

31

years

of positively impacting  
the lives of marginalized  
rural communities



P.R.I.D.E. INDIA

Planning Rural-Urban Integrated Development through Education

AN ISO 9001-2008 CERTIFIED ORGANIZATION



Annual Report 2013-14





## Mrs. Vipula Kadri

Founder (1939-2007)

**M**rs. Vipula Kadri, a social worker who made a difference in the lives of millions, is the founder of P.R.I.D.E. India along with sister organizations Save The Children India and W.I.S.E. Be it underprivileged children, destitute women or victims of natural disasters, Mrs. Kadri ensured to do everything in her capacity to help the less fortunate lead a more dignified life. We now strive to carry on the legacy of this exemplary woman.

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# Board of Trustees

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# Message from the Trustee / Chief Functionary

Dear Friends,

We are proud to announce our presence in the development sector for 31 years. We are committed and work strategically to achieve our goals, mission and vision of empowering the marginalised rural communities.

We have made significant developments in terms of expansion of our health, education and livelihood programs.

Our partnership with the Government of Maharashtra has further strengthened and with their support we have added a 10 bedded Post Natal Care ward 'Vipula Mother and Care Services' in our SPARSH hospital. This is helping us to reach out and save more lives. A blood storage unit, a new addition, has been an asset and a necessity for safe health care.

With support from Maharashtra State Aids Control Society (MSACS), we have initiated the Anti Retroviral Therapy (ART) centre in the SPARSH hospital which has further strengthened our program on caring and counseling for people living with HIV/AIDS. In partnership with HIV Alliance we could reach out to these people through our Care and Support outreach program across Osmanabad district.

This year, with support from Consulate General of Japan and Save The Children India, we have developed a training and resource centre in Mahad which will focus on disseminating our knowledge and experience in early childhood care and development and also build capacities of local communities, especially women, for improving the socio-economic conditions of the villages.

We constructed a Water Harvesting structure in SPARSH which has helped in mitigating the water scarcity in the hospital this year. We are planning to initiate the water recycling system in the next year with support from Australian Consulate.

Sir Dorabjee Tata Trust supported us to initiate an integrated program for enhancing farm based income of Women Self Help Group members from Sustainable Development of Bamboo resource. Also, large areas of wastelands owned by farmers in Konkan region will be put to productive use through Bamboo plantations under this program.

We have witnessed qualitative improvement in personalities of children due to their involvement in various activities and have also helped them achieve good results in academics as well as acquire admissions into higher education.

Next year, we plan to consolidate our experience, learnings and good practices in education and Early Child Care and Development and scale up our interventions to other geographical locations. None of this progress would have been possible without the great enthusiasm and support extended by all of you. I would like to thank all our board members, partners and supporters for being with us and supporting us in making a difference in lives of many deprived children and their families. I sincerely seek your continued cooperation in advocating and disseminating successful initiatives to make a larger impact in the near future.

This Annual Report is just a small coverage of the enormous work done in the year, but definitely there is a long way to go.....

We look forward for your valuable feedback and suggestions!

**MRS. ISHA .Y. MEHRA**

Trustee & Chief Functionary  
P.R.I.D.E. INDIA







## OUR VISION

P.R.I.D.E. India envisions a society based on equal opportunities and human rights.

## OUR MISSION

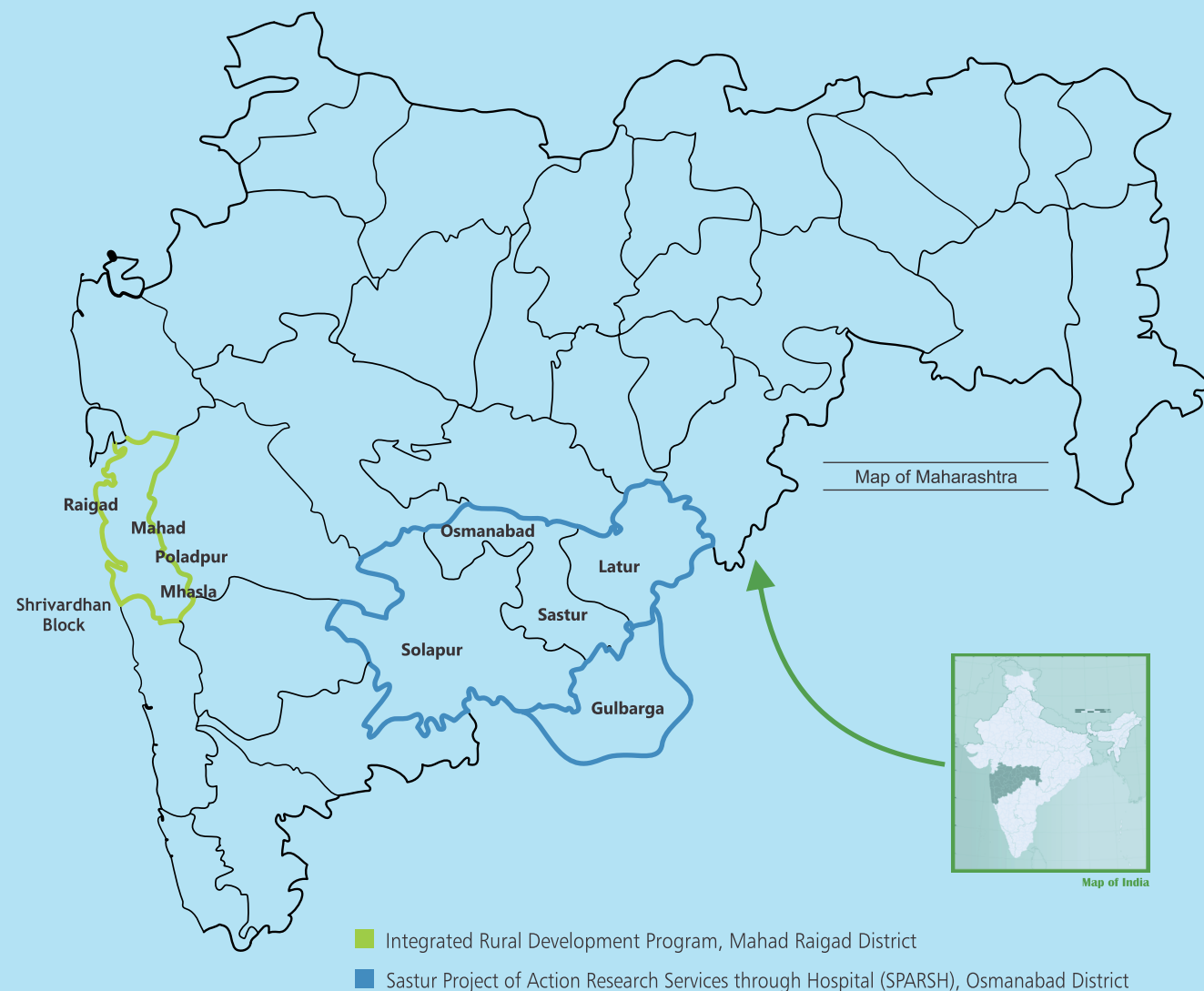
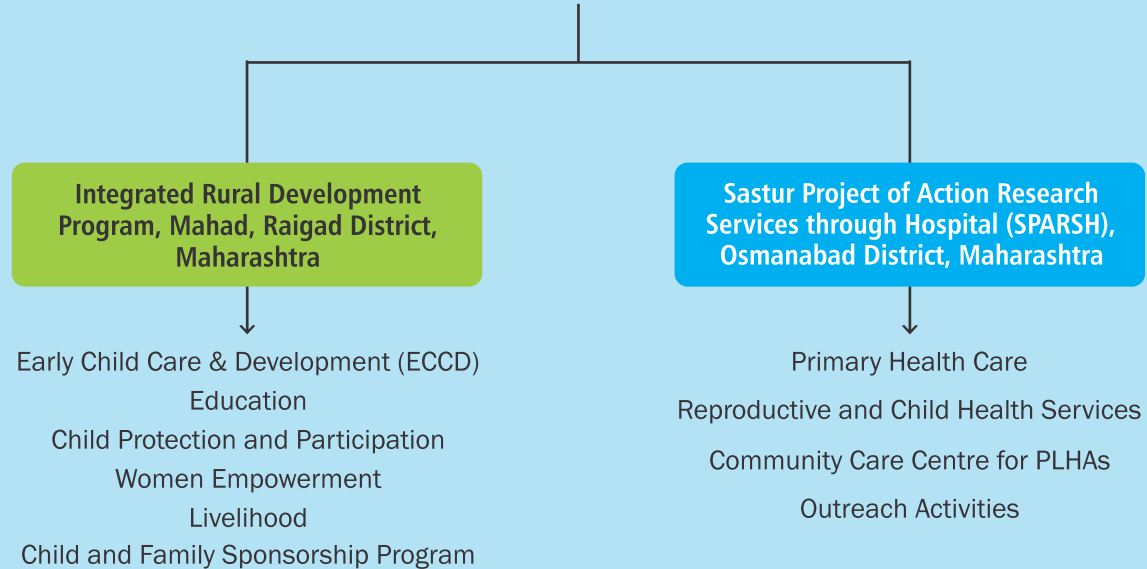
To facilitate the process of empowering the marginalized communities, to lead a life with dignity and self-respect.





# Our Areas of Work

## P.R.I.D.E. India



# An Overview

P.R.I.D.E. India (Planning Rural-Urban Integrated Development through Education) is a Non-Governmental Organization, registered under Societies Registration Act 1860 in the year 1982. The vision of the pioneer, Late Mrs. Vipula Kadri, was to promote the holistic development of marginalized rural people, considering the family as a unit, by adopting an integrated approach with the main emphasis on early childhood care and development, education, women empowerment, livelihood and health.

P.R.I.D.E. India has continuously evolved through a long and successful journey of 31 years, to have attained its present excellent reputation as one of the best service organizations in the areas of its reach. The NGO currently covers areas of Raigad, Osmanabad, Latur and Solapur Districts through two vital projects based in Raigad and Osmanabad districts of Maharashtra.

P.R.I.D.E. India has a presence in the Mahad block of Raigad District, with a population of approximately **30,000** people. In this region, P.R.I.D.E. India supported more than 27,000 children and their families across **47** villages.

When a devastating earthquake hit Sastur village in Osmanabad District in 1993, thousands lost their lives; not because of the earthquake but because they did not receive timely medical assistance. This led to the setting up of SPARSH Hospital by P.R.I.D.E. India in partnership with Government of Maharashtra in 1993. Today, SPARSH serves over **64,000** out patients and **5000** in-bed patients annually from across 234 villages.







## Integrated Rural Development Program

**T**he Integrated Rural Development Program addresses the many needs of the rural community through an integrated approach. P.R.I.D.E. India works with nearly **5,800** households in Mahad Block of Raigad District. The interventions focus on the immediate needs of children and their families, allow seeking of a long-term approaches to development, direct efforts on developing indigenous resources and support the creation of institutions.

The program is being implemented in **47** villages covering a population of around **30,000** individual beneficiaries.





## Early Childhood Care and Development Program (ECCD)

This year saw an increase of **30%** in the number of young children between 0 to 3 years being raised in a positive environment through different training and awareness programs. P.R.I.D.E. India makes use of the Child Development Scale (CDS), a screening tool for monitoring growth and development of children. The program provides a protective and nurturing environment for children aged 0-6 years to be among peers and educators, who helped create an enjoyable and stimulating learning experience for each child to develop necessary social and mental skills.



♦ 50 health workers and 35 Integrated Child Development Scheme (ICDS) officials took part in a meeting on different health schemes and facilities.

♦ A sensitization camp for **800** Self Help Group (SHG) leaders and mothers on 'Caring Practices' was conducted. The activities included discussions on

♦ **80** ASHAs/AWWs participated in training program on antenatal care, Home Based Intervention and CDS. This included screening of **327** children with CDS and counseling of **50** mothers and **250** caregivers on appropriate antenatal and post natal care.



Reproductive and Child Health (RCH) Program, linkages with the government to ensure RCH services, distribution of Iron Folic Acid (IFA) tablets, institutional deliveries, safe deliveries, capacity building of caregivers on Integrated Management of Neonatal and Childhood Illnesses etc.

Since 2009, **Nisha Nivrutti More** - a 25 year old mother from Village Karanjkhoh in Raigad district, has been benefitting from the Home based intervention Program. Before being involved in this program and intervention sessions, she perceived child care as only being limited to providing the infant with food and care but after attending regular meetings of caregivers she could comprehend that during the feeding, bathing, sleeping and free time for the infants, the care givers should communicate with the child along with other important caring needs. The information disseminated by the care-givers on the importance of play as a teaching technique has also been beneficial for little Aditya who is 5 year old now. Nisha says "My child learnt to sing songs at such an early age as I learnt in the Home Based Intervention Sessions that one need to speak with the child more often".







**Yogesh Hilam** is an 18 year old bright boy who belongs to a local tribal hamlet in Mahad. He is currently in the 11th standard and goes to school in Mahad, the nearest senior secondary school. He resides in the MuktaShala residential facility located in Korthurde. All his boarding, lodging, educational and nutritional requirements are borne by MuktaShala. He is also a mentor to the other 64 children and a shining example of what MuktaShala aims to do, that is to empower these children through education. Yogesh says; *"I hope to pass my exams soon and find a good job after which I can fully support my family."*



## Education

Fundamental to P.R.I.D.E. India's vision is the role of children as change-agents in breaking the cycle of poverty. In order to take up this role effectively, children need to develop necessary skills, attitudes and beliefs through education. Therefore, P.R.I.D.E. India developed a program of quality education for all children through community participation and empowerment of mainstream education systems in villages. P.R.I.D.E. India complements the government's efforts in making primary education accessible by children as envisioned under Right to Education (RTE) Act, 2009. Besides this, after school reinforcement is also provided to children through study centres and reading improvement program.

♦ During the year, **38** teachers across **35** schools were trained on Right to Education and Child Rights. Regular sensitization



meetings were held to inform the community and local leaders about the role of government and community in creating quality education for their children.

♦ **86** students from Government Primary School benefited from P.R.I.D.E.'s School Quality Improvement Program. Various meetings were conducted with School Mgmt Committees in **19** government schools with regard to their roles and responsibilities in improving quality of

education. Various teaching and learning materials were also provided in these schools.

♦ Reading Skills Improvement Program (RIP) was implemented in **20** centres with the objective of improving the reading levels of Std. II who were unable to read fluently. These children were provided time-bound modules and their progress in terms of behavior and education were mapped. During the year **154** children participated in the level 1 and **119** in level 2 of RIP program.

♦ **785** children availed the benefit of **20** Study Centres across **20** villages. Unlike the environment at the children's homes, which are not conducive to academic excellence, the Study Centres provided students with classroom and supplementary education through innovative methods.

♦ Children from **40** villages participated in various competitions such as essay writing, drawing, sports and cultural programs. Around **1,400** children took part in drawing competitions arranged on different occasions and **110** members of Child Clubs were given the opportunity to participate in



an educational tour to Mahabaleshwar and Agriculture University, Dapoli, Ratnagiri. These children visited historical places and learned about different educational courses which they can pursue after 10th / 12th standard.





## Child Protection and Participation

P.R.I.D.E. India is committed to provide children and adolescents an opportunity to assume a leading role in the community and strives to promote healthy child development. P.R.I.D.E. India has initiated **46** Child Clubs which engages **2,032** children in various activities and events.

♦ **450** children attended a Career Guidance Camp. The camp familiarized students with various higher education and career



opportunities in the fields of banking, tourism, technical skills, etc.

♦ **424** children from **23** villages participated in the Winter Sports Meet held at Mahad which included games such as Kabaddi, Kho-Kho, Shot Put among others.



♦ The Child Clubs and Child Club Federation initiated by P.R.I.D.E. India have been very active. **876** members have joined these clubs so far. The meetings discussed enrolment in schools and computer classes, academic performance, child neglect and

abuse among others. A Capacity Building workshop on 'Leadership and Communication Skills', was also organised.

♦ **9920** men women and children attended an awareness program on 'Say No to Corporal Punishment'.



♦ MuktaShala has benefited 64 tribal children by for ensuring continuity in their education, encouraging participation in extra-curricular activities, resource centre including computer and library along with boarding and lodging needs of the children, in their parent's absence.

♦ **200** children from **46** schools attended an awareness program on 'Safe and Hygienic Practices' and **1,846** parents attended an awareness program on the 'Value of Education for Children.'

♦ Mahad field office operates as a sub-centre for CHILDLINE India Foundation (CIF) through which P.R.I.D.E. India works to uphold child rights and protection. The 1098 helpline is monitored for distress calls regarding domestic abuse, runaway children, trafficked girls and boys and child labourers, who are then rescued and consequently rehabilitated for their wellbeing.





**S**havanti bai, resident of village Sav was supported with interest-free loan of 10,000 for the purchase of 6 goats in the year 2011. She subsequently applied for another loan of 10,000 for the upkeep and purchase of 5 additional livestock. Today, she rears 23 goats after selling off 10 for a good profit. Goatery have been a good source of income for her besides fishery which is seasonal. Her family has ample milk supply and she repaid more than 50 percent of her loan and continues her payments in installments.

## Women Empowerment

**P**.R.I.D.E. India strongly believes that empowered women are strong agents of change and are able to usher in positive changes in their respective families and the society at large. Hence, our interventions focus on strong leadership, sustainability and economic independence of women in the areas they inhabit.



♦ “P.R.I.D.E India supported me with many training sessions on different subjects such as village cleanliness, economic development and total sanitation. It helped to develop my village and myself. I learned a lot from that,” says Savarna Sandip Nimbalkar, Sarpanch of Warandoli village. Initially a Panchayat member, Savarna was later chosen as the village Sarpanch. Under her governance and through P.R.I.D.E India’s support, Warandoli achieved awards such as the ‘Divisional Award for Sanitation Program’ for the construction of toilets and ‘The Village Cleanliness Award’ at State level. With P.R.I.D.E. India’s intervention, dustbins, water filters, gutter systems and solar lamps were constructed in the village, ultimately leading to the receipt of the ‘Ideal Village’ award.

Savarna has also personally benefited from P.R.I.D.E India’s support. She has evolved as a leader and has become more empowered now .

♦ An innovative water management system was taken up by 6-7 women of the village Sav in Mahad, a landslide prone area for care of bamboo planted in their private wasteland with support from Sir Dorjee Tata Trust. The Water Management was initiated with a well, constructed in Sav which was fed by individual water taps and rainwater. The collected water is pumped upwards to a larger tank and later channeled downwards with the aid of gravity to 6 private wastelands where bamboo plantation have been undertaken. For this purpose these women also managed to get separate electricity connection and share the cost incurred for pumping the eater to the larger tank. This is an efficient and cost-effective way of irrigating bamboo plants in an undulating terrain and conserving soil.



♦ The Vipula Credit Co-operative society, one of the major initiatives for the empowerment of women completed its 25th year; initiated on principals of mutual help and support has 2702 shareholders now. The Co-operative has provided rural poor, specially women access to financial services hitherto being not available.





## Livelihood

♦ About 80 youth attended the vocational training on Electrical Wiring, 165 girls on



tailoring and **426** adolescent girls participated in the Life Skill Education which was conducted to equip them with essential skills and make them employable.

♦ Organization of village development plan, observation of International AIDS Day in **40** villages.

♦ **20** Youth Clubs were strengthened at village level during the year.

♦ Awareness generation activity organized for **5,270** people on different youth employment programs, and **120** Youth Club members were trained on leadership skills.



♦ The under construction Vipula Training and Resource Centre aims at building capacities of local communities especially children, youth and women for improved socio-economic status and better living conditions of villagers. The Centre consists of a Training hall, Early Child hood Care and

Development Resource Room, Library and Resource Room, Separate Dormitories for men and women with rest rooms, Open Training space on ground floor, Amphitheatre and sitting, Kitchen & Store. A two day training program on tiling was held during the construction of the training centre at Mahad. This training as imparted by Somany Ceramics Ltd. in which around



♦ **24** youth and men participated and learnt the complete process of Tile Laying based on different types, tools and instruments used and also giving finishing touch to the same. Few of them came forward to buy the tool kit and are using the skills learnt during this training.

♦ The bamboo-based livelihood project benefits **137** women and their families. In 2013-14, **640** bamboo plants were cultivated in private wastelands and **234** more plants in the beneficiaries' private plots. There are now **23** different species of bamboo thriving in the area. To increase viability, at the initial step the project aims to enhance the income of these women through direct sale of bamboos in adjoining areas and later diversify to finished products.







# Child and Family Sponsorship Program

Presently, **151** children benefit from the Child and Family Sponsorship Program. Not just a mere monetary



arrangement, the program encourages both the donor and sponsored child to communicate and interact with each other. Moreover, the funds are used not only for the child's schooling and learning materials, but also to assist the livelihood of the child's family. This helps to provide the child with a healthy environment for holistic growth and development. Regular Mahila Melavas were organised in these villages where information about SHGs, Mother and Child Health, Ante Natal Care, SHGs and other relevant topics were discussed at length.

Child and Family Sponsorship Program's intervention in the villages of Sav and Adiste is as follows:

- ♦ **105 children were supported with educational materials, uniforms and after schools reinforcement through Study Centres.**

- ♦ **78 children were provided personal solar study lamps**
- ♦ **20 individual toilets constructed with community support**
- ♦ **55 children participated in Personality Development Camps.**
- ♦ **All 145 children benefitting from after-school academic support.**
- ♦ **Regular Health Camps**



**K**arishma Bharat Nimbalkar, a young girl from Warandoli village, has benefited greatly from her sponsor. She has been sponsored since 3rd standard and is currently a 1st year B.Com student at a College in Mumbai. Without her sponsor's benevolent and continued support, Karishma would not have been able to access quality higher education than that which is presently available in her village and vicinity. Her educational qualifications have enabled her to be in a better position to improve her well-being and that of her entire family.





## Health

◆ Endeavoring to ensure safe deliveries for women, 100% immunization of infants and promoting appropriate childcare practices and integrated management of illnesses.

◆ Promoting active family planning measures, reproductive and child health services, prevention of reproductive tract infections, sexually transmitted infections and HIV/AIDS and promoting treatment-seeking behaviour in case of infections.



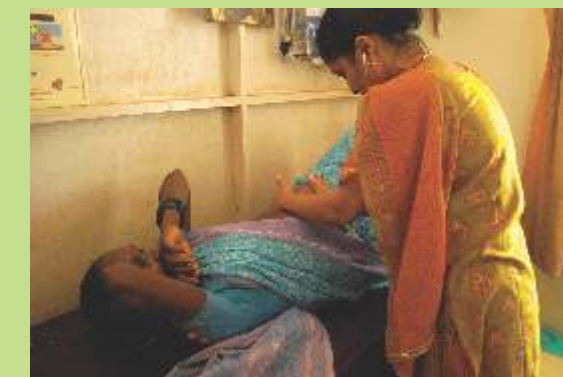
◆ Under the Sanitation program, **40** schools and **927** children participated in the awareness program where a hygiene kit was given to children for inculcating better hygiene practices among them.

◆ Regular counseling services were provided to **310** pregnant women and all were successfully registered with Government Hospitals. **89.03%** Pregnant Women of these women completed ANC Checkup and **86%** of children were given exclusive breast feeding for up to 6 months. Additionally, **166** children were given Polio and BCG vaccines immediately after delivery and **171** infants are completely immunized.

◆ World Breast Feeding Week (August 1-7) was observed with SHG members, health department officials and nursing mothers with the aim of promoting the health benefits of breast feeding to the infant and mother. Workshops for health workers, caregivers and peer educators were also conducted.

◆ On 1st December 2013, World AIDS Day was observed involving **20** youth group members and adolescent groups, selected members from **196** SHGs, health service providers and other community members. HIV/AIDS awareness was promoted in **19** villages through audio-visual presentations.

◆ Positive Deviance Hearth sessions were organized in 2014, in which malnourished children were targeted for a 14-day session with their caregivers for an intensive learning experience which resulted in weight gain and positive health improvements among children.







# Sastur Project of Action Research & Services through Hospital (SPARSH)

Through its **40-bed** Rural Hospital, Community Care Centre and outreach healthcare services, SPARSH's services



benefits people from Marathwada region, especially from border districts of Maharashtra and Karnataka i.e. Osmanabad, Latur, Solapur, Bidar and Gulbarga.

P.R.I.D.E. India's SPARSH rural hospital, located in Sastur, Osmanabad, reaches out to **234** villages in the neighboring area through general health services, maternal and child health, prevention, care of people



living with HIV/AIDS and its outreach program through Mobile Medical Unit. Over **64,000** people are benefited through health services every year with **9,99,000** people benefiting in the last 18 years. Another **45,000** people benefit each year through the Mobile Medical Unit.

## PERFORMANCE HIGHLIGHTS AT A GLANCE (From April 2013 - March 2014)

Sr. No.	Description	2011-12	2012-13	2013-14
1	Out Patient Department (OPD)	52960	64328	65874
2	In Patient Department (IPD)	4689	6224	4899
3	Normal Delivery	565	765	856
4	LSCS (Cesarean Operations)	136	192	234
5	Family Planning Operations	551	669	626
6	Minor Operations	587	394	215
7	Major Operations	427	714	1147
8	Cataract Surgeries	137	93	109
9	ANC Follow Ups	659	1678	1610
10	X-Rays, ECG, USG.	4075	6863	8204
11	DOTS Treatment	14	20	14
12	Blood Transfusions	-	-	226*

\*Newly initiated





## Reproductive and Child Health Services

♦ There has been a **55%** increase in the footfall of patients, especially high risk mothers and more than **900** safe deliveries are conducted every year.



♦ **1,000** health workers are trained on 'Mother and Child Healthcare.'



♦ With the help of National Rural Health Mission, SPARSH started a **10** bedded 'Vipula Mother and Child Care Centre' i.e. a separate Post Natal Care (PNC) ward. The PNC ward is completely infection-free and safe for new mothers and their infants.

**A** 38 year old female patient complained of a huge mass that she felt in her abdomen since 6 months. After examination and ultrasound, we realized that there was a huge ovarian cyst of size 18 x 16 cm. The patient was rushed for surgery. After her abdomen was opened, the cyst was found on the right side. The removal of the cyst took place without disturbing any other tissues or causing rupture. The patient was discharged from our hospital safely and is now back to her routine life. - *Dr. Ghodke*







# Care for people living with HIV/AIDS

## ♦ Vihaan Care & Support Centre (CSC)

Vihaan CSC, established in Osmanabad district, provides care and support services for well synchronized medical treatment. The focus is on psycho-social support, along with medical education, drug adherence and nutrition. Referral and outreach services for social protection, follow up and family support also define the scope of Vihaan CSC.

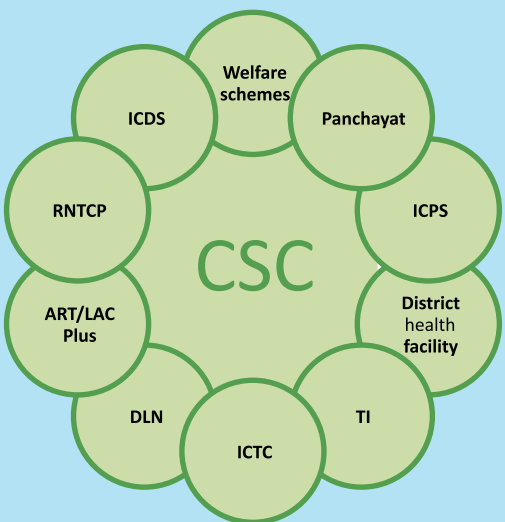
Niradhar Yojana which entitles them a pension of **Rs.600/-** per month.

## ♦ Community Care Centre (CCC)

P.R.I.D.E. India had set up a Community Care Centre to monitor and treat those infected with HIV. A total of **8,539** People Living with HIV/AIDS (PLAH) have benefited from the CCC in the last 5 years which provides home based care and counseling support.

Around **5,500** HIV positive people were provided with counseling support for adherence to Antiretroviral Therapy (ART) and psychological support for regaining self-esteem through home visits.

## CSC Service Delivery & Linkages



ICPS - Integrated Child Protection Scheme; TI- Targeted Intervention; ICTC- Integrated Counseling and Testing Centre, DLN- District Level Network; ART/LAC Plus - Antiretroviral Therapy/ Link ART Centre; RNTCP - Revised National TB Control Program; ICDS - Integrated Child Development Scheme.

## Some key highlights are as set out:

- ♦ **1,215** People Living with HIV/AIDS (PLHAs) availed the services of CSC program.
- ♦ Four outreach workers covered the entire Osmanabad district, conducting home visits of PLHAs.
- ♦ **125** PLHAs benefited from Sanjay Gandhi

25 year old Kamla Patil (name changed) from Osmanabad had seen much of the world right from the tender age of 13 years. She clearly remembered the fateful day when she met with a gruesome accident and was hit by a speeding jeep. She was admitted to a hospital which carelessly transfused HIV infected blood to her. Even though she was under treatment, there was no noticeable change in her CD4 count i.e. optimum white blood cell count to fight opportunistic infections. She also complained of body pain, cramps and insomnia. After a counseling session at CCC and medical intervention, the cramps in her body subsided and she gained weight owing to the medical intervention carried out. Kamla has been advised to continue her treatment and to follow up every 3 months.





**P**.R.I.D.E. India's Mobile Medical Unit (MMU) were able to perform high risk deliveries in the villages of Nilegaon and Gulhali, which are very remote villages located at the border of Maharashtra and Karnataka. Two female children were born and the villagers were ever so grateful to the staff of MMU for their excellent work.

## Outreach Activities

### ◆ Family Planning Initiatives

Family Planning in rural India is a difficult feat. Not only does tradition oppose family planning practices, medical institutes which conduct operations are also scarce in rural India. To promote Family Planning measures, especially among men, SPARSH have incentivized vasectomies and tubectomies carried out at the rural hospital after sensitizing potential clients about family planning and the available options. In 2013-14, **626** Family Planning operations were performed at SPARSH.

### ◆ Providing Health Services at the doorstep - Mobile Medical Unit

SPARSH operates a 'Mobile Medical Unit' (MMU) since the year 2011, in collaboration with the Health Department of Government of Maharashtra. This unit focuses on providing primary, preventive,

curative, diagnostic and referral health services to people in un-served and under-served rural areas. The MMU staff consists of a team of six members including lady medical officer and provides its services to **54** villages in Osmanabad. These services provide access to primary health care to approximately **45,000** people at their door step, especially pregnant and lactating mothers, adolescent girls, old women and children in 8 blocks of Osmanabad District.



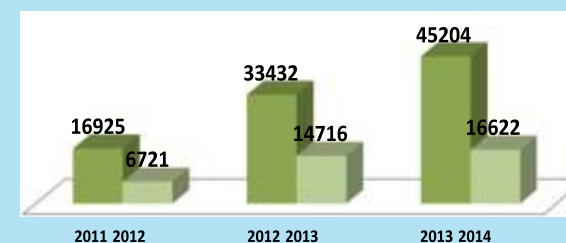
**Patients benefitted through the Mobile Medical Unit- 2013-14.**

Activities	No. patients benefitted
OPD	45244
ANC & PNC Check up	3782
Lab Investigations	24363
Family Planning Counseling Sessions	1638
Delivery	11
Awareness Campaign	214

**Senior citizens served, and gender wise distribution of beneficiaries of MMU.**

### Elderly

■ TOTAL ■ ELDERLY



### Gender wise

■ MALE ■ FEMALE ■ TOTAL







## Other Initiatives

### ◆ AYUSH Camp



An AYUSH health checkup camp was held at SPARSH rural hospital where **1,400** patients from **70** villages were screened and prescribed alternative treatments like Ayurveda, Unani, Homeopathy, Physiotherapy and Naturopathy. This camp was inaugurated on 25th March 2013 by the Deputy Director of Health Services and was supported by 8 Specialist doctors from Solapur and Latur.

### ◆ Training Centre



The training centre located in the hospital premises serves the dual purpose of accommodating relatives of patients and for carrying out various community based social, welfare and developmental activities. In 2013-14, 5 module trainings were organized for ASHA health workers from **50** villages in which **240** ASHAs were given information of Government Health Schemes.

### ◆ Musco Skeletal Deformity Correction Camp

The Musco Skeletal deformity correction camp benefited **305** patients in 2 days of which **65** surgical procedures were performed successfully. What began as a Polio-eradication camp, soon turned into a camp addressing a broad spectrum of health problems and now these camps treats and corrects Musco Skeletal deformities due to cerebral palsy, nutritional deficiencies or congenital birth defects.

### ◆ World Tuberculosis Day

On March 24, 2014, World Tuberculosis Day was observed with an awareness rally in which **200** participants took part. A training session about Tuberculosis was also organized for the staff and patients.

### ◆ Multi Diagnostic Health Camp

The Multi diagnostic camp was organized at Jewali village under the MMU project. **850** patients especially women and adolescent girls were benefited through this camp with the help of 7 specialist doctors.



### ◆ Other Significant Initiatives:

A **Blood Storage Unit** with capacity of **60** bags is operational after approval from FDA, which is very useful for the rural poor, especially for pregnant and lactating mothers.

The hospital has a new digital **X-ray** machine now with support from NRHM which provides results with more precision.

This year SPARSH introduced an **E-Aushadhi** system, advanced software introduced by the government for management of drug stock as well as utilization of drugs at the end user level. Now SPARSH can monitor availability of different drugs at any point of time along with their expiry dates.



# Supporters Speak:

“When I visited the SPARSH Hospital, I observed that this hospital is run by dedicated persons at all levels despite serving at a rural place where basic necessities like water and power are lacking. SBI is proud to be associated with this project  
- **Mr. Vijay Dikhale, State Bank of India, Osmanabad**”

“It was a great scene to see those who have been working with your organisation from foundation lined up on the stage! - **Mikiko Osaka , design. GGP Unit , Japanese Consulate (during the 30th years of celebration of P.R.I.D.E. India)**”

“A very good hospital with excellent and supporting staff. A great place to come year after year - **Dr. John Clegg, Rotary Club of London**”

“I am very glad to visit this hospital for the fifth time to conduct Musculo Skeletal deformities' corrective camps and find facilities provided for such a purpose are excellent. The cleanliness in the hospital is worth appreciating and patients are taken care of very efficiently. - **Dr. Pramod M. Kale**”

“**Soumya R. Ullal:** Excellent program with committed and dedicated staff. Best wishes for future endeavours.”

“**Mr. Waghmare:** The facilities in the hospital are very good. There are ample spaces for patient's relatives to wait i.e. in the garden, campus and waiting rooms.”

# Beneficiaries Speak:

“**Radhika Kishor Kokan:** I came here 5 to 6 times before for ANC checkups. I am very happy with the service here. The staff treats me very nicely and respectfully. The service is good and it's free. That's why I chose to deliver my baby here.”

“**Raj Namdev Ivlekar,** is 18 years old and has been associated with the Sponsorship Program since November of 1999. Raj says “My father works as a mason at construction sites. From the money he earns, it becomes difficult to cater to the daily health and educational needs of the family. After a need assessment survey was conducted in the village, I was selected and enrolled under Child Fund's sponsorship project, implemented by P.R.I.D.E. India. My sponsors are Mr. and Mrs. Chipman from Australia. I started attending the Balwadi program and my siblings availed various benefits under the program. My family was given financial assistance to construct a toilet and also start a small Kirana Shop (Grocery store) in our village. Our health needs were also taken care of by the project's medical officer. Presently, I am in the third year of a Computer Diploma Course at Dr. Babasaheb Ambedkar Technical University at Lonere, Raigad. My ambition is to pursue Engineering after completing the Diploma. Due credit for my progress goes to the organization for aiding the growth of technically qualified and socially responsible citizens.”



“**Rajit Namdev Nagarkar** is 18 years old and has been associated with the Sponsorship Program since July of 2002. “I belong to a small village called Chochinde, in Mahad. I have been enrolled in the child sponsorship program since 2002. My parents are engaged in traditional farming which is not sufficient to feed the family. My sponsor's name is Mr. Birger Lauridsen from Denmak. Right now I am pursuing 3rd year Diploma in Petrochemicals at Dr. Babasaheb Ambedkar Technical University at Lonere, Raigad. Additionally, my family was given financial assistance for agriculture and allied sector activities.”





# The Year in Pictures



Children learning through Play under the ECCD Program



Training on Nursery raising techniques



Team building exercise - staff retreat



Study Centres



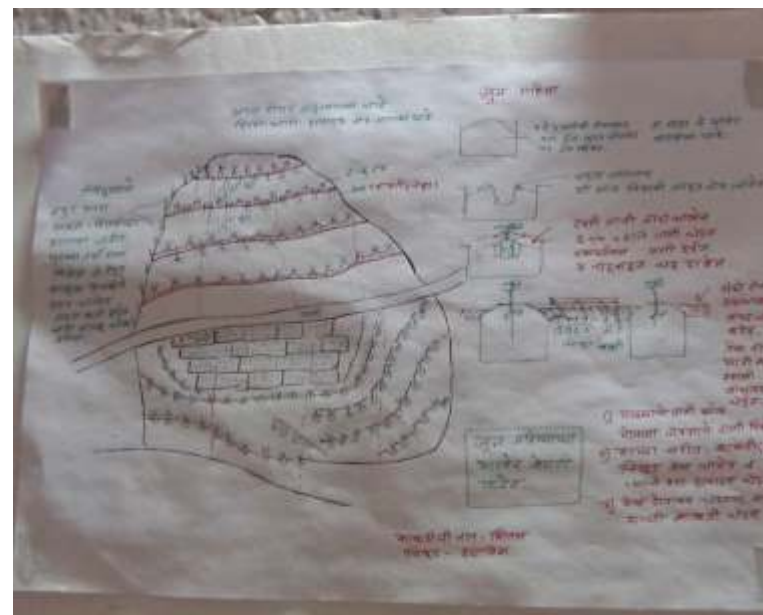
Vipula Credit Co-operative meeting



Seminar on Malnutrition and Early Child Hood development Held in October 2013



School Management Committee meeting at Mahad



Resource mapping and planning for Bamboo plantation



Release of P.R.I.D.E. India Calender by Ms. Priya Dutt and Mr. I.M. Kadri



Ms. Stephanie Baric Global Campaigns Director for ECD, ChildFund International interacting with Children in Village Chochinde



Health Minister Shri Suresh Shetty handing over Certificate of excellence to SPARSH rural hospital for Best performance in mother and child health in year 2013-14



Anganwadi workers training in Mahad



Appreciation Award to dedicated workers during celebration of 75 years of work with Children by ChildFund India



Ms. Mikiko Osaka from Japanese consulate interacting with Participants of Beauty Training in Mahad



Beauty training for adolescent girls



Adolescent Girls from Satur perform during 30th Year Celebration Function



# The Year in Pictures



Sports meet 19th January 2014 at Mahad



Yuva Marathon Against Youth Migration at Sastur during August 2013



Ms. Mikiko Osaka from GGP unit of Japanese Consulate visited the training centre site



Health Awareness sessions was held at community centre by Mobile Medical Unit staff



New Ambulance in SPARSH with Support from State Bank Of India



Children playing Kho Kho during Central Sports Meet held in Mahad on 19th January 2014



Training and exposure visit of SHG women involved in Bamboo plantation



Group Building Activity with Adolescent Girls at Mahad



Mobile Medical Unit in Mahad



Drawing competition



Sponsor visit in Mahad



Community Initiated Irrigation System in Mahad



Dream Maker Mr. Ajay Srinivasan at SCMM 2014



Technical Consultation by Kadri Consultants for construction of training centre



# Special Events, Activities and Campaigns

## Recognitions 2013-14



P.R.I.D.E. India was awarded a 'Certificate of Excellence' by the State Government of Maharashtra for Best Performance in 2013-14 for highest number of Deliveries, Caesarean Section and Blood Transfusion among all rural hospitals in Maharashtra. P.R.I.D.E. India was presented the certificate by Honorable Minister of Health, Maharashtra State, Mr. Suresh Shetty.

## Art Show:

An art show, 'Soul Stories' was organised by Ms. Lili Menon, whose series of artwork on canvas was exhibited at Ador House, Kala Ghoda, Mumbai during 4rd to 8th September 2013. Ms. Menon's beautiful art work was sold to altruistic patrons and the proceeds from the sale were graciously donated by her to P.R.I.D.E. India for the education of children.



## ChildFund International Documents P.R.I.D.E. India's Work.

P.R.I.D.E. India was honored to host an international team of Documentary makers from ChildFund International. Ms. Stephanie Baric, Global Campaigns Director for ECD, ChildFund International visited a Balwadi at Village Chochinde with her team and short extensive footage of the activities under ECD program.

## Standard Chartered Mumbai Marathon 2014

P.R.I.D.E. India along with Save the Children India participated in the Standard Chartered Mumbai Marathon 2014 where the entire team of staff members and corporate partners including Systems Plus, Aditya Birla group, Birla Sunlife Insurance Company Ltd. ran the marathon to raise awareness on the rights to education for Rural Children.



Our enthusiastic half marathon runners from Systems Plus Solutions at SCMM 2014

## Water Tanker Campaign

There was a drought which struck Osmanabad and its adjoining areas during summers 2013 due to which SPARSH Rural Hospital faced acute water shortage. P.R.I.D.E. India ran a Campaign calling individual donors to support for purchasing Water tankers and could collect funds for 200 tankers from generous donations which helped the hospital during crisis period. The remaining unutilized funds donated were used to build a Rain Water Harvesting for the hospital which replenished the existing bore wells. We are happy to report that till March 2014, SPARSH Rural Hospital has become self sufficient in terms of water usage.



### WATER SUPPORTS LIFE!

Sponsor a Tanker of water for SPARSH Rural Hospital at Osmanabad

Cost per tanker ₹ 1,600/-

website link: <http://www.prideindia.org/support-us/sponsor-a-project.aspx>

**About SPARSH Rural Hospital**  
Sanku Project of Action Research & Service Through Hospital (SPARSH), a Health Initiative of P.R.I.D.E. India in partnership with the Government of Maharashtra was started in 1993 in Sanku village, Churnambad district in response to a devastating earthquake that hit 33 villages of Maharashtra region, taking thousands of lives.

Today the 35 bedded hospital touches lives of over 64,000 patients annually.

SPARSH has won the State Level Purnashukh Ahilya Devi Holkar Award for the 'Best Services in Mother and Child Welfare' (2011-2012)

Currently, SPARSH is facing a serious water crisis due to severe drought in the area. The two existing wells are becoming dry and water is purchased through tankers to meet the water needs of the hospital.

The cost of one Tanker of 10,000 litres capacity is ₹ 1600/-

The Hospital needs two tankers everyday.

Your support is valuable

Tel: 491 22 2652 06 01/02  
Email: [contact@prideindia.org](mailto:contact@prideindia.org)

## P.R.I.D.E. India and Thomas Cook Donation Boxes



Thomas Cook (India) Limited has supported P.R.I.D.E. India and its activities by placing

21 donation boxes in select Thomas Cook offices located at Mumbai, Goa, Delhi, Agra and Chochi. All donations received through these donation boxes will be utilised to meet the needs of marginalised rural populations across Maharashtra. We thank Thomas Cook for their generosity

## 30th Year celebration for P.R.I.D.E. India

On 8th February 2014 P.R.I.D.E. India commemorated 30 years of its existence and the 25th founding year for Save the Children India, by celebrating the day with PRIDE India supporters and few beneficiaries at Nehru Centre, Mumbai. The half day event included a dance performances by the P.R.I.D.E. India team and the beneficiaries of Mahad and Satur Project Offices. We also felicitated those funders and supporters who have provided us unstinted support in all our endeavours.





## Partners in Change

ChildFund  
India



AmeriCares



India HIV/AIDS  
Alliance



systems  
plus



SIR DORABJI TATA TRUST AND THE ALLIED TRUSTS

KADRI CONSULTANTS PVT.LTD.

Cipla



KHPT  
Karnataka Health Promotion Trust

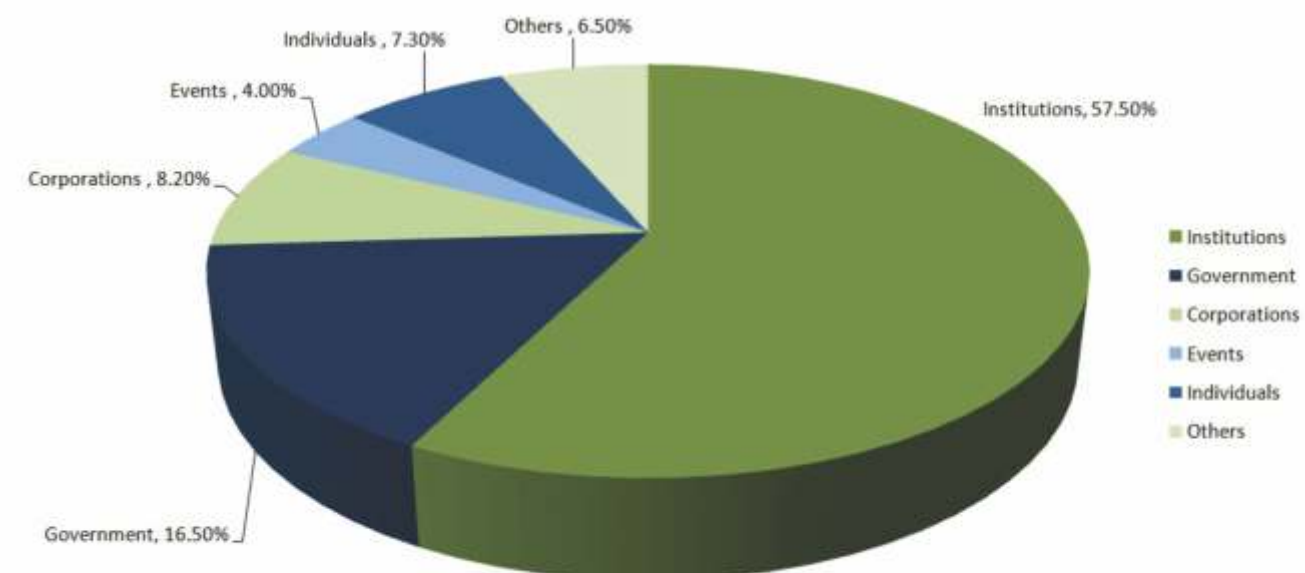
Atelier  
Consultants



NACO



## Sources of Income





# Financial Statement 2013-2014

THE BOMBAY PUBLIC TRUSTS ACT, 1950  
SCHEDULE VIII [Vide Rule 17 (1)]

Name of the Public Trust THE PRIDE INDIA  
Balance Sheet as at 31<sup>st</sup> March, 2014

Registration No. F - 7662 (BOM)  
(Amount ₹)

FUNDS & LIABILITIES	ANNEXURE	Total	PROPERTY AND ASSETS	ANNEXURE	Total
<b>Trust Funds or Corpus</b>			<b>Immovable Properties</b>		
Corpus		-	Balance as per last Balance Sheet	D	21,948,563
Earmarked Funds:	A		Capital Work in Progress		7,692,390
Building Fund		40,881,155	Less : Depreciation for the year		1,103,792
		<b>40,881,155</b>			<b>28,537,161</b>
<b>Liabilities for</b>			<b>Furniture and Fixtures</b>	D	
Expenses	B	337,365	Balance as per last Balance Sheet		249,496
Others	C	12,088	Additions during the year		91,110
			Less : Depreciation for the year		29,505
		<b>349,453</b>			<b>311,101</b>
<b>Income &amp; Expenditure Account</b>			<b>Other Fixed Assets</b>	D	
Balance as per last Balance Sheet		4,577,799	Balance as per last Balance Sheet		1,050,248
Add : Surplus as per Income & Expenditure Account		12,469,178	Additions during the year		1,646,990
		<b>17,046,977</b>	Less : Deductions during the year		66,500
			Depreciation for the year		481,072
					<b>2,149,666</b>
			<b>Advances</b>	E	
			Employees		90,000
			Others		357,744
					<b>447,744</b>
			<b>Income Outstanding</b>	F	
			Other Income		5,304,000
			Interest		44,678
					<b>5,348,678</b>
			<b>Cash and Bank Balances</b>	G	
			Saving Account with Banks		20,986,081
			Fixed Deposits		479,612
			Cash on Hand		-
			With the project		17,542
					<b>21,483,235</b>
		<b>58,277,585</b>			<b>58,277,585</b>

Significant Accounting Policies - Annexure N

The above Balance Sheet to the best of my belief contains a true account of the Funds and Liabilities and of the Property and Assets of the Trust.

For and on behalf of the Board of Trustees  
THE PRIDE INDIA

In terms of our report attached of the even date  
For L. K. MANJREKAR & CO.

Chartered Accountants  
ICAI Firm Registration No. 106006W

*L. K. Manjrekar*  
L. K. MANJREKAR  
PROPRIETOR  
(M. No. 30737)  
Mumbai, 29<sup>th</sup> September, 2014

*Rahul I. Kadri*  
RAHUL I. KADRI  
TRUSTEE  
Mumbai, 29<sup>th</sup> September, 2014

*Isha Mehra*  
ISHA MEHRA  
TRUSTEE



THE BOMBAY PUBLIC TRUSTS ACT, 1950  
SCHEDULE IX [Vide Rule 17 (1)]

Name of the Public Trust THE PRIDE INDIA  
Income and Expenditure Account for the year ended 31<sup>st</sup> March, 2014

Registration No. F - 7662 (BOM)  
(Amount ₹)

EXPENDITURE	ANNEXURE	Total	INCOME	ANNEXURE	Total
To Expenditure in Respect of Properties			By Interest	H	
Rates, Taxes, Cesses		18,170	Accrued		44,678
Repairs and Maintenance		3,09,634	Realised		3,98,675
Depreciation on Buildings	D	11,03,792			<b>4,43,353</b>
To Establishment Expenses	L	32,45,259	By Donation in Cash or Kind	I	3,56,89,037
To Audit Fees		1,12,360	By Grants	J	1,05,02,592
To Expenditure on objects of the trust	M		By Income From Other Sources	K	38,03,127
Educational		1,63,02,609	By Sundry Balances Written Back		36,821
Medical Relief		1,64,03,351			
To Depreciation on other Assets	D	5,10,577			
To Surplus carried over to Balance Sheet		1,24,69,178			
		<b>5,04,74,930</b>			<b>5,04,74,930</b>

Significant Accounting Policies - Annexure N

For and on behalf of the Board of Trustees  
THE PRIDE INDIA

In terms of our report attached of the even date  
For L. K. MANJREKAR & CO.

Chartered Accountants  
ICAI Firm Registration No. 106006W

*Rahul I. Kadri*  
RAHUL I. KADRI  
TRUSTEE

*Isha Mehra*  
ISHA MEHRA  
TRUSTEE



*L. K. Manjrekar*  
L. K. MANJREKAR  
PROPRIETOR  
(M. No. 30737)  
Mumbai, 29<sup>th</sup> September, 2014









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Tel.: +91-22-2652 0601/02; Fax: +91-22-2652 0604  
Email: [contact@prideindia.org](mailto:contact@prideindia.org)  
Website : [www.prideindia.org](http://www.prideindia.org)

**Project Offices:**

Centre for Rural Development, P.R.I.D.E. India  
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Nave Nagar, Taluka Mahad,  
District Raigad,  
Maharashtra : 402301, India.  
Tel: +91-02145 - 222492  
Email: [program.mahad@prideindia.org](mailto:program.mahad@prideindia.org)

SPARSH Rural Hospital  
Sastur, Omerga National  
Highway No. 9,  
Taluka Lohara, Dist - Osmanabad,  
Maharashtra : 413606, India  
Tel: +91-02475-259580/259640  
Email: [program.sastur@prideindia.org](mailto:program.sastur@prideindia.org)