We begin our journey with a simple yet strong belief that education is the means as well as the end to a better life: the means because it empowers an individual to earn his/her livelihood and the end because it increases one's awareness on a range of issues - from healthcare to appropriate social behaviour to understanding one's rights - and in the process, help him/her evolve as a better citizen. If we wish to build a strong foundation for the society in the years to come, it is important that we nurture our children with love, care, education and right values.

Smile Foundation was conceived with the belief in the power of education, and his continues to be our conviction. But over the years, working relentlessly on the ground, we realized that health too was a part of education - health, not just of the child, but the whole family. Only a mother, who keeps good health, is well informed about her rights and aware about basic social issues will send her children to school. Relevant skill training to ensure a dignified livelihood in the emerging service sector for an able, earning member in this family is also an enabler for a child to continue studying. A child's education would not be complete without the welfare of the whole family. In order to empower children through education, Smile Foundation took a holistic approach and started a three-prong approach of development, focusing on interventions on children, their families, and the community.

In Fact14 records our journey of change during the last year. We have highlighted interesting facts and representative stories from the ground, to mark the milestones on this journey.

But this is not a journey that we could have taken alone. We would like to thank our supporters - corporate, institutions, foundations, volunteers, partners and well-wishers, who have put their trust in us and held our hand throughout the journey.

In Fact14 is dedicated to each one of them.

Santam Mishra
Co-Founder & Executive Trustee
Smile Foundation
A journey to bring change is never easy, particularly in the vast and complex socio-cultural and geographic areas of our country, where the sheer numbers are awe-inspiring. And to bring change that is visible, sustainable and measurable, it takes years of hard work, stringently, note, important, sustained dislocation - and most importantly, gaining real experience working on the ground. The latter remains the most crucial, because there are some lessons that you can only learn when you have a firm grasp of the ground reality. In my journey of over 12 years, striving to bring real change at the grassroots, Infosys Foundation has learnt many such lessons.

One of the first lessons was the difference between being talked and being built. Initiatives like and have always believed that education is the cornerstone of social development. But over the years we realized that unless children are provided with quality education, the problem has only changed in scale. It is even more relevant for underprivileged children, as they have such a lot of opportunities. From a service to the low-income communities under the Mission Education programme has been to focus on holistic development of the children. Regular growth-monitoring, health check-ups, nutrition, awareness of basic rights, counselling of parents, as well as activities and experiences that have been shown to improve the level of underprivileged children and their families.

Last year, we took further steps to ensure that quality education is more accessible to all, and our children are also given the required standards of the formal education system. To widen the horizons and expand the knowledge of the children beyond textbooks, libraries were set up in 100 education centres across India. Computer labs were set up in 54 Mission Education centres, which introduced the children to the exciting world of digital learning. As teachers are at the core of the education system, learning training and capacity building sessions were held in all the four regions of India, to enhance their pedagogical skills and making learning easier and fun for the children.

And the change that was made possible motivates us to do much more. The year - a group of mothers from villages of Guna, who were unable to send their children to school, demanded education for themselves. Puja, a 7th grade student in Anantnag, mastered her lessons using a computer for the first time. At 11 years old. From Lucknow, went from being a helper to a teacher in the class monitor.

18,261 children directly benefited from Mission Education 2013-14.

Another major lesson that we learnt during our journey was that education alone cannot solve all problems. The education of children in India depends on other important factors - the health of the family, a viable source of livelihood and the awareness levels of the mother. Some children would drop out of school because they had to look after their younger siblings, while their father was going to work. Some had to start working themselves to add to the family income, while others were forced into child marriage. Thus interventions which would support the family, health, with focus on the mother and child, livelihood training for youth and empowerment of women and her children, were initiated by Infosys Foundation as part of the Mission Education programme.

Last year, we took further steps to ensure that quality education is more accessible to all, and our children are also given the required standards of the formal education system. To widen the horizons and expand the knowledge of the children beyond textbooks, libraries were set up in 100 education centres across India. Computer labs were set up in 54 Mission Education centres, which introduced the children to the exciting world of digital learning. As teachers are at the core of the education system, learning training and capacity building sessions were held in all the four regions of India, to enhance their pedagogical skills and making learning easier and fun for the children.

And the change that was made possible motivates us to do much more. The year - a group of mothers from villages of Guna, who were unable to send their children to school, demanded education for themselves. Puja, a 7th grade student in Anantnag, mastered her lessons using a computer for the first time. At 11 years old. From Lucknow, went from being a helper to a teacher in the class monitor.

18,261 children directly benefited from Mission Education 2013-14.

Another major lesson that we learnt during our journey was that education alone cannot solve all problems. The education of children in India depends on other important factors - the health of the family, a viable source of livelihood and the awareness levels of the mother. Some children would drop out of school because they had to look after their younger siblings, while their father was going to work. Some had to start working themselves to add to the family income, while others were forced into child marriage. Thus interventions which would support the family, health, with focus on the mother and child, livelihood training for youth and empowerment of women and her children, were initiated by Infosys Foundation as part of the Mission Education programme.

Last year, we took further steps to ensure that quality education is more accessible to all, and our children are also given the required standards of the formal education system. To widen the horizons and expand the knowledge of the children beyond textbooks, libraries were set up in 100 education centres across India. Computer labs were set up in 54 Mission Education centres, which introduced the children to the exciting world of digital learning. As teachers are at the core of the education system, learning training and capacity building sessions were held in all the four regions of India, to enhance their pedagogical skills and making learning easier and fun for the children.

And the change that was made possible motivates us to do much more. The year - a group of mothers from villages of Guna, who were unable to send their children to school, demanded education for themselves. Puja, a 7th grade student in Anantnag, mastered her lessons using a computer for the first time. At 11 years old. From Lucknow, went from being a helper to a teacher in the class monitor.

18,261 children directly benefited from Mission Education 2013-14.

Another major lesson that we learnt during our journey was that education alone cannot solve all problems. The education of children in India depends on other important factors - the health of the family, a viable source of livelihood and the awareness levels of the mother. Some children would drop out of school because they had to look after their younger siblings, while their father was going to work. Some had to start working themselves to add to the family income, while others were forced into child marriage. Thus interventions which would support the family, health, with focus on the mother and child, livelihood training for youth and empowerment of women and her children, were initiated by Infosys Foundation as part of the Mission Education programme.
DURING THE YEAR, 18,953 UNDERPRIVILEGED CHILDREN WERE PROVIDED EDUCATION
The Right to Education Act, which came into existence five years ago, guaranteed all children up to the age of 14 the right to free and compulsory education. Achieving this goal has, however, been a daunting task due to challenges in implementing and monitoring quality standards in teaching and learning outcomes across the country. In addition to these, increase in population, imbalance in student-teacher ratio, gender disparities, lack of funds for schools in India’s remote districts and limited or no use of technology in the classroom continue to be barriers to reforming primary education.

THE GROUND REALITY

- 17 million children in India are bonded labourers
- School dropout rate of students between age 6 and 14 years is 42.4%
- Per capita expenditure on education is just Rs 395
- Around 58% of girls fail to wear school uniforms
- Around 50% of students will drop out by the age of 12
- 50% of 10 year old rural children could not read at a basic level

India is fourth among the top 10 nations with the highest numbers of children in primary level. It is estimated that millions of children between age 6 and 14 are not in school. In rural areas, the retention of students as well as teachers is alarming low. Children ‘latch’, mainly orphans, child labourers, street children, children of sex workers and victims of riots and natural disasters, do not have access to schools. The ability for “numerous children to gain an education is weighed down by physical, social, and economic factors, marked by regional disparities and eco-cultural prejudices.

A disproportionate number of India’s poor out-of-school children are girls. What deprives equal opportunities of children are serious social issues that have arisen out of caste, class and gender difference. The practice of child labour and resistance to sending girls to school in several parts of the country remain as genuine concerns. If the current trend continues, millions of out-of-school children will probably never set foot in a classroom.

The guiding principle on different aspects of education, such as teacher recruitment and qualifications differ across states, and so do the priority, excellence, and effectiveness of investment in education. In primary schools across rural India, teachers are bound to teach multiple subjects. The textbooks are inclined to above the understanding level of students, and each classroom has students with diverse levels of learning achievements. The usual school teacher in India does not get satisfactory pay, either or in-service training, nor does he receive the support to overcome these problems.

Insufficient public fund to cover education costs is one of the nation’s toughest challenges. The situation is worse in rural areas where funding is a serious problem as it faces many other issues like shortage of staff, lack of proper infrastructure and lack of books and learning materials, among others. A steady foundation in primary education can overturn the lives, careers, and productivity of millions of children.

India is a country with more than 1 billion people, and half one-third of them can read. One of the main reasons behind this is poverty. When seeing a livelihood and taking care of the members of the family becomes a primary matter of concern in rural life, education stands a little or very often, no chance of guarantee. For this priority domain, people, education is a high priority topic, and this negative outlook continues on with every new generation.

A young girl takes care of her siblings, while her parents go out to work.
Education is the most effective strategy in bringing positive changes to the developing nations. Mission Education, the flagship programme of Smile Foundation, has succeeded in bringing more than 200,000 children to school since its inception in 2000. It is a national level programme that focuses on providing basic education to children who are deprived of education due to difficult circumstances. Through the programme, non-formal school-going children of school-going children, school drop-outs as well as those in need of education are provided education by enrolling them at the Mission Education centres.

**OBJECTIVE**

- Provide education to underprivileged children in the age group of 3 to 18 years
- Improve quality of education available to the underprivileged children
- Focus on girl child education - from economically weaker families and socially disadvantaged communities
- 100% mainstreaming of students into formal schools

From less than 1000 beneficiaries annually in 2002 to close to 18,000 beneficiaries across India in 2014, Mission Education programme is poised to support over 25,000 children in 2016. At present, it is running more than 90 projects across 21 states in India. The project focus in developing the poor neighbourhoods by building bridges between the child and the community. Through interventions, efforts are made to return the socio-economically challenged conditions that force children to leave the workforce and never step in a school. The interventions include facilitating the education of children and advocacy for inclusive implementation of the projects.

Smile Foundation’s WEE programme targets not only the child, but also the parents and the community at large. The programme aims to raise awareness amongst parents about the Right to Education Act and its implications if the child is prevented from getting education. To provide quality education to children in the poor and remote villages of the country, the village-level education centres are strengthened. Teachers working in such educational centres are trained in innovative teaching methodologies, so that quality of education for children is improved.

It partners with other NGOs to ensure that effective learning outcomes are achieved by schools for their students. To effectively advocate its strategic goals in the areas under its programme coverage, Smile Foundation recruits, trains and manages a dedicated cadre of project coordinators, motivators and volunteers. In remote and difficult areas, Smile Foundation manages, and implements Mission Education projects directly.

The programme has a special focus on educating the girl child. Smile Foundation works with active government structures, using them as the catalyst for commencing afforestation and systematic changes ultimately ensuring education and empowerment of girls. In the year 2013-14, 45% of the beneficiaries were girls. Now, the focus is on sending more girls to school, ensuring their retention and arranging their quality of education.

Along with creating a national movement, the more concrete aspects of the Mission Education programme include scholarship support to girls, providing learning to girls, establishing and stocking libraries, and providing the educational centres with computers. With the objectives of providing nutrition and ensuring 100% attendance of children, the programme also provides mid-day meals in many of its Mission Education centres.

APPROACH

The Mission Education Centre is characterized by child-friendly, activity-based, interactive, participatory and experiential approach. The objective is to encourage active participation of children without fear of any kind. The interventions are designed in a way that helps students increase their learning capacities, build self-esteem and cope with challenges and problems. This approach also helps in increasing attendance and reduce dropouts. Also, the parents of the children are sensitized on a regular basis ensuring healthy atmosphere for children at home.

UNIQUE FEATURES

- Remedial and Bridge Courses
- Teacher Training Programme
- Parent-Teacher Meetings
- Library and Computer Programme
- Nutritional Support and Regular Health Check-ups
- Integrated Health and Education Programme
- Individual Support Programme

2013-14 OUTCOME

- 18,193 children directly supported
- 87% of the total eligible students mainstreamed
- 100 libraries set up across 19 states
- 54 computer centres established across 13 states

↑ the journey: rescue of more than 100 children in Jajpur, Odisha
“I just finished reading the Arabian Nights. It was a very interesting book and also had lots of pictures.”

— Arun, Class II, Subalaya Village, Odisha

“The place where I live is very noisy; people are always shouting. I could not study at home. Now I sit in the library after school and learn more.”

— Varsha, Class IV, Khardah, West Bengal

“My father is a security guard, but he wants me to be a doctor. I am good at studies, but could not afford buying reference books. Now all these expensive books are available in the library and we can also borrow them.”

— Vinod, Class V, Bhrichanali Village, Khardah

A library is the key resource for boosting students’ learning. It induces noisy learning, knowledge and confidence among the students. In the Mission Education centres of Smile Foundation, there are many students who come from urban settings and rural areas and perform well in studies. However, due to the lack of proper reference books and interactive learning material like story books, educational games and puzzles in the centres, meeting students understand the world that is beyond the immediate environment has become a little challenging.

To overcome this, Smile Foundation has set up 100 libraries in the year across the country. It was the first library experience for majority of the students who were beneficiary.

“During short and long vacations, the libraries are kept open for students. That way, students are getting additional support in the centres and are able to access a range of learning material that were not previously available.”

— Satyajit, Head Librarian, Centre, West Bengal

States and UTs covered under the library programme:

1. Assam, Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Jammu & Kashmir, Karnataka, Kerala, Maharashtra, Odisha, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, and West Bengal.

The setting up of libraries has been helpful in broadening the horizons of the students in seeing the frame of the students alive. It gives them a break from regular classroom teaching and helps in making the centres to have an improved attendance of students.
While schools in urban areas are thriving, rural schools are struggling. One of the main reasons behind this is lack of resources. In distant rural schools, students have almost no access to computers. Recent studies have shown that students in schools with no functioning computer facility and computer-assisted learning programs have a below-average academic performance. To mitigate the gap between rural and urban students, as part of the 2013-14 plan, Smile Foundation embarked on an ambitious programme of equipping computers in all its Mission Education centers. Today, it has established computer centers in 54 Mission Education centers across 16 states. In the centers with existing computer facilities, CPUs and monitors were replaced with ideal PCs, and necessary accessories like printers and scanners were provided.

“...In my computer class, I learnt to work on Paint. I can draw planes and houses on the computer.”

- Puja, Class VI, Akker, Rajpethan

“I got first prize for making the best PowerPoint presentation in my class.”

- Pratap, Class IX, Digopur, Bolangiri, Odisha

Computer-assisted learning in the classroom has helped building confidence in students. It has broken the barrier of prejudices of education among the children. It has substantially helped elementary school students cultivate skills that they can carry with them through college and as adults in the working world.

In light of the same, teachers have been given hands-on training to facilitate computer-assisted learning. Students have started enjoying their lessons in basic computer applications like Microsoft Office, Paint, games, etc. and developing features like typing confidence.

States and UT covered under the computer programme:

Andhra Pradesh, Karnataka, Tamil Nadu, Goa, Odisha, Jharkhand, West Bengal, Orissa, Jharkhand, Haryana, Punjab, Maharashtra and Telengana.

- Students at Jeevatkar Nagar, Jumma, gladly receive the newly introduced computer-assisted learning in their curriculum.
Good health is one of the several aspects that contribute towards the development of a young student. For an unhealthy student, it is difficult to concentrate on studies and participate in sports and other activities. Healthy children are the benchmarks for ensuring optimum productivity in future. Conducting free health check-ups in schools is a very effective way of analyzing the health status of students.

Smile Foundation conducts regular health check-ups at all Mission Education centres. The aim is to propagate the benefits of good health. Involute ‘healthy habits and mind’ health promoting behaviour among students, thereby ensuring better focus of children on education. In addition to health check-ups, health talks as well as awareness sessions are held wherein community members are informed.

Malnutrition is one of the biggest issues faced by our society today. Getting less square meal is a challenge for many underprivileged children in India. Hence, provision of nutritious meal is included in the programme.

This has not only ensured good health of the children, but also helped the centres achieve 100% attendance of students.

---

**COMPREHENSIVE TEACHERS’ TRAINING AND CAPACITY BUILDING PROGRAMME**

To help teachers apply their learning in the context of teaching in a real classroom, Smile Foundation implemented the exclusive ‘Training of Teachers’ programme.

Teaching and Capacity Building programmes were conducted in 4 regions—Delhi, Hyderabad, Kolkata and Mumbai—where teachers from 26 states in India participated. Through these programmes, teachers were introduced to new methodologies and tools that are used to make learning interesting and effective among the students.

Each of the three-day training programmes was residential in nature and scheduled for all four regions of India. The core topics covered during capacity building include role of teachers, classroom management, assessment of learning levels of children, subject-based inputs on Math and English, pedagogical skills, library management, and computer teaching.

The training has been successful in helping teachers devise strategies for effective teaching. The teachers have emerged as facilitators of learning and are creating a safe classroom environment.

Teachers are continuously training for creating activity-based and experiential learning environments, wherein asking questions is encouraged.

---

**ENSURING CHILD HEALTH**

Children during a food break in a sponsored MI centre.
Vikas, Kuno, Odisha

Five-year-old Vikas saw his mother fall into the burning brick kiln, hopelessly. She was rushed to a government hospital by co-workers. While the treatment was going on, the father ran away, leaving the family at the hospital, which included Vikas’s little brother. After spending 15 days in the hospital, they were left with no money in hand. To take support from distant relatives, the family disclosed a fact that there were no houses in Kuno. Since then, no one would give them a free ride—their mother’s wounds were still fresh.

Out of mercy, a good man told them, certified the mother in Stoves of Charity, and all the children at Love Society, Smile Foundation’s Mission Education centres at Kuno, 20 kilometers away from the city. It has been four years now and Vikas is doing well in Standard IV at the centre, while his little brother Akash has just begun schooling there. His mother has recovered but is unable to work and earn a living. She is now staying at the centre too.

Vikas aspires to be a doctor and help the poor.

Md. Azeel, Lucknow, UP

The family’s poor financial condition led Md. Azeel to drop out from school when he was in Class 7. Anxious and insistent, he started working in a cloth shop at a very tender age. After few months, being chipped off the unenviable attitude of the cloth shop owner, Azeel left the job and started assisting his father who works as a tailor in a salon.

Azeel’s situation was noted by teachers of Jupiter Academy centre of Smile Foundation’s Mission Education programme in Aftab Nagar, Lucknow. It took a couple of home visits and counseling to convince the father to send Azeel to school once again.

In 2010, when Azeel joined 400 children at the Mission Education centre, he was just 17 years old. Today, he is the Class Monitor and a bright student of Class 11th. He totally avoids studying and has never skipped classes.

Arti, Ahmedabad, Gujarat

Arti’s father Chheeralal is a casual labour, earning a measly Rs. 1000 a month that can barely cater to the basic needs. Due to financial trouble and the resultant friction among her parents, she was being badly in studies. Situation turned for worse when the father wanted to withdraw Arti from school.

Counselors of Mission Education’s Samwad project came into play convincing the father to send Arti to school. With persistent efforts and a promise of sponsorship for Arti, he relented. Arti is currently enrolled in VIII, public school in Ahmedabad, Gujarat. She is also a recipient of Smile Foundation’s scholarship meant for empowering girls from unprivileged families.

Arti was saved from an uncertain future, unleashing millions of girls like her. Curious by nature, 11-year-old Arti has consistently scored between 80-90% in the last three years. Today, she is a confident child with a plan of becoming a professor one day.

TRANSFORMING COMMUNITIES

The Mission Education centre in village Chharsada, Guna, in the Udaipur, was nothing but a meeting room that no one remained unoccupied. One fine day, the mothers who had come to attend the parent-teacher meeting demanded from the teachers that they also wanted to learn how to read and write.

This demand pleasantly surprised the teachers, as these were the same women who had once vehemently opposed the admission of their kids at the centre. Nonetheless, a special centre was opened for them. These mothers are now spearheading the change movement in rural Guna—a change that is there to stay, with educated children, healthy families and empowered mothers.
IMPACT

- 14,993 children were provided education during the year.
- There was an overall increase of 15.8% in the number of children attending Our Roots Education centres in the reporting period.
- 81% of the improvements were girls. Education of girls gets priority by bringing about an attitudinal change in the parents’ outlook towards their education.
- 100% of teachers at Our Roots Education centres received training in innovative teaching methodologies, ensuring an interactive and engaging environment for children in the classroom.
- 1244 school drop-outs resumed education under Biere Ghana’s programs to facilitate their mainstreaming into formal educational institutions.
- 188 children received Special Needs Support as an expanded effort to ensure retention and a good academic performance in school. 54.95% increase from last year.
- 92% of eligible children mainstreamed to received formal schools, after successfully passing from WR Centres, thus securing a brighter future.
- More than 300 health camps were conducted to cater to healthcare needs of children.
DURING THE YEAR, 310,047 CHILDREN & THEIR FAMILIES RECEIVED HEALTHCARE SERVICES AT THEIR DOORSTEPS.
The number of people living in India is more than one billion. As much as 600 million of them live below the poverty line. In a country that is among the poorest in the world, thousands of mothers, newborn babies, and children die each year from preventable diseases.

As per studies, one in three of the world’s malnourished children live in India. 40% of all children below the age of three are too small for their age. 47% are underweight and at least 18% are wasted. Girls are more at risk of undernutrition than boys because of their inferior social status.

Malnourished children are less likely to perform well in school and more likely to grow into malnourished adults, at greater risk of disease and early death. Every year, thousands of women die due to pregnancy-related causes. The child and maternal mortality rates for India are amongst the highest in the world. It is believed that leading causes of infant and maternal mortality are illnesses such as malaria (30%), respiratory infections (15%), and diarrhoea (11%).

The doctors to patient ratio is 1:1700. When it should have been 1:1200 in India. It is estimated that 6-8.5 lakh doctors available, but India would need about four times more by 2020 to maintain the required ratio of one doctor per 1,000 people. We need more than 7 lakh beds in hospitals.

Problems like lack of safety infrastructure, shortage of experienced medical professionals and non-access to basic medicine can medical facilities just to reach to over 60% of the population in India.

As per a report by UNICEF, 61% of the health infrastructure in India that includes doctors, specialists and other health resources is available in rural areas where 75% of India’s population live. 75% of the health infrastructure is concentrated in urban areas that are inhabited by only 27% of the population of the country.

While the health statistics of rural India continue to be poor, the health issues and access to health services of urban slum dwellers have also become equally debilitating. Despite accounting for 11% of the country’s population, urban slums have less than 4% of government primary health care facilities. Most of these are located outside the slum areas, making accessibility difficult.

Urban slum dwellers suffer from adverse health conditions owing to the following two reasons: first, the lack of awareness and thus lack of services, and second, the unwillingness to lose a day’s wage in order to reach the nearest medical facility. Moreover, private healthcare is expensive and often unregulated, besides being unaffordable for the slumites. Health care is, for all, out of a poor man’s reach. The need of the hour is to work collectively towards promoting health in areas, where the poorest of the population manage to survive.

THE GROUND REALITY

• 41% of deaths in the country are caused by communicable diseases like malaria, TB, etc., which are preventable.
• 33% of the rural population in India has to travel over 30 km to get needed medical treatment.
• 22% of deaths of children below age 5 are because of prematurity, 45% due to respiratory infections and 11% due to diarrhoea.
• India has just 7 doctors per 10,000 people of the country.
• 66% of the rural population in India lacks access to preventive medicines.
• About 75% of healthcare resources are concentrated in urban areas, whereas only 25% of the total Indian population resides.
HEALTHCARE

Considering the grim facts, Smile Foundation came up with innovative, designed healthcare programmes to ensure that quality and timely healthcare reach the neglected corners of the Indian cities and villages.

The programme includes:
1. SMILE ON WHEELS
2. SMILE HEALTH CAMPS

Through these programmes, Smile Foundation has impacted millions of lives in rural India and the country’s urban slums. Both programmes have widespread reach across the country’s length and breadth.

OBJECTIVE

- Make primary health services accessible to underprivileged people of their doorsteps
- Focus on Maternal and Child Health services to reduce child and maternal mortality
- Facilitate referrals by linking to specialized services of nearby Government Health Institutions/ Charitable Hospitals
- Promote health-seeking behaviour through focused health awareness interventions

India, which occupies the 198th place in the list of 185 countries on the Human Development Index, has a vast healthcare network that is in dire need of reform and investment. More than 10% of the population live in rural areas where access to hospitals and doctors is extremely limited, in a move to alleviate the problem, Smile Foundation has commissioned the ‘Smile on Wheels’ programme to provide care to those in remote areas.

A one-of-a-kind programme in India—the ‘Smile on Wheels’—is a mobile hospital that is equipped with facilities, such as X-rays, audio visual aid, laboratory equipment, and an on-board medical staff. It is capable of crossing almost any terrain and reaching to the unprivileged residents of both the rural and the urbanised corners of India. It brings free and quality healthcare to all Indians, regardless of where they live.

India is a huge and populated country. And with poor infrastructure across the country, mobile hospitals seem like the most feasible solution. Theoretically, millions of people presently without medical help in the locality now have a coming to their doorsteps. Smile Foundation is doing just that, to get as many as it can by taking the road with its fully-equipped mobile hospital. In the year 2013-14, Smile on Wheels has directly benefited 3,00447 people.

Bringing anti-rural healthcare to a largely rural populated country like India with just mobile hospitals is an unachieved task. Smile Foundation has thus institutionalized special ‘Smile Health Camps’ across India on Wheels. These camps are organized in different parts of the country on the basis of health needs of a specific location. Such camps aim at promoting health-seeking behaviour in the long term and thus, unlike a general countryside health camp, these camps also work on building awareness regarding common ailments, family planning methods, nutrition and hygiene and sanitation.

The specialized camp called Multi-Display Mega Health Camp is also an integral part of Smile Foundation’s healthcare programme. Conducted on a regular basis in both rural and urban areas, these camps offer integrated multi-disciplinary health care services, including preventive and surgical interventions. The camps feature a make-shift hospital with more than 500 beds. Special arrangements are made to provide free accommodation and food for the patients as well as the villagers. Local doctors and government surgical units add strength to the endeavours.

Women and children collecting prescribed medicines from a free medicine counter at Guwahati Primary Health Centre.
SMILE ON WHEELS
Mobile Hospital for the Underprivileged

A unique mobile hospital programme that seeks to address problems of mobility, accessibility and availability of primary health care with a special focus on children and women in urban slums and remote rural areas. After identifying the locations and a detailed study of the need assessment, a mobile "hospital on wheels" was fabricated. These mobile hospitals use modern, state-of-the-art equipment along with pathological screening as well as audio-visual aids for spreading awareness about health issues in the community. With a team of seven members: Project Coordinator, Doctor, Lab Technicians, Nurses, Pharmacists, Driver and a Community Mobiliser, the mobile hospital is set out for operation.

UNIQUE FEATURES
• Fully equipped mobile hospital
• Community based self sustainable health delivery model
• Services: Preventive, Curative, Promotive
• GPS enabled
• Centralised monitoring

2013-14 OUTCOME
• 212 villages and slums intervened
• 310047 total beneficiaries
SMILE HEALTH CAMPS

A special initiative, which is formulated to provide health care services to the marginalized communities in remote out areas and slums through smiley health camps. The camps are multi-disciplinary including gynecological, pediatric, and ophthalmology care services. It has a comprehensive approach, wherein preventive, promotive, and curative care are equally administered. Duration of smiley health camps varies between one day and 15 days with the intervals ranging between a month and a year.

UNIQUE FEATURES

- Standalone Camps
- Duration: 1-15 days
- Services: Preventive, Curative, Promotive
- Multi-disciplinary subjects (gynecological, pediatric, ophthalmology, surgical)

2013-14 OUTCOME

- 96 stand-alone camps
- 24391 beneficiaries
While Smile on Wheels programme provides immediate curative/diagnostic services, it also aims at enhancing health seeking behaviour of the community as part of its preventive and promotive healthcare programmes. The same is accomplished through structured group meetings as well as one-to-one counseling sessions, which are very interactive in nature.

Health seeking behaviour is an extremely complex and poorly understood subject, predominantly in India. Evidence suggests that the majority of the population (both urban and rural areas) who have looked positive or reported symptoms for any disease first try to treat their ailments themselves or seek treatment from non-professionals like traditional healers and plant/homemade selves. They only turn to public health clinics or formal health care providers as the last resort when the situation worsens.

Enhancing Health Seeking Behaviour is a core function of Smile on Wheels and contributes to the work of lacking all possible communicable and non-communicable diseases and other threats to health. Under the programme, health awareness and sanitation drives are organised to enhance awareness about health and hygiene issues in the villages encouraging the people to adopt a healthy way of life. Amongst the rural populace of India, in many villages, the benefits of proper sanitation and hygiene disposal are being taught. Special camps are conducted in schools to instil the awareness about basic hygiene habits like washing hands and regular bathing. This healthy child promotion is an innovative concept that has been introduced to promote a health-seeking behaviour among the young generation of the community.

Smile Foundation also conducts regular IEC activities to promote health-seeking practices in the areas of programme intervention. The prime objective behind the application of IEC was to enable individuals, families, groups, organisations and communities to play a dynamic role in attaining, maintaining and sustaining their own health.

Through all possible channels—informative discussions, home visits, counselling sessions, and one-way communication like brochures, posters, visual and audio-visual presentations, the activities were carried out. Smile Foundation also intervened in meetings at Gram Sabhas and Nagar Panchayats, making them aware about contagious and waterborne diseases that are usually caused due to ignorance of proper health care. Promotions and health education due to adoption of unhealthy lifestyle.

At the beginning, there were several challenges like low turnout of women and trust deficit, but over the time these have been overcome and people have now started to accept the health-seeking behaviour. Now, they come for regular medical check-ups. This number of women beneficiaries has increased considerably, due to periodic health awareness drives conducted in the villages.
EMPOWERING COMMUNITY CHANGE AGENTS

The purpose of ASHA and ANMs, community mobilization and other change programs has evolved into many more dimensions, involving:
- Keeping track of the number of children and pregnant women
- Helping in keeping the communities aware of their basic health needs
- Promoting health and hygiene
- Counseling for family planning
- Ensuring institutional delivery

Smile Foundation empowers the community change agents through trainings on Health, Cleanness and Sanitation, encouraging them to become catalysts in bringing positive health-seeking attitude in their communities.

Today, with support from ASHA and ANM, the accessibility of SBHs onstrftime has reached every household of the targeted population, providing them with required healthcare, promoting healthy lifestyle and enhancing their need satisfaction across the full spectrum of health care.

SCHOOL HEALTH PROGRAMME – CATCH THEM YOUNG

As part of the School Health Programme, health check-ups and growth monitoring of the children, including height and weight monitoring as well as eye and dental check-ups are held at regular intervals. Also, anemic children are identified and provided required treatment.

In addition, Smile conducts health awareness sessions in schools to initiate health-seeking behavior from childhood itself. The objective is to ‘Catch them Young’ and equip them in a beneficial way, so that they could attain awareness in their respective families and communities as change agents. The school health awareness programme includes medical examination, audio visual shows, workshops on different issues like personal health, hygiene and nutrition on regular basis.

HEALTHCARE REHABILITATION PROGRAMME IN UTTARAKHAND

The India’s Himalayan Tourist destination, Uttarakhand and the nearby thousands of ha imabdrans, 37,000 sq miles of area, including 13 districts, was mainly affected. The surging waters killed around 350 people and left more than 8000 residents, burnt and many regions tangled in the gloom of unsustain timbre.

When helping the affected people rebuild their lives became the biggest challenge for the Uttarakhand government, Smile Foundation stepped forward with profound strength of will. It devised long-term strategies as response to the exigency of immediate need. One of the most urgent areas that demanded long-term intervention was Primary Healthcare.

Backed by a meaningful support from United Bank of India, Smile Foundation launched a study Rehabilitation Programmes. ‘Tailor made for absolute accomplishment’, the programme features a comprehensive model that includes Static Clinics, Mobile Health Clinic and IEC activities. Static Clinics offer psychological services and works in direct coordination with District and block level hospitals. The health camps that function in a cluster-based approach organize health check-ups and distribute medicines. Under IEC activities, school health programmes, community meetings and health awareness sessions are conducted.

After a meticulous situational analysis, Smile Foundation commenced the programme in Allahabad (Block of Rudraprayag district), where the enormity of loss of life was the highest. Through a cluster approach, primary healthcare services have been made available to over 25 most affected villages in the block. Villages that are not accessible by vehicles were conveniently reached. Villages situated an altitude over 7000 feet where the situation of the affected survivors were more critical were approached by foot.

Villages Intervened:
- Govt. Stait: Jhura, Malari, Bhati, Jopae, Chhet,
- Citis: Mannorina, Karipur, Houliya, Ulmson,
- Roads: Pha Bb, Talab, Upas, Taka, Bherat, Nalls, Chatain, Malharda, Badea, Ser, Khut and Teta.

With steady and painstaking efforts, Smile Foundation is trying to achieve 10,000+ beneficiaries every year.
Gujjar, Madhepura, Bihar

The youngest in a family of 5 members, Gujjar was a victim of malnutrition. Her mother and father work as daily wage laborers in a nearby farm. The little girl’s family was hardly able to make both ends meet for a long period. Gujjar’s health was ignored as the family members were always occupied in daily work. Under these conditions, Gujjar developed stunted growth and weight loss.

Community mobilizers of Smile Foundation came in contact with the family when they were making door-to-door interventions in Gujjar’s village in Madhepura, Bihar. Her parents were counseled and advised to take Gujjar to the Smile on Wheels mobile hospitals to visit their village regularly.

She was kept under treatment for three weeks, during which she was also referred to the District Mahatma Gandhi Cancer Hospital and Research Centre for further treatment. Little Gujjar is now much stronger and healthier.

Bhagwati, Rare Bansi

Bhagwati is a daily wage laborer, living in Haripurpuri, Rare Bansi. He suffered from multiple health issues like diabetes, tuberculosis, high grade fever, dysphonia and chest pain. Tough financial conditions kept Bhagwati in the circle of poverty.

His wife, assisted him to Smile on Wheels mobile hospital that was camping in the village. After several tests, Bhagwati was diagnosed with type 2 diabetes mellitus, hypertension and bronchial asthma. Initially, he was given a one-week medication course. The result of which proved itself right. He is advised to continue anti-diabetic, anti-hypertensive and anti-asthmatic treatment throughout his lives under observation of a medical consultant.

His condition is better than before and he is able to work with his family to meet his daily needs. He now leads a normal life.

Jethuben, Chawnpur, Jomangapat, Gujarat

With several problems like viral infection, eye infection, pains and body dysphonia, and very less attention paid to any of them by anyone, 12 years old Jethuben of Gangapur was almost resigning to fate. The insufficient daily wage earned by her son through labor work kept her large family of 12 under constant tension all the time. In this unsympathetic world where a bunch of young children were often brought up, her medical and nutritional needs became ignored.

With slow but determined pace, she paid her first visit to Smile on Wheels (SOW) mobile hospital with her daughter-in-law. Her diseases were discovered and 12 year known that she never needed a medical professional before. The continuous visits she made helped her get through many pathological tests and medical cures.

The treatment gave Jethuben the confidence to take hold of her life once again. She now takes active part in bringing up her grandchildren.
IMPACT

- There was an overall increase of 19.4% in the number of beneficiaries of Smile Foundation healthcare programmes.
- The organization helped 110,000 people directly through 22 operational projects covering 260 remote villages across the country.
- 16 multi-speciality mega health camps were conducted in urban slums and rural villages, meeting extensive healthcare needs of 24,971 people.
- 64% of the total beneficiaries covered in the preceding period were women. Focus is given to women and children through antenatal and postnatal care, distribution of iron, folic acid and vitamin supplements, immunization and growth monitoring of children.
- 18,697 school-going children benefited from School Health Programmes that are conducted regularly in all the Mission Education centres to ensure good health of children.
- More than before and much stronger ties were built with government health officials and workers, which has further augmented the project’s reach to the underprivileged masses. Also, intensive capacity building sessions were held for ASHA and ANM workers.
“SO FAR,
OVER 16,000
YOUTH TRAINED,
11,500 PLACED”
Today, more than half of India’s population below the age of 25 in another seven years, India’s average age will be just 29 years. In comparison with 31 in China and the United States, 42 in Western Europe and 49 in Japan, making it the country with the largest young population in the world.

The period between the ages of 15 and 24 make a transitional phase in life—the discontinuation of education, economic independence, acquisition of professional and technical skills, new living arrangements and increasing acceptance of domestic responsibilities. Youth is an age group with promises, expectations and aspirations about the future.

### THE GROUND REALITY

- Less than 10% of Indians aged between 18 and 24 years go to college.
- Nearly 40% of youth over the age of 15 lag behind in the competitive Indian market, continuously showing a dearth in need of nation resources due to poor employability skills.
- 90% of India’s graduates lack formal on-the-job exposure.
- Market trends of job sector demands 90% of employment opportunities to have vocational skills, which are not imparted on a large scale in schools and colleges.

But unfortunately, today’s age is also marked by economic and social vulnerability. According to the International Labour Organization (ILO) estimates, although youth constitute around 25% of the world’s working-age population, they constitute around 44% of the unemployed. One would think that the case in India, the nation soon to be with the largest young population, might be different. But the statistics for India are just alarming. The 66th Round Survey Report by the National Sample Survey Organisation (NSSO) reveals that the unemployment rate, the unemployment per 1000 youths in the workforce has increased from 20 to 37% in the last two years. In figures, this translated to 15.8 million unemployed young men and women.

The unemployment rate in India has been largely influenced by the shift of economy from the agricultural to the service sector. The traditional years of the last century brought about some monumental rise of the middle class in post-industrial India. The class removed the stresses and hardships, realigned the moral and manner of a generation, especially their newly-founded consumerism, leading to an upsurge in the service and retail industry.

This development brought with it an unforeseen demand for nation-wide availability of skilled labor and an increased demand for comprehensive skills training. The youth, eager to participate in the globalized economy, began moving in droves to the centres of finance, industry and opportunity—the cities. And then the real revealed itself. NSSO reports show that while the thriving industry and service sectors expanded, the gap between the demands of employers and the training of the workforce led it in fact to increasing unemployment.

Skills and knowledge are the driving force of economic growth and social development for any country. As India moves progressively towards becoming a knowledge economy, it becomes increasingly important that the country should focus on advancement of skills so that skills have to be relevant to the emerging economic environment. But facts show that in this case, a dearth of institutions providing vocational skills training is the youth, which should also be affordable.

A situation and needs assessment survey for youth, conducted by the Economic and Co-operative Organisation (ECO) of the United Nations, brought out alarming facts—over half of the young men and two thirds of the young women surveyed, reported interest in skills training. However, fewer, just 21% of young men and 23% of young women, actually attended any training program.
Smile Twin e-Learning Programme (STOP) is a pressing need for youths who have basic education but lack employability skills like basic computer literacy and English proficiency. The programme’s mission is to equip youths from marginalized communities with appropriate skills, so that they can find meaningful gainful employment for a better tomorrow.

The concept of STOP was evolved as a logical linkage to the Mission Education programme where Smile Foundation supports the basic education of children between 6 and 14 years of age. It emerged out of the need to link education to the job-oriented knowledge and skills. A gap was increasingly observed in the basic education offered to the students through twelve years of formal schooling and the job-oriented market requires. The suffers of this challenge are ultimately youth from the marginalized sections that have to take up jobs early on in life to support their family’s incomes. Being educated, their expectations are high but their skills do not match the market requirement, finally rendering them take up menial, daily wage paying jobs.

The programme is purposely designed to train underprivileged youths between the age group of 18 and 25 years, who have a minimum qualification of Class IX. They are given meaningful vocational training in the well-equipped STOP centres, set up in 16 states across the country. While this programme is constantly working towards making the young population self-employed, it is also significantly bridging the gap between the demand and the availability of adequately skilled manpower in the booming retail and service sectors in the country.

Under this programme, Smile Foundation sets up STOP centres across the country, models target lesson in order to create awareness about the vocational training module and ensures maximum enrolment through counselling sessions of families about how the six-month training course could bring about a transformation in their lives. These six months of training cover basic English proficiency, Basic Computer Education, Soft Skills, Retail Management, Retail Sales Management and Personality Development. Besides career counselling sessions, exposure visits to various professional sectors and final placement assistance.

Working with a beneficiary group, like the youth of the country and their livelihood needs, the potential of this programme is very extensive. Smile Foundation endeavours to make STOP alumni the preferred choice of recruiters, introducing more verticals to the training to be able to provide more choices to the youth as well as connect to industries, setting up STOP centres in all urban locations in the country, catering directly to maximum number of youth and making them job ready, thereby oscillating as a primary livelihood support programme for the youth.

Funding since 2007, the STOP programme has been able to train more than 18,000 youths and place around 11,500 youths in over 140 brands.
APPROACH

Under the national level Skill-Set learning Programme, a Diploma 4-6 months training course is offered for the less educated, unemployed and economically backward youth with placement support at the end of the programme. English Proficiency (written and written), Basic Computer Education and Soft Skills are the primary subjects that are covered in the course. The goal is to enhance the candidates’ prospects of employment in the fast-expanding real, hospitality, BPO and other sectors.

UNIQUE FEATURES

- Focussed and Customized Curriculum
- Online Monitoring System to keep a track record of the students
- Capacity building of teachers
- Employment Engagement Programme & Exposure visits
- Career counseling
- Job placement support
- Post placement support

2013-14 OUTCOME

- 33 Skill centres across 16 states are in operation
- 3343 youths enrolled
- 2712 youths trained
- 1822 candidates placed
- Placement percentage—67.18%
In meeting the primary objective of providing quality employability training, Smile Foundation has put a ‘rightly research-based approach’ into practice. The purpose behind this was to improve the learning experience of students and make it user friendly. This was done by introducing new curriculums on Functional English, focused on interactive skills in the language rather than the intricacies of grammar. The curriculum was developed with support from EDbauer.

Computer operating systems and office products were also upgraded at all the centres to match the current market needs. New computers, complemented with accessories, were provided to 10 STeP centres to meet the needs of the newly enrolled students.

Training of Trainers

A three-day Training of Trainers program was conducted in New Delhi. Fitted English & Information Technology, this training was focused on augmenting teaching and training skills on the above mentioned subjects. Three resource persons worked for English and IT conducted the programme wherein 15 English trainers and 15 IT trainers from select STeP centres across India participated.

A new aspect has been introduced under the Smile Teens Learning Program (STeP), in the form of volunteer engagement sessions, where privileged youth from reputed colleges and universities also the venue of adding value to the learning process of our less privileged counterparts included at STeP centres across India.

These young dedicated volunteers not only score high with STeP students by bringing a more innovative approach in the classroom, but being of the same age group, are also able to understand better and resolve the various challenges that the students face.

Innovative techniques, games and puzzles are being used by these volunteers to increase student participation in the STeP centres. Mostly these volunteers help enhance the communication, vocal and interpersonal skills of the students. The volunteers consider this a two-way learning process, which also augments their own knowledge and skills.

A guest faculty giving training to the STeP students.
A career counselling session is in progress at Chandigarh STeP centre.

CAREER COUNSELING AND PLACEMENT SUPPORT

STeP provides dedicated counseling facilities through a centralized placement cell. This cell executes structured career counseling sessions that help youth choose the right stream of employment.

Meet the training period, STeP foundations’ Centralized Placement Cell bears the responsibility of identifying relevant job opportunities for the graduating youth. The dedicated cell aims to connect the youth with the right employer so that they can better themselves for both parties. STeP has tie-ups with more than 200 renowned brands that offer employment to the students. STeP’s placement cell works in association with regional programme teams and potential employers, in order to achieve a higher placement percentage.

A good number of placements of the youth have been conducted in the year 2023-24. Overall, 67.8% of the students who have completed the course are placed in reputed brands. Majority of these young professionals are also earning members of their families. They are first-generation blue-collar workers who work in an organized sector. Education has led them to a significant employment and they have now become examples for their elders, cousins and other youths in their communities.

STeP also undertakes post-placement follow-ups. The aim is to ensure a healthy employer-employee relation as well as retention of the newly recruited students.

EMPLOYEE ENGAGEMENT PROGRAMME

STeP is completely tilted towards practical training. The idea is to make the youth ‘Job Ready’ as well as to inculcate a competitive attitude in them so that they could easily cope with the fast-paced work environment. The ‘Employee Engagement Programme’ and ‘Industry Exposure Programme’ have been integrated in STeP to help the young professional understand the first-hand philosophies of the employment sector.

It also gives the students an opportunity to witness the multimedia of the sector, and be motivated by meeting successful corporate leaders who share their success stories. The students get a chance to get familiar with corporate culture and the many facets that one experiences at work. The idea of the workshop is to transfer the knowledge base and upgrade it with regular market analysis and create thorough, self-guided knowledge with practical hands-on job experiences.

INDUSTRY EXPOSURE PROGRAMME

The Industry Exposure Programme was introduced in the purpose of broadening the perspectives of the candidates who will soon join the dynamic workforce of India. Through exposure visits, the students get a chance to learn from the experience of others by direct interaction. The training experience is practical, which allows the students to ask questions pertaining to the functioning and activities of the various departments, and get first-hand feedback at the same time. Very soon, after completion of their six-month STeP course, the youth will seek employment in retail, hospitality and service sector organizations. Industry exposure visits are part of the STeP curriculum, which helps them become market ready.

Students of STeP are taken for exposure visits to reputed corporate houses, retail outlets, and famous organizations, during the training period. There are many times when the employee who visits these centres (knows the students for an Industry exposure visit), retelling the nuances of their trade. During such visits, the students are imparted knowledge on management skills, on job experiences, and measures that they must take to upgrade their skill sets on a continuous basis. The exposure programme starts with a warm welcome, followed by motivational sessions, guided reflection of different departments, lunch and ends with a detailed question answer session.
WHERE THERE'S A WILL THERE'S A SMILE

Madhuri, Mumbai

To live as a single mother in a city like Mumbai is not only tough but challenging enough, especially if there isn’t enough financial support for the family. Facing such odds, Madhuri, a 35-year-old mother lives with her 9-year-old daughter. Due to some mental problems, she got evicted from her house in 2007. Her mother and her younger sister is her only family in the city, as her father had passed away when she was young.

For a long time Madhuri has wanted to learn English and to get trained in cooking in order to avail a decent, dependable job to secure her future. With this dream in mind, she came to Smirkz, the ITT hub. After the training, Madhuri was equipped with the knowledge and skills required by the city’s market.

She soon got placed with A1 Collection Store in Andheri, Mumbai. Today, she is successfully completing her training in and around the city as various important locations of the city, earning Rs. 6000 per month.

Vikram, Chandigarh

Financial crisis was not the only problem that life had in store for Vikram. It was a sudden age of his, when his best friend and was left with his mother and an elder brother. “The only source of income of the family was through Vikram’s mother, who worked as a maid. I used to do odd jobs to support the family with the little, by working at the nearby factory. Meanwhile, Vikram was privileged to complete his schooling.

After passing out from school, he had an impending urge to support his family in whatever way he could, which led him to pursue jobs. But lack of communication skills and lack of knowledge of computer skills meant failure. During those deepening times, Vikram came to know about the Smirkz Learning Programme.

The six-months training gave him fruitful results, much better than what he had earlier expected. Vikram now helps his family with an amount of Rs. 6500 per month, which he earns by working as a Graphic Designer at the Touch Printing Press.

Swaethi, Hyderabad

Swaethi’s father Mr. K. L. Ram Nagari used to work as a private employee and was the sole earner of the family. Her life came to a standstill when her parents died in an accident. Suffering with a brother and a sister, the burden of supporting the family fell on her shoulders. Her sister was to get married in a month’s time and already a considerable amount was spent on the preparations. Cancellation of the wedding would have made situations worse. At the outset, they had even used money for the expenses incurred during the wedding.

With a graduate degree, Swaethi went out looking for a suitable job. But it was an uphill task for her, there wasn’t any training in English and basic computing skills was something that she lacked. But because of which her career became difficult. During a rehabilitation process, when Swaethi came to know about the Smirkz training programme, she immediately enrolled herself.

She completed her six-months training programme and got hired as an Accountant in NOK. Secured with a handsome salary.

Gomathy, Chennai

10 years ago Gomathy, living in Chennai, is part of a family of 5 members. Her father is a bricklayer who works enthusiastically, so that his children could go to school. Her brother dropped out of school and started working as a daily wage to support the family’s living. Swaethi’s family was affected due to financial glitches, Gomathy looked for a part time job. However, no computer knowledge and fluency in spoken English stood as her biggest hurdle on her career path.

When Gomathy came to know about Smirkz learning Programme by a friend, Gomathy grabbed the opportunity. She regularly attended courses at the centre. Technical escalation, support to learn and personal guidance by the faculty members helped her get fully equipped with the skills of spoken English, computer knowledge, and retail management skills.

She is currently working as a part time computer faculty member at Royal Academy, Chennai. She has been assured of a full time job in the same organization completion of her Bachelor’s degree.
IMPACT

- There was an overall increase of 13.7% from last year in enrolment at SIF centres.
- In the reporting period, out of the total youth enrolled under SIF, 91% successfully completed training and received certificates or accomplishment.
- Three corporate engagement programmes and three exposure visits were conducted in each of the 33 SIF centres across the country.
- 47-18% of the total trained youth got placed in the attempt of the recruitment drive at more than 140 reputed brands.
- 55% of the total beneficiaries were girls.
- One-third of all the SIF centres were fitted with new computers and accessories.
During the year, 34,904 women and girls were directly benefitted.
Various studies as well as our experiences have shown that when women are supported and empowered, the whole society benefits. Their families, too, are healthier, children go to school, income levels improve and communities become more prosperous.

But unfortunately in India, far from being empowered, most women are weighed down by their basic duties like ‘real’-education, employment and a respectable status in society. The patriarchal mindset of people perpetuates a woman’s education and independence, confining her to the household—a scenario with daughter—without any rights to have an opinion or run her wellbeing.

**THE GROUND REALITY**

- India’s current child sex ratio is 914 girls for 1000 boys—the worst figure since independence.
- 66% of India’s adolescent girls drop out of school before completing elementary education.
- 47% of India’s women are married before the legal age of 18.
- 18% of pregnant women [age: 15-49] suffer from anaemia.
- Majority of women live a subjugated life with no control over sexual and reproductive needs or choice of motherhood, and freedom to even visit a doctor when they are unwell.

Right from birth, girls do not receive as much care and concern from their parents and society as a boy would. For instance, a newly born baby girl would only be breastfed for a very short period of time, whereas a baby boy would be breastfed as long as possible. This is so as the mother can get one more pregnancy (as soon as possible) in hopes of a son and the next time India has a dangerously imbalanced sex ratio, the child marriage being female infanticide and sex-selective abortions.

Even though the constitution assures free primary schooling to every child up to 14 years of age, very few girls get the chance to stay in school. The actual reality is that only about 50% of girls children in India actually go to school. There are many reasons why families prefer not to educate their daughters. One of the main reasons is that parents think that educating their daughters is an unnecessary investment of money. Another reason is that all the females in a household are considered sharing the responsibility of household work. Hence, even though education does not necessarily burden the family, it costs them the time and energy at school when she could be doing household chores.

The newspapers are brimming with stories of violence against women. Abductions, rapes, mutilations, acid attacks, honour killings, dowry deaths, female foeticides, maternal mortality, the list goes on. These are questions being asked on where we continue to go wrong as a nation and society. Delinquency of legislatures and laws alone are not resolving the problem of violence against women and girls. India is ranked as the worst place for women among all the 90-100 million lives a survey that not only females but also men.

Today, as India stands on the cusp of modernity with an aspiration to be a superpower, half of its population is still living in the 21st century, still being discriminated against, still being made to live marginalised socially, economically and politically, and is still being denied access to education and healthcare. Constitutionally, men and women are equal in India. Article 14 of the Constitution of India provides equal protection of the law to all persons. Article 15 prohibits discrimination on the ground of sex, and Article 40 makes provisions for just and humane conditions of work and rubbish relevant, yet women rights in our country are not neglected more than ever before.
Swabhiman, meaning ‘self-esteem’ in English, is a programme designed to enable girls and women realize their inherent potential in every sphere of life – be it home, workplace or community. The programme enables women and adolescent girls, who belong to lower socio-economic strata, to lead a life of dignity through realisation of their self-esteem and inner potential.

Promoting positive health-seeking behaviour through various group activities like meetings & counselling sessions as well as house-to-house visits is one of the key interventions of Swabhiman. The focus is on addressing critical issues like contemporaneity of early marriage and early pregnancy, benefits of early registration of marriage and machines delivery, significance of proper ante natal & post natal care, breast feeding, etc. This well-structured intensive intervention helps in reduction of infant & child mortality as well as maternal mortality. Counselling and group meetings result in higher demand for health services which are met through fully-equipped mobile hospitals.

Male involvement towards creating an enabling environment for women is a distinct feature of Swabhiman. Swabhiman has successfully demonstrated that men take responsibility for their sexual and reproductive behaviour as well as their social and family role. On similar lines, motivation in-law who represent the junior centres in such families are sensitised to support their daughter in-law.

Adolescent girls are an important target group under Swabhiman. Young girls from within the community are selected as change agents and given intensive training on issues like Gender and Reproductive Health, rights and legal provisions, life skills, education, nutrition, decision making, etc. Change Agents form a cadre of peer educators within the community who in turn create a cascading effect by equipping community women in their journey towards empowerment.

Under Swabhiman, various focussed campaigns on critical issues of women empowerment are organised:

**“Beti Bari Apni Ho”** is a girl child campaign that aims at creating acceptance of girl child within the society and her significance in ensuring the community of humankind. The objective is to combat discriminatory practices like female foeticide.

**Safai awareness campaign** is held with the objective of sensitizing the privileged as well as underprivileged to create a safe and secure environment.

As part of advocacy campaigns, institutions, corporate, colleges and schools are sensitised on championing the causes of the girl child.
APPROACH

A new model strategy called the "4 S Model" has been developed under Sankhayan. The "4 S Model" is an acronym for four new approaches, namely:
- Seeking Healthcare as a Behaviour
- Supporting Education, Support in Marital Violece, and Establishing the Change in Communities. The programme identifies adolescent girls and women from the community and empowers them to change norms, who in turn actively contribute to the community mobilization process.

UNIQUE FEATURES

- Maternal and Child Health (MCH) Services
- Mobile Health Clinics
- Swasthman Scholars
- Educational Support
- Spouse Counseling

2013-14 OUTCOME

- 125 Specialized Health Camps conducted
- 2046 newly married women counselled
- 7398 Community Awareness activities
- 700 Health Workshops

Woman from a rural village in Haathi are made familiar about their rights during a community meeting.
ENCOURAGING HEALTH-SEEKING BEHAVIOUR IN WOMEN AND GIRLS

The multi-dimensional growth of a country primarily depends on its manpower: efficient service delivery and health. To achieve health outcomes, it is necessary that women have use of the services at par with men, more so because they are the main caregivers to the children in the community. Diseases in women and girls have long-term effects both on cognitive and physical health. Unemployment, illiteracy, bad firms, cultural beliefs, and non-availability of medical services are factors that have greatly affected the health-seeking behaviour of mothers and their children in India’s rural community. Swasth Sangam’s Saathakarana programme, through its culturally acceptable gender-sensitive interventions, generates mothers’ awareness among the women and girls, so that affirmative, health-promoting behaviours are adopted.

The programme helps young women and adolescent girls

- understand their sexual and reproductive wellbeing
- makes them aware of their menstrual hygiene and know consequences of unprotected sexual behaviour
- understand how various methods of temporary and permanent contraception can facilitate making informed choices and prevent STIs and HIVs.

Through community participation tools like workshops, training on various health components of the outreach initiative, the programme helps women and girls know about importance of health education, decision-making powers and legal rights, and overall well-being.

The Swasth Sangam team regularly counsels and advocates with the women and adolescent girls on issues concerning their reproductive and sexual health, family planning, adolescent health, acquiring life skills, self-empowerment and education for holistic and sustainable development. Innovative tools like theme-based street plays, puppet shows, miniPs, counselling sessions, one-to-one interactions, etc., are used for community mobilisation and awareness generation. An information centre is also developed where visualisation of contagious and non-visual issues are addressed. The centre, in addition, acts as a depot for provision of information on government schemes, distribution of family planning methods, etc.

Swasth Sangam Community Health Educators distribute contraceptives to existing indices in the village...
A fully equipped Mobile Hospital has been set up to provide Maternal and Child Health (MCH) services at the doorstep of mothers, newly married women, girls and children who dwell in urban slums and slum-like areas. It has all the necessary facilities for clinical examination of patients belonging to the categories of pregnant, lactating women and children. The mobile hospital visits all the intervention areas of Swasthman Programme in a fixed roaster and extends low-cost healthcare support to underprivileged women and girls. Information pertaining to the visiting schedule of the mobile hospital is widely disseminated to ensure that the services are availed by the targeted groups. Qualified and trained medical and paramedical personnel form the main team of the mobile hospital.

The services provided include:
- General health care which comprises basic clinical services, antenatal and postnatal check-ups, and child care initiatives, including immunisation.
- Distribution of condoms, sanitary napkins and oral contraceptive pills.
- Counselling of men and women to ensure better health-seeking behaviour and planned parenthood.
- Educating the mother towards proper nutrition essential for her and her child.
- Relate to high-risk pregnancy, abortion, deliveries and other complications to nearest government hospitals and facilities.

ENSURING EDUCATION OF THE GIRL CHILD

"If all girls had secondary education, there would be 37% fewer child marriages".

"If all girls are educated, there would be a significant decrease in birth rates".

"If all mothers had secondary education, millions of children would be saved from malnutrition".

"If all women are educated, employment opportunities among girls would move up, and gender gap between men and women is likely to get lesser".

"Educated women are more likely to initiate action for social change than those who are illiterate".

With at least 37 million girls between age 6 and 14 out of school, the situation for girls education in India desperately needs addressing. Educating a girl child has enormous benefits on improving the lives of girls and women, and the lives of those around them. For lakhs of girls in India, getting a good education is beyond their imagination. Lack of education directly affects their health, and that of their families, their rights to equal employment opportunities, and their chance to get married later and to choose when and how many children they have.

Swasthman’s Swasthman programme encourages education of adolescent girls as one of its main interventions. A survey on the role of out-of-school girls, conducted in the Swasthman intervention area, shows that while 12% of the girls never went to school, 88% discontinued their schooling in the early years. For reasons like distance of the school, monetary limitations, engagement in household work or family business, lack of parental support, etc., they missed out on education. The programme identifies boys deemed deserving but not yet ready to attend school in the intervention area and provides full educational support to them.

The programme, in addition, has to bring about positive changes in the parental attitude of the girls by sensitizing them about the importance of sending their daughters to school, setting them path to education thus creating good employment opportunities, resulting in overall development of the family.
Male Involvement in Women Empowerment

Sikh Foundation believes that a woman cannot be empowered until and unless her partner allows her to participate in all decision-making processes, whether in the family or in the community. This programme is specially designed to bring structural and behavioural changes in the community men who act as role models. For example, men who usually support their partners in all aspects of life. Men in the community are oriented with appropriate messages on planned and responsible parenthood, the importance of increasing male involvement in planning families, and responsible behaviour in the family. In addition, men are encouraged to attend community meetings and support their wives during the crucial moments of their children’s lives.

Life Skills Education

Life Skills Education is an empowering program that has the competence to contend with all the challenges and difficulties of life. To instil the abilities for adaptive and positive behaviour so that young girls could effectively deal with the demands, challenges, and stress of everyday life, Sikh Foundation has incorporated Life Skills Education in the Swashaham programme.

Life Skills Education, the adolescents are imparted knowledge on various subjects, including critical and creative thinking, interpersonal relations, decision-making, and problem-solving, management of finances, negotiation and refusal, reproductive health, gender-based violence, goal setting, and coping with emotions and stress.

Change Agents

The Swashaham programme’s main goal is through Change Agents,Faces Education, Community Health Education, and Swashaham Health Volunteers. These change agents play an integral role in the community and empower women through regular training sessions on relevant topics. They further educate and spread awareness among their peers in the community. A cascading effect of change is built through these change agents. More than 100 of these change agents were developed and provided training to some of the best trainers and successful persons from specialized organizations like Poura Sawa Sarokar. Poonamvichv health group, Population Foundation of India, and National Institute of Health & Family Welfare.

Networking with Community Leaders

One of the major interventions under Swashaham programme is networking with government institutions to enhance community awareness. The community institutions with which the networking is undertaken are Magahi Child Health (Bihar), ICDS, health departments, educational institutions and parents. The forming of networks with such institutions has substantially improved the outcome of efforts and activities. Swashaham has always kept these organizations updated on the information on upcoming possibilities of future convergence and relationships.

Networking is also done with 3-level structures all the health administration for seamless implementation of its interventions:

a) Primary level—working closely with Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) women in the community.
b) Second level—coordination with Primary Health Centres (PHCs) and dispensaries.
c) Third level—contact coordination with medical personnel of specialty hospitals/Institutions.
ADDRESSING THE CRITICAL ISSUE OF FEMALE FOETICIDE - PADHARO MAHARI LADO CAMPAIGN

Smile Foundation, in association with Department of Health Rajasthan, National Rural Health Mission (NHM-M), Help Age India, and Quem India Limited, initiated the Padharo Mahari Lado campaign in Rajasthan—one of the states with the lowest CED. See Ratio in India. In many regions of the state, caste, and region, the communities are affiliated and ‘close to men. This girl is not allowed to live birth, and in case where she takes birth, she is not allowed to survive beyond the early years.

Every year, Rajasthan witnesses acute female foeticide cases. As per a report of 2012, the number of girls in the state was found to be just 923 versus 1,000 boys—a figure that explains why female foeticide is commonplace. Between 2011 and 2012, Rajasthan was listed among the states where India’s highest number of victims of the Conception and the National Fetal Loss Act (NFAL) Act, an act to remove sex determination of unborn babies, was recorded. A shocking report by volunteers working in

TRANSFORMATION

Since its launch in 2005, the programme has brought massive changes among the monodrug cultural setup. Today, in the intervened communities, there is increased participation of the parents in both mother and father in providing a protected and secure childhood for their daughters.

Public awareness has become a priority. Volunteers, teachers, and others have been involved in organizing capacity building of the functioning of the sex determination clinics. With the doctors from the local levels, effective alliances are made that have enabled the non-violence of

Women’s Development Studies suggests that most couples are carefully planning the gender composition of their children, in accordance with the costs of raising from up. This has led to the scenario that in case of having a daughter now include her schooling and higher education besides marriage. Thus even progressive developments are being used to portray girl children as a burden.

"Yashashri Manur Lado," literally meaning “Welcome is Early Daughter,” is all about encouraging individuals, families and communities to create a safe environment for the newly born girl child and remove the social stigma. Strongly, demanding female foeticide, Smile Foundation organizes intensive awareness programs, including folk songs, dance and drama every month. The objective is to make the community more and more aware of the consequences of female foeticide.

The programme celebrates the birth of a girl child to ensure that she receives a healthy upbringing, uniform education, proper nutrition, and could equally compete in the school with other children, both boys and girls. The birth is marked by placing a ‘Bhati (henna) flag, a usual tradition that was earlier practiced only when a male child is born. During the event, to promote the privileged birth of a girl child and draw her with a protective baby girl, the girl is celebrated by putting on a new dress and distribution of sweets, baby kit and education kit.

Birth of a girl child being celebrated by the traditional wearing of ‘Bhati’ during a Padharo Mahari Lado campaign at Ptiopopeda village in Bani, Rajasthan.

Girl students from a government school in Baniak take a pledge to fight against female foeticide.
REAPING REWARDS OF EMPOWERMENT

Sonika, Rajasthan

Sonika, from Rajasthan, is 22 years old and a mother of two children. She was 15 when her father died. The economic deprivation after the father’s death forced her to start working as a domestic servant along with her mother. Being the oldest in the family, she took the responsibility of sharing her mother’s burden in earning a livelihood and cooking after the siblings. Her mother married her off at the age of 17, so as to fulfill her obligations and in the hope that Sonika would have a better life herself.

After marriage, Sonika and her husband migrated to Delhi. There, she got an opportunity to come across the Swabhiman Programme. Through this programme, she was educated on family planning methods, sexual health, SBA and nutritional hygiene and other sensitive topics related to a woman’s well-being.

Having gained an insight into the benefits of family planning, she and her husband both decided on a family planning operation. It has motivated her husband to seek self-employment, and she has also joined vocational training course in tailoring and tailoring.

Mihika, Delhi

18 years old Mihika is the eldest of four siblings. Her father works as a labourer and earns a meager amount which meeting even small household needs is a big challenge. The economic hardships were so uncompromising that the father could no longer afford his daughter’s education and Mihika had to drop out of school in Class 6. Dropping out of school had an adverse effect on her personality and she turned into an introvert, choosing to live in isolation.

It was when one of the Swabhiman Health Volunteers noticed her condition that Mihika’s found a new ray of hope. Mihika regularly attended meetings and workshops. She started doing what she was being exposed to and slowly came out of her despondency of name and had to drop out of school. She interacted with people, improved her communication skills, and built her self-confidence. Her parents were also counseled by the Community Health Educator of the programme.

Based on her merit, Mihika was awarded with scholarships under the Swabhiman Scholarship Programme. She is now studying in Class 12 and aspires of becoming a doctor.

Sonir Moni, West Bengal

26 years old Sonir Moni hails from West Bengal where she got married at the age of 19. Shortly after the marriage, the couple migrated to Delhi. They have been living in Delhi for the last seven years and have a daughter. Her husband works as a minor sub-contractor and splurges all his earnings in alcohol. She was thus compelled to work as a domestic servant to sustain herself and take care of her daughter. She made up her mind not to have another child because of her alcoholic husband who offers no financial support.

When Sonir understood herself in Swabhiman Programme, she learnt the benefits of family planning and child spacing. She has become a regular user of the contraceptive methods advocated in the programme and is determined to have her next child only after her husband overcomes his alcoholic addiction and starts contributing financially to the household.
IMPACT

- 234 women and adolescent girls were linked to the "Change Panel" to further serve as Community Health Educators, Health Volunteers and Peer Educators in their communities.

- Over 26,000 community members were counselled on issues concerning women rights through innovative advocacy events, celebration of events like International Women’s Day and Girl Child Day, puppet shows and street plays.

- There was an overall increase of 45% from last year in the number of men and boys who were sensitised about the rights of women and girls, reproductive health, family planning and education of children.

- 70% of the adolescent girls and women in the villages, along with community stakeholders, were provided adequate knowledge of reproductive and sexual health issues and access to primary health services.

- Educational support was provided to all underprivileged girls for secondary and senior secondary education through 14 scholarship policies, regular counselling for academic and personal development.
CHILD FOR CHILD

Right from birth, by virtue of the environment in which he/she grows, a child develops certain habits that define his/her future. Members of the family, teachers, relatives, teachers and community play a major role in forming the character of a child. Teachers in schools, family at home, and community all merge to create the moral development climate that ultimately becomes the moral development mechanism for children. The influence of these alters the context of the child’s life moves beyond the emotional aspect to the cognitive development and its correlation to moral development.

The future of a nation depends on children. They are the best change agents, be it in the family or the community in which they live. It is therefore crucial to

OBJECTIVE
- Inculcate a conscience and value system in school children, so that they grow up to become responsible citizens.
- Ensure moral development of the children.
- Inculcate feelings of empathy among the children.
- Ensuring development of a child’s personal, social and emotional capabilities.

catch them young and include in them feelings of empathy and consciousness so that they grow up as responsible individuals. Empathy is an important aspect of moral development that is earned through social interaction.

Smile Foundation believes that the development of children’s personal, social and emotional capabilities should be given the same priority as the development of cognitive capabilities in schooling.

One of the most important aspects of social and emotional learning that schools need to help develop in children is understanding, collaboration, appreciation and valuing of differences. Sensing this need, Smile Foundation came up with Child for Child (CFC) programme in 2005. Sensitisation of privileged children and their parents, towards the existing inequalities around them, is an important objective of CFC.

Privileged children are sensitised about the deprivation and pain endured by their less privileged counterparts. CFC works to cultivate a conscience and value system in the children so that they grow up to become responsible citizens and change makers. Reflected in their minds are set with a goal, the CFC programme has to make them count their own blessings and understand the plight of less privileged ones.

Once they start realising the worth of the privileges they enjoy born with them, they automatically turn their thoughts towards society and develop the right attitude. This eventually helps them develop into not only successful but responsible individuals in life. They grow up to become significant change makers, who contribute positively to the society.

APPROACH

Under the Child for Child programme, Smile Foundation works with various schools and conducts engaging sessions for the young minds. It sensitises children towards values issues and sets them to track their privileges. Workshops and thematic lectures are organised in the schools that involves principals, teachers, students and their parents. In addition to these, thematic campaign, symposiums, knowledge exchange programmes and movie screenings are done as part of the value-based sessions for the students.

UNIQUE FEATURES
- Value Education
- Life Skills
- Safety and Self Defense Workshops
- Knowledge Exchange
- Career Counseling
- Health Camps

2013-14 OUTCOME
- Students sensitised - 6,55,114
- Schools covered - 1774
- More than 5000 activities and events in schools

Privileged kids take out calls to support education of free and underprivileged children.
AWARDS AND RECOGNITION

Global CSR Excellence & Leadership Award 2014 by ABP News
Education Excellence Award 2013 by the Associated Chambers of Commerce and Industries (ASSOCHAM)
NGO Excellence 2013 by IPE (Institute of Public Enterprises)
Quality Initiative Mission Award 2013
Healthcare Leadership Award 2012
Represents India as nominated member of Together4Change Alliance
GE Healthcare - Modern Medicine Excellence Award
Asia-pacific Child Rights Award
Barclays Bank Chairman’s Awards

EMAPANELMENT AND ACCREDITATION

Empanelled with National CSR Hub at TISS, an initiative under Ministry of Heavy Industries & Public Enterprises
Accreditation with India Development Foundation of Overseas Indians, under the Ministry of Overseas Indian Affairs, Govt. of India
Accredited as Charities Aid Foundation (CAF) India registered charity since 2012
Accredited as 12B-registered non-profit organisation with Gubiya Trust
Listed as a member organisation with United Way Worldwide

FINANCIAL STATEMENT
2013-14
**SMILE FOUNDATION**

**BALANCE SHEET AS ON 31ST MARCH, 2014**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCES OF FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Funds</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corpus Fund</td>
<td></td>
<td>167,020,598</td>
<td>167,020,598</td>
</tr>
<tr>
<td>Gross Reserve Fund</td>
<td></td>
<td>85,783,892</td>
<td>89,506,990</td>
</tr>
<tr>
<td></td>
<td>Current Liabilities &amp; Provisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sundry Debtors for Expenses</td>
<td></td>
<td>204,205</td>
</tr>
<tr>
<td></td>
<td>Advance for Specified Programmes</td>
<td></td>
<td>23,007,380</td>
</tr>
<tr>
<td></td>
<td>Pending donations</td>
<td></td>
<td>10,718,942</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td></td>
<td>313,558,472</td>
</tr>
</tbody>
</table>

**APPLICATION OF FUNDS**

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>SCHEDULE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Gross Block of Asset Funds</strong></td>
<td></td>
<td>87,377,142</td>
<td>75,185,243</td>
</tr>
<tr>
<td>Less: Gross Block of Assets held for</td>
<td></td>
<td>22,009,863</td>
<td>20,046,418</td>
</tr>
<tr>
<td>Debt having Right to Use Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Block - Owned Assets</td>
<td></td>
<td>65,367,279</td>
<td>55,138,825</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td></td>
<td>20,974,749</td>
<td>17,146,020</td>
</tr>
<tr>
<td>Net Block of Asset Funds</td>
<td></td>
<td>45,692,530</td>
<td>37,992,805</td>
</tr>
<tr>
<td>Current Assets &amp; Loans and Advances</td>
<td></td>
<td>294,666,766</td>
<td>233,049,560</td>
</tr>
<tr>
<td>Deposits</td>
<td></td>
<td>448,210</td>
<td>328,000</td>
</tr>
<tr>
<td>Debtors and Cash</td>
<td></td>
<td>6,410,041</td>
<td>8,623,001</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>313,558,472</td>
<td>262,079,081</td>
</tr>
</tbody>
</table>

---

**INCOME AND ITS APPLICATION ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH, 2014**

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>SCHEDULE</th>
<th>FOR THE YEAR ENDED ON 31ST MARCH, 2014</th>
<th>FOR THE YEAR ENDED ON 31ST MARCH, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Donations/ Contributions</td>
<td></td>
<td>134,054,982</td>
<td>127,324,744</td>
</tr>
<tr>
<td>(a) Donations/ Contributions (for specified programmes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Education Project - 3MAC - PT</td>
<td></td>
<td>27,400</td>
<td>35,917</td>
</tr>
<tr>
<td>(a) FII</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Other Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry Income</td>
<td></td>
<td>20,914,998</td>
<td>18,425,271</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td></td>
<td>66,823</td>
<td>28,816</td>
</tr>
<tr>
<td><strong>Note</strong></td>
<td></td>
<td>37,051,912</td>
<td>18,440,127</td>
</tr>
<tr>
<td>Gross Income to deserve for Tax (i.e. X)</td>
<td></td>
<td>176,476,904</td>
<td>146,388,660</td>
</tr>
</tbody>
</table>

**APPLICATION OF INCOME**

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>SCHEDULE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Income Applied for Creation of Various Social Welfare Programmes</td>
<td></td>
<td>13,78,943,204</td>
<td>21,47,193</td>
</tr>
<tr>
<td>(a) Medical Education Programme</td>
<td></td>
<td>30,708,244</td>
<td>20,15,493</td>
</tr>
<tr>
<td>(b) Child for Child Programme</td>
<td></td>
<td>30,425,115</td>
<td>18,79,832</td>
</tr>
<tr>
<td>(c) Education Programme of SMAC (PT)</td>
<td></td>
<td>161,184</td>
<td>3,68,082</td>
</tr>
<tr>
<td>(d) Income Tax Act, 1961</td>
<td></td>
<td>9,833,151</td>
<td>6,473,036</td>
</tr>
<tr>
<td>(e) Swayam Shiksha Programme</td>
<td></td>
<td>28,350,715</td>
<td>27,428,917</td>
</tr>
<tr>
<td>(f) Development Programme</td>
<td></td>
<td>5,082,775</td>
<td>1,37,146</td>
</tr>
<tr>
<td>(g) Other Social and Welfare Programmes</td>
<td></td>
<td>1,174,778</td>
<td>889,795</td>
</tr>
<tr>
<td><strong>II. Administrative &amp; Other Expenses</strong></td>
<td></td>
<td>19,902,883</td>
<td>17,042,304</td>
</tr>
<tr>
<td><strong>III. Total Income Applied (i.e. X + Y)</strong></td>
<td></td>
<td>156,479,790</td>
<td>126,768,959</td>
</tr>
<tr>
<td><strong>Net Surplus (Deficit) before Depreciation &amp; Taxes</strong></td>
<td></td>
<td>18,849,494</td>
<td>19,624,118</td>
</tr>
<tr>
<td>Less: Depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Net Surplus (Deficit) before Taxes</strong></td>
<td></td>
<td>18,849,494</td>
</tr>
<tr>
<td>Less: Provision for Tax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Net Surplus (Deficit) to be Transferred to Permanent Fund</strong></td>
<td></td>
<td>18,849,494</td>
</tr>
</tbody>
</table>

---

**AUDITORS’ REPORT**

For SMILE FOUNDATION

As per our report of even date annexed

For M/s. J.P. Buchholtz & Co.

Chartered Accountants

Sd/-

M/S. Dinka Dossa

Sd/-

M/S. Abdul Rehman

M/s. Neelo Poonawala

Sd/-

M/s. Shri Nisar Ali Khan

---

**AUDITORS’ REPORT**

For SMILE FOUNDATION

As per our report of even date annexed

For M/s. J.P. Buchholtz & Co.

Chartered Accountants

Sd/-

M/S. Dinka Dossa

Sd/-

M/S. Abdul Rehman

M/s. Neelo Poonawala

Sd/-

M/s. Shri Nisar Ali Khan

---
DISBURSEMENT OF FUNDS
2013-14

- Project Expenses – 77%
- Administrative Expenses – 12%
- Accumulation for Next Year – 9%
- Depreciation – 2%

CERTIFICATE OF COMPLIANCE

TO WHOM IT MAY CONCERN

We have examined the compliance of conditions stipulated in the “Standards of Good Governance” by Smile Foundation, for the year ended March 31, 2014.

In our opinion and to the best of our information and according to the explanations given to us, we certify that Smile Foundation has complied with the standards as stipulated in the “Standards of Good Governance”,

The compliance of clauses/conditions of “Standards of Good Governance” is the responsibility of the management; our examination was limited to procedures and implementation thereof adopted by Smile Foundation for ensuring the compliance of all the standards.

For S. Behera & Co.,
Company Secretaries

Sd/-
(Rakesh Behera)
Company Secretary In Practice
CP No. 5980
Date – October 15, 2014
In the year 2013-14, Smile Foundation directly benefitted 400,000 children and their families through 158 welfare projects in 732 villages and slums, across 23 states of India.

18,953 underprivileged children were provided education through Mission Education programme.

3343 youth were given employability training and 1822 were placed under STeP programme.

310047 children and their families received healthcare services at their doorsteps through Smile on Wheels.

24391 people were provided with specialized healthcare through Smile Health Camps.

34902 women and girls were empowered under Swabhiman programme.