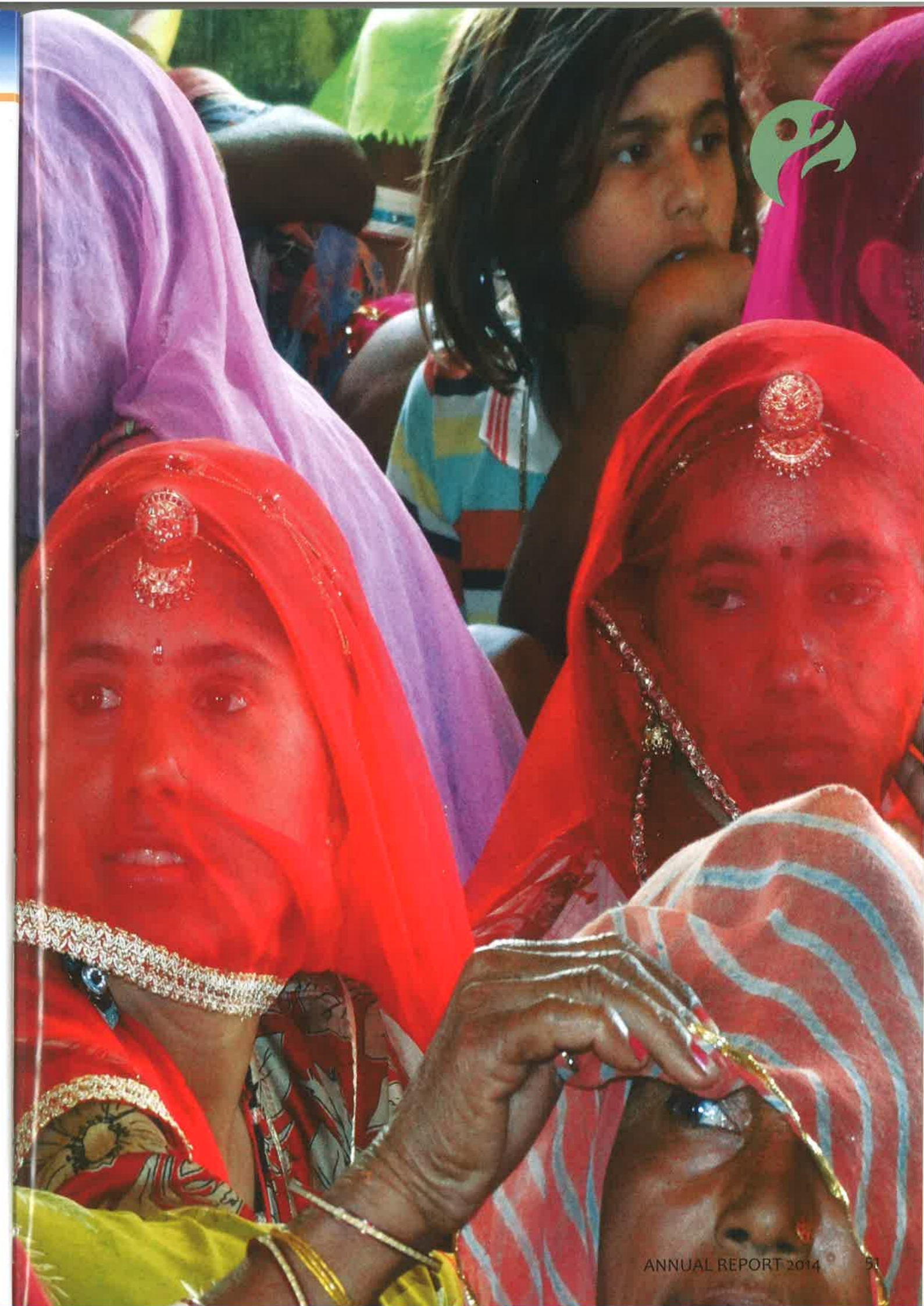
Adharshila, true to its name, has become a bed-rock on which solid social structure is being woven for all those women whose lives it has transformed in many ways. It maybe a small contribution as compared to India's staggering numbers of hundreds of millions of deprived sections of women and children, yet it is significant and game changer for the people living in slums. We are proud of the fact that from a nascent beginning in 2004 to 2014, it is a decade of hard work, toil, sweat and unwavering commitment on our part. Adharshila has today mushroomed into one of the most experienced NGO's in this field and has a proud team of volunteers working for it in four centers in slums of Delhi and we dedicate our success to these selfless and committed team members and The Hans Foundation without which this would not have been possible.



## Testimonials:

"Since the establishment of the health clinics in the community, many women have become aware of this facility at their doorstep. As patients have benefitted from the health services, they have in turn become ambassadors to spread awareness in their neighborhood. Many elderly women bring their young newly married girls, for ante-natal care and other ailments. Many patients have also referred their friends and relatives residing at far off places for consultations. Patients are advised to take the medical team's advice for any problem, no matter how small, which has fostered the trust in the medical team. Over 24,903 women have benefitted through regular Out-Patient Departmental consultations conducted annually. Many women now approach the clinic for ante-natal care at very early trimester of their pregnancies. This enables the medical team to guide the patients well. At every visit, patients are explained various aspects of nutrition, hygiene and sanitation. There are many patients who are grossly undernourished and severely anemic at the time of the first antenatal visit. The earlier the visit, the more the time we get to build up the hemoglobin and improve the general balanced diet so that the health of the mother improves, and she can deliver a healthy baby. As people in the community have seen a decline in number of peri-natal mortality cases, the number of pregnant women turning up for regular checkups has steadily moved up. Even the government Asha workers have started referring the patients to Adharshila's clinic.

In addition, the adolescent clinic is gaining popularity among the women. All girls enrolled in various programs at Adharshila undergo a medical checkup and get immunized against tetanus. As trust has built up, mothers are able to openly discuss various puberty related issues – growth, health and psychological issues. We have had camps for detecting cancer and osteoporosis in the elderly women. Of all the women screened, over 75% were detected to suffer from calcium/Vitamin D deficiencies. Health Talks were organized to educate them on these aspects and they are being provided with regular supplementation of calcium/Vitamin D doses. Patients are getting registered in hospitals for their institutional delivery. Family planning and spacing methods advice is given to mothers during their post-partum checkups. Many infertile couples could bear fruit of pregnancy by undergoing basic investigations and treatment of infections along with improvement of general condition. We have people coming for treatment, at times even after getting treated at tertiary centers. Our focus and continued dedication of the entire team helps us to promote and maintain better hygiene and nutrition in the families and the community so that the health of all improves at the grassroots level."



## RURAL DEVELOPMENT & RESEARCH CENTRE (RDRC)

### The Organization

RURAL DEVELOPMENT & RESEARCH CENTRE (RDRC), a society registered in 1998 in Gujarat, has been playing a catalyst role in promoting community development programs especially with women, children and other underprivileged people in the society.

The key areas identified for interventions are watershed development, waste-land development, local resource management, health, hygiene & environmental sanitation, women empowerment, capacity building training program for all stakeholders and sustainable livelihood programs. Women are mobilized through formation of small Self Help Groups (SHGs) for their economic regeneration programs, as working through these groups yield positive and long lasting results.

RDRC, over the years through its dedicated efforts, could sustain and strengthen a long lasting association with Government agencies as well as the local communities with whom we have been working.

The RDRC conducted numerous (67) training programs on entrepreneurship development initiatives to encourage various gainful employment avenues in the villages. It has formed women's Self Help Groups (85) to uplift socio-economic status of the underprivileged in Kachchh and Ahmedabad districts of Gujarat. The motive of the program was to enable women to learn and establish their own income generation activity and become economically independent.



### The association with The Hans Foundation (THF)

Several organizations have assisted in RDRC initiatives to carry out social development services to rural area of Gujarat. The Hans Foundation is one, which is an exceptional organization among all and RDRC has been associated with them since 2011. It is a matter of pride for us to associate with such an established professional capacity building organization to execute our programs. After partnering with THF, our organization is being boosted to resolve various rural issues in no time! Our prompt response in delivering quality services to people in rural areas, especially deserted areas, always being appreciated by people, leaders, Government of Gujarat as well as The Hans Foundation. There are a number of projects, we have implemented at "Rural" as well as "Urban" areas of Gujarat.

**Strengthening of Maternal and Child Health Care Services:** Under this scheme, we organize various workshops on Maternal & Child Health

Awareness to reach people in rural areas. Professional Field Level experts have been employed to spread knowledge and information to people on various traditional beliefs and thereby encouraging and promoting best right practices, dispelling myths and superstitions. People appreciated the knowledge sharing from organization and experts.

**Health Care:** Desert like areas of Kuchchh District of Gujarat is blessed with "The Hans Foundation Swasthya Pariyojana". Our medical teams feel proud to announce that more than **1,00,000 patients** have been treated in 2.5 years under the project. As a result, the numbers of patients seeking medical services have been growing day by day at an average rate of **1,500 patients per week**. Thanks to our newly designed ambulance, which is fully equipped with an examination room, a doctor's chamber, dispensing area, etc. This model van facilitated our medical team to deliver quality medical services at reduced patient waiting time. RDRC has also organized over **30 Major Health Camps** such as general health awareness camp, eye camp, arthritis camp, general camp, child and women health camp.

**Women Empowerment:** Under various women empowerment projects, like "Innovative Tailoring Centre", "Women Empowerment Dairy Projects", more than **1,000 families** are being benefitted. Our professional tailoring team has trained a total of **108 professional women tailors** to help them earn gainful employment avenues after successful completion of training in Ruraban area near Ahmedabad City. Also, we are delighted to share that we could extend help to a total **721 families** to become self-reliant in deserted rural areas of Kachchh District under the dairy development project. The project was



undertaken at such a massive scale that each beneficiary was provided with two buffaloes, cattle shed facility, fodder, veterinary care and insurance. In all, 721 families could receive benefit from the program in the last 2.5 years. Technically and economically viable Milk chilling plants were set-up at two centers for collecting milk centrally from the beneficiaries and selling it to the Dairy Farms. The profit generated from this activity is utilized for the upliftment and empowerment of women.

**Water Project:** Our medical team identified several patients who were suffering from waterborne diseases in Modhava village. A team of experts visited that village to explore and study alternate source of drinking water for the entire village and nearby blocks. They identified a water source, located few kilometers away from the community, which could be potentially used for drinking purposes. Under Modhava Water Project, this village was blessed with an alternative source of drinking water, not only that, people of this village are provided water through pipes and stand posts near to their houses. A new Pump-House Facility and a total of 20 stand posts were provided to Modhava Village under this project.



## Our Success Stories

5  
Years of Progress  
2009-2014

### Success Story 1

I am **Mumtaz Umar Khalifa** and belong to Mandvi in Kutch District of Gujarat State. I have a family of four -my husband, two children and myself. I have witnessed many ups and downs in my life, but I am a happy person now after benefiting from the dairy project supported by RDRC.

Earlier, our economic condition was very pathetic. We were not able to meet both the ends to satisfy our minimum requirements of livelihood in the fast progressing world. I was compelled to take up work as a domestic servant in the neighbours' houses due to which, we could not pay proper attention to our children's well-being and care. When I recall and remember our past days' misery, even today, tears roll down fast from my eyes.

Our lives changed with the **Women Empowerment Project** intervention rendered by **Rural Development and Research Center** in our area. Under this program we received two buffalos, a cattle shed, fodder, veterinary care and training services. Because of the support of two buffalos, our livelihood has significantly improved and financial position has gradually started showing positive trend of progress. We have made a group for savings in our SHGs and opened a saving account and deposit our savings regularly. Now, we are sending our children to schools for better education. The most important matter of joy is that from the income of milk, we have purchased a '**chhakdo**' - a public transport vehicle like auto rickshaw- and my husband drives it and we are able to earn and save money from the income for our better future.



As result of project intervention by Rural Development and Research Center with The Hans Foundation's support, many other women like me who were earning their livelihood by working as casual labour or domestic servant have improved their economic condition by getting two buffalos. We are thankful to Women Empowerment Project for improvement of economic condition of many women like me in the villages.

### Success Story 2

My name is Hamidabai Kasambhai Juneja, and I belong to Mandvi. My house is in a small street of Mandvi. Being a landless family, we don't cultivate land. We are forced to earn our livelihood by doing labour work for survival. Earlier, our earning was from selling fire woods which my husband and I used to collect everyday from the forest. Everyday we earned Rs.60 with which barely managed our daily expenses.

On one such day we learnt about the women empowerment program introduced by R.D.R.C. We gathered further details from RDRC on the program and as part of an Self Help Group (SHG) we became the beneficiaries of receiving help from RDRC.

Under this program, each of us received two buffalos. Buffalo's milk is provided to the cooperative society in the village. Eventually, my husband also joined me in taking care of buffalos for grazing, cleaning etc. In Mandvi, total 80 buffalos are given under the program, out of which my husband takes care of 20 buffalos to carry them for grazing to the grazing land. He earns Rs.600/- per buffalo per month for taking the cattle for grazing.

It has made huge difference in our economic condition. We never had a bank account. Today, we have bank accounts and have deposited savings in our accounts. In the past, we had a hand-to- mouth survival level of income. Our gratitude goes to women empowerment program introduced by R.D.R.C. with the support from The Hans Foundation.





Education & Children



## PURKAL YOUTH DEVELOPMENT SOCIETY

### *The Hans Foundation And The Vision Of PYDS Learning Academy*

#### The Organization

Purkal Youth Development Society in Dehradun was set up in the year 2000. Its 'Youth Empowerment' program strives for excellence in rural children especially girls through providing holistic education, day long nutrition, and transportation and complete health care. The education program that we run is aimed at fostering children hailing from economically weak families with strong academic potential.

#### History

Arriving in Uttarakhand in 1996, we heard people living in this rural area, bemoaning the lack of good education. Young men and women attending local schools, complained about being unemployable, even if they had degrees. Parents felt that the schools to which their children went did not provide them any useful skills nor prepare them for life. My wife and I resolved that we shall do something, however small, to address this problem. So began our quest to provide "education" to the very poor, who could not afford a school that could make a difference to their lives.

Today's education system does not assure of quality of facilities for a child from disadvantaged section to grow up to be fine individual to face the world confidently.

Purkal School started in cow sheds and garage with few dedicated teachers with the vision to holistic approach. They provided the students with regular meal, medical attention and other things so that the students do not feel



deprived. Their school fees came as scholarship or sponsorship. The education system of Purkal has been encouraging 'Thinking Skills'. The aim is to make learning interesting and engaging for students and not the usual Rota approach of memorization etc.

In 2005, we found land and built our own School. Since then, it's been a major struggle to develop such education system that inculcates the spirit of discovering and exploring self and the world not in traditional self. It focuses on two aspect for building strong foundation students- i) continuous training of the teachers and ii) continuous monitoring of students' progress. This is to address the gap without delaying. Purkal received this system of innovative way of teaching and learning from X-SEED Program. It has Teacher training and ongoing support by experts. It ensures that teachers get usage guidelines, classroom skills and implementation support to implement the X-SEED program. Further, it has fully aligned student material and regular assessment



support for both students & schools - on their performance.

However, these innovations required huge finances for adding playground, a computer Laboratory, a composite Science Lab and many other facilities. In addition, we needed to have better teachers which meant higher salaries.

#### Role of The Hans Foundation in the development of Purkal School

It was in 2010 that our relationship with Hans Foundation began. It is true to say that they discovered us rather than that we discovered them. They proposed no interference in the work that we did. They trusted us and believed that we knew our job and so we have done our

best. We began recruiting teachers with better salaries and with better qualifications. Today, Purkal School is CBSE affiliated secondary school with provision of nourishment, full medical help accompanied with technological revolution as well.

#### Helping Children discover their very own 'Einstein'

Purkal is able to fulfill its mission to nurture, shape and prepare young minds to productively contribute to the society and their own selves. The efforts are towards maximizing the potential of every child under our wing and not just a chosen few. Purkal adheres to the thought of Developmental Psychologist Howard Earl Gardner in his

acclaimed book 'Frames of Mind – The Theory of Multiple Intelligences'. It sees intelligence as a potpourri of specific modalities rather than being dominated by a single general ability.

Howard Gardner claims that all human beings have multiple intelligences. These multiple intelligences can be nurtured and strengthened, or ignored and weakened. He believes each individual has nine intelligences: verbal-linguistic, mathematical-logical, musical, visual-spatial, bodily-kinesthetic, interpersonal, intrapersonal, naturalist intelligence, existential.

Hence, Purkal believes that the purpose of schooling, therefore, lies in developing intelligence and to help children to achieve such growth that compliments the unique potentiality of each one of them and without restricting them to one modality of learning.

Although many of our children hail from families that do not even enjoy the convenience of a toilet or of running water, their learning at school is fulfilling and very satisfying.

Every day is full of sports, dance, music, art and Yoga. Children of Purkal are conversant in English language, confidently speaking extempore on any subject including issues of the world, updated with technological breakthrough at par with students from any national and international schools. Today we are free to bring, in facilities for - discovering systematic ways to teach students to speak, read and write in English, encouraging to use the library with rich resources, projects to ignite curiosity imagination which help them to access and analyze information as well. We also have professional mentoring for graduates of Purkal so that they receive potential understanding of professional world. There is plenty of

collaborative and peer learning. The intention is to instill abilities to be multi-disciplined and to be capable to solve problems. Adaptability and agility of mind is promoted through their participation in the various Olympiads and through our emphasis on Higher Order Thinking questions. **It is these various steps that have helped five of girls from Purkal win scholarships in an American University in Chittagong, Bangladesh, known as The Asian University for Women.** Children are involved to be conscious of keeping the environment clean and recently were engaged in picking up litters and plastics of 35 villages recently with one of local NGOs.

The girls educated at the Society now understand the values of their lives and the need to be empowered. Even in villages as far as Galjwadi, girls have started rejecting early marriages and have insisted on their right to have a say in the selection of their life partners. As a consequence, the social indicators relating to fertility and health are showing improvement.

Students now are pursuing Tourism, Pharmacy, Electronics, Economics, Architecture, Physiotherapy, Hotel Management, Merchant



Navy, Mass communication and many other disciplines. **Recently, Saraswati Kumari, one of 11th Class children has won the Kennedy Lugar Youth Exchange and Study Award. She travelled to Washington D.C. to study there for a year. One of our boys is with Infosys, the software giant and is considered by the company as one of their stars. He is among those who did not have a transport to travel to school in the early days but these experiences are now no more than a memory.**

**With the confidence earned by us with this huge support that we received from The Hans Foundation, we attempted to win support from other corporate and Foundations and indeed we did. More of them came forward and we are now hoping that soon every class of ours will be sponsored by some corporate or the other. This idea of The Hans Foundations underwriting all expenses related to a class has become our way**

of life and significantly contributing in the positive growth of the more than 300 students till date.

#### The Vision

Benchmarking ourselves, both internationally and nationally has become a need. We have discovered that we are above average in many ways and in all subjects at every level. This is obviously just the minimum that we need to aspire for. **We are resolved to skill each of our students so that each of them can connect, create and collaborate with their peers in the World. They shall all truly become citizens of the World.**



### Testimonials:

“It is humbling to see so many children who are loved and cared for so well here. The light shining from their eyes is an inspiration to all of us who work in education!”

~~ Dr. Peter, Headmaster, The Doon School

An inspiring visit to a remarkable place. Wonderful to see the power of transformation of several lives.

~~ Jonnathan Long, Principal, Woodstock School

Wonderful, lifetime experience. It's just out of box. The best school I have ever seen. All the best. Please keep it up.

~~ Vineet Joshi, Chairman, CBSE

### Testimonials by Teachers:

My Institution is a place where we experience a mixture of tranquility and turbulence; a placid environment but with the adrenaline rushing, forcing us to challenge our limits for a better tomorrow.

~~ Kanchan Rawat, Primary Teacher, PYDS Learning Academy

I have never worked at a school that is so sensitive to the evolution of a teacher. This obviously stems from their clarity of what makes genuine learning possible. At every step, the learning of the students and the staff members is nurtured in a holistic, caring environment- a very rare thing nowadays.

~~ Neha Sachdeva, PGT English, PYDS Learning Academy



## AKSHAYA PATRA

### Unified By Hunger

India, for decades has been battling developmental issues such as acute poverty, food insecurity and malnutrition, inadequate access to education among many others. Of all the issues, the most visible one is hunger which has frightening consequences. That's why hunger is at the very core of our program. It is the one enduring social challenge that we have been attempting to mitigate, while also enabling education.

Hunger and poverty are deeply interlinked and have far-reaching consequences for society. Hunger is what forces families to send their

children to beg on the streets, engage in child labour; sometimes even prostitution depriving them of quality education or in other words, a respectable life. It is thus no surprise that 43% of Indian children are underweight – the highest in the world which is constant for the past 20 years (World Bank).

### From The Remote Villages To The Urban Cities

The above scenario is exactly why Akshaya Patra's core focus is hunger and education together. A mere feeding program outside the





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educational framework, while it has benefits, is somewhat limited. Hence, we follow the strategy of 'unlimited food for education'. By providing food at government schools, the program has ensured that children come to school, motivated by the thought of eating a nutritious, hot meal and then stay back to get an education. The organizations' unwavering effort for the past 14 years has helped reach 1.39 million children every day.

Akshaya Patra has been privileged to have a partner like The Hans Foundation who dreams a similar dream. It also wishes to see a world where children get nutritious food, are healthy and become contributing citizens of the society. **The Hans Foundation has blessed Akshaya Patra by supporting children with**

**disability in Karnataka and helped us build a semi-automated state of art kitchen in Gujarat. The Ahmedabad kitchen has been built at a total cost of Rs. 15 crores of which Rs. 12 crores have been contributed by The Hans Foundation. The kitchen is spread across 2 acres. It is one of the largest in the country which has the capacity to churn 200,000 quality meals in 5 hours of time.** It also houses a full-fledged bakery which bakes wheat based products for benefit of the school children. The building is a three storey vertical kitchen where operational activities take place on gravity flow system.

It runs on Steam Generating Boilers with Capacity of 2000kgs, 7 Stage rice cleaning machine, Roti Making Machines with Capacity of 60,000 rotis/hour, Rice and Dal Silos, ETP and

RO Plants. The kitchen employs a total of 275 people to run the operations smoothly.

There are 44 custom-made meal distribution vehicles to deliver the cooked mid-day meals to the beneficiary schools of which 30 vehicles have been sponsored by the Hans Foundation. These vehicles travel around a radius of 60 kms everyday and deliver hot and freshly cooked in 660 government schools reaching 1.3 lakh children.

Apart from these children, the kitchen also churns lunch and dinner for almost 6000+ patients in various government hospitals of the state. These are special meals prepared with utmost care and supervision. These are meals that are provided 365 days a year.

As Akshaya Patra has an operations intensive program, in that the kitchens are at the heart of the program. This calls for constant innovation in technology in order to improve on processes and shorten delivery times, as well as keep costs down by using economies of scale. Consistent internal evaluation of the technology in order to make the operations more cost effective have now resulted in Akshaya Patra owning technology that is path breaking and innovative, besides replicable.

Owing to the fact that cooking operations at Akshaya Patra kitchens begin at 3 am each morning in order to reach food to the children on time, high levels of motivation among the staff is very vital. This is ensured through staff satisfaction surveys and redressal systems that seek to ensure there are no biases on account of gender, class or economic status. 30 per cent of the staff at Akshaya Patra is women and special efforts are made to ensure their safety and to provide equal employment opportunities to them.



“We at Akshaya Patra wish to remain associated with The Hans Foundation and reach the un-reached in the years to come.”

All our innovations have helped us to achieve scale, operational efficiency and quality. Our three tier kitchen is a testimony to this. The second floor of this kitchen is used for pre preparation activities such as cleaning of rice/pulses/vegetables, and cutting of vegetables. The first floor is used for the cooking and ground floor for packing and loading for dispatch. The force of gravity is used to transfer ingredients from floor to floor at different stages of the cooking process and this process results in increased productivity, savings on manpower, machines, materials and less wastage. Steam under pressure is used for cooking as it is suitable for mass and faster cooking. Boilers, which are used to generate the steam, are fired by conventional fuel in most kitchens. But Akshaya Patra is also experimenting with alternate fuel such as briquettes made of farm waste in some kitchens in a conscious effort to move away from conventional fuel. The advantages of steam cooking are many: Ample Nutrition; as water filled with nutrients is not discarded as practiced in 'cooking by boiling' Food is not overcooked or burnt Steaming reduces folic



acid by only 15% whereas boiling reduces it by 35%. Steaming reduces vitamin C by only 15% whereas boiling reduces it by 25%

**Environmental benefits:** The kitchen where the food is cooked is free from carbon, smoke and dust. Cooks and workers are less prone to health and safety hazards. **Economy:** Steam cooking prevents carbon deposits on the containers, thus making it easier to clean. Steam cooking results in longer life for containers as there is less need to scrub while cleaning.

Here's a 'Shade of Hunger', which helps to understand the myriad hues of Hunger and how the mid-day meal program has played a pivotal role in their lives.



## Our Success Story

### Story of Radha and Aisha

Once a flourishing business, snake charmers used to be a permanent spectacle in the cultural festivals and *melas* across the country. Despite catching various endangered snake species, this iconic folk art is now a rare sight. When the Indian Wildlife (Protection) Act, 1972 declared this age-old profession illegal, snake charmers were forced to resort to other means of livelihood such as labor work, rag-picking. However, a generous number still continue with the profession as they consider it a 'god-given endowment.'

Radha hails from the former. Her father, once a snake charmer now works as a daily wage labourer.

Radha goes to the government school. After her mother's sad demise years ago, Radha's elder sister Aishya took care of her and cooked for the family. However, soon, the mid-day

meal she gets in her school will be her only source of healthy nutrition. Aishya will be married in a few weeks time. Father says, "Akshaya Patra is a blessing. At least one time a day, my daughter gets healthy food. It is as tasty and as nutritious as her mother would have liked to cook for her, if she was with us here today."

Unaware of all changes that the family will have to cope soon after Aishya leaves, Radha smiles. Ask her if she knows cooking, and she nods her head with a coy smile. The teenager says she loves the fruits that are given as part of the mid-day meal program since she never gets to eat them at home.

For Radha and many others in the village, the little blue bus is a symbol of hope. As long as the blue bus reaches the school every day, children can have one unlimited nutritious meal that will help them grow stronger despite the difficulties they face back home.

### Testimonials:

**Parent:** "At least one time a day, my daughter gets food. It is as tasty and as nutritious as her mother would have liked to cook for her daughter, if she was with us here today".

**Parent:** "Our children are continually sick. Coughing, wheezing and asthma are the most common ailments. And the food cooked with the polluted water make it worse for them. Akshaya Patra meals are a welcome rescue. We had once visited the kitchen and seen how hygienically the meals are prepared. Ever since, me and my fellow villagers are sending our children to school regularly and we are assured of one healthy meal a day which will help fight the unhealthiness and diseases in some way. Thanks to Akshaya Patra, my son Rajesh is going to school for the past 4 years now and both his stomach and future is secured".

**Akshaya Patra Staff:** "There is unity amongst employees at all levels. It's a rare thing which one doesn't see elsewhere. Each person is treated as 'indispensable and irreplaceable'. The parents' blessings, children's happy faces and the respect in the office every day motivates me to continue contributing to Akshaya Patra".



## DREAM A DREAM

### Giving Wings To Dreams

Vishwa Dewan, an 18 year old migrant from Darjeeling with meagre means, never once thought he would be able to fly overseas. Yet in 2012, he travelled to Chicago studying Animation at the Du Page University.

At the tender age of 8, Rekha was sent away by her family to Chennai to work as a labourer. She suffered physical abuse and one day she ran away and landed up in Bangalore. Childline supported her and brought her to a Rehabilitation centre for girls. In nine years at the centre, she received education. After completing her school, she was introduced to Dream A Dream's initiative, the Dream Connect Program. The Dream Connect Programs in computers and life skills helped her gain critical work skills developed leadership qualities, team spirit, managing conflict etc. Dream a Dream supported her completely from supporting her interview in Café Coffee Day till she successfully completed her residential vocational training. In her last communication, she was confidently sharing that she is working as an intern in a Café Coffee Day outlet.

#### A Continuing Partnership Towards Empowerment

The Dream Connect program was started in 2010 to support young people like Vishwa, Rekha and more who needed guidance, mentorship, and access to information and opportunities and life skills to make life's tough decisions as they embarked into adulthood. Young people who come from difficult backgrounds have to make tough life choices from an early age but they don't always have



the needed skills and mentoring to be able to make healthy choices, overcome difficult circumstances, manage conflicts at home and in communities, take initiative and become healthy productive members in society. Without the right guidance, mentorship and skills, young people either end up in unorganized labour markets or take to crime, substance abuse and violence.

The Dream Connect Program was setup to provide a viable alternative and last mile support to young people at risk of making unhealthy life choices. The program approaches the young people through multiple lenses. It offers-

1. Career awareness and guidance to school going students in grade 9 and 10 to help them stay in school;
2. Short-term skill development modules designed based on our unique Life Skills Approach delivered through Dream

Connect Centres. Programs in computer skills, communication skills, money management, spoken English and workplace readiness delivered through an innovative life skills approach.

3. Opportunities to connect to potential vocational training, higher-education and employment opportunities.

The Hans Foundation was the first organization that came forward to support the idea of the Dream Connect Program for young people from urban slum communities in the 14-19 age groups. The support was critical to help setup the first center in Bangalore and put together the first design of the program. **Since 2010, the program has setup 2 learning centres in Bangalore with a capacity to engage over 5000 young people every year.**

The initial support from The Hans Foundation also helped us lay the foundation for further support from companies such as Dell, Northern Trust and Qualcomm Foundation who have consistently supported the program with funding, technology, and infrastructure and employee volunteers. Since 2010, The Hans Foundation has supported the strengthening and consolidation of the After School Life Skills Program and we are currently exploring a 3-year partnership to expand the Teacher Development Program across India.

In the next 3 years, we plan to setup and run a total of four Dream Connect Centres and offer services to over 10,000 young people a year. The ability to have this vision would not have been possible without the first seeds sown with support from The Hans Foundation.

We look forward to many more years of co-creating and innovating on interventions that will empower young people in India with support from The Hans Foundation.

#### About Dream A Dream

Our Vision is ***"Empowering children and young people from vulnerable backgrounds by developing life skills and at the same time sensitizing the community through active volunteering leading to a non-discriminatory society where unique differences are appreciated."***

#### Our programs:

1. Dream Life Skills Program for 8-14 year olds
2. The Dream Connect
3. Teacher Development Program
4. Dream Mentoring

Our programs are delivered with an active and commitment engagement from local volunteers and corporate support. Over 2000 volunteers engage with us every year clocking over 25,000 hours thus helping us deepen our impact and also build a more aware and sensitive community around us.

***"Since 2010, the program has setup 2 learning centres in Bangalore with a capacity to engage over 5000 young people every year."***

## Our Partner NGO's

5  
Years of Progress  
2009-2014

S. No.	Name of Organization	State	District/City	Nature Of Project
1.	Sisters Of Charity Of Nazareth (Asha Niwas)	Haryana	Gurgaon	Education
2.	Society for Child Development	New Delhi	New Delhi	
3.	Ashish Foundation for Differently Abled	New Delhi	New Delhi	Disability
4.	National Centre for Promotion of Employment for Disabled People (NCPEDP)	New Delhi	New Delhi	Disability
5.	Sridev Suman Charitable Trust	New Delhi	New Delhi	
6.	Nav Bharat Jagriti Kendra	Jharkhand	HazariBagh	Disability
7.	Bagmari Mother & Child Development Mission	West Bengal	24 Parganas (S)	Women Empowerment
8.	ABILITY UNLIMITED FOUNDATION	New Delhi	New Delhi	Disability
9.	India Sponsor Foundation	New Delhi	New Delhi	Education
10.	Integrated Rural Development Society - TN	Tamil Nadu	Salem	Disability
11.	Purkal Youth Development Society	Uttarakhand	Purkal	Education
12.	Adhar - Orissa	Orissa	Bolangir	Disability
13.	Asha Ka Jharna	Rajasthan	Nawalgarh	Disability
14.	Society for Community Development Project	Tamil Nadu	Salem	Education
15.	Cost Trust	Tamil Nadu	Dindigul	Health
16.	Nari Utthan Sansthan	Rajasthan	Alwar	HEALTH
17.	Score Foundation	New Delhi	New Delhi	Disability
18.	Society for Visually Handicapped	West Bengal	Kolkata	Disability
19.	New Public School Samiti	Uttar Pradesh	Lucknow	Education
20.	Chetna Vikas	Jharkhand	B. Deoghar	Disability
21.	EKTA - Orissa	Orissa	Koraput	Disability
22.	Latika Roy Foundation	Uttarakhand	Dehradun	Disability
23.	Society for Development of the oppressed	Tamil Nadu	Salem	Education
24.	Sun Shine Health and Social Welfare Society	New Delhi	New Delhi	Health
25.	Hemophilia Federation of India	New Delhi	New Delhi	Health
26.	Rasta	New Delhi	New Delhi	Education
27.	NIR Ideal Home for Mentally Retarded & Associated Disability	West Bengal	24 parganas(n)	Disability
28.	Riddhi Society for remedial & Integrated education	West Bengal	Kolkata	Disability
29.	Seemant Kishan Sahyog Sansthan	Rajasthan	Jaisalmer	Education
30.	Rural Organization for Social Education & Development(ROSED)	Tamil Nadu	Trichy	Education
31.	Sri Nrusingha Dev Anchalika Yuba Parishad (sundayp)	Orissa	Puri	Disability
32.	Amar Jyoti Charitable Trust	New Delhi	Gwalior	Disability
33.	Action for Autism	New Delhi	New Delhi	Disability
34.	Soni Foundation Trust	Uttarakhand	Roorkee	Education
35.	CHAITANYA INSTITUTE FOR THE LEARNING DISABLED	Andhra Pradesh	Vizianagaram	Disability
36.	Dream A Dream	Karnataka	Bangalore	Education
37.	Adi Gram Samiti	New Delhi	Haryana	Education
38.	Sinduatola gramodaya vikas vidalaya	Jharkhand	Ranchi	Disability
39.	Vikalp Foundation	Bihar	Gaya	Disability
40.	Chetna Welfare Society	Haryana	Faridabad	Health
41.	Sri Dakshinya Bhava Samiti	Andhra Pradesh	Guntur	Education
42.	Hope foundation	New Delhi	New Delhi	Women Empowerment
43.	CEC Society	Nagaland	Kooda	Education
44.	Community Renovation and Organisation Advancement Trust (COROAT)	Tamil Nadu	Trichy	Education
45.	Bethany Society	Meghalaya	Shillong	Disability
46.	Child future welfare samiti	New Delhi	New Delhi	Education
47.	Promotion of Awareness, Social Action & Research (PRASAR)	Uttar Pradesh	Barabanki	Health
48.	The Akshayapatra Foundation	Gujarat	Ahemdabad	Education
49.	Nirdesh	Bihar	Muzaffarpur	Education
50.	Watershed Consultants Organization (WASCO)	Rajasthan	Jalore	Women Empowerment
51.	JAN KALYAN GRAMODYOG SEVA ASHRAM	Uttar Pradesh	Sonebhadra	Health
52.	Grameen Vikas Sodh Avam Takniki Kendra (GVSTK)	Rajasthan	Tonk	Education
53.	Mahila Shiksha Kalyan evam Prashikshan Parishad (M.S.K.P.P.)	Chattishgarh	Bilaspur	Women Empowerment
54.	Centre for Unfolding Learning Potentials (CULP)	Rajasthan	Jaipur	Education
55.	Srajan spastic society	Uttarakhand	Nainital	Disability
56.	ADITHI	Bihar	Patna	Education
57.	Ganeshwar Club	Orissa	Dhenkanal	Education
58.	DISHA(NEW)	Orissa	Sundargarh	Women Empowerment

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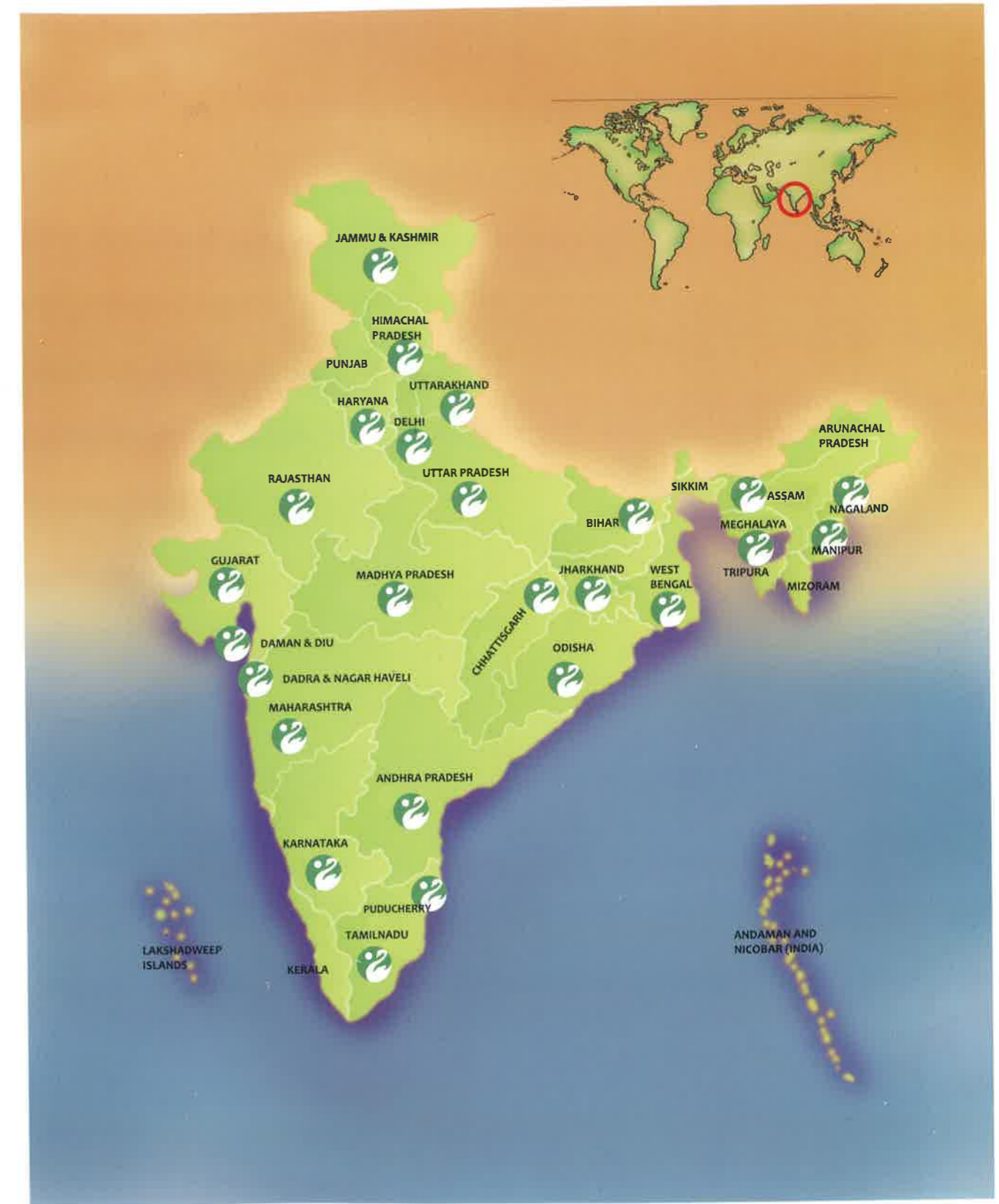
S. No.	Name of Organization	State	District/City	Nature Of Project
59.	National Environment & Education Development (NEED)	Orissa	Koraput	Disability
60.	SAMUDAIK KALYAN EVAM VIKAS SANSTHAN(SKVS)	Uttar Pradesh	Kushinagar	Health & Education
61.	YUVA VIKAS SANSTHAN (YVS)	Uttar Pradesh	Muhammadabad, Ghazipur	Education
62.	SAKSHAM	New Delhi	New Delhi, Noida	Education & Disability
63.	ASHADHAM ASHRAM SOCIETY	Rajasthan	Udaipur	Disability
64.	Association for Community Transformation (ACT)	Madhya Pradesh	Jabalpur	Health
65.	NAMAN SEWA SAMITI	Madhya Pradesh	Betul	Disability
66.	Sangarsh Sansthan	Rajasthan	Jaipur	Health
67.	Shiv Shiksha Samiti	Rajasthan	Ranoli	Health
68.	Jan Vikas Sansthan	Rajasthan	Ajmer	Education
69.	Prayas Kendra Sansthan	Rajasthan	Dudu	Education
70.	Udyog	Orissa	Sundargarh	Education
71.	Action for Ability Development and Inclusion (AADI)	New Delhi	New Delhi	
72.	The Special Child Trust	New Delhi	New Delhi	Disability
73.	Impact Counseling Centre	NAGALAND	Dimapur	Education
74.	Community Action for Upliftment of Socio-Economically Backward (CAUSE)	Orissa	Sundargarh	Health
75.	Sashwat Sahbhagi Sansthan	Uttar Pradesh	Sitapur	Education
76.	Visstar	Orissa	Sundargarh	Education
77.	Adharshila	New Delhi	New Delhi	Health
78.	NARAYANI SEVA SANSTHAN	Bihar	Vaishali	Disability
79.	SRIJAN FOUNDATION	Jharkhand	HazariBagh	Education
80.	Reeds	Tamil Nadu	Salem	Education
81.	Partner	West Bengal	Hooghly	Disability
82.	IMPACT INDIA FOUNDATION	Maharashtra	Mumbai	Health
83.	Samaj Unnayan Kendra (SUK)	West Bengal	Sundarbans	Health
84.	Centre for Rural Development Consultants (CRDC)	Rajasthan	Chaksu	Education
85.	Rural Development & Research Center (RDRC)	Gujarat	Ahmedabad	Health
86.	MAHAROGI SEWA SAMITI, WARORA	Maharashtra	Anandwan	Disability
87.	Manav Vikas	Jharkhand	HazariBagh	Disability
88.	Purvanchal Rural Development and Training Institute (PRDTI)	Uttar Pradesh	Ghazipur	Health
89.	Shikhar Yuva Manch	Chattishgarh	Bilaspur	Women Empowerment
90.	Gramin Mahila Vikas Sansthan	Rajasthan	Ajmer	Women Empowerment
91.	Sankalp Sanskritik Samiti	Chattishgarh	Rajnandgaon	Education
92.	AHEAD	Uttar Pradesh	Lucknow	Women Empowerment
93.	Health, Environment & Literacy of People (HELP)	Orissa	Koraput	Education
94.	District Organization of Volunteers & Escorts (DOVE)	Orissa	Angul	Health
95.	Nari nidhi	Bihar	Patna	Disability
96.	Anjali	West Bengal	Kolkata	Disability
97.	Aparajita sansthan	Rajasthan	Jodhpur	Women Empowerment
98.	Ashadeep Society	Assam	Guwahati	Disability
99.	Bharatiya Vidya Bhavan	Maharashtra	Mumbai	Education
100.	Bhawani Educational & Children Care Society (BECCS)	Uttarakhand	Dehradun	DISABILITY
101.	Community Action, Development, Liberative and Education (CANDLE)	Tamil Nadu	Pudukottai	Education
102.	Gramin Adiwasi Samaj Vikas Sansthan	Madhya Pradesh	Chindwara	Disability
103.	AmeriCares India Foundation	Maharashtra	Mumbai	Health
104.	Ambelal Heinrich Memorial (AHM) Trust	Tamil Nadu	Bodinayakanur, Theni	Education
105.	AASHRAY SOCIAL WELFARE FOUNDATION	Gujarat	Patan	Woman Empowerment
106.	GRAM VIKAS MANDALI ASSOCIATION TRUST	Chattishgarh	Bilaspur	Women Empowerment
107.	Adibasi Kalyan Parishad (AKP)	Orissa	Rayagada	Women Empowerment
108.	HANUMAN PRASAD GRAMIN VIKASH SEVA SAMITI [HPGVSS]	Bihar	Muzaffarpur	Disability
109.	HEAL (Health and education for All) INDIA	Andhra Pradesh	Krishna	Education
110.	Jan Kalyan Samajik Sansthan	Chattishgarh	Rajnandgaon	Disability
111.	Jeevika Development Society	West Bengal	KOLKATA	Women Empowerment
112.	Shree Ram Charitable Trust	Gujarat	Bhavnagar	Health
113.	The Bangalore Hospice Trust, (BHT)	Karnataka	Bangalore	Health

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S. No.	Name of Organization	State	District/City	Nature Of Project
114.	Human Welfare Association (HWA)	Uttar Pradesh	Varanasi	Education
115.	Adivasi Development Society	Orissa	Gajapati	Women Empowerment
116.	BISWASS	Orissa	Rayagada	Education
117.	Natiional Association For The Blind	Maharashtra	Meerut	Disability
118.	Revanchal Dalit Adivasi Sewa Sansthan Samiti	Madhya Pradesh	Rewa	Education
119.	India Sunday School Union	Tamil Nadu	Nilgiris	Education
120.	Prayatna-for People with Special Needs	Maharashtra	Pune	Disability
121.	Women Organisation for Rural Development (WORD) TN	Tamil Nadu	Namakkal	Health
122.	Kshitij Samaj Sanstha	Chattishgarh	Bilaspur	Health
123.	The Earth Trust	Tamil Nadu	Nilgiris	Enviornment
124.	Women's Organization for Rural Development(word) Orissa	Orissa	Koraput	
125.	SURAKSHA	Orissa	Gajapati	Education
126.	Su - Samanya	West Bengal	Kolkata	Education
127.	Jharkhand vikas parishad	Jharkhand	Ramgarh	Disability
128.	Sugam Jagriti	Bihar	Nalanda	Disability
129.	Centre for Action and Rural Education (CARE)	Tamil Nadu	Erode	Health
130.	Arokiya charity	Tamil Nadu	Pudukottai	Education
131.	Shiksha Evam Jan Kalyan Samiti	Rajasthan	Khichan	Disability
132.	YAVARD	Orissa	Sundargarh	Education
133.	Mitra Jyothi	Karnataka	Bangalore	Disability
134.	Lok Jeevan Vikas Bharti	Uttarakhand	Tehri garhwal	Livelihood
135.	Centre for internet and society	Karnataka	Bangalore	Disability
136.	Garhwal community development & welfare society	Uttarakhand	Tehri Garhwal	Education
137.	SATYA SPECIAL SCHOOL	Pondicherry	Muthialpet	Disability
138.	Society for Development Alternatives	New Delhi	New Delhi	Education
139.	Sumadhur Hansadhwani Trust (Sai Retina Foundation)	New Delhi	New Delhi	Health
140.	Akshay Nagar pallisri Sangha	West Bengal	Kakdwip	
141.	HARIJAN ADIVASI RURAL DEVELOPMENT SOCIETY (HARDS)	Andhra Pradesh	Parvatipuram	Health
142.	PRADIP: CENTRE FOR AUTISM MANAGEMENT	West Bengal	Kolkata	Disability
143.	Rupayan sansthan	Rajasthan	Jodhpur	
144.	Nari Shakti Jagran Samiti	New Delhi	New Delhi	Education
145.	THE CREDENCE	New Delhi	New Delhi	
146.	Manavuru Charitable Organization	Karnataka	Bangalore	
147.	CENTRE FOR ORGANISATION RESEARCH AND EDUCATION	Manipur	Imphal	Education
148.	Shristi Special Academy	Karnataka	Bangalore	
149.	National Association of Man for Mankind (NAMM)	West Bengal	West Midnapore	Health
150.	Jankalyan Samaj Sewa Trust	Daman & Diu	Daman & Diu	Health
151.	Siddhi Vinayak Education and Charitable Trust	Dadra & Nagar Haveli	Silvasa	Health
152.	Bharatpuria Shiksha Samiti (For LBS Bal Vatika School)	Uttar Pradesh	Ghaziabad	Education
153.	ASHOKA INDIA	Karnataka	Banglore	Education
154.	Asia Heart Foundation (For Narayana Health)	West Bengal	Kolkata	Health
155.	Bhawana Sansthan	Rajasthan	Udaipur	Livelihood
156.	St. Stephen's Hospital Society	New Delhi	New Delhi	Health
157.	Lok Swasthya Sewa Trust	Gujarat	Ahmedabad	
158.	Gramodyog Sansthan	Madhya Pradesh	Mandla	Women Empowerment
159.	Aashalata Victoria Wilkinson Memorial Charitable Trust	New Delhi	New Delhi	Health & Education

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## The Hans Foundation Presence in India





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