



STAYING
CONNECTED



Vision:
"Creating Synergy
for
City Transformation"



Mission:

"Empowering churches, institutions & young individuals, resulting in networks that care for marginalized & vulnerable communities through

- Education
- Healthcare
- Counseling services
- Leadership development

In the Name & Spirit of Jesus Christ.

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FOREWORD



Mary John
Board Member

The current global situation and the pandemic has shut many doors to a life we were all accustomed to, and have left us grappling with a hostile and difficult environment. Yet what seems to have rekindled or reborn in our hearts, perhaps more than any other, is a need to stay connected, the theme for this year.

Our vertical relationship and horizontal relationships are meant to work hand in hand and stay connected. We see a renewed desire for spiritual seeking and rekindling of relationships with families and friends. In this I see God's mighty hand at work.

ACT, under the leadership of Dr. Alita Ram, CEO, was swift to relearn and put in place appropriate systems and methodology to be effective in the current unexpected dynamics.

ACT impacted 2098 families through increased involvement with 13 churches and 39 facilitators.

But now there are many members, but one body. And the eye cannot say to the hand, "I have no need of you"; or again the head to the feet, "I have no need of you.- HOLY BIBLE

The community initiatives continued to grow through church partnerships and government agencies ensuring upliftment and support of the communities in deeply concerning areas of child abuse, domestic violence and social injustice.

Staying connected to those who needed counselling, those who are already battling with their own issues and now confronted with more, continued through digital platforms and mobile and other devices. Our counsellors were able to reach out to many in this period and made a difference to lives.

Understanding the employment situation and recognizing the growing need for food support, ACT together with partners, were able to distribute grocery packages to more than 1200 families.

Another urgent need in these times, the Jeevan Suicide Helpline went on stream in January 2021 providing counselling and emotional support through our trained counsellors. A small beginning, but I am sure ACT and Team will build up this pillar to support those in need and make a positive impact in the lives of many struggling with emotional distress.

We are grateful for our staff lead by Dr. Alita Ram, CEO, our partners and partner organizations and friends who have stood behind us in support, prayer and encouragement over this last year. We pray that ACT will continue to fulfill God's special purpose for years to come.

FROM THE CEO'S DESK



Dr. Alita Ram
CEO

STAYING CONNECTED

The psychologist Abraham Maslow came up with a concept of the pyramid “The hierarchy of needs.” At the bottom are the most foundational of needs like oxygen, food, water etc. At the top of the pyramid there is “self-actualization” or “reaching your full potential.”

Curiously, while Maslow put social needs third in the hierarchy, newer research suggests it may be even more basic. Studies indicate that feeling lonely is not just an emotional aspect of health but can impact your immune system, increase inflammation in the body, and even increase your chances of dying. One study showed that those low on social connections had an increased mortality equivalent to smoking 15 cigarettes a day.

Fortunately, humans have a natural reflex to come together in times of crisis. We make up for the lack of certainty and control by being with others we trust, which, according to research, helps us to be more resilient to stress.

Technology has made connecting easier than ever. It has become so easy in fact, that sometimes we forget that it is not about the number of people you know or the number of contacts on your phone but rather about the authenticity of the relationships you build and sustain, the depth and maturity of the connections you have with one another, and about nurturing and valuing the exchange of views.

Upon this realization, we have decided to build on our history of being connected with our communities, by deepening the quality and impact of our transformation projects and programmes. The challenge of the pandemic has served only as an accelerant for growth.

During the year, we have had the privilege of working together with hundreds of children, girls and young women from poor and disadvantaged families and communities in different parts of our city.

We still believe in promoting the WHO definition of Health wherein it is a state of complete physical, mental, and social well-being and not merely the absence of disease. Our emphasis for the last few years has been mental health and we hope to grow towards encouraging and building the capacity of all our partners towards this.

Through our work, we have improved our community's awareness of and access to various welfare schemes and safety nets, to help them out of poverty and achieve their full potential.

Our community development focus has remained on promoting child protection and public health awareness regarding communicable and non-communicable diseases such as HIV & sexual and reproductive health.

To this end, we have trained our partner communities in both awareness and caring for common and severe mental disorders and providing trauma-informed care for women and children who have undergone abuse and neglect.

We have succeeded in accomplishing our goals, primarily due to the incredible support from our grassroots partners, community volunteers, and the young men and women who have so overwhelmingly supported us. We have also received active support and encouragement from the government structures at every level.

During the past year, we have successfully implemented projects that have directly impacted the lives of more than 10,000 people, most of whom are girls and young women living in urban slums across the city of Mumbai. Our team leaders have written more about these projects and their experiences. Hence it is my privilege to present the Annual Report of 2020-2021 to you, our dear partners, friends and well-wishers.

AN EPIDEMIC, A PANDEMIC AND OUR STORY:



Sunitha Joseph
Consultant

Learning from our work in the past to inform our strategy for the future:

Sarita (name changed) was devastated when she and her husband were diagnosed with HIV. They had three children to feed on one income. Sarita worked as a house maid in five households trying her best to take care of her family's needs. Her husband Suresh had already lost his job because of his frequent illnesses. How will she manage the medical bills? What would happen to her health? Who will look after her children if they both died? Over the next six months Sarita struggled with all these questions. But she did not struggle alone. The doctor sitting across from her in one of Mumbai's largest government hospitals suggested she contact ACT for support.

As a result of this referral, Sarita became part of a support group for positive patients run by ACT. She not only received medical and financial help but also a safe place to unburden herself. Sarita could talk through her fears about her children's future with an ACT counselor. Both her husband and she began to

take their HIV medication regularly. Their health improved incrementally. A couple of members from a church nearby began to visit her husband at home. They did not hesitate to pray with him and encourage him when he was recovering from tuberculosis. Regular youth camps were held for children infected and affected by HIV. Through this even their children forged new friendships with others through their teen years. Sarita's decision on her doctor's advice to contact ACT changed the course of her life.

From 1994 until 2014, ACT played a significant role in caring for those infected and affected by the HIV and AIDS epidemic in Mumbai. Each piece fell in place through God enabled wisdom and grace. Two decades of hard labor and innovation on the field resulted in many new

ventures. Pioneering the Home Care Initiative was one of them. Multiple churches engaged in care of many positive patients like Sarita in their neighborhood.

Various awareness programs through street plays, door to door awareness initiatives in slum communities and seminars in churches were conducted. Stigma around HIV and AIDS began to reduce. ACT staff partnered with Government Hospitals to provide pre-test and post-test counseling. As a result of this, ACT became well known in the health care system.

It was during this time that multiple training tools and resources were crafted by field practitioners. A directory of organizations working on HIV&AIDS in Mumbai, a manual on Home Care of positive patients in the community, a sexual health life skills manual “Dare to be different” for adolescents and awareness flyers are some examples of these resources.

Many of these interventions were not done in isolation but in partnership with other faith based organizations in the city. Networking being an important value, ACT spearheaded the formation of CORINTH –Christian Organisations

Response. In Networking To HIV and AIDS. All these initiatives and more were birthed through prayer, reflection and action.

As we stand in the middle of the Covid-19 Pandemic, it would be meaningful to reflect on the lessons learnt from our work during the HIV and AIDS epidemic. Although there are so many differences between both, the primary values that steer our intervention remain the same.

We believe that in this pandemic, we need to revisit these core values. A few of these are – the firm belief that the power of the Gospel displayed by word, sign and deed propels lasting transformation; that these expressions of God’s Shalom among the poor reveal His attributes of justice and mercy and that the centrality of the church as the vehicle for change is crucial.

In our desire to help the poor and vulnerable during the Pandemic, ACT has continued to do so through the local churches. This is essential for sustainability. As long as the church is envisioned to do the hard work of neighbouring, there is hope. This hope strengthens the community of faith to stay engaged in spite of the hardships. At present ACT staff conduct online

trainings with 13 of their church partners on handling the Covid-19 Pandemic. The community health workers from all these churches are enabled to look at practical ways to support vulnerable people in the community. Facts about applying for Government Schemes for those below the poverty line; tips on maintaining good physical and mental health; challenging stigma and discrimination around the pandemic and other practical information is included in the trainings. Those trained then in turn train members in their community and church through regular phone calls.

Church volunteers identify those in the community who need rations. Through networking with others, the ACT team helps volunteers distribute ration kits to the affected. Equipment for sanitation and hygiene is being donated to local police stations and health posts. In partnership with Habitat, hospital beds and other equipment was given to Government Hospitals in the city. This has resulted in ACT and the local church partner becoming known in the health care system in the area.

Community counselors are in touch with those who need emotional support. Around 200 people have been

counseled on the phone in the last six months. Stress related to family conflicts, job losses and fears about the future were the main concerns brought up by counselees. In order to address the rise in mental health issues in the city, ACT launched a Basic Counseling Course for city churches. This was done with a view to follow it up with a mentoring program where each trainee counselor counsels others under supervision. This way, a cadre of trained lay counselors can make counseling services more accessible and available to those in need.

Padmaś (name changed) income for her family was abruptly cut off during the Pandemic. Working as a rag picker in the locality, she had struggled to take care of her aging mother and two children. Abandoned by her husband a year ago, she was forced to become the sole breadwinner of the family. The Pandemic had brought everything to a halt. Just two weeks into the lockdown, she had nothing much left of her meager savings. Padma would wake up to another day filled with anxieties. Her feelings of hopelessness continued to grow. When will this end? How long will it be before she can work again? What can I do to keep my children from starving?

These were questions that she struggled with. But she did not struggle alone.

It was around this time that the community health worker from one of ACT's church partners heard of her plight. They provided a food kit to Padma with essential food supplies for the month. The health worker also talked to her about the Government schemes available to families below the poverty line. This enabled Padma to receive food supplies on a regular basis. The worker also encouraged her

to call the community counselor if she needs emotional support. The situation continues to be challenging for Padma but she now has people in her community to turn to.

ACT's work during the Pandemic has just begun and it looks like we are just scratching the surface. But looking back at the ground we covered with the HIV and AIDS epidemic, our hearts are full of faith. As these tiny steps are taken together, God is able to turn them into giant leaps of progress.

COMMUNITY TRANSFORMATION



Amol Alhat
Co-ordinator

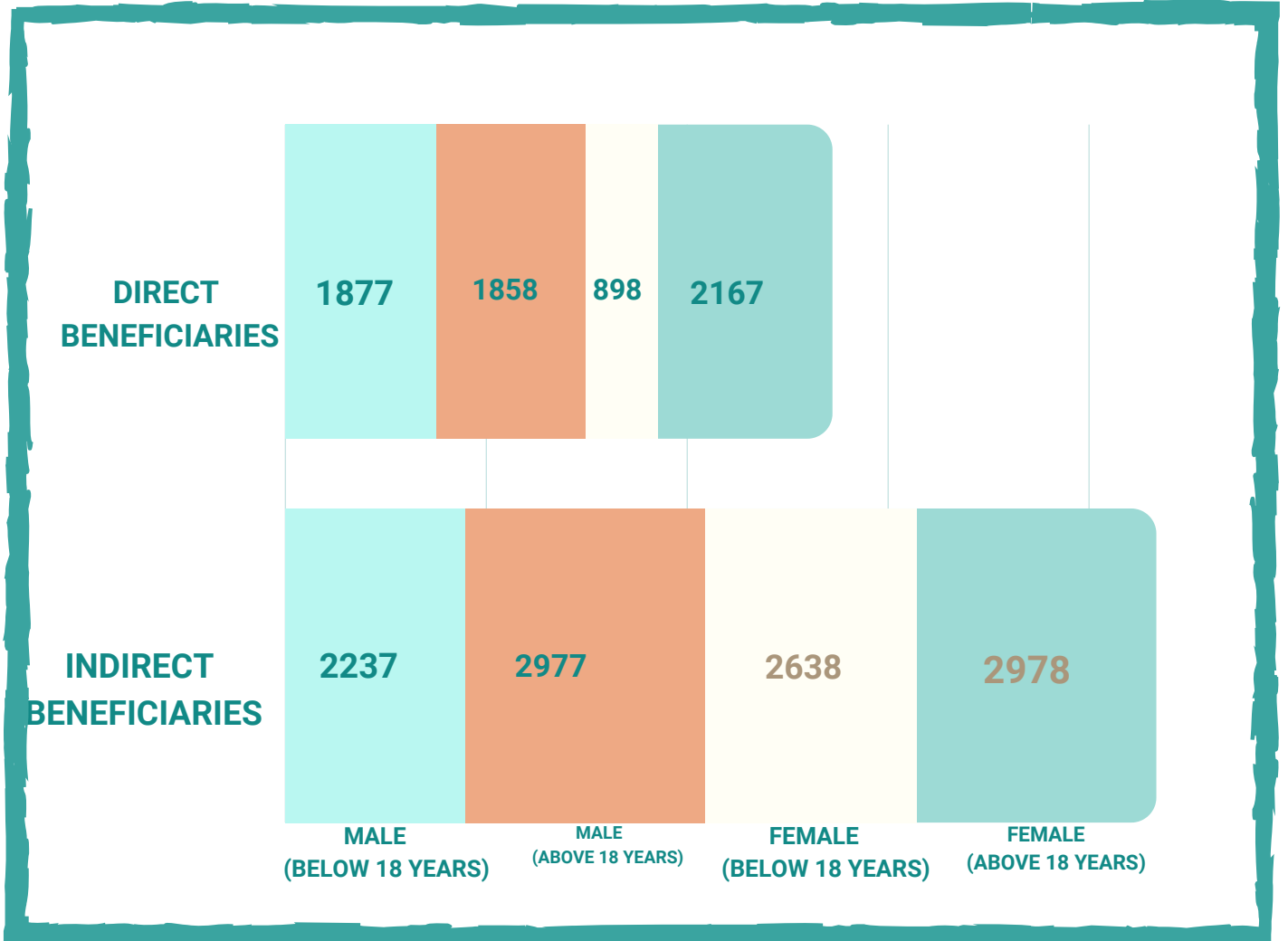
The Health and Advocacy program is the core of our program. It reinforces and justifies the organisation's Mission statement. Under the community program we equip churches and motivate them towards serving their communities. This program thus provides platforms to churches to showcase their love and care for their community. It is an extremely powerful tool to reach out to the poor and needy thus helping to build healthy and sustainable relationships.

Our community partners have often reiterated that they always desired to do something for the poor and socially marginalized people but could not verbalize and structure this because

of their lack of formal training. Now after they have begun the partnership with ACT they are happy and encouraged and have been able to achieve their dream of being agents of transformation in their communities.

Community programs not only help our partner communities to conduct development activities but help them to achieve lifestyle changes. Our programs cover the whole family. We are working on health and Advocacy and thus helping widows, senior citizens, and youth.

Beneficiaries - 2020 - 2021



6800

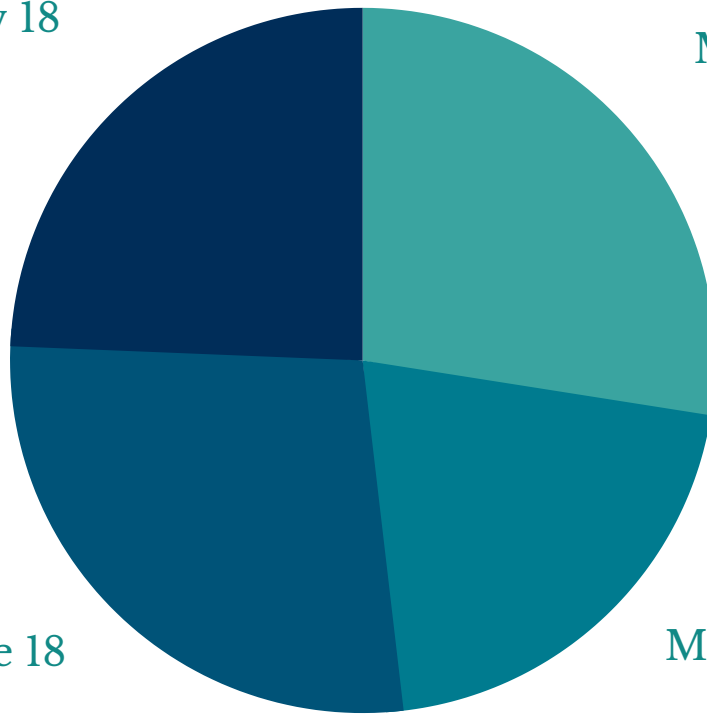
DIRECT BENEFICIARIES

COMMUNITY TRANSFORMATION
PROJECT

Beneficiaries - 2020 - 2021

Female Below 18
24.4%

Male Above 18
27.5%



Female Above 18
27.5%

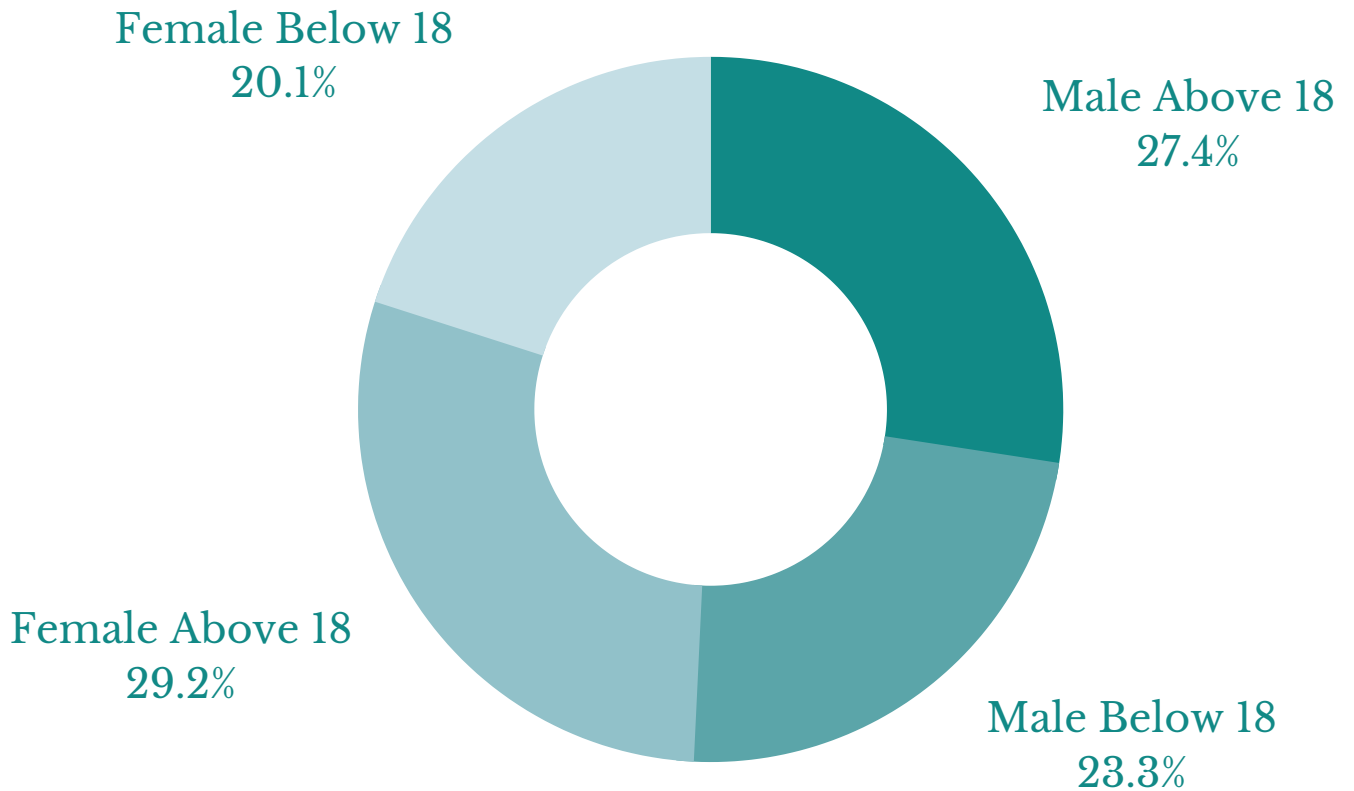
Male Below 18
20.7%

10830

INDIRECT BENEFICIARIES

COMMUNITY TRANSFORMATION
PROJECT

Beneficiaries - 2020 - 2021



17630

Total Beneficiaries

COMMUNITY TRANSFORMATION
PROJECT



Community Transformation Team
Equipping Communities - Building Individuals

Dustbins and More...

The church team had just completed their door-to-door survey in a community. As they analysed the findings, garbage collection emerged as one of the problems that the people wanted solved. Along with ACT staff, the church team called for a meeting with the community. During this meeting, the people shared that garbage was not being collected by the municipal workers. There were no dustbins. As seen in the photograph, people were throwing garbage on the ground. They said that the stench, the flies, the dogs spreading the garbage had resulted in people falling sick. During the meeting, a plan of action was drawn up. Twelve women volunteered to be the advocacy task force on the ground. The excitement was palpable in the room.

The very next day, with the help of the ACT staff, a letter was drafted. The plan was that the task force of women would go door to door collecting signatures from community members.

Then they would visit the local Municipal Ward office and hand over the letter to the authorities there. This plan hit a major roadblock when the women began to collect signatures. Some of the people refused to give signatures because they were fearful it would be misused. They shared that in the past a couple of fraudsters had entered the community and taken their signatures. Those who signed were caught unawares when the police turned up at their door step.

Over the next few days, the church team and the advocacy task force worked hard at rebuilding trust. They showed the letter and explained the benefits of working together in unity for a common cause. This delay did not deter the volunteers. They were successful in getting the signatures needed. In a show of strength, thirty people showed up on the day of the visit to the Ward Office. The letter was submitted and the people had the opportunity to interact with the Government authorities.

Over the next ten days, the Executive Officer in charge visited the community. Dustbins were authorised and placed for public use. In less than a month, the entire process was completed. During that period, the church and community worked closely together. The leader of the task force Kavita tai (elder sister) said that what struck her most was the need for unity. She realised that organising people to work

together helped the community to get the job done. Yes, the garbage site was cleaned up. But much more was accomplished than placing dustbins. People in the community began to view the church differently. More requests for help and solutions began to pour in. The power of working together on a common cause was modelled. Trust was built. Relationships forged. Advocacy decoded. All this and so much more!

Health Education Matters

When it comes to health education, multiple things matter. All the more so when it came to the Covid-19 pandemic. This was the time of the first total lockdown. The atmosphere was charged with anxiety and despair. The ACT staff quickly put together a telephonic awareness module which the community workers were trained in. Simultaneously on the ground, the questions that many had were: What happens to persons when they test positive? Where will they be taken? What does navigating a pathway through the Government healthcare system look like?

The ACT team created a Corona Tracker. Simply put, it is a verified list of places in the locality that a covid positive patient has to go in order to access health care. Each of the church teams went to the nearby police stations, health posts, RT PCR testing centers, Government Hospitals and Isolation centers. The pathway was tested by the church community workers. The helpline numbers and other important

information was collated and used as part of the health education module.

Shortly after this training, the community workers met Devidas during their door to door survey. They learned from Devidas' wife that he was under home quarantine. It seems that one of his colleagues had tested Covid positive. So the company had asked all employees to quarantine themselves. The church team completed their awareness session with her.

A few days later they came to know that the police and the local ASHA (Accredited Social Health Activist - Government health employee) had come to Devidas' house. Seeing the commotion, the community worker stepped in to understand what was going on. He learned that people in the community had registered a complaint against Devidas because he was using the public toilet. They were afraid that they would also become

Covid positive. Devidas on the other hand was frightened about being quarantined in a Government facility. The community worker's recently acquired knowledge on Covid and the system gave him confidence to intervene. After some discussion with the police, the ASHA worker and Devidas, the community worker was able to facilitate a solution. Devidas was given a day's time to shift to another house with an attached toilet. The people in the community were also happy with the arrangement. The church team helped the couple to locate a suitable place and shifted in.

Next day, the Government health workers visited the family and inspected the house. Devidas was permitted to be quarantined in the same house. During this time the church provided him with the financial help and groceries for his family. The ACT counsellor also visited Devidas and his wife and counselled them. The ASHA workers (Accredited Social Health Activist - Government health employee) visited

Devidas for next 14 days. They checked his temperature daily and gave him guidance.

At the end of two weeks, Devidas was asked to get himself tested again. His test results were negative. Devidas was very delighted. He and his family thanked the church for being with them during this difficult time. They also were very grateful for providing them with counselling, groceries and financial help. The family is now stable and are in touch with the church. The pastor regularly visits the family for prayer and fellowship.

Yes, health education matters. Knowing the facts about the disease brought wisdom into a volatile situation. The community, the Government workers, the church congregated around an issue. Through dialogue they discovered a pathway together. They were able to safeguard the interests of the community. At the same time, avoid the pitfalls of stigma and discrimination around health.

Helping Hands

We wholeheartedly thank ACT for taking us as our partners in their community development work in the slums of Kalwa. The surveys, training and awareness outreaches have all played a great role in equipping us to work effectively. The follow up by ACT staff was very useful in helping guide us.

Impact of our partnership with ACT:

- The door-to-door awareness program helped us to build relationships with every family. We became familiar to everyone in the community.

- Parents have become more careful in taking care of their children due to awareness about prevention of child abuse.
- The community became more aware about disease prevention and treatment.
- People are able to share about their struggles with mental health issues.
- We are able to counsel people more due to the good relationship with the community.

Thanking you,

Yours sincerely,

Suvishesh Stanley

Kalwa Centre: - Shanti Nagar

TRAUMA COUNSELING



Rabina James
Co-ordinator

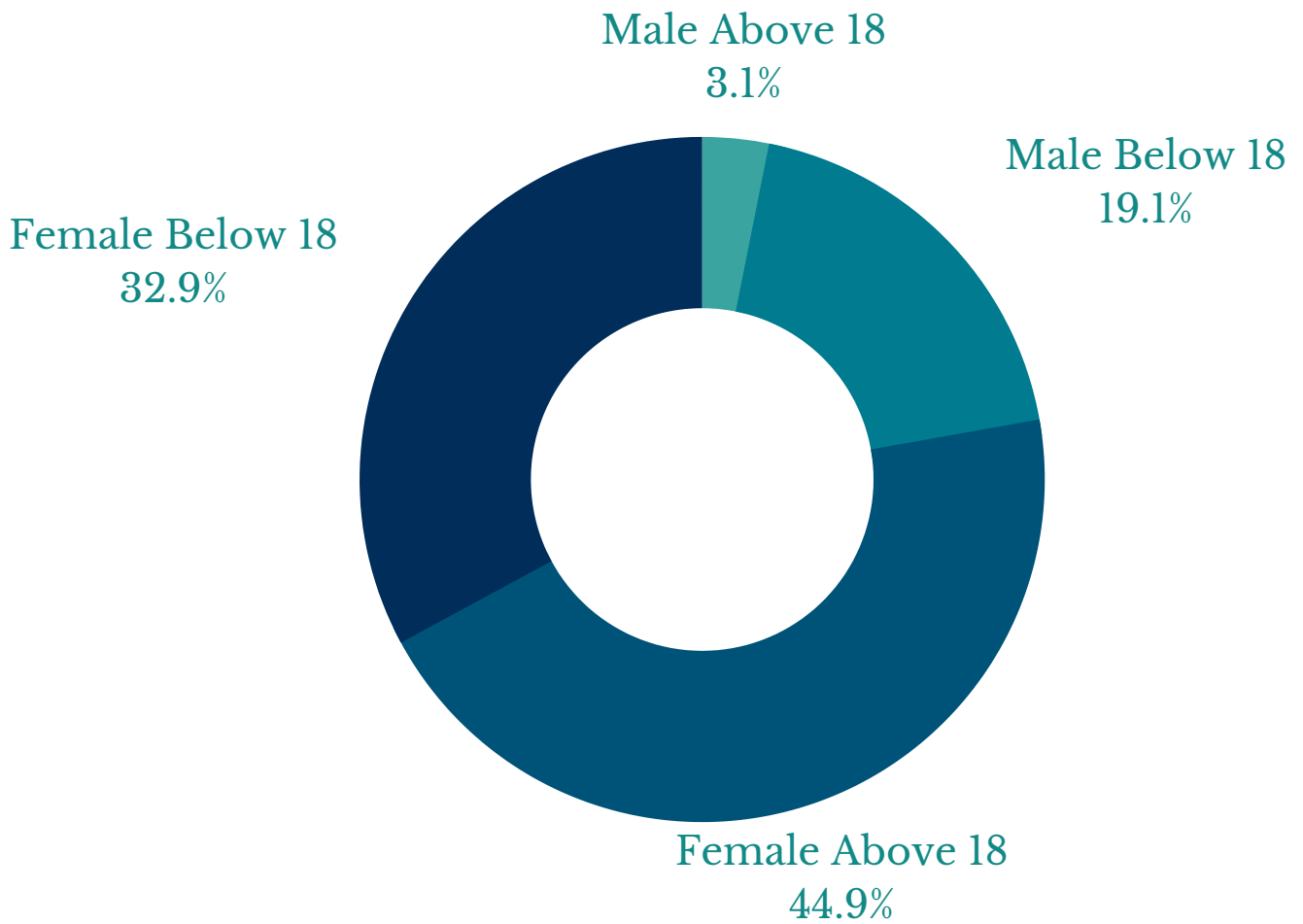
The pandemic of Covid-19 has affected us in many ways. In the midst of the chaos it brought to human kind, it is also a reminder of how we have neglected some very precious things that humankind needs to thrive. One among them is the need for connection. We have become so independent with all the technological progress that we had convinced ourselves, we can thrive by ourselves but Covid-19 has shown us that we cannot. Social Distancing is a good reminder that in staying connected there is healing, in communities there is healing, as we share one another's pain and suffering there is healing.

In our experience of trauma counseling in the different Government Organisations Non-Governmental Organisation, as we hear stories of the trauma, especially in the Covid situation through the Lock Down, we are completely convinced that it takes a community to bring healing. Isolation does not achieve much.

When the different organizations come together and share their expertise with one agenda viz. Healing” we experience breakthroughs. Different people are able to hand hold the beneficiary in their pathway of healing. There is someone who helped the client in the rescue, then along came someone to foster their educational need, thereafter someone else stepped in to meet their emotional needs and lastly there was someone to become their family and see them reintegrated in the community. What joy this journey brings.

In our own lives we experienced the loss of not meeting with our colleagues physically in the office and enjoying having chai and potluck lunch, looking forward to the non-vegetarian dabba. We missed laughing at the silly jokes

Beneficiaries - 2020 - 2021



383

INDIVIDUAL COUNSELING

TRAUMA COUNSELING
PROJECT

CASE STUDY



Case story - Deonar

Age: 17 years

Gender: Female

No. of Sessions: 17

Case: Filed under Protection of Children from Sexual Offences Act.

Client's Background:

The client was brought to Deonar Home for underaged trafficking survivors in 2018 and was referred to the counsellor in January 2019 after her previous counsellor terminated the Counselling session due to job change. The client's biological mother was mentally unstable,

lived on the street and had sent her away at a very young age to work with a family as a house help. The family that the client worked for, included an older man who was referred to as Appa - was widowed and lived with his son, son's wife and children. The client expressed that she was looked after and even sent to school until the death of Appa. After his death, the client was left to live with his son and her education was stopped and was made to do all the house chores. The son then began sexually abusing the client under

the pretence that they were under the bonds of matrimony. The abuse went on for a long time before their neighbour suspected abuse and reported the same. The client was then rescued and was brought to the Home for care & Protection.

As per the handover done by her previous counsellor, In the first few months it was observed that the client had shown symptoms of severe trauma. In the initial stages of counselling, client was withdrawn and was unable to communicate clearly, client held on to the belief that she was married and found it difficult to comprehend that anything wrong had happened. The client experienced incessant crying, increase in appetite and nightmares leading to disturbances in sleep.

Counsellor's Intervention

After the previous counsellor did a complete handover to the current counsellor, she observed that the client has begun gaining insight and awareness of why abuse is wrong and why she has been brought to the home.

In the initial sessions, the counsellor also observed that the client had been able to adapt to the home over the past 6 months and was involved in the

daily chores and activities well. Hence, the counsellor initially focused on goal setting activities and encouraged the client to enroll for the SSC exams. The client showed interest and seemed goal-directed and focused on wanting to educate herself and succeed. Over the next few sessions, the feedback of the client from the in-house staff and the teachers at the learning center was good and echoed her focus on education.

After some rapport was built, the counsellor began psycho-education on trauma and during the session, the client shared that she gets triggered when she lays down on the bed and is often afraid of the dark. The counsellor focused on normalizing and psycho educating the client on Trauma and triggers and taught her some grounding techniques. The client, over time, began sharing regarding using different grounding skills and exploring which ones help ground her. The counsellor has also observed traces of trauma in some of the client's attachment patterns that lead her to getting extremely anxious at times. Hence, the counsellor has been working on exploring and bringing it to the attention of the client slowly.



During the period of lockdown, the client has taken lead and voluntarily started teaching computer and math to the other girls for an hour each day on weekdays. The client is also entrusted the responsibility to maintain the inventory of the items in the store room of the shelter home. Thus, showing significant leadership

skills over the past few months. The focus on relaxation and mindfulness techniques since the lockdown seems to have helped the client to stay calm. The client seems to be growing in self-awareness and insight and is slowly able to recognize some of her triggers and build healthy coping mechanisms.

SCHOOL - A SAFE PLACE



Age: 17 years

Gender: Female

Case: Filed under Protection of Children from Sexual Offences Act.

Client's Background: During a session on child sex abuse in her school it came to light that the client has gone through sexual abuse herself and Child Line was informed about the same. Following which the client was rescued and sent to the current shelter home for safety and protection.

She lost her mother at a very young age and had to take on the role of a caretaker for her two younger siblings alongside managing the house. The client's biological father began sexually abusing her a few months before she was rescued. The father is currently in jail and both her sisters have been institutionalized and are currently getting their education. The client is currently doing her eighth grade and is showing an interest in further education.

In the first few sessions it was observed by the counsellor that the client showed symptoms of disturbed appetite and sleep, consistent and daily complaints of body ache, loss of interest in many daily activities, talking to an inanimate object (without hallucinations), self-isolation, signs of passive aggressive body language. Client also questions the purpose of living - though has not admitted to having self-harm or suicidal thoughts. The Trauma Symptom checklist has shown high scores in depression and Post-traumatic Stress. The Patient Health Questionnaire - 9 shows a score of 24 which suggests Major - Severe depression.

Counsellor's Intervention:

In the first few sessions, counsellor took the time to build rapport and gather information about her current daily activities. The client began to slowly show openness and agreed to see the counsellor each week and shared about her symptoms in detail when probed. The counsellor then explained concepts of anger and how we express it in various healthy and unhealthy ways. The client was also helped to understand trauma, its causes and effects on our mind, body, emotions and behavior. When she shared her interest in colouring and drawing the counsellor used art therapy to help her express and use that as a coping mechanism in her daily activities. Role plays were used to help her understand healthy conflict resolution and how she can express herself better. The counsellor coordinated with the home staff to keep them updated and helped them understand the need

for a psychiatric evaluation as soon as possible. When discussed with the client, she was hesitant to visit a psychiatrist and refused but after a planned intervention by the counsellor and the staff and clearing her doubts regarding the same, she has agreed. Hence, the shelter home will be sending her for an evaluation in the next few days.

Small steps towards some daily activities like encouraging her to attend Zumba and yoga class as well as just openly sharing her thoughts seem to have helped the client in some way. Use of positive coping mechanisms, especially art, has helped the client find a safe space for expression. Few symptoms like talking to an inanimate object, loss of interest in studies, poor appetite and sleep pattern seem to have reduced but can have a pattern of fluctuating each week. The counsellor and client are working towards helping her form and maintain safe and healthy relationships and expressing her emotions in better ways. Through the challenges the client has shown resilience and shows signs of being goal-oriented and wanting to learn new things. A small step towards conflict resolution was seen in the client when during a session she shared about her anger outburst with a staff. Client was able to share an insight that it was not a healthy way of responding after which she apologized to the concerned staff member. Through the challenging situations the client seems to be taking small steps towards growing in insight and good judgement.

COMMUNITY COUNSELING

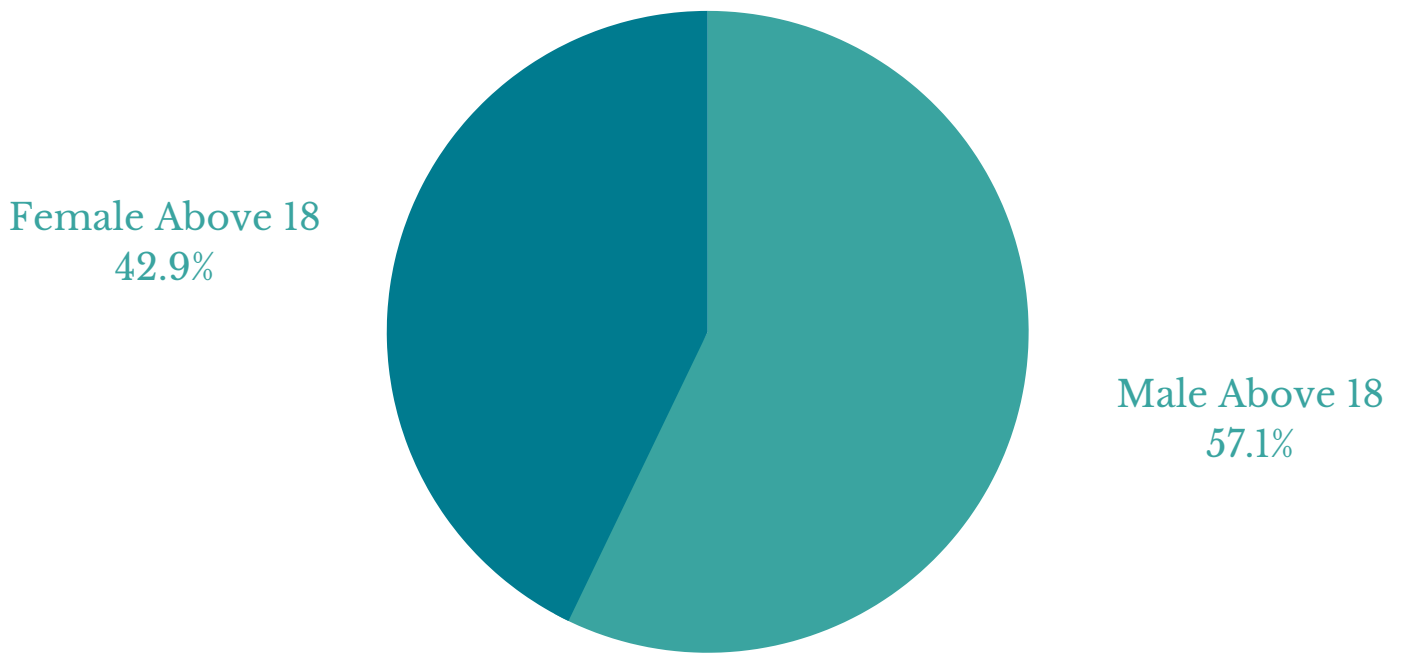


Sharmila Amar
Co-ordinator

It has been a great experience to lead the Community Counselling team for the last eight years. Through developing modules for the lay counsellors, we were able to equip 50 Lay counsellors from among our partner communities. Community counselling was a blend of all kinds of cases. They ranged from domestic violence, stress & anxiety, depression, financial issues, extramarital affairs etc. The challenge faced was the constant change of lay counsellors since

most of them were playing multiple leadership roles in the community which caused a few hitches in the delivery of the services. But the strength of community counselling was the fact that lay counsellors were also from the same community which helped them to build rapport with the clients and hence the situational understanding was excellent.

Beneficiaries - 2020 - 2021



105

INDIVIDUAL COUNSELING

COMMUNITY COUNSELING
PROJECT

ANGER MANAGEMENT

Sarabjeet is a thirty-eight-year-old lady who works as a Municipal Corporation sweeper. She had severe anger issues and used to fly into a rage at the slightest pretext. As she shared about her history to the counsellor, she mentioned that the sudden death of her husband had left her sad. She was all alone and had to fend for her 4 young children. This led her into depression and sleepless nights, wherein she used to sleep for only two hours. This affected her both physically and mentally.

She was always irritated and her anger level was perpetually high.

The counsellor referred her for psychiatric treatment as he felt that along with counselling and teaching sleep hygiene techniques there also was a need for psychiatric assessment. This helped the client to cope with her sleep disturbances. Since she is now able to sleep well, her anger level has been reduced to some extent.



LEFT ALONE

The Pandemic forced many into isolation. Separated from their loved ones, some slipped into depression. Malati was one such person who had to contend with this mental illness.

Malati stays in a suburb of Mumbai with her mother. She is an educated and independent 29 year old woman. Her father stays with her brother and sister in law in another suburb. When the lock down happened, her mother went to stay with her husband and son. The client was left alone at home.

During the initial days of the lock down, Malati managed to work from home. After one month of the lock down, she began to feel suffocated. She lost interest in her work. Her frustration levels started rising. Soon Malati stopped cooking and began to skip meals. It affected her sleep as well. Being an early riser, she could not wake up at her usual time. She kept asking herself why this was happening to her.

She felt there was no one to give her a listening ear. After making enquiries in the community, Malati got the number of the church counselor. The counselor was willing to begin the process of counseling her.

After the assessment, the counselor realised that Malati was suffering from mild depression. She offered psycho-social support to Malati over the phone. These regular calls became a lifeline for her. Through counseling she discovered coping skills. These helped her make the journey out of her depression. She began to take a walk outside daily. She made changes in her diet and her day. With the help of the counselor she set small goals for herself and achieved them. She began to work on her unhelpful thought patterns. At the end of every session, Malati would ask the counselor to pray for her. All these efforts strengthened Malati's resolve to fight the depression. Within two months, all her symptoms reduced significantly. She was able to get back



to work and manage her daily tasks. On one of her calls to the counselor, she expressed her gratitude for the support she received.

Malati was locked down, yes, but not left alone. Lay counselors in the community are good at doing just that – standing alongside those who are suffering alone.

AUDIT REPORT

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INDEPENDENT AUDITOR'S REPORT **TO THE MEMBERS OF ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS**

Opinion

We have audited the accompanying financial statements of **ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS** (the Society), which comprise the Balance Sheet as at 31st March, 2021, the Statement of Income and Expenditure for the year then ended and notes to the financial statements, including summary of the significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Society as at 31st March, 2021 and of its financial performance for the year then ended in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India (ICAI).

Basis for Opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) issued by ICAI. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Society in accordance with the *Codes of Ethics* issued by ICAI and we have fulfilled our other ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation of these financial statements that give a true and fair view of the state of affairs, results of operations of the Society in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.



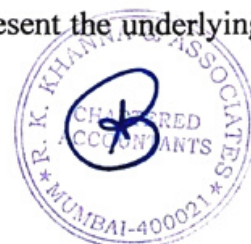
Those charged with governance are responsible for overseeing the Society's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also-

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence and where applicable, related safeguards.

For R. K. KHANNA & ASSOCIATES

Chartered Accountants

(Firm Regn. No.105082W)



R. Khaid

MOHAMMED OBAID ANSARI

Partner

(Membership No.116304)

UDIN: 21116304AAAAFN9090

Mumbai

Date: 10th August, 2021

ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS

Registration No. F-5727(Bombay) Dt22-09-1979

BALANCE SHEET AS AT 31ST MARCH 2021

	Note No.	As at 31st March 2021		As at 31st March 2020	
		Rupees	Rupees	Rupees	Rupees
FUNDS AND LIABILITIES					
Trust Corpus:					
Per last Balance Sheet		52,77,078		50,91,076	
Surplus for the year		21,55,915	74,32,993	1,86,002	52,77,078
Liabilities:					
For Expenses			8,075		11,712
TOTAL			74,41,068		52,88,790
PROPERTIES AND ASSETS					
Property, Plant and Equipment	4		3,80,554		5,60,009
Investments	5		49,50,000		17,00,000
Deposits	6		2,25,950		2,25,950
Advances			33,401		22,192
Amount Recoverable			1,55,147		2,34,477
Taxes Deducted at Source			6,86,638		8,70,936
Interest Accrued			824		9,294
Cash and Bank Balance	7		10,08,553		16,65,932
TOTAL			74,41,068		52,88,790

Notes 1 to 9 form an integral part of Financial Statements

As per our report of even date attached to Balance Sheet

For and on behalf of the Managing Committee of
ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS

For R.K.KHANNA & ASSOCIATES
Chartered Accountants
(Firm Regn. No.105082W)




MOHAMMED OBAID ANSARI
Partner
(Membership No.116304)

Mumbai;
Date : 10th August 2021




VIVIAN FERNANDES
Chairman


ADRIAN LOPES
Secretary


BATHUWEL UMALE
Treasurer

ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS

Registration No. F-5727(Bombay) Dt22-09-1979

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2021

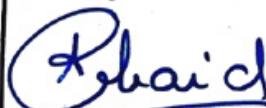
	Note No.	2020-21		2019-20	
		Rupees	Rupees	Rupees	Rupees
INCOME					
Donations			1,17,09,004		94,29,440
Education Fees			27,45,427		39,28,814
Membership Fees			8,000		8,000
Interest Income	8		2,00,884		2,61,756
Other Income			-		30,000
TOTAL INCOME			1,46,63,315		1,36,58,010
EXPENDITURE					
Establishment Expenditure	9		13,89,536		14,45,144
Depreciation			1,79,454		2,71,613
Expenditure on Objects of The Trust:					
Education to Community		63,73,090		70,84,649	
Education through Counselling		38,26,520		46,03,164	
Education through Seminar		-		67,438	
Covid Relief		7,38,800	1,09,38,409	-	1,17,55,251
TOTAL EXPENSES			1,25,07,400		1,34,72,008
SURPLUS FOR THE YEAR			21,55,915		1,86,002

Notes 1 to 9 form an integral part of Financial Statements

As per our report of even date attached to Balance Sheet

For and on behalf of the Managing Committee of
ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS

For R.K.KHANNA & ASSOCIATES
Chartered Accountants
(Firm Regn. No.105082W)




MOHAMMED OBAID ANSARI
Partner
(Membership No.116304)

Mumbai;
Date : 10th August 2021




VIVIAN FERNANDES
Chairman


ADRIAN LOPES
Secretary


BATHUWEL UMALE
Treasurer

ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS

Registration No. F-5727(Bombay) Dt22-09-1979

NOTES 1 TO 9 FORMING AN INTEGRAL PART OF FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31ST MARCH 2021

NOTE NO. 1

SOCIETY OVERVIEW

Association for Christian Thoughtfulness was registered as a Society under the Societies Registration Act 1960 on 22nd September 1973 to promote development projects aimed at the physical, emotional, social and spiritual development of weaker sections of society and whenever possible to do so by self help projects.

NOTE NO. 2

SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting :

The financial statements are prepared under the historical cost convention on a going concern and accrual basis and in accordance with the generally accepted accounting principles and are in line with the relevant laws as well as the guidelines and Accounting Standards prescribed by the Institute of Chartered Accountants of India.

(b) Property, Plant and Equipment :

Expenditure which is capital in nature is capitalised at cost, which comprises of the purchase price (net of rebates and discounts) and any directly attributable cost of bringing the assets to their working condition for intended use.

(c) Depreciation :

Depreciation has been provided as per written down value method in accordance with Section 32 of the Income Tax Act, 1961. In respect of the assets acquired during the year depreciation as applicable for the full year or half year is applied.

(d) Investments :

Investments are valued at cost. Interest accrued on Investment has been provided for.

(e) Income Recognition :

Donation Income is recognised as on the date of receipt. Education fees are recorded when the services are rendered. Membership fees is recorded on accrual basis.

(f) Foreign Currency Transactions :

Donations received in foreign currency are recorded at the rates prevailing at the time of realisation.

(g) Retirement benefits :

The Company accounts for gratuity liability, as equivalent to the premium payable to Life Insurance Corporation under the Group Gratuity Scheme.

(h) Provisions :

Provisions are recognised when the Trust has a present legal obligation, as a result of past events, for which it is probable that an outflow of economic benefits will be required to settle the obligation and a reliable estimate can be made for the amount of the obligation.



NOTE NO. 3**IMPACT OF CORONAVIRUS (COVID 19) PANDEMIC**

The outbreak of Coronavirus (COVID-19) pandemic globally and in India is causing significant disturbance and slowdown of economic and other activities. The Society has evaluated the impact of this pandemic on its business operations on its operations and services, based on the internal and external information available till the date of approval of the financial results and the current indicators of future outlook. In terms of this evaluation, the Society does not foresee any significant risk - medium or long term, to its ability to continue its operations and services.

NOTE NO. 4**PROPERTY, PLANT AND EQUIPMENT**

Particulars	W.D.V as at 01.04.2020	Additions during the year	Deletions during the year	Total as at 31.03.2021	Depreciation for the year	W.D.V as at 31.03.2021
Furniture & Fixtures	94,617	-	-	94,617	9,462	85,155
Office Equipments	23,482	-	-	23,482	3,522	19,960
Computers	85,211	-	-	85,211	34,084	51,127
Slide Projector	38,196	-	-	38,196	5,729	32,467
Kitchen Utilities	2,978	-	-	2,978	447	2,531
Computer Software	3,15,524	-	-	3,15,524	1,26,210	1,89,315
Total	5,60,009	-	-	5,60,009	1,79,454	3,80,554

NOTE NO. 5**INVESTMENT**

Fixed Deposits with Bank

31st March 2021	31st March 2020
Rupees	Rupees

49,50,000	17,00,000
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NOTE NO. 6**DEPOSIT**

For Electricity
For Telephone
For Internet
For Premises

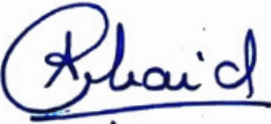




1,250	1,250
24,200	24,200
500	500
2,00,000	2,00,000
2,25,950	2,25,950

NOTE NO. 7**CASH AND BANK BALANCE**

In Savings Accounts
In Current Account
Cash in hand

9,01,820	16,10,763
1,02,877	41,824
3,857	13,346
10,08,553	16,65,932



	2020-21	2019-20
	Rupees	Rupees
NOTE NO. 8		
<u>INTEREST INCOME</u>		
On Fixed Deposits	1,09,246	80,129
On Savings Bank Account	64,216	1,15,888
On Income Tax Refund	27,422	65,739
	2,00,884	2,61,756
NOTE NO. 9		
<u>ESTABLISHMENT EXPENDITURE</u>		
Staff Salaries & Allowances	9,40,817	9,29,575
Staff Training	650	-
Staff Welfare	-	26,689
Contribution to gratuity	16,222	500
Rent	1,42,600	3,304
Electricity	1,178	1,68,168
Repairs & Maintenance	7,129	2,288
Website Expenses	1,250	1,258
Telephone & Internet	6,972	6,000
Printing & Stationery	8,775	6,227
Postage & Courier	467	3,630
Advertisement	-	442
Conveyance	6,352	8,005
Fees and Subscription	5,760	28,390
Meeting Expenses	555	1,633
Program & Activities	1,288	-
Professional fees	1,00,000	1,20,000
Bank Charges	6,994	5,650
General Expenses	37,527	38,386
Audit Fees	1,05,000	95,000
	13,89,536	14,45,144
SIGNATURES TO NOTES 1 TO 9		
For R.K.KHANNA & ASSOCIATES Chartered Accountants (Firm Regn. No.105082W)		For and on behalf of the Managing Committee of ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS
		
MOHAMMED OBAID ANSARI Partner (Membership No.116304)		VIVIAN FERNANDES Chairman
		
Mumbai; Date : 10th August 2021		ADRIAN LOPES Secretary
		
		BATHUWEL UMALE Treasurer

**ASSOCIATION FOR CHRISTIAN THOUGHTFULNESS
DETAILS OF THE FUNDS FOR THE YEAR ENDED 31ST MARCH 2021**

(A) UNRESTRICTED / GENERAL FUNDS

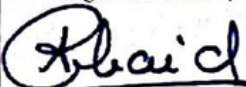
SL. No.	Particulars	Balance as on 1 April 2020	Grant / Income Received during the year	Interest received During the year	Total as on 31 March 2021	Utilised / Expenses amount during the year	Balance as on 31 March 2021
1	Trust Corpus	12,76,808	3,12,601	2,00,884	17,90,292	1,79,454	16,10,838
2	Establishment Expense	-	-	-	-	3,98,041	(3,98,041)
3	Education to Community	-	-	-	-	1,03,328	(1,03,328)
4	Education through Counseling	1,06,101	27,45,427	-	28,51,528	25,74,055	2,77,473
5	Covid 19 Relief	70,000	3,25,000	-	3,95,000	3,94,000	1,000
TOTAL (A)		14,52,909	33,83,028	2,00,884	50,36,820	36,48,878	13,87,942

(B) RESTRICTED / REVENUE EARMARKED FUNDS

SL. No.	Particulars	Balance as on 1 April 2020	Grant / Income Received during the year	Interest received During the year	Total as on 31 March 2021	Utilised / Expenses amount during the year	Balance as on 31 March 2021
1	Establishment Expense						
	Tear Fund	-	4,73,539	-	4,73,539	4,73,539	-
	Oakseed Ministries International	45,258	-	-	45,258	45,258	-
	Individual donors	6,291	-	-	6,291	6,291	-
	World Charitable Foundation	3,15,630	-	-	3,15,630	3,15,630	-
	The Bridge Global Foundation	-	2,19,420	-	2,19,420	1,09,710	1,09,710
	Rhema For The Nation	-	2,45,773	-	2,45,773	4,172	2,41,601
	Front Line Fellowship	-	36,895	-	36,895	36,895	-
2	Education to Community:						
	Tear Fund	-	43,17,850	-	43,17,850	43,17,850	-
	Oakseed Ministries International	-	1,50,620	-	1,50,620	-	1,50,620
	World Charitable Foundation	13,41,427	-	-	13,41,427	13,41,427	-
	Individual donors	64,788	-	-	64,788	-	64,788
	Rhema For The Nation	-	22,11,953	-	22,11,953	2,45,395	19,66,558
	The Bridge Global Foundation	-	19,74,780	-	19,74,780	1,55,309	18,19,471
	Front Line Fellowship	-	2,09,783	-	2,09,783	2,09,783	-
3	Education through Counseling						
	Individual donors	4,03,463	-	-	4,03,463	4,03,463	-
	Embers International	3,44,867	8,93,990	-	12,38,857	7,55,561	4,83,296
	Serving Orphan Worldwide	93,440	-	-	93,440	93,440	-
4	Covid Relief						
	Front Line Fellowship	-	1,22,271	-	1,22,271	1,22,271	-
	Reedeemer Fellowship	-	2,22,529	-	2,22,529	2,22,529	-
5	Trust Corpus	12,09,007	-	-	12,09,007	-	12,09,007
Total (B)		38,24,171	1,10,79,403	-	1,49,03,574	88,58,523	60,45,051
Total (A + B)		52,77,080	1,44,62,431	2,00,884	1,99,40,394	1,25,07,401	74,32,993

Checked and found correct

For R.K.KHANNA & ASSOCIATES
Chartered Accountants
(Firm Regn. No.105082W)


MOHAMMED OBAID ANSARI
Partner
(Membership No.116304)
UDIN: 21116304AAAAFP1636




ALITA RAM
Chief Executive Officer

Place: Mumbai;
Date : 12th August, 2021