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Dear associate, collaborator and friend,

Another year has passed, and once again we present to you the activities, projects and results obtained in the last twelve months of our peaceful fight against poverty, made possible - without any doubt - thanks to your support.

We continue implementing our projects in co-operation with the beneficiary communities, so that they assume their own leadership and decision-making during the development of the programmes. Only in this way will we be true to our mission and be able to transform the social reality of Mumbai, guaranteeing respect for Human Rights and access to a life of dignity for its most disadvantaged communities.

Our involvement in the fields of education, health and socio-economic development in the northern slums of Mumbai city has seen another year of continual improvement and has reverberated directly in the self-sufficiency of its inhabitants.

This year, I would like to highlight the ever growing importance of the socio-economic development projects focused on reducing poverty and gender inequalities through professional training and creating employment opportunities among women.

As you will see in this report, we continue moving towards a fairer Mumbai in the best way we know how: working with enthusiasm and a capacity for innovation. Only in this way, through constant effort, transparency and rigor, will we be equal to your great support.

I would like to take this opportunity to warmly thank all the members of the team and community, the volunteers and the collaborators for their involvement and efforts, without which this would not be possible.

And of course, warm thanks to you for being at the other end. Because the Mumbai of which we all dream of, is a Mumbai free of poverty and social injustice, where all its citizens - male and female - equally enjoy their rights, which would not be possible without your support. For that, and especially in the name of the beneficiary communities, we thank you very much.

Jaume Sanllorente
General Director

Dear Friends of Mumbai Smiles,

The end of the year is usually a time for review and reflection. It is my great pleasure to present to you Mumbai Smiles Annual Report 2012. As has been in the past, the year has been full of significant initiatives and approaches in the effort towards capacity building of NGOs and enhancing collaborations in the development sector.

This is our eighth year of operation and the year will be memorable to us as the operations of Mumbai Smiles crossed more than 16 slum colonies of Mumbai city with nearly 9800 families directly under our programme coverage. This year we have started a new initiative of livelihood program and our beneficiaries made a modest beginning of their own livelihoods with their small income generating activities of rose making and other handicrafts during the year. I take this opportunity to mention about the SEED Projects. With a little effort in increasing efficiency at the implementation level this can become a model for others to emulate.

Every year Mumbai Smiles comes out with an annual report which profiles the work done by the organization in each of its chosen sectors of work in the Mumbai Smiles defined geographical regions of Mumbai along with its partners. The annual report also gives the income-expense statement along with the balance sheet at the year end. I am happy to present the annual report. I look forward to your comments and suggestions on the report and on the roles that Mumbai Smiles should play in the future.

2013 promises, therefore to be a very exciting year. Our continued achievements, of course, could not have come without the strong backing of our friends and stakeholders. I would like to take this opportunity to thank our project implementing partners for their unwavering and continuous support in 2012, namely SAPREM, Holy Spirit Hospital, Bombay Leprosy Project, Avehi and Yashodhan School, the government agencies and individuals who have supported us in moving ahead with our multi-dimensional efforts in social work and in achieving our objectives. I would like to thank all our committed staff members, Baiwadi Teachers and Assistants, SHG members and Volunteers associated with Mumbai Smiles. The success of our programs was due to their cooperation and sincere efforts. I would also like to place on record my thankfulness for the services rendered by many whose names are not mentioned here, but for whom our heart-felt gratitude remains.

I look forward to greater things as we herald 2013 and begin another journey of challenges, achievements, lessons and changes in the year ahead. Until next time, happy reading!

Narendra Kumar Dundu
Executive Director India
The Mumbai Smiles Advisory Committee

Mumbai Smiles has set up a Technical Advisory Committee, comprising of experts and advisors from various fields such as health, education, research and development communication.

The purpose of this committee is to help coordinate and guide our activities and development efforts. The members will work on a voluntary basis to provide us with advice, guidance and support that will result in the improvement of our activities.

For Mumbai Smiles, the flexibility to adapt ourselves as per the needs and opportunities that arise has become a guiding principle in our approach and in our institutional development.

The setting up of this committee has been initiated by our Executive Director India, Mr. Narendra Kumar.

Advisory Committee members

Dr. Harsha Parekh retired in 2003 as professor of Library Science and University Librarian from SNDT Women’s University, Mumbai. Presented the Best Teacher Award of the Government of Maharashtra in 1998, she pioneered the application of Information Technology to libraries and information services at SNDT Women’s University Library. She has contributed to curriculum development in several courses; undertaken action projects for different organizations and commissioned research & development projects. On different occasions she has officiated as Registrar, Director of the Board of College and University Development and the Vice Chancellor of the University.

Dr. Mamatha M Lala has been working as a medical advisor, consultant paediatrician and the paediatric HIV specialist in various charitable hospitals and NGOs working with HIV affected children. She has published a comprehensive care reference book on Children with HIV, called Principles of Perinatal & Pediatric HIV/AIDS.

Dr Mamatha M Lala is an adventure sports enthusiast and was the first woman doctor to go on an expedition to Bharti Station, Antarctica. She also placed third in the Ride-De-Himalaya Car Rally along with her husband Dr Murad Lala, (a cancer surgeon at Hinduja Hospital Mumbai).

Dr. Mamatha M Lala

Ms. Sonalini Mirchandani is a leading professional in communications in India, who started her career as a civil servant in the Indian Foreign Service. Moving on to work in the private sector, she was Vice President, Operations Research Group (presently AC Nielsen ORG-MARG) before joining Johns Hopkins University (JHU) in 1995 as Resident Advisor on the Innovations in Family Planning Services Project (IFPS) in Uttar Pradesh. As Country Director, JHU (2004-07), Sonalini led the design and implementation of a state-wide HIV/AIDS communication program funded by USAID in Maharashtra, and provided technical assistance to the National AIDS Control Organization (NACO). She has handled an array of communication consultancy assignments in research, strategy design and training for the private sector as also for leading bilateral and multilateral organizations including the World Bank, Danida, UNICEF and DFID among others.

Today, she heads The Communication Hub providing strategic communications consultancy to the public and private sectors as also donor agencies. She also scripts for documentaries and audio visuals, and is a visiting faculty at leading communication institutes in India. Sonalini’s work has included major health communication campaigns such as the initiatives and campaigns such as the Dabbawalla Campaign that has won international recognition. The film initiatives, under the Workplace Intervention Program won the Bronze Telly at the 2007 Telly Awards in New York. Sonalini is also a member of the Technical Resource Group for NACO, and the Steering Committee of the global Stigma Action Network, and is a member of UNICEF’s International Polio Communication Review Team.

Ms. Sonalini Mirchandani

Dr. Usha Krishna

trained in High Risk Pregnancy problems abroad and joined KEM hospital as Assistant Hon. Professor and later she was Hon. Professor in KEM hospital and GS Medical College. She was extremely interested in teaching and was in-charge of Dr. N A Purandare Ob/Gyn. Research Center. She was on the Prostaglandin Task Force and was closely associated with work of WHO fertility control projects and as well as projects of Indian Council of Medical Research (ICMR). She was a member of Expert Committee for Clinical Research and Family Welfare at Ministry of Health, Government of India. She was a trustee of New Era School Trust which has now been passed on to a very capable resourceful group.

As a medical & welfare advisor at Larsen & Toubro, she has set up a number of center which have received recognition from BMC & BCC, Mother Teresa Award etc. She actively works for India Sponsorship Committee which runs Balgram - Children’s Village for Orphans. She has edited books on Pregnancy at Risk, Safe Motherhood, The Adolescent Girl and Maternal Mortality and High Risk Pregnancy, and is the series editor of Obstetrics and Gynecology in Perspective published by Orient Longman.

Mr. Stanny Pinto has invested 18 years working in school education. He is the Chairman and Founder Trustee of Evershine Education Trust which runs four schools and two junior colleges. He is also Director of SI M Consultancy Services, which is into consulting various school managements. He was the Trustee of MILT Charitable Trust, Bombay which was known for its home Snehalaya for underprivileged children.

He has won the Outstanding Young Personality Award for his contribution in the field of pre-school education. He is also recipient of the prestigious Best Teacher Educator Award at the hands of the Hon. Chief Minister of Delhi Smt. Sheila Diksh, the Indira Gandhi Sadbhavana
Award being conferred by the National Integration & Economic Council, the International Gold Star Millennium Award & the Rashtriya Rattan Award by the Citizen’s Integration Peace Society.

He has a Diploma in Marketing & Sales from Career & Courses India in 1992-93; completed the MILT leadership graduation course in 1998; did the course in counselling titled From Distress to Eustress from AVEHI in 2003 and attended the Mastery University Program - Unleash The Power Within at Singapore in 2002.

Dr. Parkash Prabhakar Rao Doke is an accomplished administrator and professor, former Director of Health Services, Govt. of Maharashtra & former Executive Director of State Health Systems Resource Center (SHSRC), Maharashtra totalling 32 years of working with the government of Maharashtra in several capacities including Lecturer, Reader, District Health Officer, Deputy/Join/Additional Director, Health services. He is currently a Professor, Community Medicine Department, MGM Medical College, Kamote, Navi Mumbai.

Dr. Doke has also taught at the Aurangabad Medical College, the Tata Institute of Social Sciences in Mumbai and at the University of Pune.

Dr. Doke has authored several papers, including 'Use of Rose - Bengal Dye in Detection of Vitamin A Deficiency Status' in the Indian Journal Preventive & Social Medicine, 'Vitamin A to Prevent Keratomalacia' in The Lancet and 'Effect of Nursing Procedures on Mortality due to Infection in Low Birth Weight Babies' in the Journal of Indian Association for Communicable Diseases. He was nominated by Govt. of Madhya Pradesh as a public health expert member in the working group on health, and has been a Member of Board of Studies, Tata Institute of Social Sciences, Mumbai.

Introduction to Mumbai Smiles

Seven years ago, Mumbai Smiles began its work with a simple dream to support underprivileged children, in a selected number of Balwadis run by external agencies in Mumbai, in the Liaison office mechanism and with support from Spain. Today, we are an independent and registered organization - working in Mumbai - that helps hundreds of children to gain access to quality educational opportunities clubbed with other developmental activities. Over the years, we have built an effective, entrepreneurial and passionate global team, a strong and diverse donor base and a foundation for scalable programs.

In the year 2010, Mumbai Smiles conducted a thorough and participatory strategic planning process to articulate our ultimate goals for the next decade and beyond, as well as to define the major strategies needed to achieve them. The process has been designed to chart how we can sustain the strong momentum, and extend our achievements and impact with greater clarity. Mumbai Smiles is a results-driven organization. Since our inception, Mumbai Smiles has impacted the lives of more than two thousand children by establishing 25 Balwadis, providing scholarships and other education support to the students. Our goal for the future is more ambitious than ever; to enable a larger number of children in Mumbai to maximize their educational experiences by 2020.

The Mumbai Smiles Journey

We believe our role is to successfully demonstrate effective and cost-efficient program modules so that governments and other non-profit organizations can adopt our methodology and practices. This will enable us to reach scale and ultimately achieve long-term sustainability. By innovating to find replicable and scalable program modules, we aim to demonstrate the possibilities for delivering quality educational programs in ways that catalyze long-term, systemic change.
Rapidly expanding enrolments and scarce resources have meant that many of the underprivileged children still do not have access to a quality preschool education. Although ‘Education for All’ has significantly raised awareness, the access to quality education to the underprivileged still remains a challenge. Mumbai Smiles has therefore identified and committed itself to expand its number of Balwadis from 25 to 50 by 2015.

At Mumbai Smiles, we work with some of the poorest communities living in the slums of Andheri (E), a northern suburb of Mumbai. It is our challenge to rebuild a society, and Mumbai Smiles has constructed innovative and sustainable projects to tackle various development challenges – promoting livelihoods for income generation and poverty alleviation; education projects to eradicate illiteracy; and health campaigns to improve community health, combat child malnutrition and HIV/AIDS. Families and women self-help groups are the foundation of all our interventions enabling them to contribute towards mainstream development process. The rationale of devising various programs in the year 2012 has enabled us in updating our knowledge on all relevant matters at both national and international levels. Our accomplishments have always motivated us to improve the strategic vision and it will continue to be innovative in the years ahead.

**Mumbai Smiles niche for Development**

**Vision**

We aspire to see a Mumbai free of poverty and social injustice, wherein all its citizens can equally enjoy basic human rights.

**Mission**

Our mission is to transform the social reality of underprivileged communities in Mumbai to guarantee their access to basic Human Rights and a dignified life.

**Core Values and Objectives**

**JUSTICE**

Our developmental work is oriented towards enabling equal access to opportunities and universal freedom.

**NO DISCRIMINATION**

We respect human diversity in all its aspects, without any distinction of race, age, political affiliation, religion or gender.

**TRANSPARENCY**

We manage our resources with rigor, by committing ourselves to transparency and being accountable to our partners, donors, beneficiaries and society.

**CONSISTENCY**

In our words and our actions, we are faithful to following our mission and vision, and our work speaks for itself.

**Principles of Performance**

**COMMITMENT**

We are dedicated to our mission and we assume the responsibility of working towards its achievement.

**UNITY**

We promote teamwork and collaborate with other organizations and institutions to enhance synergies and improve our work.

**PARTICIPATION**

We employ various mechanisms of participation, integrating all the stakeholders in the implementation of projects, in order to induce true social transformation.

**ENTHUSIASM**

We are motivated by result-oriented activities and carry out our work with hope, passion and interest.

**Gender**

Mumbai Smiles is sensitive to gender issues. During the development of all policies and manuals, gender sensitivity is maintained at the highest level. In the field, more focus has been given to women’s empowerment providing equal opportunity on leadership in community groups.

Mumbai Smiles operates out of several of Mumbai’s lesser known slums in the suburb of Andheri.

India is the second most populated country in the world and also the largest democracy. In the past few years, India’s economic growth of over 8% has been much talked about, and the country is home to some of the richest people in the world. But it is also plagued by poverty with 37% of the population living below the poverty line, on less than Rs. 65 ($1) a day.

Our work is in Mumbai, a city of 20 million inhabitants, and India’s financial and commercial capital. The ‘city of dreams’, to which hundreds of people from around the country migrate every day, in search of opportunities and wealth, Mumbai is also home to the biggest agglomeration of slums in the country. Around 2.5 million of India’s poorest people live in Mumbai on less than $1 a day, with a staggering 10 million people now crammed into slums. That’s every second person in the city.

Not all poor people live in slums, and not all people who live in slums are poor. Urban poverty is not seen as only income poverty but absence of access to basic civic services as well as the quality of their habitats.
the slums of Andheri (E), a northern suburb of the city. In this area, 42% of men and 58% of women cannot read or write, 16% of the population is made up of children under the age of six years and infant mortality is 55 deaths per 1,000 live births. The dropout rate is high despite the existence of 141 schools in the area, 75 of which are municipal schools. Most adults work as daily wage laborers.

The slums here, like in other parts of the city, have open drains, poor hygiene, insufficient toilets and residents are prone to diarrhea, tuberculosis, hypertension, malaria and diabetes. (Source: Data from Need Assessment Study and Strategic Planning Survey conducted by Approach Consultancy in four slums in Andheri (E))

Mumbai Smiles works in partnership with local NGOs and government bodies to facilitate the process and ensure that the needs of the people are met. Mumbai Smiles approach is built upon our most important resource: creativity and self-reliance of people living in conditions of poverty themselves. All our programs share a unified approach based on the above three elements. It is important for Mumbai Smiles to regularly work towards the progress of the underprivileged community.
Mumbai Smiles Strategy

The 2010-2014 Strategic Plan of Mumbai Smiles has been developed through a process of in-house consultative meetings of employees and stakeholders. Discussions with experts in the field resulted in the need for development of a Resource Mobilization Strategy and Implementation Plan. This Strategy will ensure that sufficient resources are available to implement relevant activities in the annual plans.

The year 2012 marked the first year of implementing the Mumbai Smiles Strategic Plan hence 2012 is a significant milestone in the Journey of Mumbai Smiles. The Mumbai Smiles Project’s strategy unites an average of 4.5 lac people in the slums located in the K/E Ward of Andheri, where 25 Balwadis have been created. We envision our Balwadis as community centers with the focus of overall development of the child involving the family, community and society. Balwadis are envisioned as centers where people are mobilized to meet their basic needs. This integrated strategy has been planned with the idea to provide gender-balance and top-quality service for under-served populations around the program areas of Mumbai Smiles.

Strategic Priorities for 2011-2015

For this five-year period, our strategic priorities will be to strengthen our program focus while intensifying our institutional base. We have identified five strategic priorities:

1. Education: Education has been at the core of all activities of Mumbai Smiles and will continue to be so with focus on universal access to education.

Our initiatives will be directed at:
- Strengthening public education to guarantee universal access
- Striving for quality education
- Protecting the age groups that is not covered by the new Right to Education Act, 2009
- Supporting private educational initiatives through advocacy campaigns

2. Health and Nutrition: Mumbai Smiles will reinforce the sphere of health as a priority, recognizing it as a basic right, and will focus its attention on community health. With the overall objective of promoting better health conditions, the following areas will be covered:
- Preventive Health
- Primary Health
- Child Health
- Infectious diseases (particularly Leprosy and HIV/AIDS)

3. Socio Economic Development: Our philosophy is ‘empowerment of the people for their own growth’. Even though socio-economic development is not a priority area, we will implement self-sustainable initiatives in our projects:
- Promoting social entrepreneurship among target group, especially women
- Encouraging initiatives that generate employment
- Create employment through implementation of our projects
- Self sustainable model for generating livelihoods for women beneficiaries

4. Awareness: Our objective is to bring social change by creating a critical, tolerant and responsible consciousness and advocating basic human rights. Specific projects tailored for different audiences will be executed in order to move towards a universal vision of human development.

- International Awareness: We focus on creating awareness about the social reality in India and its impact - both positive and negative. We want to foster international awareness based on respect for human rights, equality and the elimination of intercultural barriers that impede development.

- Local Awareness: We will stimulate among communities in Mumbai, to stand for equality of rights for all social strata, thus promoting the participation of the society for its own growth.

- Research: Our goal is to directly identify the needs of the communities with whom we work and develop a long term plan for the implementation of integrated development projects. With the support of social consultants, we will continue to acquire and analyze information on poverty, literacy, health, food security, employment and other fields of interest.

5. Advocacy: Mumbai Smiles will coordinate and/or participate in advocacy campaigns that demand that the Indian Government fulfill basic needs so that its citizens have access to Human Rights and that the constitutional rights of the people living in Mumbai are not denied. We will strengthen networks that advocate for the rights of children, especially for universal education and against sexual exploitation.
Health and Nutrition Balwadi Project

Background
Mumbai Smiles is working at the grassroots towards building healthy communities which would meet the achievement of the Millennium Development Goals as well as contribute to poverty reduction. Efforts are undertaken to strengthen the community health system in the project area. Periodic health check-up camps were organized to provide health services to ailing patients and necessary consultation for referral services was given on a case-to-case basis. Nukkad Natak shows and information dissemination camps were organized to orient the community on national and state health program and policies. In partnership with other agencies, we organize free health camps, pediatric, gynecological and laboratory facilities, free eye check-up camps, cataract surgeries and intraocular lens implants. We also conduct awareness drives on childcare, blood donation, sanitation, dental hygiene, provision for safe drinking water and health (predominantly cancer). Malnutrition as part of the millennium development goal requires to be combated and Mumbai Smiles plays a predominant role.

Nutrition also plays a very important role in health. The foundation of good health is nutrition and Mumbai Smiles has created a platform where nutrition of children is addressed at a very early age. If malnutrition is combated at a young age, the child develops the resistance to fight diseases and adopts healthy practices.

Need For Balwadi
The first five years of life are that of rapid growth and development, hence crucial for children. It is therefore essential that every child is provided with an encouraging and enjoyable learning environment. The Balwadi is an important foundation for learning and life. In Balwadi, the child receives new ideas and concepts through non-formal pre-school education, along with supplementary nutrition, health education and immunization.

In India, Balwadi is also referred to as playschool, pre-nursery or Montessori. Many underprivileged children in India rarely get an opportunity to meet their educational needs at home given the fact that their parents are illiterate, from the labour class, while lacking in resources as well as space.

Through its 25 well-established Balwadi Centers, Mumbai Smiles ensures that under-privileged kids have access to skilled, trained teachers. This in turn enables these children to get the opportunity to compete equally while receiving good education and cultivating healthy habits.

Focus
Cultivate healthy life through education among Balwadi students in Mumbai, India.

Specific Objectives
- To develop healthy habits among students of the Balwadis in the slum area of Mumbai, Maharashtra.
- To bring about educational development among students of these Balwadis.
- To reduce level of malnutrition among students in the Balwadis. This has the advantage of improving nutrition as well as attendance in schools.
- To build capability of the teachers of the Balwadis in order to impart better education to the students.
- To increase involvement and awareness of parents through beneficiary committee.
- To facilitate immunization of the students of the Balwadis in Mumbai slums.

Implementation Process
1. Infrastructure development of the Balwadis.
3. Selection of Balwadi children through beneficiary selection criteria.
4. Imparting education and healthy habits to the selected children in various Balwadis.
5. Covering the health and educational aspects of all the Balwadi children.
6. Various training sessions on health and education for the Balwadi teachers.
7. Conducting various teacher meetings, area-wise meetings, parents-teachers meetings, beneficiary committee meetings, etc. at regular intervals.
10. Continuous monitoring and evaluation at every level.

Impact
Since the Balwadi aims at cognitive development and nutrition of the child, the data emphasizes on the academic performance of the Balwadi children and the improvement in their nutrition.

In 2012, 25 Mumbai Smiles Balwadis were spread across five different areas which had an approximate population of 4.5 lacs. The five areas as mentioned in the diagram on the right are Marol, Chandivali (Sangharsh Nagar), Powai, Kanjurmarg and Vikhroli. All these areas are under the K East ward of Andheri area at Mumbai District. In the academic year 2012-2013, these 25 Balwadis catered to 671 children with 51% Girls and 49% Boys. Of these, 75% of students are in the age group of 0-3 years while the rest are in the range 4-6 years.
The above chart shows that only 8% of the children knew numbers at the beginning of the academic year. By the end of the year in March, this increased to 75% of the children. Likewise, there was an improvement in the number of children who have gained knowledge in the other subjects too.

2. Nutritional Status
Malnutrition is another major factor among children in the age group of 0-6 years which is being addressed by our Balwadi Project. Regular Height-Weight measurements were recorded for all the children and also daily nutrition provided to all of them to combat the issue of Malnutrition.

Grade IV depicts that the child is severely malnourished. The primary focus of the Balwadi project is to ensure that children in the Grade IV category move to the Grade III and subsequently to Grade II, showing notable signs of improvement.

Future of the Balwadi Children
Since the objective of the Balwadi project is to set a foundation for the children in health and education, it is essential that the children get admission in schools and continue their education.

Mumbai Smiles particularly records the data of the children who are admitted into schools. This data is referred to as integration data. The graphs below provide an understanding of the number of children who have been admitted in schools in the last 3 academic years. There is a constant rise in the number of children enrolled in schools.

The project focus:
- Enhancement of grasping power, understanding and learning ability of children.
- Inculcate good health habits among children.
- Improve retention level of students as the child adapts himself/herself to a healthier environment at school.
- Regular polio vaccinations by registered government health workers of the Municipal Corporation of Greater Mumbai (MCGM), under the National Immunization Program.
- To combat the dropout ratio that is high. This is mainly due to lack of awareness amongst parents and also as the families of these students often shift homes to other areas.

At the start of the academic year it was observed that around 19%, 5% and 1% of children were under Grade II, Grade III and Grade IV respectively. With regular and consistent efforts the percentage has been brought down to 8%, 1% and no cases respectively.

It is seen that children have joined both government as well as private schools as per the graph below. The older children who are above the age of 5 have joined Class I and the children in the age group of 3 - 5 years have joined Jr. and Sr. KG classes.

I am Smita Ajay Shivtarkar. For the last three years, I have been working as a teacher at Balwadi No. 07, Marol Pipeline, Andheri (East). I live in the same area along with my husband, two daughters and a son.

I feel really proud and happy when people address me as ‘Teacher’ whenever I walk on the streets.

In the first two years, we had to make a lot of effort to get students for the Balwadis. We used to visit all the houses and request parents to send their children to school. But nowadays Mumbai Smiles’ Balwadis are so popular that parents automatically register children name for the forthcoming academic year.

Only after becoming a teacher did I realize the value of education. I am very happy to say that my daughter appeared for Std. X exam last year while I passed my Std. XII exams at this age. I have to thank Mumbai Smiles for my progress and success as a Balwadi teacher.
Background
Parents of children with cancer undergo a trauma that takes a toll on their mental health. The diagnosis of a life-threatening illness for a family member creates fear of losing the loved one and concern about the suffering he/she is undergoing. Recognizing the impact of unaddressed psychosocial problems of cancer patients and their families, the HOPE project was launched in February 2011 by Mumbai Smiles. The HOPE Project is to improve the lives of the pediatric cancer patients and their families by minimizing external stress so that they can focus their energy on what is truly important - getting well. We provide comprehensive care to parents and families of child cancer patients by offering counselling, information, linking them with trusts and foundations for monetary support, and more.

Objective of Project
Affordability, accessibility and utilization of the health facilities are directly proportional to the socio-economic status of the family. There is a need to help and psycho-socially support the children suffering from cancer so that their lives can be saved, and also help them in maintaining the equilibrium of life and the disease condition in a holistic manner.

The objective of the project is to provide holistic education and psycho-social empowerment to children suffering from cancer. This mainly targets those belonging to the lower strata of society, coming from all over India to visit Holy Spirit Hospital, Andheri (East), Mumbai.

Implementation Plan
This project envisions giving importance to the comprehensive holistic care which is being excluded from medical care in a typical Indian hospital setting.

A. Diagnostic support
Mumbai Smiles helps HOPE beneficiaries financially in availing medicines that are not available at the Holy Spirit Hospital. Mumbai Smiles also financially supports any diagnosis required. We also financially support provision of blood and blood components as required.

B. Counselling
The children are given psychological counselling along with their parents, siblings and care-givers.

C. Home visits
Mumbai Smiles Project staff personally visit the homes of all the patients to understand the socio-economic, health and academic status and needs of the child. This is to help the child avail health and education facilities.

D. Support for transportation for diagnosis & chemotherapy
When a family is in critical financial need, HOPE steps in to cover the cost of transportation for availing treatment for our HOPE beneficiaries.

E. Kit with Essentials
Long-term pediatric cancer patients and their families are provided with gift-baskets providing basic necessities such as hand-wash, mouth-wash, face-masks and diapers for maintaining hygiene along with dry fruits, protein powder and supplementary biscuits for nutrition and health purposes.

F. Educational support to the siblings and patients
Support for education through scholarships along with provision of educational material. Mumbai Smiles takes responsibility for advocacy meetings with schools and colleges so that children suffering from cancer are given concession and their health is taken into consideration during academics.

Impact
Overall, in the year 2012, 47 children living with cancer got registered at Holy Spirit Hospital for treatment and were taken under the HOPE Project as beneficiaries of Mumbai Smiles for psychosocial support. Of the registered children under HOPE project, 75% were boys and the remaining 25% girls. Majority of the children i.e. around 89% were between the age group of 5-15 years. Also 75% of the families of the children suffering from cancer were from the low socio economic strata with a monthly income of less than Rs. 5000.

Registration

<table>
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<th>Sr. No.</th>
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<th>Girls</th>
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<td></td>
<td>35</td>
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Type and Region of Cancer
In the year 2012, the following types of cancer were found among the HOPE beneficiaries who were admitted to Holy Spirit Hospital. The most common was Blood Cancer (Leukemia) affecting 62% of HOPE beneficiaries. 13% of the children were affected by cancer of the lymph nodes (Lymphoma). Out of these, 11% were affected in the lymph nodes of the neck region.

Site of Cancer
All of the 47 children were provided with psycho-social support and other support as per the project guidelines.
Background

17-year-old Sangam Pandey studies in Standard X in Gorakhpur, Uttar Pradesh. She lives there with her grandparents while her own family including her father, Yogendra Pandey (40 years) who is a farmer, her housewife mother Munni (34) and six younger siblings live in another house. The sweet and beautiful Sangam used to lead a happy life spending her vacations with her parents.

Things took a sudden downward turn when she suffered from acute pain in her right leg during her vacation in July 2011. Her mother’s home remedy did not work and the swelling in her right knee increased day by day.

The detection

Sangam was taken for a checkup to Ambedkar Hospital, Gorakhpur where the doctor did some tests and biopsy. She was operated upon and advised complete bed rest for two months. Even after following the doctor’s instructions for two months after surgery, Sangam could neither sit nor walk properly, as her knee refused to bend.

The doctor at Ambedkar Hospital referred her to KJMS Medical College at Lucknow. On further investigation, it was discovered that Sangam was suffering from the dreadful Osteosarcoma (bone cancer). By now, her family had already spent one lac rupees for Sangam’s treatment. Unable to afford more, her father decided to discontinue treatment. Fortunately for the young lady, her uncle decided to take her to Mumbai for further treatment.

Treatment process

It was an extremely challenging time for Sangam and her uncle as they knew no one in Mumbai. They neither had a job nor a place to stay. A biopsy and CT scan were conducted at Bombay Hospital. After that, she was referred to Holy Spirit Hospital for treatment. Oncologist Dr. Nirmal Raut told them that she required 9 chemo cycles and the estimated cost was Rs. 2,25,000. The shocked uncle decided to take his niece back home as he could not afford the treatment.

Intervention from the HOPE team

As if God sent, the HOPE team approached him in September 2012 and offered to get financial help from outside. We took the help of a Holy Spirit Hospital social worker and began the treatment even though funds took time in coming. Under HOPE project, we provided Sangam with Nutrition, Diagnostic facilities, Hygiene & Conveyance support during treatment.

The chemo treatment began on October 19, 2012. After 3 cycles, the doctor advised that her leg should be amputated to avoid further spread of the disease. The surgery cost was Rs. 4 Lac. But again, luck intervened and Sangam was referred to Sion Hospital and Dr. Prabhakar did the surgery totally free of cost on December 29, 2012. She was advised complete rest for one month and follow up a week after that.

HOPE team visited her home for counselling her uncle, aunty and Sangam as it was important that they should not give up treatment at this point. We assured them of our continued financial support as one of our project objectives is to provide economic support to children suffering from cancer and their families.

Sangam required PET scan before continuing with further treatment. The cost was between Rs. 17000/- to 25000/-. HOPE project went to her rescue and got the PET scan done at Nanavati Hospital. We also arranged for an artificial leg implant, free of cost.

Meanwhile HOPE Team counselled her father to cooperate with us in continuing the next phase of her treatment without further delay.

Sangam’s state of mind

Sangam is keen on leading an independent life. She wants to walk to school like before and not be a burden to anyone. She helps her aunty in making decoration materials. She is back in Uttar Pradesh after being fitted with an artificial leg. Having got admission into Standard X in Gorakhpur, Sangam is closer than ever to fulfilling her dreams.

Next phase in Sangam’s Life

Sangam continues to be a HOPE beneficiary and the HOPE team continues to provide psycho-social support to her along with an encouragement to continue her treatment. She needs to travel to Holy Spirit Hospital, Andheri, Mumbai for follow up on her treatment and get her tests done regularly.
Mumbai Smiles Initiative in Eye Care

Need for eye care in the slums of Mumbai

More people are inclined towards an urban set up and are shifting from their villages. But the health infrastructure is not able to keep pace with the changing society. It is especially so in underprivileged areas where the public health services do not reach everyone. Blindness is one of the most severe - but preventable and treatable - issues faced by the poor people here.

There are several cost-effective interventions available to treat visual impairment and blindness but public health institutions have not been able to cater to the needs of the large slum population. This has resulted in the increase in number of visually impaired people. The reasons leading to this situation are quite complex, but directly linked to poverty. The eye care project of Mumbai Smiles aims to provide eye care to the underprivileged communities.

Poverty and visual impairment are strongly linked. Poverty has a directly proportional impact on visual impairment and vice versa. Using evidence-based strategies, Mumbai Smiles set out to tackle blindness among the underprivileged. Our objective is to reduce poverty by eradicating blindness among the poor. In order to achieve the Millennium Development Goals, we collaborate with partners to reach out to as many people as possible.

Project Objectives

The broader objective is to reduce poverty by ensuring proper Vision to the people through:
- Detecting cases of Visual Impairment.
- Spectacle distribution for refractive error cases and Cataract Surgeries for selected cases.
- Refer patients thereby increasing access to eye care services.
- Reduction in cases of Visual Impairment in the community.

Project Locations

The project areas of intervention are slums of Andheri East and nearby areas namely, Sangharsh Nagar, Chandivali, Phule Nagar Powai, Marol Pipeline Marol, Vikhroli, Kanjurmarg and Yashodhan School, Thane.

Activities

1. Conducting eye check-up camps in the community: People lack knowledge of the services available for eye care and also have fear of cost, surgery, transport and various other factors due to which they refrain from accessing the health services. Mumbai Smiles organized three eye check-up camps in 2012. Through these camps Mumbai Smiles identified beneficiaries and provided them eye care services.

2. Referrals and post camps care: Our team ensured that appropriate referrals were made surgical interventions with the help of other organizations were made avoidable. A continuous follow up was done with the project beneficiaries to track their development.

3. Documentation: Documentation is crucial to know the success of the process. Process documentation was carried out for each activity during the project management. Case studies, photo documentation and testimonies along with interviews of the beneficiaries are maintained.

4. Monitoring and Evaluation: There is a process laid down to monitor the project and its activities on a regular basis. Specific formats were developed to assess the progress against the set indicators.

Impact

Mumbai Smiles had organized three eye check-up camps in the year 2012.
- In the month of May 2012, Mumbai Smiles organized the 1st eye check-up at Powai in collaboration with Haji Bacchu Ali Eye Hospital.
- In the month of August 2012, Mumbai Smiles organized the 2nd eye check-up at Kanjurmarg in collaboration with Vision Foundation of India.
- In the month of November 2012, Mumbai Smiles organized the 3rd eye check-up at Kanjurmarg in collaboration with Vision Foundation of India and Aditya Jyot Eye Hospital.

The eye care project created positive impact in the life of families through its intervention. Mumbai Smiles carried out three eye check-up camps in the identified communities by expert ophthalmologists. These camps screened 429 beneficiaries for refractive errors, cataract and other treatable eye diseases. In total, 94 patients were identified with cataract and of them 30 were operated in collaboration with Vision Foundation and Aditya Jyot Eye Hospital. Also, free spectacles were provided to 202 beneficiaries identified with refractive errors. Referrals and medical advice were also given to the patients. The beneficiaries were kept well informed in advance through community mobilizing activities. Mumbai Smiles provided support by way of prompt follow up post the eye camps.

Below are the statistical details of our intervention efforts:

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<td>Beneficiaries operated for Cataract</td>
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<td>30</td>
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<tr>
<td>4</td>
<td>Spectacles Distributed</td>
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</table>

Beneficiaries with Cataract

<table>
<thead>
<tr>
<th>No. of Beneficiaries</th>
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<tbody>
<tr>
<td>1st Camp - Powai</td>
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<td>2nd Camp - Kanjurmarg</td>
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<tr>
<td>3rd Camp - Kanjurmarg</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>10</td>
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</table>

Spectacle Distribution

<table>
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<th>No. of Beneficiaries</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
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<td>104</td>
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<td>98</td>
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Background
India still has 60% of the recorded global leprosy cases. While the old cases are getting cured, new cases continue to be identified, especially with migration of patients from one state to another. The number of new cases detected in the year 2009 in India was 1,33,717 of which 14,320 are of Grade II Deformity.

With the untiring efforts of our collaborating partner Bombay Leprosy Project (BLP), Mumbai Smiles has been able to successfully reduce the number of Leprosy affected persons and has provided the necessary curative as well as rehabilitative care required.

Objective
To provide comprehensive Leprosy care services with special reference to referral center activities, detection and treatment of new cases in project area, Prevention of Impairment and Disability (POID) care services in urban and rural areas and integrated rehabilitation program.

Specific Objectives:
- To identify Grade II disability cases in rural areas of Bhiwandi Taluka of Thane district and provide care and POID services.
- To provide rehabilitation services to Leprosy affected and physically challenged patients.

Activities
- Promotion of early detection through IEC special campaigns and community participation.
- Assessment of high risk cases for early detection of impaired nerve function.
- Assessment of nerve functions of available patients and high risk cases in the clinics.
- Strengthening the referral center and satellite clinics with facility of wax bath, muscle stimulation, dressing, MCR footwear, splints, self care and counselling.
- Providing disability care services to existing, registered Leprosy patients with deformity in urban areas.
- Comprehensive Leprosy care through Referral Center and Satellite Clinics.
- Steroid therapy for management of reactions; neuritis & thalidomide in difficult cases under strict supervision according to the protocols.
- Bacteriological examination of new, suspected and follow up patients to identify clinical problems.

Project Impact
Overall in the year 2012, 65% of untreated new referrals were registered as beneficiaries for the required support with our implementation agency Bombay Leprosy Project which were outside our project area compared to the 35% of the remaining untreated new referrals from the project areas. Most of the cases i.e. about 80% were from the main referral center and project office at Sion. Smear positivity was found in 40% of registered cases.

Smear Examination (New+Followup)

Aids and appliances provided to the patients for rehabilitation and disability prevention

As part of the project objective to prevent disability in Leprosy patients, various aids and appliances were provided to registered patients as per the prescription of the specialist. In the year 2012, 119 splints were provided to patients to prevent or correct Leprosy related deformity. Various Micro Cellular Rubber (420 MCRs) for the aesthetic feet of Leprosy patients were provided to help them give the required support and services. Self Care Dressing Kits (430 Kits) were distributed among the patients to help them to bandage Leprosy related wounds and ulcers.
Future Smiles Project

Future Smiles provides individual mentoring, group learning, exposure and financial support through scholarships to all students who are ambitious and have the mental ability to pursue higher education, thereby attaining greater heights to achieve their dreams. Till date, 4000 students have benefitted either directly or indirectly under the Future Smiles project set up by Mumbai Smiles. The program ensures that these children have a bright future and are successful resulting in their holistic development and social empowerment.

The Future Smiles project on Education and Career Guidance strives to offer young people living in poverty the chance to attain the highest level of education. The Future Smiles project provides scholarships to children for both secondary and post-secondary education. The team works with diligent, driven students from ‘low or no income’ families in the urban slums of Mumbai and its surrounding areas. They do assessments, prepare development plans, offer career counselling and guidance, life skills education, and organize hostel accommodation, tuition classes along with scholarships. They also provide the beneficiaries with education and career guidance to integrate them into mainstream education and workforce.

The project has a 3-pronged approach:

Career Planning & Goal Setting
Career planning and goal setting for students of 8th, 9th and 10th standards of Yashodhan School have been organized by Mumbai Smiles. The sessions focus on ‘why it is important to plan one’s career’; steps involved in making the correct decision and comprehensive information on career options.

Aptitude, Interest, Personality Test and Life Skills Education
The students of 9th & 10th standards of Yashodhan School have been oriented on the aptitude, interest, personality test and life skills education. These sessions helped the students to know themselves before choosing career stream.

Parent Counselling
The trained counsellors did an expert analysis based on the test results and discussion. A list of careers most suitable for the child were then shortlisted. This was followed by a separate meeting with the parents. Career goals and guidance were thereby discussed with parents and students to chart out a final career path.

Objectives
- To guide and support bright and needy students from slum communities who do not have access to higher education due to poor socio-economic condition.
- Partner with existing schools; provide scholarship and mentoring program to schools that cater to children from underprivileged families and complement the skill-sets and knowledge being taught in these schools.
- To make certain 80% of the students are enrolled in professional courses and thus ensuring their bright futures.
- To have a sustainable process to support children/youth from underprivileged families with different activities so as to empower them to rise above the poverty line and lead a life of dignity.

Main Focus of Future Smiles
- Providing scholarships to the disadvantaged children from the slum area of Andheri (E), Mumbai.
- Providing guidance and counselling support to the disadvantaged children of Mumbai slums.
- Supporting educational endeavour of the students and empowering them by making each one of them self-reliant.
- Encourage aspiring students to complete their formal education in flying colours.

Target Group
- Underprivileged children between the age group of 13 – 23 from slums of Andheri (E).
- Students belonging to socio-economically disadvantaged communities.
- Dropout students.

Activities under Future Smiles
Various activities have been organised for the beneficiaries such as capacity building workshops, training, educational tours, etc. Future Smiles provides basic services in terms of finance, counselling, other requisite skills pertaining to time management, stress management, personality development and communication skills.

Future Smiles addresses the educational needs of the beneficiary by providing scholarship support, which would not only allow them to focus on their studies but also reduce their social and economic hardships. It also creates an opportunity for the beneficiaries to do justice to their dreams and aspirations.

Reach

In the last 3 years, Future Smiles has been able to reach out to 44 teachers, 2253 parents and 3779 students through various activities such as skill enhancement and capacity building organized by Mumbai Smiles. (Series of different workshops on career guidance, personality development, stress management, time management and different educational activities).

Education & Development
Gender disparity in secondary education emerges from gender-based discrimination in the family and in the society in general. Girls face greater barriers at the secondary level of education than at the primary level. Secondary schooling is costlier than primary education, and households are often forced to ration resources among children. Where girls’ education is less valued, or is perceived as generating lower returns, parents tend to favour sons over daughters. Early marriage may act as another barrier to joining secondary school. Parents may also worry more about the security of adolescent girls.

Mumbai Smiles directly and indirectly addresses all the above-mentioned issues related to girl-child education in the following ways: by eradicating child marriage; by providing scholarships and mentoring support to the neediest students from underprivileged background and promoting education of adolescent girls at the secondary level to ensure their bright futures. In the long run, these measures result in generating self-sustainable adults who become better citizens.

In the last 3 years, a total of 331 students have been awarded scholarships. These students have been enrolled in various professional courses like engineering, medical studies, charted accountancy, hotel management, BCA and more. The scholarship program helps students to pursue their dream career by providing financial support.

There is noticeable gender equality among 331 scholarship beneficiaries; 172 i.e. 52% of beneficiaries are girl students and 159 i.e 48% are boy students.

There is a remarkable progress in the program over the years in terms of expansion. It started with only 60 student beneficiaries in 2010; it reached to 109 in the year 2011 & 162 in the year 2012.

Soon, we will be reaching out to more needy students studying in standards 9 & 10. We plan to reach out to 50 schools who serve children from the underprivileged strata of the society.

**Achievement**

Future Smiles beneficiaries have shown remarkable progress in their studies. 88% students have cleared their exams with appreciable marks. It shows a very strong correlation between willingness to study & financial motivation which helps students to pursue greater heights.

The charts show that the majority of students have cleared their exams with good scores.
- 73% SSC students have successfully cleared their board exams.
- 76% HSC students have been able to clear their board exams.
- 96% students have been able to reach to graduation and have successfully completed their graduating in various streams. There are many students who were not in a position to study due to their poor socio-economic background. Under the Future Smiles project students got scholarship which gave them hope to accomplish their dreams.
- 93% students have successfully completed their higher studies. They have studied technical/professional courses which will ensure them a bright future. Future Smiles has contributed in increasing the education ratio by supporting more than 300 students while opening up livelihood opportunities for needy students.
- There are students who have not been able to clear their exams due to unfavourable conditions at home. Majority of them belong to low socio-economic profile where they have other responsibilities such as helping in household work and taking care of siblings, while the surrounding is not so favourable as they stay in slum areas where noise pollution, local fights, peer influence, domestic violence, etc. are day-to-day problems.
Sangati Project

Sangati helps the teachers
- to enrich and supplement the regular curriculum
- to help children bring together what they learn in and out of school
- to build skills of thinking, analyzing and making choices
- to encourage children to listen to different opinions while forming and expressing their own
- to foster values that promote harmony and celebrate diversity

Reach
- Sangati exists in 24 wards in Mumbai
- 1403 classes, in 861 BMC schools
- 121 representatives for monitoring the Sangati sessions
- 5606 planned Sangati sessions for 2012-13
- 7684 Sangati sessions were conducted in 2012-13

Yashodhan School

Yashodhan School is in Shastri Nagar, Thane which is a slum area. Most of the students of the school are locals. By making education accessible to the students of the slums of Thane, Yashodhan School is trying to provide not only quality education to the underprivileged students but also contributing towards protecting their Right to Education. The team of committed trained teachers and non-teaching staff along with support from the management are engaged in providing quality education throughout the academic year.

The school has also formed a beneficiary committee, the members of which provide feedback for improving the quality of services that the school provides. The educational standards have been established and maintained with the full participation of the parents as well. This is a powerful motivation to the teachers, ensuring consistent growth in the students’ academic achievements.

The most important element for providing quality education is to have excellent teachers. Mumbai Smiles is completely focused on having very good teaching as well as non-teaching staff for Yashodhan School. Since quality of education depends on the motivation of the teachers, Mumbai Smiles makes it a point to provide support by paying the salaries of all the staff at the school. That includes 44 staff members from KG to Standard X.

School based administrative data suggest that the school has an enrolment of 39% of girl students which is a testimony to its commitment toward gender equality. Although boys outnumber girls, the school has been taking a lot of interest in increasing the enrolment of girls.

Outcome
- Education accessible to all the students in the age group of 2-17 years without discrimination based on caste, religion, region, gender, faith or race.
- Formed Parents Committee in the school. It is known as Parents Association which further helps in providing qualitative inputs. It strengthens the relationship of parent, child and school.
- There is a remarkable increase in access, enrolment and retention of all children as well as improvement in the quality of education. Every year the enrolment ratio is increasing, bringing down the dropout ratio.
- Due to different activities like workshops and training programs, the teachers are completely motivated, thus directly improving the quality of education.
- Multiple students-oriented activities, group sessions, personality development workshops and communication workshops have helped students learn new things. They have also kept the students interested in attending school.
- Children were motivated and prepared to gain admission into formal school for quality education through skilled teachers.
Women Empowerment is one of the cross cutting policies in all the activities of Mumbai Smiles. The organization firmly believes that all women have the potential for growth provided they have access to information, adequate skills and necessary resources. Various projects and activities were undertaken in the year 2012 to promote empowerment of women.

Women in any household are pivotal to the overall growth of a family. They lay the foundation for a household which defines the future of a nation. Their contribution towards the smooth functioning of the family or even in case of their employment in an informal sector goes unregistered and hardly acknowledged. Gender inequalities have been a part of Indian society for long and still continue to be deeply rooted in our minds. It can be seen in many fields such as education, healthcare services and employment. Inclusion of women in different sectors and their access to its services have marginally increased over a decade. But still, a lot needs to be done.

Mumbai Smiles has its vision aligned with the Millennium Development Goals and focuses on promotion of Gender Equality and Empowerment of Women. SEED Project aims to empower women in the age group of 18-45 years from the marginalized section of society by imparting a set of skills to them through training in short term modular courses.

Relevance of the project
Our target population is the women from the slum communities in the Andheri East area. Women living in slums are subject to a number of problems like domestic violence, lack of access to education, employment and health services; unequal access to resources, no say in the decision making of the family, etc. SEED Project through its skill development program aims to alleviate the above problems prevalent in slums which women face on a daily basis. This project will equip the women in the age group of 18-45 years with skills which will help them gain meaningful employment or start their own enterprise. Financial independence of women will solve a majority of their problems. It will instill confidence in them which in turn will lead to a gradual decrease in the incidences of domestic violence, increase in the enrolment of the girl-child in school, etc. Further, their coming out of home will make women more informed in terms of health, education and employment.

Objective of the project
- To raise the income level of women from slums and to bring them above the poverty line
- To provide sustainable livelihood to the women
- To improve the quality of life, economic conditions and provide a source of income

Efficiency
The project was conceived with an idea of empowering women by imparting skills to them through which they can generate income for themselves. To a larger extent we have been successful in identifying their training needs and helping them gain meaningful employment. The following tools were used to check the efficiency of the project:

1. Monitoring Tools: Proper documentation which included qualitative and quantitative data generated through weekly and monthly reporting formats.
2. Monitoring Visits: Visit by project team to the training venue to assess the progress of the program. The strategies were changed if and when required.
3. Feedback from direct and indirect stakeholders: It lays emphasis on taking suggestions from the beneficiaries regarding the quality of the project along with taking feedback from employers about the performance of the beneficiaries at work.

4. Course specific modules: Development of course module in line with the market demand to meet the requirement of the employers.

The Impact
For the year 2012, we reached out to 272 women and girls in the slum areas of Marol Pipeline, Sangharsh Nagar and Powai in Andheri East, Mumbai. Women and girls were imparted training over a wide range of skills - Beauty Culture, Bed-side Assistant, Retail Sales, Imitation Jewelry, Handicraft, Fast-Food preparation and Zardozi.

Of the total 272 women; 56% belonged to the age group of 18-25, 31% in 26-35 age group and remaining 13% were above 35 years of age. A large population of the beneficiary i.e. 52% was secondary school pass out, while 32% was higher secondary pass out. Remaining 16% continued their education further but did not join any job because of post marriage responsibilities. The above figures have been illustrated in detail in the graph below.

Figure 1: Pie Chart representing percentage of beneficiaries per course.

<table>
<thead>
<tr>
<th>Percentage of beneficiaries</th>
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<tbody>
<tr>
<td>Beautician</td>
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<tr>
<td>Bed Side Assistant</td>
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<tr>
<td>Fast Food Preparation</td>
</tr>
<tr>
<td>Zardozi Work</td>
</tr>
<tr>
<td>Retail Sales 1</td>
</tr>
<tr>
<td>Imitation Jewelry 1</td>
</tr>
<tr>
<td>Retail Sales 2</td>
</tr>
<tr>
<td>Handicraft and Paper Work 1</td>
</tr>
<tr>
<td>Imitation Jewelry 2</td>
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<tr>
<td>Handicraft and Paper Work 2</td>
</tr>
</tbody>
</table>
From the graph, it is clear that a total of 10 batches were run for 7 different courses during the year 2012 covering a total of 272 beneficiaries across three areas i.e. Marol Pipeline, Sangharsh Nagar & Powai. Training was imparted to women in 7 different courses namely Beautician, Bed Side Assistant, Fast-Food Preparation, Zardozi, Retail Sales, Imitation Jewelry, Handicraft & Paper work. Out of 272 beneficiaries, a big chunk of women participated in the “Handicraft & Paper work & Imitation Jewelry” courses which totals to 60 beneficiaries per batch. These courses were so much in demand because after getting trained in these, women can earn while working from home itself. Next to it was Retail Sales which covered a total of 50 beneficiaries falling in the age group of 18-28 years of age. For other courses like Beautician, Zardozi & Bed Side Assistant, a total of 30 beneficiaries were covered for each course. 20 beneficiaries were covered under the Fast-Food preparation course.

This pie chart illustrates the age wise distribution of women who participated in training program in 7 different courses. It is quite evident from the pie chart that most of the beneficiaries fall in the age group of 18-25 which is 156 in number. Next to it is the women in the age group of 26-35 which figures to 86. Only 35 women fall in the age group of 36-45. It was found during the execution of the program that the girls in the age group of 18-25 are very open to learning new things and becoming financially stable in their lives. And this is the reason why they showed interest in courses like Retail Sales & Bed-Side Assistant. If we talk about the women in the age group of 26-35, they were more interested in doing work from home. As most of the women are married in this age group and they have a family to take care of, they preferred doing home based job. The third group of women, in the age category of 36-45 was lesser in number as compared to the other two categories. But the participation of this small chunk of women is very important in bringing the big change in the lives of girls and women in the community. This group of women will be heading their families in the future. If we bring change in their mindsets they can promote more girls from their families and community to participate in such programs.

This pie chart illustrates the marital status of women who participated in the training program. From the chart it is clearly evident that most of the women - 56% is married which figures to 152; 43% is unmarried - which 118 in number. Out of total 272 trained beneficiaries 2 are widowed. This chart reveals that married women are interested in taking training because they want to be financially stable and support their families to lead a better life. Participation of 56% women who are married in the training program shows that the society is ready to accept changes, as these women from the slum pockets have been allowed to come out of their homes and participate in this skill development program. Their participation further ensures that those who are mothers in this married category will ensure their child children will be educated and take up jobs in the future. 43% unmarried women and girls attended this training program to learn skills through which they can be employed or by working from home they can earn enough to continue their studies.

This pie chart illustrates the educational status of beneficiaries who took training in 7 different courses. Out of 272 beneficiaries, 140 are educated up to secondary level which comes down to 51% of the total. 32% women have a higher secondary level qualification which figures to 86. It is good to see that 14% are graduates which are 39 in number. Only one woman is having a post graduate degree. Four are having degree in some professional course & 2 are illiterate.

This pie chart demonstrates the distribution of beneficiary population on the basis of their monthly family income. A whopping 77% of the total has family income between Rs.5000 to Rs. 10000 which figures to 212 in number. Next to it are the beneficiaries having family income below Rs. 5000 which is 13% and accounts to 37 of the total. 9% and 1% of the total beneficiaries have their incomes ranging between Rs. 11000 to Rs. 15000 and above Rs. 15000 respectively. This graph clearly indicates the strong desires and interest of women to participate in these short term modular courses. For those having family income below Rs. 5000 and between Rs. 5000 to Rs. 10000, it’s a dire necessity to earn to meet up the daily requirements of their household. Those falling in the income group ranging between Rs. 11000 to Rs. 15000 and above Rs. 15000, these trainings are more needed to reestablish their individuality as a person. Though for the above two income groups if a comparison is made between their monthly income and number of
family members, it is found that their income is not enough to sustain a big family. This is illustrated in the pie chart below.

24 beneficiaries had no interest in further education and the major reason behind this was their mental conditioning from childhood by their parents that studies are not very important for them as their prime responsibility in future after getting married will be of managing a household. 4% had to discontinue because their parents were not supporting their education; while the families of these 4% beneficiaries supported the education of their sons.

Way Forward
SEED Project rolled out operationally in July 2012. It has been a fast paced and challenging journey for the project. In a short span, deliverables were required to be accomplished. SEED in its foundation year did justice to what was conceived during its designing and has laid the foundation for future strategy of the project in the coming years. 272 women got quality skill training from expert professionals and that has brought a positive change in their lives.

For the year 2013, the plans for SEED project is to incorporate activities which makes it more sustainable. Here’s a glance:

- Develop a network with employers for easy placement of candidates.
- Develop a cluster of women from amongst the ones trained in Handicraft, Tailoring, Fast Food and Zardozi to start production of a few products to be sold out in the market on a pilot basis. This cluster of women will be trained on the management, financial and marketing aspects to help them develop into entrepreneurs who can manage big orders on their own.
- Establishment of an online store (in Spain for the initial 2 years) displaying products made by SEED beneficiaries to strengthen project sustainability. It will not only give visibility to the organization’s good work but will also make SEED beneficiaries’ products visible in the global market.
- Networking with the corporate sector and getting them to display these products in their office premises. This will get more customers to become aware of these products. A feedback from customers will also help in any changes required to be made during production.
Prabhavati Bhagat has led a difficult life since childhood. Her education was stopped with Standard VII as her father could not afford it. She got married at 28 only to be widowed a year later. She struggled through life as she had no means of making a living.

Prabhavati's life took a positive turn when she got married again at 40. It got better when she got to know about the training programs offered by Mumbai Smile’s SEED Project. Her husband encouraged her to join the Beautician Course so that she could fulfill her dream of opening a beauty parlor.

Says Prabhavati, “It was fun training with Mumbai Smiles. Apart from the routine course matter we used to participate in role plays and other co-curricular activities which kept us rejuvenated. The training was thorough and gave me the confidence to make something of my life. I have opened a parlor in my own home. I made an income of Rs. 3500 in the first month itself.” Prabhavati is extremely grateful to Mumbai Smiles for giving her the chance to stand on her own feet.

30-year-old Asha hails from a large family in Mumbai. Her education was stopped midway as her father - the sole breadwinner in a family of seven - could not afford it. Asha got married at 19 to a guy from UP, her home state. As her husband did not have a proper job there, Asha brought him to Mumbai and made him train under her father to make fast food. He is presently employed in a canteen, earning Rs. 7000 per month. The money is nowhere near enough to run a family of four as the couple has two children.

Asha got to know about the SEED Project through a community mobilization drive. She came across a pamphlet with details and also met a worker from Mumbai Smiles who explained details of the training program. Later, there was a meeting for which a number of women from her community were invited. During the meeting, the various course details were explained. This was a turning point in Asha’s life. She had always wanted to be financially independent. She decided that attending the Beautician Course will be of use to her as she can conduct the business from her own home.

SEED has given Asha the confidence she has always lacked by training her to become a Beautician. She had never been good at interacting with people. But the course content included being trained on dealing with customers. After completing the course successfully, Asha runs a beauty parlor from her house. Moreover, she earns around Rs. 2500 per month, supplementing her husband's income.

Asha has plans of opening her own parlor. She is confident that she will be able to garner customers in Nala Sopara where the family plans to shift soon. SEED has indeed transformed her life, from a shy young housewife to a confident beautician.
New Glances Project

This Project has been implemented to raise awareness among the international visitors about the situation and life conditions of people living in the slums of Mumbai, thereby giving them an opportunity to find answers to their questions about the grave reality of Mumbai. This project also promotes the work being done by Mumbai Smiles and highlights its achievements in its field.

Objective

The objective of this project is including social change by creating a critical, tolerant and responsible consciousness and advocating basic human rights. Specific projects tailored for different audiences will be executed in order to move towards a universal vision of human development, bridging realities and being able to transcend any division. This includes:

- **International Awareness:** We focus on spreading the social reality of India and creating awareness on the impact - positive as well as negative - of our actions in developing countries. We want to foster international awareness based on respect for human rights, equality and the elimination of intercultural barriers that limit development.

- **Local Awareness:** We stimulate reflection among communities in Mumbai, on the equality of rights for all social strata, thus promoting the participation of Indian Society in its own growth.

- **Research:** Our goal is to directly identify the needs of the communities with whom we work and develop a long term plan for the implementation of integrated development projects. With the support of social consultants, we will continue to acquire and analyze information on literacy, health, food security, employment and other fields of interest.

This sensitization project thus seeks to promote cross-cultural understanding and dispels myths and prejudices on all sides. The visits are voluntary, mutually-beneficial and organized in agreement with the communities and respecting their wishes.

Our Network

In the year 2012, the New Glances project had a total of 248 visitors, 203 were from Spain, 26 from Belgium and Germany, and 19 from other countries.

The following graphs provide information on statistical figures such as number of visitors, primary reason for their visit and their source of information about our projects.

Visitors Speak

"Thank you very much for making it possible for us to visit such a kind organization as Mumbai Smiles! We loved all the projects and also the manner in which you work. You have given us an opportunity to understand the reality of Mumbai which is otherwise not possible as a tourist. We are very happy for all the people that are working at Mumbai Smiles. All the best to you! Keep up this magnificent work that you all are doing. Thanks to you, people here are able to continue smiling."

- Cristina and Jordi (Barcelona)

"Thank you very much ‘Mumbai Smiles’ for the work that you do from your heart, and improving the lives of so many people! Making a visit here
has opened my eyes to the reality of Mumbai. I hope you receive all the necessary help (legal and economic) to be able to continue with your work. My best wishes to you. Join me while I sing...peace, love and happiness!!"

- Clara Gomet-Arroyo (Spain)

"Firstly thanks a lot for welcoming us to your organization. The visit has been very interesting, to be able to personally meet the most vulnerable people of the society and to see how through the different projects in the ambit of education and health, the organization is able to create a more just society. We encourage you to continue with your vision and we hope you are able to achieve the vision of the organization and especially always with a smile. Good Job!!"

- Ramon and Nicolas

"Thank you for dedicating your important time for explaining and showing us part of your great work in this city. We found your work very professional. Thank you for making us feel so close to you all during the visit."

- Mariona, Cristina, Amaya, Gorka and friends.

Activities in the year 2012

1. World Health Day
World Health Day was observed on April 7 to mark the importance of health in the life and economy of a family. A meeting of Balwadi Teachers and the SHG was convened on that day to discuss the state of health service delivery in the slums of Mumbai and creating linkages with the ongoing State Health Policies and Program Schemes.

2. World No Tobacco Day
On May 31, Mumbai Smiles observed World ‘No Tobacco’ Day (WNTD) in the premises of Holy Spirit Hospital. The purpose of the event was to create awareness and to reduce tobacco consumption which can lead to deadly diseases like cancer and early death. Individuals and non-profit organizations actively participated in making this event a grand success by distributing placards and displaying posters with the latest information on the ill-effects of consuming tobacco and smoking. Some of the other topics targeted included smoking and lung diseases and current concepts in treatment of lung cancer.

3. Children’s Day
Mumbai Smiles celebrated Children’s Day on 14 November, to mark the birth anniversary of Pandit Jawaharlal Nehru, the first Prime Minister of India, with Balwadi-going children. A thematic camp was held for school dropouts. The idea behind this venture was to educate parents on their children’s right to education while exploring the possibilities to get the children back into mainstream education.

The program was inaugurated with a welcome song sung by small kids. The Balwadi Teachers organized Fancy Dress competitions for the children at all the Balwadis. A total of 350 kids made a powerful impact during event celebrations. It was a huge event with enthusiastic participation from parents and children alike.

4. International Women’s Day celebration
Mumbai Smiles celebrated International Women’s Day in five Balwadis. The Balwadi was chosen for the celebration with the objective of promoting gender equality among the community members since the society is more of a traditional one where the perception towards women needs great attention to accelerate development. It was based on the UN 2012 International Women’s Day theme, ‘End Hunger and Poverty’, which is also one of the main objectives of Mumbai Smiles along with “peaceful struggle against poverty”. The celebration consisted of speeches, reciting poems, experience-sharing and discussion by the SHG members, parents and community members, all of which emphasized the importance of gender equality for enhancing women’s development. Taking this opportunity, Mr. Narendra Kumar Dundu, Executive Director India, briefed the participants about the objective of Mumbai Smiles, discussed the community’s well-rounded development program activities - an incorporation of children’s education systems, income-generating activities for women and provision of necessary services. Mr. Dundu also explained about global poverty and how empowering women can lead to a brighter future for all. Over 150 community members attended the event.

5. Independence Day celebration
Mumbai Smiles celebrated this year’s Independence Day at Powai and Sangarsh Nagar Balwadis. The events began with the hoisting of the National Flag. Various cultural events were organized for the children at all the Balwadis. A total of 350 kids participated in the drawing competition. Winners were selected on the basis of their imagination, idea, as well as their coloring talent. There were 550 children who participated in the competitions.

6. World AIDS Day
Mumbai Smiles observed World AIDS Day on 1st December in the slums at Sangarsh Nagar, Mumbai. A huge rally was organized as part of the awareness program on HIV/AIDS. A stall and
poster exhibition was held at the Holy Spirit Hospital. The Mumbai Smiles team - in collaboration with its volunteers - presented a Street Play and Puppet Show on causes and prevention of HIV/ AIDS which were highly appreciated by the viewers.

Advocacy

Promotion of Child Rights has been one of the focused working issues of Mumbai Smiles. To increase awareness about the rights of children and crime against them, Mumbai Smiles had launched a week-long campaign. The activities were held at the 25 locations of Andheri and Yashodhan School (for both Marathi and English medium schools). People were made aware of the toll free number 1098 of Child Helpline in which they can register their complaints in connection with child rights abuse. We emphasized on the right to education of children under the Right to Education Act. “Education is the center point which, if spread properly, can put an end to many social problems like trafficking and child labor.”

The year marked consolidation of the activities of the organization to address issues such as:
1. Child trafficking
2. Education to children from marginalized communities
3. Sensitization against child marriage

Various activities such as community meetings, training of various stakeholders on child protection laws, provisions for overall development of the child and mainstreaming of dropout children were carried out to protect the rights of children and promote their all-round development. Networking with likeminded NGOs was established to expand the outreach of project services to check trafficking of children.

Volunteering in the program

At Mumbai Smiles, everything we do is inspired by our enduring mission, values, and vision. Our Volunteer Policy and Mumbai Smiles Strategic Plan 2011-2015 is comprehensive, detailed and focused on the engagement of people, and volunteers are a part of our team that builds the community relationships in our program areas. Our volunteers contribute to our programs, projects and events. They are of assistance in raising funds for Mumbai Smiles, are advocates of behavior change, provide administrative support and technical skills to our online programs.

There is an extensive range of volunteer activities planned in the programs/projects of Mumbai Smiles. The management processes of the volunteering program are clearly spelt out in Mumbai Smiles Volunteer Policy. As per the need of a specific project/program, Mumbai Smiles connects with its partner institutions and other associated contacts for volunteers. A “Volunteer Placement Description” document is prepared for each volunteer requirement. The document lists the main purpose of the placement, type of program, duties and responsibilities, etc. A match is made according to the volunteer’s set of skills. They are briefed about the same through an induction program followed by regular coordination, supervision and monitoring. Job descriptions, appointment letters, and office materials are given to the volunteers to make them feel an important part of the team.

Induction training is important for us. Our initiative is designed to make volunteers feel welcome and valued, and allow them to understand where they fit within Mumbai Smiles, what their role is, and the implementation mechanism of the program and projects. We also provide them necessary audio/video and printed materials developed by Mumbai Smiles for their better understanding and arrange field visits to our program sites. Apart from this, we invite all the volunteers to our monthly staff meetings as well as the orientation sessions to meet the other team members and also share their experiences while giving us their feedback.

According to our Policy, a volunteer is ‘a person who performs a service willingly and without pay or honorarium’. But any expenses incurred by them for their travel and refreshments, etc. during their course of work, will be reimbursed. They are also provided with all the stationery materials like note pads, pens, camera, laptop or any other material required for their task.

The Volunteer Coordinator, under the supervision of the Executive Director India, manages all elements of volunteering such as human resource planning, recruiting, selection, training, monitoring and recognition of Mumbai Smiles volunteers.
Background
At Mumbai Smiles we have established the Monitoring and Evaluation Department to track the project activities and to evaluate its results. To monitor the project activities and their outcomes, Mumbai Smiles developed a 3-tier monitoring mechanism for all the projects.

A. Reporting Mechanism/Data Collection
This is the most important tool to understand the project activities and their achievements. For all the projects, Mumbai Smiles have designed the monthly statistical data collection format based on project specific objectives and the activities which will be carried out in a project year to achieve the desired results. By the analysis of the reported data, we are able to closely monitor the project progress. The outcome analysis enables us to understand the progress in achieving the project objectives as mentioned in our LFA (Logical Framework Analysis) document and also in developing our future strategy.

To ensure better data collection techniques, we have developed reporting/monitoring formats and checklist for constant monitoring of the project.

The monitoring formats include:

1. Monthly statistical data collection format
Every project department submits the data in a prescribed format to the M&E department by 5th of every month which is then compiled and analyzed to assess the project progress.

Monthly reports
This is a descriptive report prepared for all the projects highlighting the major activities and their outcomes.

Weekly reports
This is short summarized reports on the activities carried out in a week and the activities planned for the next week. The report is submitted by all the project coordinators to the respective Unit Heads and from Unit Heads to EDI for his review.

Monitoring visit checklist
These checklists are the ready tool to review and assess the on-site requirement of necessary materials or documents. It also helps to implement the corrective decisions for the betterment of project implementation.

B. Community level monitoring

1. Beneficiary Committee Meeting
The Beneficiary Committee consists of the beneficiaries equally represented from the projects implemented by Mumbai Smiles in partnership with its various partners. To meet the beneficiaries and seek their feedback on the quality of service provision and their suggestions for further improvement.

Various issues will be explored in relation to - access to, use of and satisfaction with the service delivery, in the form of questions below:

- Is the operation reaching the targeted beneficiary groups - who have access, who do not; who is participating, who is not?
- Are the operation’s outputs useful to the targeted beneficiary groups - in terms of food, assets (both physical and financial), scholarships, skills available through training, etc.?
- Is supplementary nutrition or food playing its intended role - how is supplementary nutrition program influencing the behaviour of participating beneficiaries?
- Are any beneficiary groups encountering specific problems?
- In what way do beneficiaries see their lives improving as a result of the operation?
- Any other priority topic / issue.

Follow up action: The Executive Director, India & Unit Heads will look into the issues raised by members of the Beneficiaries’ Committee, and take appropriate action. These issues include - implementation of the program, quality of the work being done, complaints regarding selection of beneficiaries, misappropriation/diversion of funds, quality of service provision etc.

C. Monitoring Visits
Monitoring visits to the project area help in understanding the project work and to inspect the project activities minutely. Monitoring visits also help to work out a mechanism in case the desired activities are not achieved during implementation of the project as specified in the LFA.

These monitoring visits include:
- Day to day visit by Field Coordinators.
- Weekly visit by Program Officer & Monitoring and Evaluation Officer.
- Monitoring Visits by Unit Heads and EDI.

2. Parents-Teachers meet for educational projects
We are in the regular practice of sharing the outcome analysis with the teachers and the parents of the children in a monthly parents meeting. This has helped us in making teachers as well as the parents aware about their responsibility in the educational progress of the children. This is done through:

- Sharing of child’s progress with the parents.
- Seeking suggestions from parents for program improvement.

Various issues will be explored in relation to - access to, use of and satisfaction with the service delivery, in the form of questions below:

- Are the project’s outputs useful to the targeted beneficiary groups - in terms of food, assets (both physical and financial), scholarships, skills available through training, etc.?
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- Is supplementary nutrition or food playing its intended role - how is supplementary nutrition program influencing the behaviour of participating beneficiaries?
- Are any beneficiary groups encountering specific problems?
- In what way do beneficiaries see their lives improving as a result of the operation?
- Any other priority topic / issue.
Organizational Chart

Board of Directors

General Director

Executive Director

Technical Advisory Committee

Health Unit Head

Program Officer Balwadi

Field Coordinator HOPE

Field Coordinator

Balwadi Teachers (25)

Balwadi Assistants (25)

Driver

Education & Development Unit Head

Field Coordinator HOPE

Project Coordinator SEED

Field Coordinator

Project Coordinator Future Smiles

Field Coordinator

Project Accountant

Resource Mobilization & Communication Unit Head

Project Coordinator SEED

Field Coordinator

Project Accountant

Awareness Unit Head

Accounts, Admin & HR

M&E Officer

Project Accountant

Office Assistants (3)

Driver
## Financial Statement

### ASSETS

<table>
<thead>
<tr>
<th>A) NON-CURRENT ASSETS</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Intangible Assets</td>
<td>13,850.61</td>
</tr>
<tr>
<td>- Fixed Assets</td>
<td>39,320.79</td>
</tr>
<tr>
<td>- Long-term financial investments</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>B) CURRENT ASSETS</strong></td>
<td><strong>2,28,086.48</strong></td>
</tr>
<tr>
<td>- Users and other accounts receivable for the Association’s own activity</td>
<td>23,027.40</td>
</tr>
<tr>
<td>- Cash and other equivalent liquid assets</td>
<td>2,05,166.19</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS (A+B)</strong></td>
<td><strong>2,81,307.88</strong></td>
</tr>
</tbody>
</table>

### EQUITY AND LIABILITIES

<table>
<thead>
<tr>
<th>A) NET WORTH</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1) Equity</td>
<td>2,29,400.17</td>
</tr>
<tr>
<td>- Foundational funds</td>
<td>71,657.87</td>
</tr>
<tr>
<td>- Reserves</td>
<td>30,000.00</td>
</tr>
<tr>
<td>- Surpluses from previous years</td>
<td>-0.11</td>
</tr>
<tr>
<td>- Surplus from financial year</td>
<td>41,657.98</td>
</tr>
<tr>
<td>A-2) Adjustments for value change</td>
<td><strong>1,57,742.30</strong></td>
</tr>
<tr>
<td>A-3) Grants, donations and legacies received</td>
<td><strong>51,907.71</strong></td>
</tr>
<tr>
<td><strong>B) NON-CURRENT LIABILITIES</strong></td>
<td><strong>2,81,307.88</strong></td>
</tr>
<tr>
<td>C) CURRENT LIABILITIES</td>
<td><strong>51,907.71</strong></td>
</tr>
<tr>
<td>- Short-term provisions</td>
<td><strong>303.59</strong></td>
</tr>
<tr>
<td>- Short-term debts</td>
<td><strong>78.62</strong></td>
</tr>
<tr>
<td>- Other short-term debts</td>
<td><strong>223.97</strong></td>
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<tr>
<td>- Group and associated entities, debtors</td>
<td><strong>18,249.76</strong></td>
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<tr>
<td>- Beneficiaries creditors</td>
<td><strong>33,354.36</strong></td>
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<tr>
<td>- Trade and other payables</td>
<td><strong>33,354.36</strong></td>
</tr>
<tr>
<td>- Suppliers</td>
<td><strong>79.62</strong></td>
</tr>
<tr>
<td>- Other creditors</td>
<td><strong>223.97</strong></td>
</tr>
<tr>
<td>- Short-term accrual accounts</td>
<td><strong>303.59</strong></td>
</tr>
<tr>
<td><strong>TOTAL EQUITY AND LIABILITIES (A+B+C)</strong></td>
<td><strong>2,81,307.88</strong></td>
</tr>
</tbody>
</table>

## Figures and Transparency:

- **Total Income:** 1,083,152€
- **Total Expenditures:** 1,041,494€
- **Donations:** 27.69%
- **Contribution from Members:** 72.30%
- **Cost of Management and fundraising:** 5.34%
- **Cost of Social Mission and Projects in Mumbai:** 81.39%
- **Awareness Projects:** 2%
- **Education Projects:** 16%
- **Socio-economic development Projects:** 60%

**Transparency:**

Our accounts have been audited by the firm Auditia Iberia Auditores, S.L.P.

Transparency is one of our principles and that is why the complete audit report with the annual accounts is publicized and made available on our web page.
Our Stakeholders

Support: 2012 Counterparts (Project implementation partners)
- Avehi Abacus
- Bombay Leprosy Project
- Creative Handicrafts
- Holy Spirit Hospital
- SAPREM
- Yashodhan School

Mumbai Smiles Technical Advisory Committee members
- Prof. Harsha Parekh
- Dr. Usha Krishna
- Dr. Prakash Doke
- Ms. Sonalini Mirchandani
- Dr. Mamatha Lala
- Mr. Stanny Pinto

Self-help Groups
- Sanskruti Mahila Bachat Gat
- Sahara Aincell Mahila Bachat Gat
- Sahkar Mahila Bachat Gat
- Laxmi Mahila Bachat Gat
- Saviradri Mahila Bachat Gat
- Janani Mahila Bachat Gat
- Heena Mahila Bachat Gat
- Meri Saheli Mahila Bachat Gat
- Vrundavan Mahila Bachat Gat
- Mahalaxmi Mahila Bachat Gat
- Ramabai Mahila Bachat Gat

Beneficiaries Committee
- Members of the HOPE Project Beneficiaries Committee
- Members of the SEED Project Beneficiaries Committee
- Members of the Future Smiles Project Beneficiaries Committee
- Members of the Balwadi Project Beneficiaries Committee

Our Banker
- Deutsche Bank, Khar

Our Auditors
- ISK & Associates (Chartered Accountants)

Organizations
- Municipal Corporation of Greater Mumbai (MCGM)
- Mumbai District AIDS Control Society (MDACS)
- Bombay Community Public Trust (BCPT)
- Consulate General of Spain (Mumbai)
- iVolunteer
- SPARSH
- Barraquer Fundacion, Spain
- Vision Foundation of India
- Bombay City Eye Institute and Research Center
- Culturama, a monthly magazine
- SP Jain Institute of Management & Research
- Hiranandani School of Nursing, Powai
- Instituto Cervantes, New Delhi

Individuals
- Mr. Yasharth Mishra
- Ms. Rucha V. Patki
- Dr. Dayakrishan Mangal, UNFPA
- Mr. Ashok Vithalani
- Mr. Ramkrishna Chugani

- Nav Nirman Samiti
- Svasti Micro-Finance Institute
- Haji Bacchu Ali Eye Hospital
- Mahila Arthik Vikas Mahamandal (MAVIM)
- Lokmanya Tilak Medical College and Hospital (Sion Hospital), Mumbai
- King Edward Memorial Hospital (KEM), Mumbai
- Sir Senapati Hambirrao Mohite Samajik Karya Sanstha
- Marigold Hotel, Mumbai
- Silver Inn Hotel, Mumbai
- Mr. Shrenik Shah (IT Consultant)
- Ms. Neha Jain (EduMedia)
- Mr. Aditya Kundalkar
- Dr. Kulin Kothari
- Baby Neus (Spain)
- Mr. Khushi Thawani
- Mr. Nitesh Thawani
- Mr. Dinesh Shetty
- Mr. Sharath Shetty
- Mr. Saurabh Misra
- Mr. Abhay R. Mehta
- Mr. Hemant Nandrajog
- Dr. Sandeep A. Chauhan
- Staff at the Bank of America Merrill Lynch
- Ms. Preeti Seshadri, Chennai
- Ms. Carla Pereira, Portugal
- Mr. Sanghmitra Bhownik, Kolkata