2020-21 ANNUAL REPORT



THE BABY CARE FOUNDATION

TBCF

www.thebabycarefoundation.in

WHO WE ARE?



The Baby Care Foundation (TBCF) is a non- profit community organization that was created by all Trustees, on April 2017. The organization has established an endowment fund, which will be preserved permanently and only the income generated by the fund will be used to make grants to organizations.

The foundation is mainly dedicated to provide humanitarian support to qualified not- for-profit organizations throughout all states of India.

The Baby Care Foundation, depends on corporate funds, philanthropic donors, volunteers and well-wishers for managing such massive operation. The various operations include the technological innovations, quality standards, Operation Management, Back Office Operations and volunteers. These Operations are processed and observed by all the section we have in TBCF such as Child Education, Other Health Care Sections.

TBCF

OUR VISION



Our vision is to be a strategic leadership organisation influencing social transformation through developmental programmers. To work towards creating a better India which provides basic health, education and empowerment to every citizen.

The Baby Care Foundation (TBCF) is to be the primary support and platform for a civil society represented by a global community of informed, empowered and committed NGOs that fully participate with the UN in decision-making and programs leading to a better world, a world of economic and social justice.

TBCF

OUR MISSIONS



To work towards creating a better India which provides basic health, education and empowerment to every citizen.

To be a Knowledge/ Execution Partner of Schools, NGOs, Corporate, and Government agencies for development programmers across India.

The Baby Care Foundation, depends on corporate funds, philanthropic donors, volunteers and well-wishers for managing such massive operation. The various operations include the technological innovations, quality standards, Operation Management, Back Office Operations and volunteers. These Operations are processed and observed by all the section we have in TBCF such as Child Education, Child Labour Cases, Other Health Care Sections.

THE FOUNDER SPEAKS'



This year was very challenging for Non-Government Organizations across India and the world. At TBCF, the impact of Covid was many fold. Most of our regular programs came to a standstill, and on the other hand, we had to support the vulnerable communities whose livelihoods came to a break during the lockdown. Resource mobilization became very difficult for NGOs in India is another challenge.

Let me begin with our response to Covid. Immediately after the lockdown in March 2020, our team members identified vulnerable families, and we distributed food kits to about 500 families for 30 days.

This year, Covid has impacted schools with offline classes due to regulations, we approached Corporates for CSR funding of digital classrooms, and could set up digital classrooms in 5 Schools in Dist.- Palghar.

Biggest challenge was for Emergency Medical Treatment support for children. Being most of the hospitals getting converted for treatment for Covid-19, many children

requiring urgent Heart Surgeries and Cancer treatment were being postponed. With first wave subsiding and hospitals opening up in normal mode, we immediately took up very urgent medical cases from hospital to support the treatment. Our DONORS have been happy to support these children and save many lives.

With Govt regulations getting relaxed, and following the Covid Protocol, we continued with our ongoing project of Menstrual Hygiene Management.

Year 2020-21 we also focused on Divyang Children, helping them with Wheelchairs.

Prasanjit Das

Founding Member

THE BABY CARE FOUNDATION



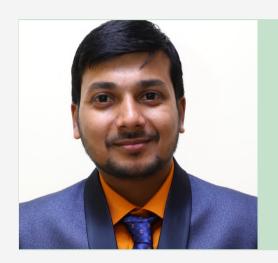
Prasanjit Das

TABLE OF CONTENTS

WHO WE ARE	1
OUR VISION	2
OUR MISSION	3
THE FOUNDER SPEAKS	4
MEET THE MANAGEMENT TEAM	5
ORNOGRAM	6
OUR PRESENCE	7
OUR PROGRAM	8
MEDICAL TREATMENT SUPPORT - CANCER	9
SYMPTOMS OF CANCER	10

MEDICAL TREATMENT SUPPORT - HEART	18
DIGITAL EDUCATION	24
MENSTRUAL HYGIENE PROGRAM	29
CALAMITY & PANDEMIC RELIEF	35
SUPPORT FOR DIVYANG CHILDREN	38
SANITATION	40
REWARDS & RECOGNITION	44
FINANCIALS	46
OUR PARTNERS	49
OUR HOSPITAL TIEUP'S	51

Meet The Baby Care Foundation Management Team



MR. PRASANJIT DAS

"I Am Prasanjit Das and i am ready for any types of challenge, his childhood spent in the village of Bokajan and State Assam, He is an Financial Accountant, (B.Com) and PGDCA holder. He is an 5 years experience in social activities, His dream project is design a school for rural areas."



MR. LADOBA G NEMAN

"We works towards bridging the gap between the "well to doers" & the "needy" by creating social engagement programs which will help in creating a "social ecosystem" ideal for the growth of any nation. His dream project is to adopt 100 villages under the banner of The Baby Care Foundation & give free access to basic education for the needy."

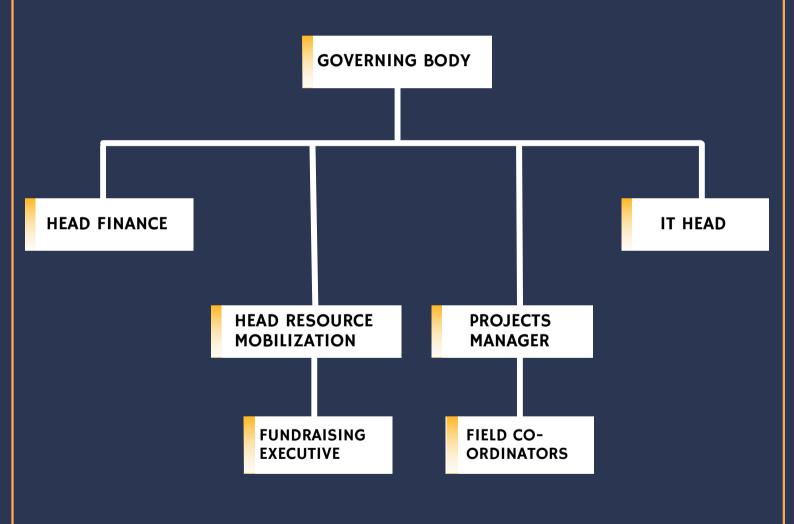


MR. SUJIT GHOSE

Mr. Sujit Ghose born in a small town of Odisha, after completing B.Com, pursued Diploma in Sales & Marketing. Have worked in Corporates for 15 years, His Late mother has always been a source of inspiration to be with the needy section of the society. Being in the Social Sector he has travelled many parts of India,

"I am trying my bit in Giving Back"

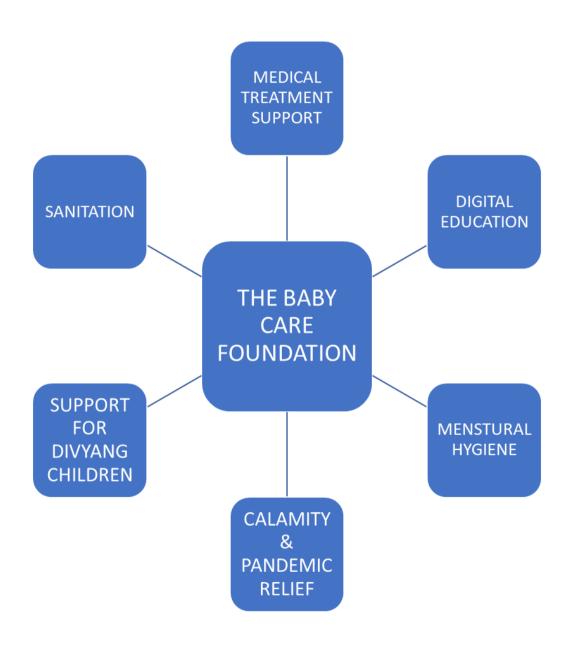
ORNOGRAM



OUR PRESENCE



OUR PROGRAMS





MEDICAL TREATMENT SUPPORT

CANCER

India has the third-highest number of cancer cases in the world and it is estimated that 14 lakh new cancer cases were detected in 2020. These alarming statistics also suggest that 1 in 10 Indians will develop cancer during their lifetime and 1 in 15 will die of the disease.

Adequate awareness and timely intervention is the need of the hour to help prevent deaths by cancer.

The Disease 'cancer' is generally associated with a sense of helplessness, frustration and fear of death. One of the important reasons for this is the misconception that cancer is incurable. While this may be true for certain cancers detected in advanced stages (Stage IV), those diagnosed in early stages and a few cancers even in advanced stages have a fairly good chance of survival. The incidence of cancer is on the rise due to a combination of factors such as changing lifestyles, dietary habits, lack of physical activity and increasing life expectancy. Tobacco abuse, in any form, is the most important cause and risk factor for many cancers – but importantly for cancer of the oral cavity, voice box, lungs and food pipe. Let us work together to strive for a cancer-free world with preventive measures, regular screening, and prompt and advanced cancer treatment.

SYMPTOMS OF CANCER

An early diagnosis is as important as prevention to get the best outcomes in cancer treatment. Being aware about cancer in is key to early diagnosis. Here are some of the warning signs of cancer that need further medical attention:

- Cough or hoarseness that doesn't go away
- Blood in sputum, stools or urine
- Inter menstrual and post-menopausal bleeding
- Lump in breast
- Unusual lumps anywhere in the body that increase in size
- Non-healing wound
- Bleeding from gums
- Frequent fever or infections
- Excessive weight loss and loss of appetite
- Intense and recurrent pain

Intervention of The Baby Care Foundation -

The Baby Care Foundation understands the early treatment of this dreaded disease. TBCF has tied up with various hospitals to support treatment expenses support for marginalized children suffering afflicted with cancer.

Hospitals in tie-up are

- HCG Manavata Hospital, Nashik
- Ashoka Medicover Hospital, Nashik
- Bharati Hospital, Pune
- Bai Jerabi Wadia Hospital for Children, Mumbai.



Year 2020-21 TBCF has supported 5 children for their cancer treatment (November 2020-March 2021).

• Baby. Durva Vinayak Sonawane - Age- 4 Years



Baby Druva is just 4 years old and was diagnosed with Burkitt's Lymphoma. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Baby Druva is under supportive care and recovering fast. We wish to thank the Doctors of HCG Manavata Cancer Centre, Nashik for their wonderful treatment process.

Year 2020-21 TBCF has supported 5 children for their cancer treatment (November 2020-March 2021).

• Mast. Jignesh Dnyaneshwar Patil - Age -4 Years



Mast.Jignesh Dnyaneshwar patil is just 4 years old and was diagnosed with Low Grade Astrocytoma. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Mast Jignesh is under supportive care and recovering fast. We wish to thank the Doctors of HCG Manavata Cancer Centre, Nashik for their wonderful treatment process.

Year 2020-21 TBCF has supported 5 children for their cancer treatment (November 2020-March 2021).

• Mast. Mohammad Shahezad Ansari Abdullah - Age-7 Years



Mast.Mohammad Shahezad Ansari Abdullah is just 7 years old and was diagnosed with relapsed all Cancer. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Mast Shahezad is under supportive care and recovering fast. We wish to thank the Doctors of HCG Manavata Cancer Centre, Nashik for their wonderful treatment process.

Year 2020-21 TBCF has supported 5 children for their cancer treatment (November 2020-March 2021).

• Mast. Upade Aryan Krushna -Age - 10 Years



Mast. Upade Aryan Krushna is just 10 years old and was diagnosed with Acute Lymphoblastic Leukemia. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Mast Aryan is under supportive care and recovering fast. We wish to thank the Doctors of Bharti Hospital and Research Center, Pune for their wonderful treatment process.

Year 2020-21 TBCF has supported 5 children for their cancer treatment (November 2020-March 2021).

• Mast. Rajmane Vishawaraj Vaijnath - Age-2 Years



Mast. Rajmane Vishawaraj Vaijnath is just 2 years old and was diagnosed with PRE B CELL Acute Lymphoblastic Leukemia. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Mast Vishawaraj is under supportive care and recovering fast. We wish to thank the Doctors of Bharti Hospital and Research Center, Pune for their wonderful treatment process.



TOTAL SPEND on CANCER TREATMENT

(2020-2021) - Rs.25,00,000/-



SUCCESS STORY - CANCER

• Baby. Durva Vinayak Sonawane - Age- 4 Years



Baby Druva is just 4 years old and was diagnosed with Burkitt's Lymphoma. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Baby Druva is under supportive care and recovering fast. We wish to thank the Doctors of HCG Manavata Cancer Centre, Nashik for their wonderful treatment process.

MEDICAL TREATMENT SUPPORT

HEART

Considering a birth prevalence of congenital heart disease as 9/1000, the estimated number of children born with congenital heart disease in India is more than 200,000 per year. Of these, about one-fifth are likely to have serious defect, requiring an intervention in the first year of life. Currently advanced cardiac care is available to only a minority of such children. A number of cardiac centres have been developed over the last 10 years. However, most are in the private sector, and are not geographically well-distributed. Challenges to paediatric cardiac care include financial constraints, health-seeking behaviour of community, and lack of awareness.

Most of the children born with congenital heart disease are expected to lead normal, productive lives if treated in time. However, the privilege of early diagnosis and timely intervention is restricted to children born in developed countries. India has one of the highest birth rates in the world and, considering that the prevalence of congenital heart disease does not vary in different regions, a large number of babies with congenital heart disease are born in India every year.

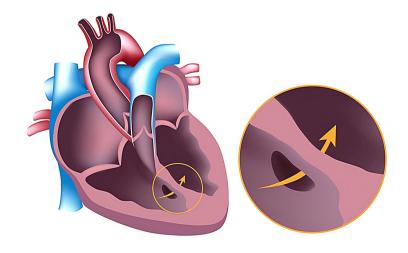
MEDICAL TREATMENT SUPPORT

HEART

It is estimated that approximately 80,000 new-borns with heart disease need early intervention to survive their first birthday. Less than 10% of these actually undergo intervention. Providing optimal care for all these children is a daunting task, and requires funds and proper planning at various levels of the healthcare system.

TBCF has tied up with following hospitals for providing cost support for heart surgery –

- Bai Jerabai Wadia Hospital for Children, Mumbai
- Balaji Hospital, Byculla, Mumbai



TBCF.

MEDICAL CASE - HEART

Total Amount Spent for Supporting Heart Surgeries (2020 -2021) – Rs.9,65,000/-

• Mast. Mohammad Moin Yunus Shaikh



Mast. Mohammad Moin Yunus Shaikh is just 4 years old and was diagnosed with Congential Heart Disease. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Mast. Moin is under supportive care and recovering fast. We wish to thank the Doctors of Bai Jerabai Wadia Hospital for Children, Mumbai for their wonderful treatment process.

MEDICAL CASE - HEART

Total Amount Spent for Supporting Heart Surgeries (2020 -2021) – Rs.9,65,000/-

• Mast. Shreyansh B Madhe - Age - 11 Months



Mast. Shreyansh B Madhe is just 11 Months old and was diagnosed with Large Sub – Pulmonic VSD . The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Baby Shreyansh is under supportive care and recovering fast. We wish to thank the Doctors of Balaji Heart Hospital & Diagnostic Centre, Mumbai for their wonderful treatment process.

MEDICAL CASE - HEART

Total Amount Spent for Supporting Heart Surgeries (2020 -2021) – Rs.9,65,000/-

Mast. Mandar Suresh Satpute - Age- 5 Years



Mast. Mandar Suresh Satpute is just 5 years old and was diagnosed with Large Perimembranus VSD with large OS ADS with Pulmonary Valvar Severe PS. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Mast. Mandar is under supportive care and recovering fast. We wish to thank the Doctors of Balaji Heart Hospital & Diagnostic Centre, Mumbai for their wonderful treatment process.

MEDICAL CASE -HEART

Total Amount Spent for Supporting Heart Surgeries (2020 -2021) – Rs.9,65,000/-

Baby Shreya Sunil Kewat -Age- 10 Months



Baby Shreya Sunil Kewat is just 10 Months old and was diagnosed with Congential Heart Disease. The Baby Care Foundation took the responsibility to supporting the treatment and received overwhelming support form kind hearted Donors for the cause. Now with all Chemo's cycles complete, Baby Shreya is under supportive care and recovering fast. We wish to thank the Doctors of Bai Jerabai Wadia Hospital for Children, Mumbai for their wonderful treatment process.

Digital tools and platforms are becoming ever more integral to our personal and working lives. Digital learning increases access to education and knowledge while empowering students with a mindset and capabilities that sets them up for success in their present and future

Students become Smarter: When exposed to new learning tools and technology students develop effective self-directed learning skills. The digital education system enables students to analyse what they need to know to be able to search and utilize online resources

Digital education enables teachers to pace learning according to individual needs. In this way, it facilitates the acquisition of cognitive skills at the level of each learner's ability, allowing some learners opportunities to practise more and others to go ahead when they are ready to do so

What Are the Benefits of Technology in the Classroom?

- Engagement. Students who use technology in the classroom may be more engaged.
- Collaboration. Technology makes it easier for students to collaborate and save their work.
- Inclusion.
- Differentiation.
- Productivity.
- Creativity.
- Automation.
- Future Focus.



The Baby Care Foundation with CSR funding set up Digital learning facility at following Schools: -

• Z.P School, Dahayle, Dahanu, Palghar. Maharashtra.



The Baby Care Foundation Set up Digital Education infrastructure at Z.P School, Village – Dahayle, Tehsil – Dahanu, District – Palghar, State – Maharashtra. There are 350 students from Standard 1st – 8th. The Baby Care Foundation Distributed 1 Smart Television, 1 Tab, School Stationary, School Shoes & 1 Library for education purposes.

This has directly benefitted 1230 students and 38 Teachers. Total spend for Year 2020-21 for this program was Rs.4,09,199/-

• Mother Teresa High School, Chandivili, Andheri - East, Mumbai



The Baby Care Foundation Set up Digital Education infrastructure at Mother Teresa High School, Chandivili, Andheri – East, City – Mumbai State – Maharashtra. There are 1100 students from Standard 1st – 12th. The Baby Care Foundation Distributed 2 Smart Television & 1 Laptop for education purposes.

This has directly benefitted 1230 students and 38 Teachers. Total spend for Year 2020-21 for this program was Rs.4,09,199/-

• Sadhana Vidyalaya Marathi Prathmick School, Sion, Mumbai



The Baby Care Foundation Set up Digital Education infrastructure at Sadhana Vidyalaya Marathi Prathmick School, Sion, City - Mumbai State - Maharashtra. There are 880 students from Standard 1st - 8th. The Baby Care Foundation Distributed 2 Smart Television & 1 Laptop for education purposes.

This has directly benefitted 1230 students and 38 Teachers. Total spend for Year 2020-21 for this program was Rs.4,09,199/-

Nani Munsi Chawl (For Children in Slum Community) – Chandivili, Andheri –
 East



The Baby Care Foundation Set up Digital Education infrastructure at Nani Munsi Chawl (For Children in Slum Community) – Chandivili, Andheri – East, City – Mumbai State – Maharashtra. The total strength of children is 110 The Baby Care Foundation Distributed 1 Projector for education purposes.



According to the Indian National Health policy for children, protecting the health of children and adolescent group requires awareness within them about healthy behaviour. As these groups are the future work force and intellectual power house of our country it is important to provide special measures and alternative action to eliminate conditions that cause discrimination on health, nutrition and education.

Young Women and adolescents can be vulnerable by virtue of their young age and evolving capacities. Though distinct policies and interventions exist; children and in specific adolescent health needs more attention.

Most children living in rural areas, lack the experience of childhood in any meaningful sense of the word – "a time of life that should be safe for growing, learning and playing."

Children constitute the most neglected segment as they are denied adequate health care.

Children are totally dependent upon adults for all of their needs and have no control over adverse health events, proper nutrition, sanitation and environment.

Adolescents have always remained in a dilemma, as they are neither considered children nor adults. Evidence provided by SRS 1999, Census 2001, NFHS-II and DLHS-RCH 2004 particularly on early marriage, teen pregnancy, anaemia and unmet need for contraception led Government of India to recognize the importance of adolescent health. India has about 230 million adolescents in the age group 10 – 19 years, with females comprising about 47% of the total adolescent population. It is this adolescent population which will enter the workforce in the next 5 – 15 years, and play a vital role in India's socio-economic development.

Adolescent health becomes even more complicated because of the non-homogeneity of adolescents as a group. Problem is more serious for those who are illiterate, and especially those who lack of knowledge. In poor families, when the children turn 13 or 14 years their parents think that they are into adulthood, and they should work. By 18 they must get married. In many families, there is tremendous societal pressure on girls for marrying early and having a child early.



In India, more than 50% of the illiterate girls get married before they reach the legal age of 18 years. Nearly 27% of married female adolescents have reported an unmet need for contraception (MoHFW, 2006). Projections estimated significant increase in adolescent pregnancies and births. In 2000, there were an estimated 20.2 million adolescent pregnancies which was projected to increase in subsequent years (Gupta, 2003). According to National Family Health Survey III (IIPS, 2007), 16% of women between 15 – 19 years were already mothers or pregnant. Adolescent mothers are at a higher risk of miscarriages, maternal mortality, and morbidity. If a mother is under the age of 18, her infant's risk of dying in its first year of life is 60% greater than that of an infant born to a mother older than 19 (UNICEF, 2008).



The period of adolescence is a time of growth and important pubertal development takes place; therefore, the needs and care required is different. Gaps in adolescent girls' health especially due to social taboos on menstruation, result in unhygienic practice. Many girls face economic challenges to purchase menstrual supplies, or how to request adequate facilities. Due to menstruation issues, girls are at an increased risk of and susceptibility to RTI's and have no place to dispose of soiled menstrual products. Poor menstrual hygiene management has been an insufficiently acknowledged problem.

Especially in slums, we see the urgent need to address the current knowledge, attitude and practice in the health and hygiene of children and adolescents to ensure happy, healthy, and complete potential as an individual.

Justification of the Intervention:

Currently, The Baby Care Foundation is working to ensure a friendly environment by promoting education and protection of vulnerable children and women living in Tribal communities of Dist- Palghar through advocacy and extensive campaigns. We observe that poor health and hygiene practices in the tribal rural areas are result of lack of knowledge, poverty and inaccessibility to services.

Majority of the health problems are highly preventable. Hence, community-based interventions are required in the slum on children and adolescents' health and hygiene as community don't have access to the most important health messages, such as skill-based health education and life-skills development programs to promote healthy lifestyle. Hence, improving the health literacy of slum communities will be helpful for advancing consciousness of communities in prevention and self-health care and hygiene, conducting healthy lifestyles, promoting the use of existing medical and health resources, and dealing with public health emergencies in a better way.

Adolescence is a critical time for girls as it builds the foundation for successful reproduction and a healthy adulthood and later life. There is a desperate need to bridge the gap with education and awareness. Girls should be informed of the availability and quality of napkins. They need to be informed about the purpose and supply of regular sanitary napkins, disposal of napkins, reproductive health education and menstrual hygiene.

MENSTRUAL HYGIENE PROGRAM

Hence, The Baby Care Foundation (TBCF) sees the opportunity to work with the adolescent groups, children and the communities they live in, to increase their knowledge on health and hygiene by building it as a priority. We aim to changing from disease treatment to disease prevention and health and hygiene management especially imparting health communication and education.

Year 2020-21, TBCF Menstrual Hygiene Program has benefitted 3884 adolescent girls and women.

Total Spent by TBCF with support of CSR Funding for the year was Rs. 4,02,198/-



CALAMITY & PANDEMIC RELIEF

The impact of coronavirus on our lives is simply unprecedented. It may not be an exaggeration to state that no one alive has seen anything close to it. It has directly impacted the life almost every person in the world, no matter what their age, sex and country of residence. Not even the World Wars had a greater worldwide impact. And although the Wars and the Spanish flu did kill many more people, most were unaware of their extent and intensity.

It has affected the health and lives of an immense number—at this time, more than 51.82 million have been infected with nearly 1280000 recorded deaths in 215 counties. In India, the figure is 8.63 million infected and over 127000 deaths. Leaving aside China where the virus originated, this has happened in just six months from March to October 2020. There is enormous pressure on the health and administrative infrastructure and the consequent rush to devote resources to the management of the virus. On the one hand, there are attempts to raise the number of beds, isolation facilities, testing facilities, ventilators, etc., either in existing hospitals or in new ones. On the other hand, there are the efforts to ramp up research on medicine to manage this virus or to develop vaccines for it.

The pandemic has had a severe impact on livelihoods as well as more broadly on the economy. This is not merely due to the huge requirement of resources or the impact on the lives of those directly affected—but the much more widespread interruption of and impediment to overall economic activity—specifically due to the introduction of the 'lockdown' in most countries to slowdown the spread of the virus. Along with this, there is the enormous uncertainty surrounding most aspects of this event—How long will the spread continue to increase?

CALAMITY & PANDEMIC RELIEF



How long will the 'lockdown' continue? When will a vaccine be developed? When will there be a reliable medicine/treatment regime be found? When will travel be normalised? Will I have/get a job? When will I be able to complete my education? When will I be able to return home? In addition to the direct impact on life, livelihoods and the economy, such uncertainty clearly results in a dampener to economic activity—household (consumer) demand and investment demand.

Understandably, most of the research on the economic impact of the coronavirus has focused on the immediate impact. In this article, by contrast, we propose to examine some of the possible long-term impacts of coronavirus on the labour force and implication on the so-called demographic dividend.

CALAMITY & PANDEMIC RELIEF



As indicated in the following survey of the emerging literature, the pandemic has had a much stronger immediate impact on the working age population and an even stronger one on elderly retirees than on minors. Thus, the pandemic seems to have had a more serious immediate impact on developed economies with a higher number of elderly than on poor economies with a much higher proportion of children and younger adults. By contrast, the increase in poverty and malnutrition due to the lower productivity is likely to have a greater impact on the more youthful population in poor economies restricting their future productivity. In the coming years, many poor countries are likely to reap a demographic dividend—an increase in productivity due to large additions to their labour force.

Unfortunately—as many have noted—these gains will be reduced if the potential additions to the labour force lack education and are not healthy. [Sarabjit Sengupta]

TBCF Team identified 500 families in dire need and volunteers dedicatedly supported them with food and ration for 1 month.

Total Spent by TBCF for year 2020-21 - Rs. 1,73,750/-

SUPPORT FOR DIVYANG CHILDREN



An appropriate wheelchair provides the user the freedom to move around, allowing the user to access day to day physical activity as they push around conducting activities of daily living increasing overall physical activity levels and day to day mobility.

Children can need wheelchairs for many different reasons. Some have had injuries either to their legs or spine, which controls leg movement. Others have disabilities due to muscular dystrophy or cerebral palsy.

A wheelchair provides mobility, ensures better health and quality of life, and assists people with disabilities to live full and active lives in their communities.

With potential restrictions on their lifestyles, those who are disabled in childhood may be more isolated from peer influences and less likely to engage in risky behaviours. Similarly, they may have fewer chances to take part in social activities, and to form friendships and relationships.

As a result of discrimination, children with disabilities may have poor health and education outcomes; they may have low self-esteem and limited interaction with others; and they may be at higher risk for violence, abuse, neglect and exploitation

SUPPORT FOR DIVYANG CHILDREN



Issues and Challenges

- Health:
- Education:
- Employment:
- Accessibility: Physical accessibility in buildings, transportation, access to services etc still remain a major challenge.
- Discrimination/Social Exclusion

The Baby Care foundation started this program in 2020, and with help of CSR funding distributed Automated wheel chairs to Divyang children in Sion, Mumbai.

Total Spent Year 2020-21 - Rs. 3,50,000/-



There is a direct correlation between the access to clean gender specific toilets in schools and educational outcomes. Even as recently as two years ago, nearly 40 percent of the 1.5 million schools in India lacked toilets; the percentage was even higher when looking at usable bathrooms specifically for girls.

The issue becomes even more complex in rural scenarios; wherein many students are first generation learners who have yet to derive or understand the long-term benefits of education. In a predominantly archaic patriarchal system, there is a still a reluctance to send girls to school, a lack of separate toilets aggravates the problem. This especially deters adolescent girls from continuing their education. The result of this is intergenerational illiteracy, which prevents a major percentage of India's young population from being a productive work force.

Statistics obtained from both government and non-governmental agencies clearly proves that constructing usable and clean latrines in schools decreased dropout rates; reducing the fraction of students who dropped out by 5.3% in the middle schools and by 12.2% in primary schools.

TBCF





The risks to health and hygiene associated with a lack of clean toilets:

There is irrefutable evidence that a lack of clean toilets and potable water increases the risk of waterborne diseases, urinary tract infections and absenteeism. A clean toilet is perhaps the biggest motivation for a student to continue schooling, especially during adolescence. TBCF with support of CSR Funding has been able to construct 12 Gender specific toilets directly benefitting 508 children.

Total Spent for Year 2020-21 - Rs. 6,48.032/-

TOILETS WERE CONSTRUCTED IN FOLLOWING SCHOOLS

• Z.P SCHOOL, DAHAYLE, DAHANU, PALGHAR. MAHARASHTRA.





जि. प. दह्याळे शाळेस शौचालयाचे लोकार्पण

कासा: डहाणू तालुक्यातील दह्याळे शाळेत द बेबी केअर फाऊंडेशनतर्फे शौचालयाचे लोकार्पण करण्यात आले. गेली अनेक वर्षे बेबी केअर फाऊंडेशन ग्रामीण व दुर्गम भागात कार्य करीत आहे. मागील वर्षी दह्याळे शाळेस फाऊंडेशनने शैक्षणिक व क्रीडा साहित्य भेट दिले होते. यावर्षी फाऊंडेशनने शाळेस शौचालय बांधून दिले. तसेच एक ४३ इंची एलईडी टीव्ही, एक टॅब, क्रीडा साहित्य दिले आणि मुलांना खाऊवाटप केले. यावेळी उपसरपंच कमल माळी, कासा केंद्राचे केंद्रप्रमुख सुरेश भोये, जीपीएक्सचे एम. डी. मनोज पॉल आदी उपस्थित होते.

> Hello Vasai Page No. 2 Feb 01, 2021 Powered by: erelego.com

TBCF.

TOILETS WERE CONSTRUCTED IN FOLLOWING SCHOOLS

SADHANA VIDYALAYA MARATHI PRATHMICK SCHOOL, SION, MUMBAI



REWARDS & RECOGNITION

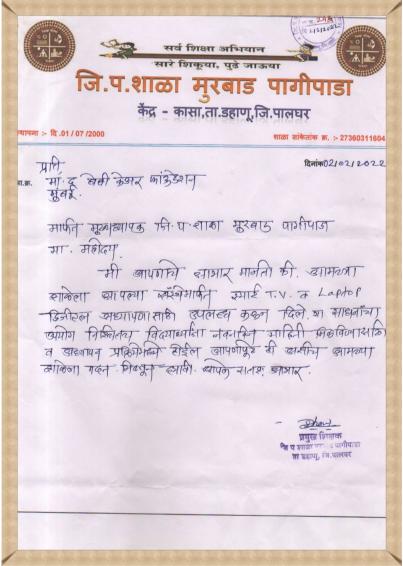




44 | TBCF 2020-21 Annual Report

REWARDS & RECOGNITION





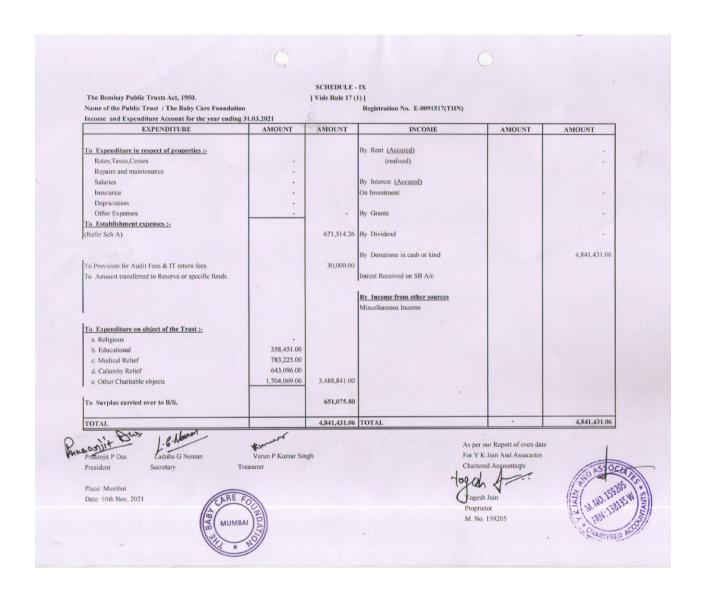
TBCF.

FINANCIALS

[W	here the data	7	Assessment Year 2021-22					
AN		AAFAT9303F						
Vam	e	THE BABY CARE FOUNDATION						
Addı	ress	3 , TUKARAM NAGAR ROAD , Kalya	n , THANE , Tilaknagar	S.O (Thane), 19-	-Maharashtra ,	91-India ,	421201	
tatu	IS	AOP/BOI Form Number			er		ITR-7	
Filed u/s		139(1) - Return filed on or before due date	e	e-Filing Ack	nowledgement	gement Number 32341329022		
	Current Year business loss, if any						(
	Total Income						(
laxable income and lax details	Book Profit under MAT, where applicable						(
YBI D	Adjusted Total Income under AMT, where applicable						(
D .	Net tax payable						(
3	Interest and Fee Payable						(
Yable	Total tax, interest and Fee payable							
7	Taxes Paid							
	(+)Tax Payable /(-)Refundable (6-7)							
	Dividend Tax Payable							
neral	Interest Payable सत्यमेव जयते						(
SIDE OF THE STATE	Total Dividend tax and interest payable							
1000	Taxes Paid							
2	(+)Tax Payable /(-)Refundable (11-12)							
	Accreted Income as per section 115TD							
Y Dela	Additional Tax payable u/s 115TD							
	Interest payable u/s 115TE							
Accreted modified a lay Detail	Additional Tax and interest payable						(
one re	Tax and interest paid						(
٠.	(+)Tax Payab	ole /(-)Refundable (17-18)			19			
		een digitally signed by in the capacity of suer 4001639 & 50617372CN=Capricon					Pvt Ltd.,C=IN	
	System Gene	erated						
	Barcode/QR	Code	AAFAT9303F073234132	<i>i5</i> 21,732,1740		[]]] (5255C0211	Capacina Pa	



FINANCIALS



TBCF.

FINANCIALS

		Balance She	et as at 31.03.2021		
LIABILITES & ADVANCES	AMOUNT	AMOUNT	PROPERTY AND ASSETS	AMOUNT	AMOUNT
Trust Funds or Corpus :- Balance as per last Balance Sheet Add : For life Membership	(4,099.45)	8	Immovable Properties:- (at cost) Balance as per last Balance Sheet Additional during he year	:	
Other Earmarked Funds :- As per last Balancesheet			Less : sale during the year Depreciation up to date	-	
Add: Add this year (Created under the provision of the trust deed or scheme or out of the Income) Depreciation Fund			Invesments:- Furniture & Fixtures:- Balance as per last Balance Sheet		
Sinking Fund Reserve Fund			Additional during the year	-	
Loans (Secured or Unsecured) :- From Trustees From Other	:		Advances:- Trustee Employees	-	
abilities :- For Expenses For Advances - For Rent and Other Deposits - For Sundry Credit Balance 828,416.00	- - 828,416.00	828,416.00	Cash and Bank Balances :- a) HDFC Bank b) Union bank c) with the Manager	1,457,392.35	1,457,392.35
Provision :- Audit fees Payable		22,000.00			
Income and Expenditure Account :- Bal. as per last Balance Sheet Less: Appropriation, if any Add: Surplus	:				
Less : Deficit (As per I & E A/c)	651,075.80	651,075.80			
Total		1,497,392.35	Total		1,497,392.35
Prasanjit P Das President Place: Mumbai Date: 10th Nov, 2021	Varun P Kumar S Treasurer		For Y K Jai Charteryd A	Report of even date n And Assocaites	M.NO.15920 ERN.13823

OUR PARTNERS

masambee





BCE

OUR HOSPITAL TIEUP'S











OUR HOSPITAL TIEUP'S





Wadia Hospitals





adding life to years



MADURAL



51 | TBCF 2020-21 Annual Report

2020 - 21

ANNUAL REPORT



THE BABY CARE FOUNDATION

UNIT NO. 20/5, 3RD FLOOR, SAINATH NIWAS BUILDING, NEAR RAJGANGA BUILDING, NEW AYRE ROAD, DOMBIVALI (E), MUMBAI 421201

www.thebabycarefoundation.in contact@thebabycarefoundation.in