



ANNUAL REPORT

Until we are all equal

2023-24



www.planindia.org

Special Thanks

All our Programme Participants, including children, youth, their families / caregivers, and their communities; donors, friends and supporters of Plan International (India Chapter); Governing Board Members of Plan International (India Chapter) for their guidance; and the entire Plan family.

Editorial Team

Country Management Team

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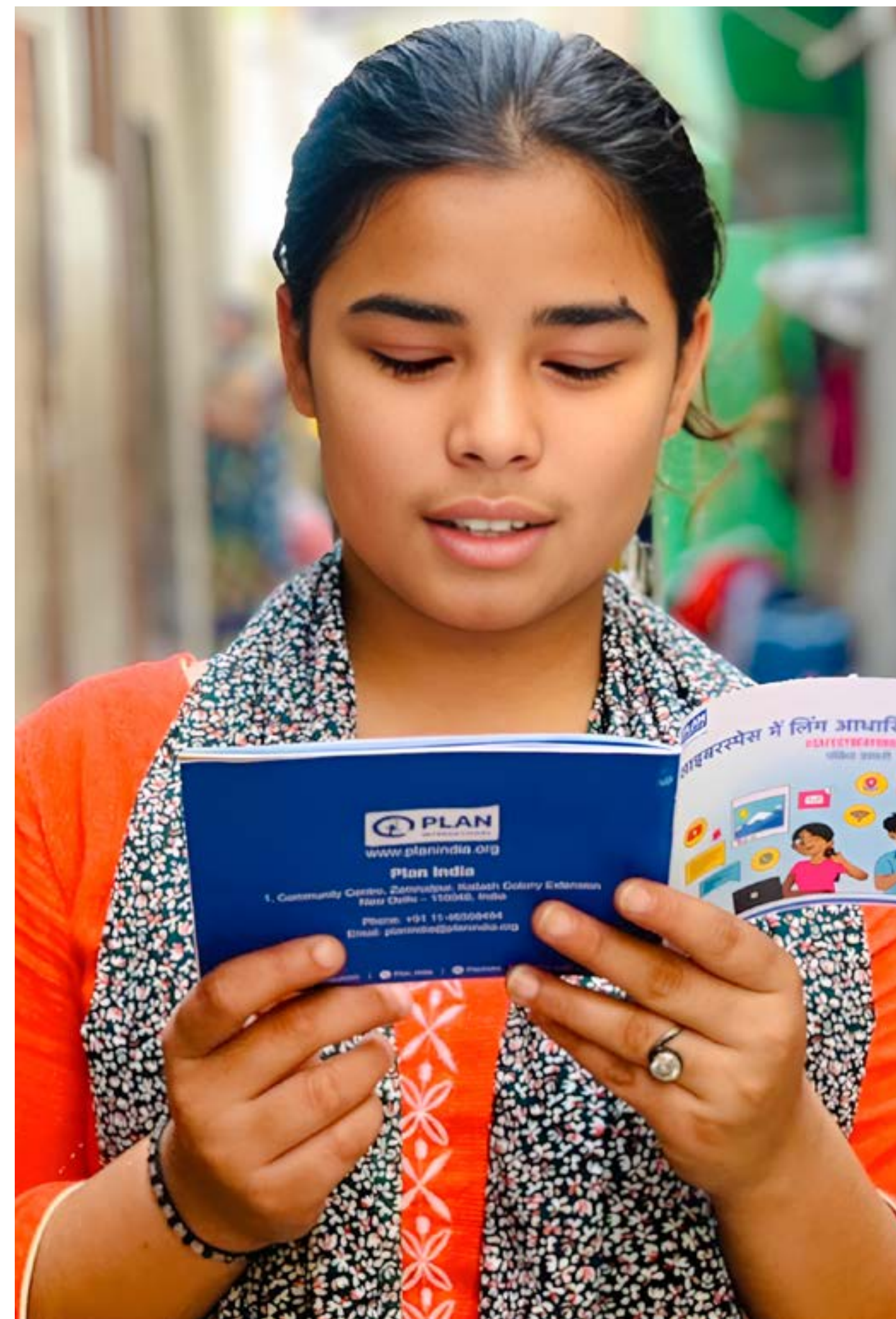
Meenakshi Bisht, Communications Coordinator

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Note for Readers

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ACRONYMS		AOGD	ART
		Areas of Global Distinctiveness	Antiretroviral Therapy
ANM	ASHA	AWW	BBBP
Auxiliary Nurse Midwifery	Accredited Social Health Activist	Anganwadi Worker	Beti Bachao Beti Padhao
CAY	CPC	CCCD	CWC
Children, Adolescent and Youth	Child Protection Committee	Child Centered Community Development	Child Welfare Committee
CDMO	DCPU	EMTCT	EVTHS
Chief District Medical Officer	District Child Protection Unit	Elimination of Mother-to Child Transmission	Elimination of Vertical Transmission of HIV and Syphilis
FSSAI	FLW	FY	GBV
Food Safety and Standards Authority of India	Front Line Worker	Financial Year	Gender Based Violence
GNM	HICF	HBV	HCV
General Nursing and Midwifery	Health Information Centre Facilitator	Hepatitis B Virus	Hepatitis C Virus
HEI	HIC	HIV	HH
HIV Exposed Infants	Health Information Centre	Human Immunodeficiency Virus	Household

ICDS	ICPS	INR	IEC
Integrated Child Development Service	Integrated Child Protection Scheme	Indian National Rupee	Information, Education and Communication
JOVT	MAM	NACO	NEET
Job Oriented Vocational Training	Moderately Acute Malnutrition	National Aids Control Organisation	Not in Education, Employment or Training
NIOS	NRC	NFI	NCD
National Institute of Open Schooling	Nutrition Rehabilitation Centre	Non-Food Items	Non-Communicable Disease
OPD	OCS	PRI	PLHIV
Out Patient Department	Other Closed Setting	Panchayati Raj Institution	People Living with HIV/ AIDs
PHI	PCMA	PLV	POCSO
Primary HIV Infection	Prohibition of Child Marriage Act	Para Legal Volunteer	Protection of Children from Sexual Offences
PPTCT	PPW	PUHC	RTI
Prevention of Parent to Child Transmission	Positive Pregnant Women	Primary Urban Health Care	Reproductive Tract Infection
RKSK	RIMS	OSC	STI
Rashtriya Kishore Swasthya Karyakram	Regional Institute of Medical Sciences	One Stop Centre	Sexually Transmitted Infection


SHG Self Help Group	SAM Severely Acute Malnutrition	SBVM Samagra Bal Vikas Mitra	SMART Specific, Measurable, Achievable, Relevant and Time- Bound
SMC School Management Committee	SRHR Sexual and Reproductive Health and Rights	STEM Science, Technology, Engineering and Mathematics	SDG Sustainable Development Goals
TSCPCR Telangana State Commission for Protection of Child Rights	TLM Teaching Learning Material	UTI Urinary Tract Infection	VHND Village Health and Sanitation and Nutrition Day
VL Test Viral Load Test	VTEP Vocational Training for Entrepreneurship Promotion	WASH Water, Sanitation and Hygiene	WCD Women and Child Development
YHP Young Health Program			

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Board Members

Governing Board Members



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Chair & President



Mr. Madan B. Lokur
Vice President



Ms. Upma Chawdhry
Treasurer



Mr. Atul Kirloskar
Secretary



Mr. Ajay Kaul
Member



Mr. Atul Dhawan
Member



Dr. Shireen Jejeebhoy
Member



Mr. Ranjan Chak
Member



Ms. Anuradha Das Mathur
Member Designate



Mr. Atul Singh
Member Designate



Ms. Rathi Vinay Jha
Chair Emeritus



Mr. Madukar Kamath
Member Emeritus



CHAIR EMERITUS

Dear Reader,

India programs across the country go from strength to strength. The mission is going ahead year after year in a sustained manner.

It is not just the performance and numbers that speak for themselves but it is also the collaborative and inclusive programs that make a difference.

Plan India reaches out not just to girls, children, youth and communities but also shares knowledge and strives to build capacity of community-based organizations and non-government service providers.

We extend our heartfelt gratitude to our benefactors and supporters, including the Governments, at both the Center and State levels, our donors, and our partners, whose contributions make all of this possible. We would like to express our sincere appreciation to all our staff for their exceptional dedication and hard work throughout the year.

All the best to Plan India for continued success.

Ms. Rathi Vinay Jha
Chair Emeritus



CHAIR & PRESIDENT

Dear Reader,

It is a matter of great pleasure to introduce Plan India's Annual Report for 2023-24. Looking back at the year, I, as the Chair of the Plan India Board, feel privileged to be associated with over 1200-strong family of

Plan India, who continue to make significant strides in positively impacting the lives of those we serve, prominently young women and girls.

Plan India's contributions to the National Development Agenda, and in turn, the global Sustainable Development Goals, are strongly reflected in the outcomes of services provided to our programme participants. Our Gender Transformative, Child-Centred Community Development approach ensures that children, families and communities are active and leading participants in their own development. This sustainable approach has resulted in expanding and strengthening work across early childhood development, inclusive and quality education, youth empowerment, protection of children, promotion of sexual and reproductive health rights for girls and young women, improving their nutritional standards, skill enhancement, income generation, and response to natural disasters. The Balpratinidhi (child sponsorship) programme implemented by Plan India is a unique intervention which touches the lives of thousands of young girls and boys, providing them with access to quality education and health services through government facilities until they achieve adulthood.

Our collaborative efforts with NITI Aayog, National and State Government Institutions, other Non-Government Organisations, Academic Institutions, Universities, Technical Resource Agencies and Community-Based Organisations have, as always, enabled us to empower and enable girls, boys and young women in underserved communities access services closer to their home. Our generous donors' unwavering support makes it all possible.

I am proud to be a part of this ecosystem, and am looking forward to the development goals that we will achieve next year.

Best regards,

Mr. J.V.R. Prasada Rao
Chair & President



EXECUTIVE DIRECTOR

Dear Friends and Supporters,

When I first wrote to you in 2019, I spoke of my admiration for Plan International (India Chapter). Fondly referred to by many as Plan India, and its efforts as a leading locally led and governed Indian NGO committed to promoting rights for children and girls from underprivileged

families and communities is widely acknowledged. I am delighted and humbled to present the Annual Report 2023- 24 which seeks to document our programs and achievements.

This year, we have made new strides in our mission to support and uplift the lives of children, particularly girls, from poor and underprivileged families. I am humbled to share that our community development programs have created positive outcomes for more than 17.31 lakhs (1.73 million) children, including girls, boys, young women, and young men across 29 states of our country. We implemented comprehensive strategies to ensure that more than 6,50,000 girls and boys from underprivileged families gain access to quality education in government schools from pre-primary to senior secondary levels. We have worked collectively with government and community stakeholders to strengthen youth economic empowerment by supporting 13,745 young women and young men from urban slums and villages with job-oriented vocational skills and job placement.

Health and wellbeing of all girls, boys, young women and young men has been an important part of our work and we have succeeded in supporting 7,59,000 program participants in improving their health and well-being. Furthermore, 1,44,000 girls, boys, young women and young men have been supported with information and linkages to the government's gender equality schemes and programs to protect them from all forms of violence, abuse and exploitation. Through our integrated nutrition and early childhood development interventions, we have positively impacted the lives of over 1,11,000 children.

Our humanitarian relief efforts during the year has benefitted nearly 80,000 disaster affected people and their families for meeting their immediate needs of food, nutrition, hygiene and healthcare.

I extend my heartfelt gratitude to our invaluable donors, civil society partners, government stakeholders and community champions of change for their unwavering support and meaningful collaboration in achieving these important milestones. As we step into the next year, our passion and determination remain unwavering in our pursuit to champion early childhood development.

Warm Regards,

Mr. Mohammed Asif
Executive Director

OUR PURPOSE

Our purpose is to advance welfare and development of children, and equality for all girls and young women in India

Our Approach

Gender Transformative Child-Centred Community Development approach in which children, families and communities are active and leading participants in their own development.

Gender Transformative approach involves addressing the root causes which keep girls away from many rights, benefits and entitlements available to them. It enhances the capacity of individuals to collectively identify opportunities and create lasting change for themselves and their communities.

Key Pillars of Our Approach



IMPACT ON CHILDREN, YOUTH AND ADULTS FROM UNDERPRIVILEGED FAMILIES



30.06 Lakh
Children & Youth

Girls, boys, women and men from underprivileged families and communities have been directly benefitted through various social development and welfare activities.

2,59,504 Children & Youth

Children, adolescents and youth as programme participants of our Child Protection initiatives.

They were empowered through development of life skills, resilience, and self-protection abilities to help them break the cycle of violence and stand against violence toward children and girls.



Plan India prefers the use of the term
¹“programme participant” rather than
 “beneficiary” to count and report our outcomes.

14,45,824 Girls & Young Women

Adolescent girls and young women as programme participants¹ of our Sexual and Reproductive Health Rights initiatives.

They became aware of the harmful gender norms and stereotypes and accessed government health and wellbeing services.



10,69,657 Children

School Children as programme participants of our Inclusive and Quality Education initiatives.

They are on the path to complete at least 10 years of school education and learning.

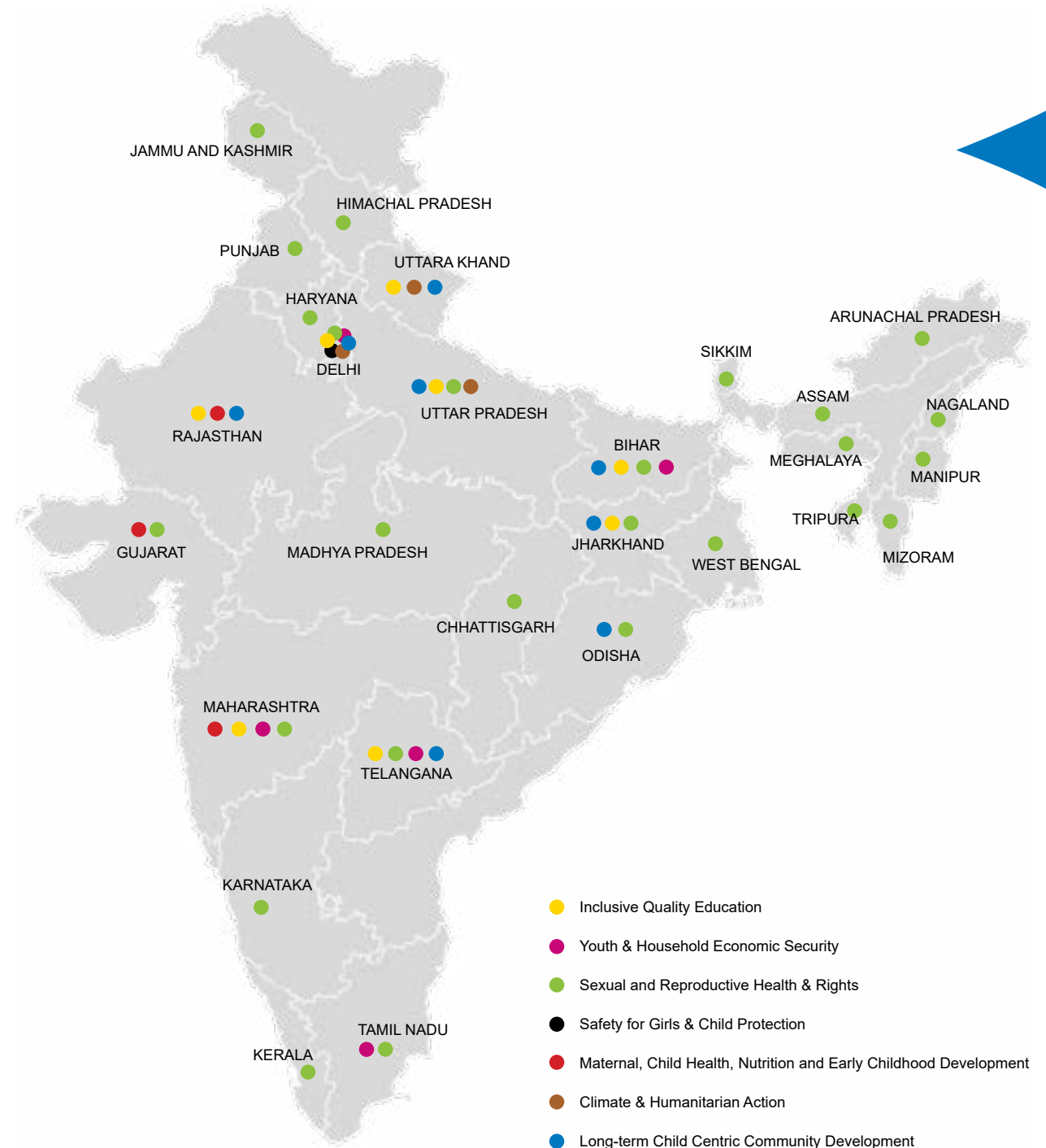


13,745 Young Girls & Boys

Young girls and boys under 24 years were skilled through income generation initiatives and market linked vocational training and job placements.

PLAN INDIA IN NUMBERS

LOCATIONS



Children, adolescent and youth from 29 States and Union Territories, including 387 Districts, and 4,294 Villages and Slums as programme participants benefitted from our grassroots social development and humanitarian projects implemented during the reporting period.

1,54,575 People

Persons affected by natural disasters supported with Humanitarian Relief to help recover, and rebuild their lives.



1,62,834 Children

Under 6-year old children were supported through our education programmes for parents including gender responsive nurturing care and critical skills to strengthen caregivers' knowledge and confidence under our Early Childhood Development initiatives.



We are present in all states and UTs in India through our partnership with the Government of India for supporting supply chain for HIV and TB medicines, diagnostics, and attendant material.

PARTNERSHIPS AND COLLABORATIONS



5,715 Community Groups

Community-based groups of women, children, adolescents and young people leading grassroots-level programming in their respective villages and slums.

25,283 Young Women & Men

Young women and men supported to become champions of development and social change in their villages and communities.

18 Partnerships & Collaborations

Partnerships & collaborations with National and State level Government Institutions for achieving National Development Goals / Sustainable Development Goals (SDG).

55,732 Community Members

Community members and volunteers trained in Child Protection and Child Welfare.

32 CSR Projects

Corporate / Businesses to implement Corporate Social Responsibility projects.

INCLUSIVE AND QUALITY EDUCATION



Objective

We work towards ensuring that all girls and boys from rural and urban areas have access to quality education from pre-primary to senior secondary levels and are enabled to make informed career choices.

We have created a safe, protective and enabling learning environment in more than 5,800 government schools where Plan India has been implementing its Inclusive and Quality Education projects. Through our various interventions, we have enabled children, particularly girls, to be enrolled, retained and successfully complete their schooling. We have built the capacities of school teachers, strengthened School Management Committees, and worked closely with District Education Administrators to achieve the goals of our Inclusive and Quality Education programme.



Key Achievements

- 1 **18,046**
Children (under 6 years) enrolled in 644 government Anganwadi Centres (ICDS Centres) and pre-schools.
- 2 **10,523**
Children were able to demonstrate minimum Foundational Literacy and Numeracy on shapes, alphabets and numbers at Anganwadi Centres through our support.
- 3 **25,709**
Children were supported to get enrolled in the primary schools.
- 4 **3,676**
Primary school children received grade-wise supplementary education on English, Maths & Science for improved foundational learning.
- 5 **5,830**
Out of school children were re-enrolled in schools or linked with formal education.
- 6 **4,95,406**
Students were made aware of good hygiene behavior.
- 7 **5,809**
Children were provided with career guidance and counselling.

- 8 **95%**
Parents practiced the sessions with their children at home and spent 30-60 minutes daily with their children for enhancing their learning.
- 9 Improvement in Foundational Literacy and Numeracy:
 - 78%**
Children were able to identify English alphabets (baseline 15%).
 - 80%**
Children were able to identify Hindi alphabets (baseline 21%).
 - 78%**
Children were able to identify numbers (baseline 21%).
- 10 **86%**
of Enrolled Children (reached by the project) attended the Early Learning Programme (formal or non-formal).
- 11 **85%**
of Adolescent Girls, Young Women (at risk) and Boys make informed career choices for higher studies, Vocational and Life skills education.



Innovation & Scaling up

Project Early Childhood Education



To improve early learning opportunities, and an enabling child friendly environment for girls and boys of 3-6 years of age, the project was implemented in eight Anganwadi Centres (AWCs) of SPSR Nellore district in Andhra Pradesh; six AWCs (2 AWCs each in Saran, Muzaffarpur and Vaishali) in Bihar; and 30 AWCs in Sangareddy in Telangana. Awareness drives resulted in the enrolment of 1,281 children (776 girls and 505 boys) in 44 Anganwadi Centres. WASH facilities in the Anganwadi Centres were improved by constructing new toilets, renovating existing facilities, and providing handwashing amenities.

Vibrant paintings and interactive learning aids enhanced the teaching environment. Anganwadi teachers were oriented on early learning, and preparation of low-cost

Teaching Learning Materials (TLM).

Preparation of low cost home-based TLM was cascaded to the parents, as well. Play materials were distributed to the Anganwadi Centres to enrich the educational experience of young learners. Children enjoyed activity-based learning through TLM which resulted in their active participation and regular attendance at Anganwadi Centres.

Continuous engagement and follow-up with the parents to send their children to the AWCs, and tracking of progress of each child, improved learning graphs of the enrolled children in these AWCs. The project has also focused in involving parents in project activities at Anganwadi and community level.

Project Banega Swasthya India – Dettol School Hygiene Education Programme



To strengthen school hygiene which, in turn, ensures better health and hygiene outcomes for children, their family and community, enabling good health and wellbeing, and ensuring that children have

access to quality education, specially making sure girls complete their basic education, the School Hygiene Education. Program has been implemented in 2,800 government schools in Bihar, Uttar Pradesh and Uttarakhand. 4,95,406 students were made aware of good hygiene behaviour, and 8,400 school teachers were trained. A total of 2,400 Child Cabinets were formed in these schools and 24,000 Child Cabinet members became change agents, spreading hygiene messages in school, their families and community.

Project Balika Shivar – Accelerated Learning Centres for Girls

The project aimed to reduce vulnerabilities of adolescent girls of 13-18 years of age and young women of 19-24 years who were Not in Education, Employment and Training (NEET), by helping them complete their education through the National Institute of Open Schooling/distance education and/or skilling in Hazaribagh and West Singhbhum districts of Jharkhand; and Bikaner and Udaipur districts of Rajasthan. A total of 3,046 out of school adolescent girls were enrolled in National Institute of Open Schooling and in education at Balika Shivar centres. Out of these, 980 girls have appeared for exam and 517 girls (53%) have passed NIOS exam and are back in the formal education system. A total of 2,488 NEET young women have undergone training in Vocational Skills. 2,404 of them

are active in the market and 1,111 have started to generate income. More than 1,000 Balika Shivar girls and NEET young women were linked with social entitlement schemes. The project has received appreciation letters from State Minister of Rajasthan, and District Administrations of Hazaribagh and Udaipur.



Project Coding and Digital Skills Initiative for the Government Schools

This initiative targeted girls and boys who were first-generation learners from underprivileged communities in 60 government schools across four states- Andhra Pradesh, Telangana, Gujarat and Uttar Pradesh. The project helped improve computer accessibility and improved digital literacy skills to ensure these children are able to navigate the digital space safely and face the future challenges with confidence. Simultaneously, the project has built capacities of 700 government teachers in handling digital technology enabled- classrooms, and app-based monitoring-reporting system by working in close coordination with schools, and education departments. The project has generated awareness among children, especially girls, on the risks associated with using



technology and being online, and who to contact if anything makes them feel uneasy. The project has reached out to 18,000 students (9,124 girls and 8,876 boys) and more than 90% of the students have shown improvement in Science, Mathematics and Computer subjects.

Project Build Back Better – The Link Women

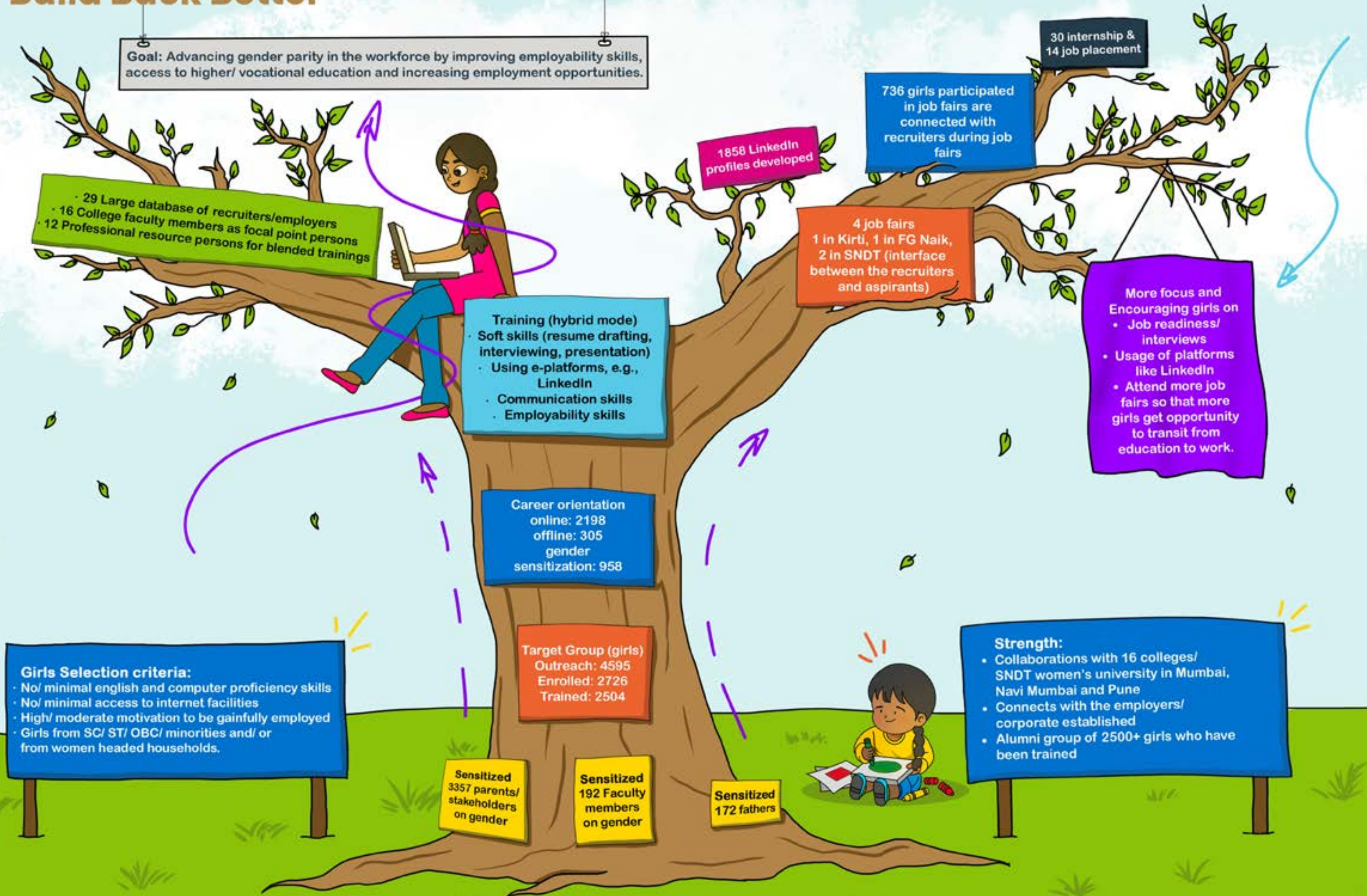


To advance gender parity in women's workforce, and to improve the employability skills of young girls of 19-24 years of age who are pursuing their higher education and/or technical vocational education, the project was implemented in 16 colleges in Mumbai, Greater Mumbai and Pune.

The project imparted training to 2,504 underprivileged young girls through digital training modules on Digital marketing; using smartphone as a tool for business; leveraging E-platforms for networking and job search; Soft Skills such as communication, negotiation and CV writing; and Proficiency in English language. Additionally, career counselling and exposure visits for young girls to various job fairs and potential service provider agencies/corporates for job placements were organized. The girls and the faculties were also oriented on gender issues.

Build Back Better

Goal: Advancing gender parity in the workforce by improving employability skills, access to higher/ vocational education and increasing employment opportunities.



Case Study

Fulfilling a young girl's dream



My name is Sharmila (name changed). I'm 23 years old and live in a village in Rajasthan. Ever since childhood, I've had a passion for studying and dreamed of becoming a nurse. However, my family's poverty made it impossible for me to pursue further education. I thought my dream of becoming a nurse was out of reach. One day, I heard from the women in my village that Plan India offered training in vegetable nursery management. I decided to give it a try. My family and I started cultivating vegetables using the methods taught in the training. To our surprise, it resulted in a good income. We earned Rs. 25,000 annually from our vegetable nursery. We used Rs.20,000 to pay for my General Nursing and Midwifery (GNM) course fee. Now, I am happily pursuing my GNM studies. Cultivating vegetables has made me self-reliant and improved my family's financial situation.

YOUTH AND HOUSEHOLD ECONOMIC SECURITY



Objective

We empower economically disadvantaged youth to secure decent employment and choose dignified livelihoods through a gender transformative approach.

We have implemented projects for job-oriented vocational training and entrepreneurship promotion to ensure household economic security. We worked closely with employers and the government to improve school-to-work transition, thereby increasing women's participation in the workforce. Our focus has been to support young women and men to build their skills in new economy jobs like IT enabled services, retail marketing and hospitality. In rural areas, our work aims at improving livelihoods, generating income and promoting women-owned enterprises. We have assisted women in establishing and expanding micro enterprises, accessing finance, markets, networks, and generating employment opportunities.

Key Achievements

1

11,736

Young Women and Men trained on Job-Oriented Vocational Training and Vocational training for Entrepreneurship Promotion.

2

7,834

Trained youth were either job-placed or started their own micro-enterprise.

3

96%

Youth demonstrated vocational competencies at the end of the training.

4

76%

of Young Women are in wage employment within 6 months after receiving training.

5

65%

Youth own an operational business within 6 months after the training.

6

65%

of Target Households are able to meet their survival threshold (have enough income to meet the expenses for food, education, medical expenses and other routine household expenses).

Innovation & Scaling up

Project Saksham



Project Saksham was started in 2010. It seeks to provide market-oriented vocational skills, particularly in new economy jobs, for unemployed young women and men from economically vulnerable families. The project aims at putting young people in gainful employment or be self-employed, while helping them sustain their vocation thus making greater impact at personal, family and community level. The project has a strong focus on providing training to girls by developing human capital through training and reskilling, strengthening social and physical capital (alumni, employers and networks), and building financial capital against shocks (financial mainstreaming and digital literacy). The project provides

Job Oriented Vocational Training (JOVT) and Vocational Training Entrepreneurship Promotion (VTEP) to underprivileged youth to facilitate access to the formal jobs or entrepreneurship. Gender Mainstreaming is a critical principle and guiding strategy across all work undertaken in Saksham which enables youth and other stakeholders to understand gender relations in personal, community and professional workspaces. JOVT and VTEP are guided by decent employment as a main overarching principle. This focusses on enabling environment, employee rights, social security and freedom of expression for youth.

In 2023-24, 11,736 youth were trained (comprising 50% young women) and 7,834 were job placed (57% were young women). Along with job skills, these youth have also been supported with life skills such as awareness on gender equality, financial literacy, personality development, personal hygiene, communication skills, computer

skills and awareness of government schemes. The project was implemented in Delhi, Udaipur, Mumbai, Pune, Bangalore and Jaipur.



It is an important initiative that helped us find better potential candidates to work with us. The Saksham team coordinated it very well, and they created a very conducive environment, which helped a lot to make the experience very positive. The Job Fair gave us the opportunity to connect with many interesting candidates looking for a job. It was definitely worth it.

- My Money Mantra



Case Study

A young girl's transformative journey

Neetu (name changed), a differently-abled 12th grade student in Delhi, had to give up school when her family home was demolished after a court order. Her father, a school-bus driver, and mother, a domestic help, shortly moved to their ancestral village with their eight children, before returning to Delhi, looking for work to survive. Her father's earnings were so low that he was unable to handle family bills, including rent and electricity.

"I figured I might as well get a job and support my family. I went to several locations for interviews but was unable to get work," Neetu lamented. One day she was informed about Saksham by an acquaintance, who was a Saksham alumna, now, working at a hospital.



It was a turning point and a ray of hope. I enrolled in Saksham and gained computer skills, communication, how to take care of the patient, transferring of the patient, and how to check blood pressure, vital signs, bed making, health and hygiene etc. After the training, I interviewed with Delhivery, who offered me a job.

- Neetu

"We feel proud of Neetu, despite being differently-abled, she supports household bills and her siblings' education. We feel blessed to have Saksham in our lives which saved our family from drowning in a sea of challenges," say Neetu's parents.

SEXUAL & REPRODUCTIVE HEALTH RIGHTS AND SERVICES, AND MATERNAL & CHILD HEALTH



Objective

We strengthen community-based quality healthcare services, with a specific focus on reaching out to populations in hard-to-reach areas, and ensure adolescents and young people from underprivileged families make informed decisions and choices on their health, and well-being.



Several projects were implemented to focus on adolescent girls and young women, pregnant and lactating mothers, Persons Living with HIVs (PLHIV), Key Populations and TB patients. We have used community-based models centred on peer educators and their roles as change agents. Key interventions were undertaken by building the capacity of adolescents and youth on menstrual hygiene and reproductive health, and non-communicable diseases. Project interventions also helped improving WASH facilities at schools; establishing community-based resource centres - Health Information Centres (HIC); creating awareness and facilitating linkages of construction workers with health facilities; facilitating pregnant women in getting access to HIV testing, and preventing and treating HIV/AIDS; and strengthening supply chain management system of HIV drugs across the country.

Key Achievements

- 1 **29,122**
Students were educated through peer educators to ensure safe menstrual hygiene practices.
- 2 **47,769**
Adolescents and youth have enhanced knowledge on Sexual & Reproductive Health Rights with a focus on prevention of STI/RTI/ AIDS.
- 3 **7,744**
Adolescents were connected with RKSK scheme.
- 4 **6,739**
Drop-out Children were identified and linked with the ICDS centres for routine immunisation.
- 5 **1,572**
Health service providers (ANM, ASHA, AWW) were oriented on IYCF (1000 Days Care) for effective service delivery especially for community level services like VHSND.
- 6 **83,951**
Programme participants were screened for HIV, TB, Syphilis, STI/ Hep B and C through One-Stop Centre intervention.
- 7 **5,425**
HIV-positive pregnant women received Anti-Retroviral Therapy during pregnancy.

- 8 **4.90 Lakh**
People in prisons or other closed settings have received HIV testing through Prison Intervention.
- 9 **85%**
of CAY with correct knowledge about SRHR core topics.
- 10 **59%**
of CAY aged 13-24 who feel able to make informed decisions about their sexual and reproductive health (baseline 31%).
- 11 **98%**
of CAY who have basic level of knowledge about menstrual health (baseline 68%).
- 12 **87%**
of CAY who have moderate level of knowledge about menstrual health (baseline 27%).
- 13 **99%**
of Girls, Young Women report receipt of quality, affordable and adequate menstrual hygiene materials.



- 14 **97%**
of Adolescents and Youth were tested for HIV and received their results during the reporting period.
- 15 **82%**
of Adolescents and Women with a birth in the last two years had at least four antenatal contacts, including at least one in the last trimester, during the last pregnancy.

Innovation & Scaling up

Project The Birds and Bees Talk



To support the Government of India's initiatives on adolescent's health and global Sustainable Development Goals (SDG) 3, 4 & 5 and 17, a purpose led unique life skills program for adolescents "The Birds and Bees Talk" (TBBT) was launched

- 16 **96%**
of Young Women and Men aged 15-24 correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.

by developing curriculum to educate adolescents (10-19 years). The curriculum was aligned with the National Curriculum Framework, Adolescence Education Program Framework, and the New Education Policy 2020. It was well researched and prudently designed to impart age-specific life skills, covered with well structured lectures, reading materials, audio-visuals and demonstrations to equip adolescents with essential life skills, knowledge, attitude, and values to empower them to make informed choices for their health & sexual wellbeing. The curriculum was launched in Manipur, Arunachal Pradesh, Sikkim, Nagaland, Mizoram.

The project reached out to 1,66,623 students and 2,807 teachers in 1,833 schools. TBBT Conscious Safe Corner was launched in Cherry Blossom Festival 2023.

Rainbow Classrooms in schools were launched which is a one-of-a-kind gender diversity initiative, designed for the first time in India, specifically for teachers. The key achievements in the reporting period included:

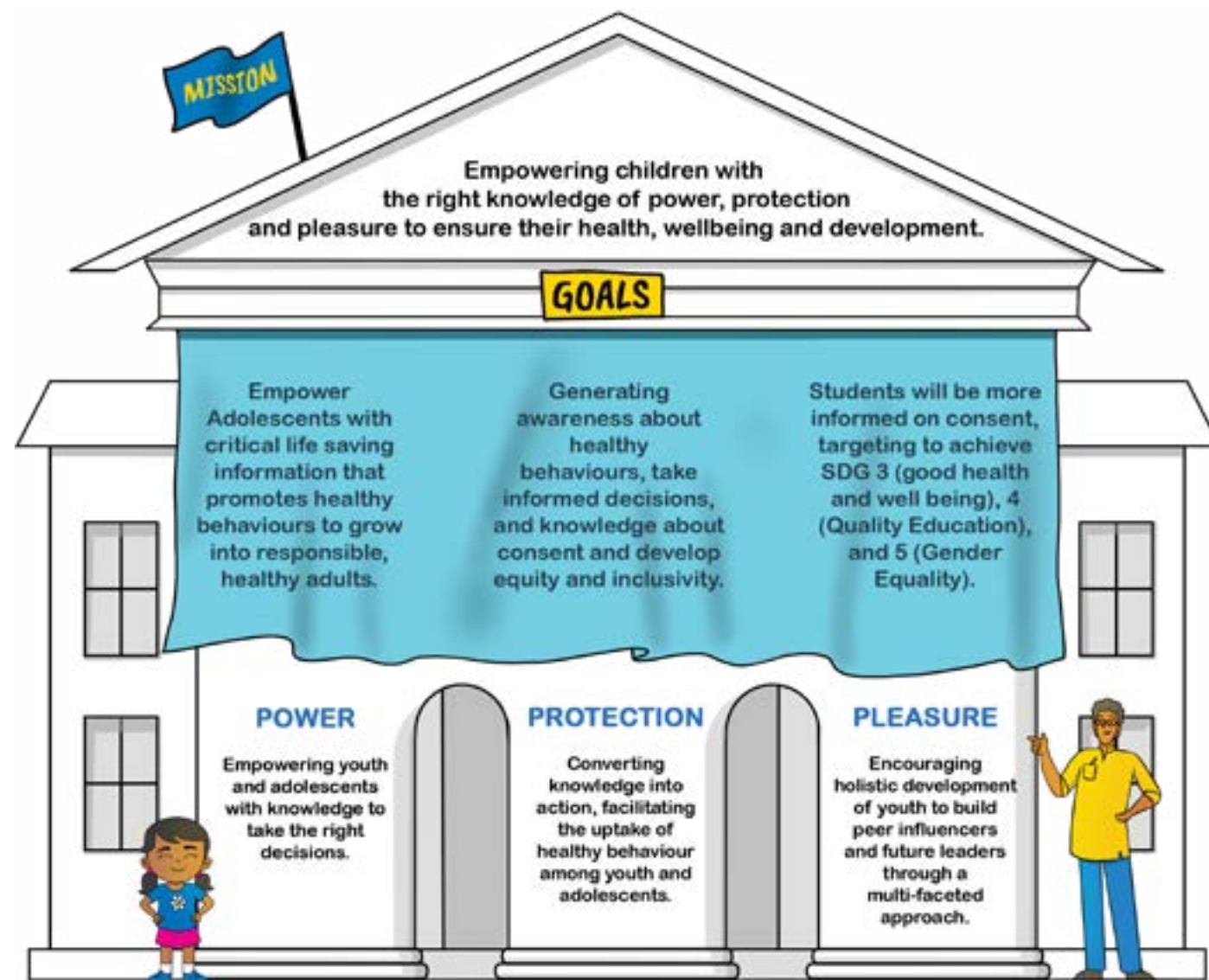
1. Recognised as Health Partner for Hornbill Festival 2023,

2. Recognised as partner for Cherry Blossom Festival 2023, Red Run Marathon (Sikkim, Arunachal Pradesh).

3. TBBT's documentary on CSE, Consent Curriculum and Rainbow Classrooms entered Cannes Film Festival.

#Besafe

#DurexTheBirdsAndBeesTalk



STRATEGY – THE BIRDS AND BEES TALK

Project Menstrual Hygiene Education

To enhance the knowledge, attitude, and practices related to menstrual health management among girls, women and boys, and achieve a demonstrable reduction in harmful cultural traditions, stigma, and taboos around menstrual health management among men, boys, women, and girls in three rural blocks of Jharkhand and three urban slums of Delhi, the project adopted the following approaches:

1. Peer-to-Peer Learning
2. Community Mobilization Activities for Awareness and Knowledge
3. Conducting Awareness Campaigns
4. Capacity Building of Stakeholders on Menstrual Health and Hygiene
5. Engagement with Local Governance
6. Involvement of line departments and government leveraging scheme benefits

The project successfully trained 9,650 adolescents and young women as peer educators. Each peer educator, in turn, disseminated knowledge on menstrual health and hygiene to 33 other young girls and boys, reaching a total of 3,13,840 girls and women. The interactions with peer educators led to improved knowledge, perceptions, and practices among adolescents and young girls.



The project established 20 community-based resource centers known as 'Health Information Centres' (HIC) in rural intervention areas. These spaces, provided by PRI heads, serve as hubs where young people can access information on menstrual health and hygiene. Additionally, the centers offer recreational and sports activities to alleviate stress and promote mental health and wellbeing. Regular meetings with parents and intergenerational dialogues proved valuable in addressing harmful social norms, myths, and misconceptions surrounding menstrual health and hygiene. These engagements contributed to a positive shift in parents' perceptions, with increased support for their wards in managing menstruation hygienically and effectively.



School sessions on menstrual health and hygiene for students in grades 8-12 emerged as an effective strategy. Each session, lasting 30-45 minutes, follows a structured module and includes discussions and competitions among children. This approach has proven successful in facilitating open conversations about menstruation and promoting better understanding and practices among students.

Young Health Programme



To improve health and well-being of young people, the Young Health Programme focused on enhancing knowledge about common Non Communicable Diseases (NCD) and their prevention, NCD risk factors, and strengthening health services in the targeted areas for providing access to quality youth friendly SRHR and NCD services, so that young people have greater capacity and are able to make informed decisions about their health.

The key activities included:

1. Establishment of Health Information

Centres (HIC) where various activities are conducted with young people. These include yoga/physical exercises/dance/music; sports & games; training sessions on art and craft; expert sessions with motivational speakers, role models and resource persons; parents' meetings/ intergenerational meetings and sensitization programs; one-to-one counselling services; and promotion mental health well-being.

2. Organising community events to sensitise community members.

3. Sensitisation on prevention of NCD to school teachers, SMC members.

4. Observation of special days linked health awareness.

5. Orientation of medical officer, Pharmacist, CDMO, Counsellors and frontline health

service providers on NCD prevention.

6. Meeting with Health Dept. Officials (RKSK; Ministry of Youth Affairs and Sports, NYKS, ARSH Officers, Directorate of Health).

7. Community score carding activity to assess the gap in health centre and map quality of adolescent-friendly health services.

8. Distribution of appropriate IEC on YHP topics and display in health centres.

9. Nurture peer educators as youth leaders and promote their participation in relevant advocacy networks to voice their concerns on NCDs and influence change.



The project was implemented in four slum areas of Bengaluru, three slum areas in Chennai and two slum areas of South West Delhi. The project has trained 340 Peer Educators (124 boys, 216 girls) in the reporting period, who further engaged in health promotion activities, reaching out to 50,073 youth including 28,019 girls.

1,13,693 community members were sensitised about NCDs, SRHR, gender equality, and youth health needs. 308 teachers and principal (Male -158, Female - 150) were sensitised on NCD risk factors and SRHR, promoting healthy behaviour in youth. YHP was successfully integrated into school libraries or sports departments of 41 Government and 8 Private schools and colleges in the project locations. The project oriented 99 government health professionals (51 men, 49 women) on sexual and reproductive health needs

of young people, and as a result, 16 government primary health centres and 5 private hospitals have improved youth-friendly health services, including weekly 30-minute SRHR sessions for adolescents and young people.

A youth-friendly online E-Learning course was developed to provide wider access about YHP topics (emotional health and wellness, gender equality and SRHR) and to promote prevention of NCDs risk behaviours among young people as a part of the Young Health Programme. Over 5,200 young people received training through interactive online modules, enhancing their learning experience and improving comprehension.

Awareness of tobacco's harmful effects surged to 98.7% among young people, reflecting near-universal understanding.

Knowledge of alcohol-related health risks increased from 26% to 97.3%.

85.8% of young people have a correct understanding of the consequences of physical inactivity.



Project Self Care for New Moms and Kids Under Five



The project Self-care for New Moms and Kids under 5 is rooted in self-care concepts adopted from WHO Self-Care Guidelines 2022, the WHO 7- Point Plan on comprehensive diarrhoea control, and the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD), aims to:

i) Create awareness, ii) Empower new mothers, iii) Promote healthy behaviours, iv) Encourage community engagement, v) Address key diseases in young children, vi) Educate on essential pillars of self-care for new mothers, including food and health, predominant diseases in children under 5 years old (U5), specifically diarrhoea and pneumonia, hygiene, antenatal check-ups, yoga, mental well-being, and birth spacing. The project strategy is built on four objectives: access, coverage, quality, and safety, targeting new mothers (pregnant and lactating mothers of children up to 2 years) and children under 6 years in tribal populations.

The project is implemented in the districts of Bhavnagar, Gir Somnath (Gujarat), Dhule, Washim (Maharashtra) and Rajasamand (Rajasthan).

During the reporting period, 70,000 households were visited and 22,000 pregnant women and mothers of kids under 5 have been sensitised. A total of 27,000 children have also benefitted from interventions aimed at preventing diarrhoea and pneumonia.



Project AHANA

The objective of this project is expanding HIV testing access by building capacities of peripheral health workers and converging HIV testing with primary health services at all VHNDs, urban health facilities and in private health facilities.

It also focuses on ensuring sustainable Prevention of Parent to Child Transmission (PPTCT) services and developing a robust data management system through continuous monitoring and mentoring of the facilities for quality record keeping and bringing them 'level ready' for the Elimination of Mother to Child Transmission (EMTCT) data validation exercise.

Under the project, a strong outreach system at the district level has been established to support HIV-Positive Pregnant Women (PPW) and their partners/spouses, and HIV Exposed Infants (HEI) in accessing PPTCT services in both public and private sectors provided by the National AIDS Control Organisation (NACO).

The project is implemented in 307 Districts of Assam, Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh, Meghalaya, Sikkim, Manipur, Mizoram, Nagaland, Tripura and Arunachal Pradesh.

The project has been catering to an estimated 1,40,45,050 pregnancies annually in 13 project states, and annual estimated PMTCT load of 7,704 PPW.



Ahana successfully advocated for a single reporting system for documentation of HIV screening of the pregnant women. HMIS has undergone a revision and additional sections have been introduced to capture EVTHS related data.

In the reporting period, 5,425 HIV-positive pregnant women received Antiretroviral Therapy (ART) during pregnancy.

Engaging the private sector has been a key strategy under the project. Around 21,761 private health facilities were mapped, of which 8,321 facilities were found to be providing ANC services; 5,592 have been engaged; and 5,144 are reporting the number of pregnant women screened for HIV to the government.

Additionally, through 68 One Stop Centres (OSC) that provide various services to new/uncovered Key Populations, 1,00,227 (81,031 BP, 8,214 TG, 10,982 PWIDs) beneficiaries were reached and registered at the OSCs.

Out of these, 83,951 were screened for HIV and knew their status.

like NCD screening, legal awareness, safe behaviour counselling services, etc.

Around 7,000 programme participants have been linked with various social protection, welfare, and livelihood schemes; apart from provision of other additional services

Case Study

Overcoming stigma and discrimination



28-year-old Lucy (name changed) from Manipur was 12-weeks pregnant when she tested HIV positive. Despite repeated calls from hospital staff and Plan's FLW, Lucy and her husband refused to respond or access medical care, fearing stigma. Persistence from the counselors and FLWs resulted in her husband requesting a re-test at a private facility, with the rider that their identities not be revealed to anyone, including the hospital staff.

Further regular counselling and follow ups led to Lucy starting Antiretroviral Therapy for the remainder of her pregnancy. She gave birth to a healthy baby, and Lucy's viral load fell to undetectable levels. The family is rid of the fear of stigma, and continues to avail medical services.

SAFETY FOR GIRLS AND CHILD PROTECTION



Objective

We strengthen community-based child protection mechanism to safeguard the rights of children, adolescent girls, and young women hailing from disadvantaged families, and protect them from all forms of violence, abuse, exploitation, and neglect.

Capacities of the girls and young women were built on gender and safety issues in public places, digital platforms, ill effects of child marriage, and legal rights and entitlements, thus enhancing the agency of girls and young women. We also placed significant emphasis on involving boys and men to promote positive social norms. We facilitated young Champions of Change from the communities to conduct safety walks using the Young Citizen Score Card. This enabled the government authorities to take evidence-based decisions for girls' safety. Our projects also addressed the issues of cross-border trafficking by strengthening government systems and child protection mechanisms at community levels.

Key Achievements

1

52,834

Individuals were made aware on legal provisions against the harmful practices.

2

1,407

Families were linked to social protection schemes.

3

1,283

Youth were trained as change-agents on self-defence, life skills, and digital safety walk.

4

388

Villages in 13 districts of Bihar, Jharkhand and Uttar Pradesh had awareness campaigns on child marriage reaching 1.15 lakh people directly and 5.84 lakh indirectly.

5

96%

Respondents are aware of POCSO Act.

6

99%

Respondents are able to identify various forms of domestic violence and 49% of the respondents are able to identify forms of violence in cyberspace.

7

95%

Adolescents and youth report that they are confident to report a protection violation to a reporting structure.

Innovation & Scaling up

Project Safer Cities for Girls

With an objective to engage with young girls and boys for improved participation and for them to contribute as agents of change for keeping their neighborhood safe, and to amplify girls' voices for security in public places by rallying key stakeholders such as boys, men, community leaders, and caregivers, the project has been implemented since 2022 in three slum areas of Gautam Puri in South Delhi.

65 active Champions of Change (CoC) girls and boys were trained on Digital Safety Walk, and they have taken initiative to conduct safety audits using the Young Citizen Score Card to solve the identified issues.

A group of 24 trained Champion of Change girl leaders are actively providing self-defense training to other girls and peer group members in the community and their schools.



Project Model Girl Friendly Villages



The project was implemented in 10 villages of Gautam Buddha Nagar district of Uttar Pradesh in coordination with the Department of Rural Development. The project facilitated community development initiatives with girls, boys, and adult community members in a collaborative participatory fashion to create localized and innovative practices for making the village friendly and safe for girls. Special focus was put on facilitating existing Government schemes for girls such as Beti Bachao Beti Padhao (BBBP), education through NIOS,

and skill building of youth through convergence and coordination with different departments such as ITI. The project has successfully ensured the participation of Gram Pradhans, Anganwadi Workers, members of SHGs, school teachers, and parents together in the activities for empowering girls and women. The project centres are run in public places, gram sabhas, or school buildings provided by the local communities to promote the project. Other government stakeholders like NIOS staff, WCD officials, and ITI trainers have extended their support to ensure maximum

Project Protect

To combat cross-border child trafficking from Nepal and Bangladesh, as well as internal trafficking within the country, we initiated a comprehensive project in 666 border-adjacent villages of two districts each in Bihar, Uttar Pradesh and West Bengal. Robust protection mechanisms and safety nets were established through the training of child protection service providers and duty bearers, including Anti-Human Trafficking Units and border guarding forces. In the intervention areas, over 789 change agents were identified and empowered, who raised awareness against child labour, child marriage, and child-trafficking. With support from block administration, CHILDLINE, police, border guarding forces, and the Protect project field team, these change agents have successfully prevented 225 child marriages, and intercepted 41 cases of human trafficking. The Child Marriage Prevention

benefit and impact for the adolescents and youth. The village stakeholders were involved in identifying and prioritizing the issues using Citizen Score Cards and many of the issues were resolved. Lights and CCTV cameras have been installed in streets and libraries, books were provided in the libraries, number of eve-teasing cases have reduced, and a greater number of girls were registered for ITI courses after completion of 10th class. Girls participated in the self-defense training and career guidance fairs.



and Tracking Register, developed with Plan India's support, was adopted and used by the Block administration of Bhagwangola-II and Beldanga-II blocks of Murshidabad district in West Bengal. Measures such as a migration register were implemented to ensure safe migration. 3,548 people have

been registered. A total of 9,351 village level child protection committee members were trained under the project intervention. Also, 1,023 personnel from anti-human trafficking unit, child welfare police officers

and para legal volunteers have been sensitized under the project intervention. Over 10,350 families were linked with social security schemes during the project period.

Project Sarthak–Strengthening Justice Delivery System for child survivors of Gender Based Violence



To improve access to justice for child survivors of Gender Based Violence (GBV) and their families, the project was implemented in the districts of Mumbai and Navi Mumbai (Thane) in Maharashtra. The project worked at strengthening investigative, legal and support services. It strengthened access to justice for survivors of sexual violence by imparting legal aid services, improving quality of institutions

which are meant to deliver justice, and provided counselling and support to survivors of sexual violence to empower them to stand up for their rights. Additionally, the project raised awareness among the communities about sexual offences. A total of 18,019 children from 46 schools, 885 youth from 11 colleges and 19,000 people participated in the awareness sessions. One Psycho Social Module has been developed.

35 Public Prosecutors have been sensitised on Child Laws. Training workshops were conducted with 649 police and railway police officials on child laws, and 500 medical professionals on medico legal SOPs. Sensitisation was also done for

46 session court judges through Judicial Academy for sensitive judgements in the cases of child survivors. Clinical counselling and other counselling support were provided to 250 child survivors.

Project Koppal – Strengthening Community Based Child Protection Mechanism

Project Koppal focuses on strengthening community-based child protection mechanisms to ensure the safety and wellbeing of children and young women. The project connected various stakeholders at the village and slum levels, including children, youth, community leaders, women from Self-Help Groups (SHGs), schools, Anganwadi centers, ANMs, and Asha workers. The project has been implemented in 132 villages/slums across Delhi, Odisha, Telangana and Uttar Pradesh. The project adopted four key strategies:

1. Create awareness among children, young people, women and men on child rights, child protection issues, laws for child protection, and government programmes and schemes for children.
2. Build a cadre of community volunteers as agents of change, who are trained on child rights and laws for child protection, to take a lead in ensuring their community is safe for girls and boys.
3. Formation and strengthening of Child Protection Committees in the project



locations, bringing together various stakeholders at the community level to front end the initiative of keeping their community safe for all children.

4. Engaging closely with the District Child Protection framework and other stakeholders of other government departments, civil society, Police and community members, in addressing violations of rights of vulnerable children identified in each of the locations.

During the reporting period, the project

established and strengthened 108 Child Protection Committees, involving community leaders, Anganwadi Workers, school teachers, SHG Leaders, community representatives, and youth and child representatives, and conducted extensive training sessions for enhancing their capacity to respond to child protection issues. Safety audits have been conducted in the project locations to identify children's issues, and had discussions with CPC

and other platforms for solving the issues and deepened collaboration with government safety nets (DCPU, Police, CWC, ICDS) for better child protection support. The project has also supported to form 110 child groups, empowering children to voice concerns and actively engage in child protection and leveraged technology to enhance the efficiency and impact of child protection efforts.

Case Study

An inspiring journey

Nisha (name changed), an 18-year-old girl from a village in Uttar Pradesh, has been attending the centre's activities for more than a year. The only sister to three brothers, she could not pursue higher education after school due to poverty. She was not allowed leave the house by her family, who had decided to get her married. However, after connecting with Plan India's programme she transformed from a shy and timid girl into a confident one. She initiated a dialogue with her parents and convinced them that she is not ready for marriage and would like to pursue further studies. She got admission in an ITI Skill Development Programme last year and since then she has been attending her college on her own and pursuing her dreams. She has been a role model for other girls in her community, and her parents and brothers are now proud of her.



NUTRITION AND EARLY CHILDHOOD DEVELOPMENT



Objective

We ensure that infants, children, adolescents, and mothers from disadvantaged families in the project locations have access to age appropriate nutrition services and knowledge in nurturing childcare practices for early childhood development.

This involves strengthening the systems, changing behaviours and practices of a range of stakeholders to improve the quality of food and feeding practices, thereby preventing malnutrition. We created awareness among pregnant women, lactating mothers, adolescents and youth on consuming nutritious foods during pregnancy and afterwards; infant and young child feeding practices; complementary feeding; and causes and preventive measures of anaemia. Community level self-help groups were mobilised to ensure pregnant women receive sufficient cooked nutritious food, alongside enhancing the government's capacity to monitor nutritional status through a digital application, addressing the same with 1,000-day approach.



Innovation & Scaling up

Project Mom's Plate (Improving Maternal Health & Nutrition)

We enhanced maternal nutrition by delivering hot, culturally accepted, customized nutritious meals to malnourished pregnant women at their homes in Bikaner district of Rajasthan and North West and South East districts of Delhi. Selected ten local women, known as 'Poshahar Mitra', have been empowered to get registered under the Food Safety and Standards Authority of India (FSSAI) and to prepare and deliver these meals, which has fostered rural entrepreneurship and augmented their family income. The approach met the additional calorie requirements of the pregnant women, leading to improved outcomes for both mothers and newborns. We provided support to 226 pregnant women, delivering

a total of 22,337 nutritious meal packets while also educating them about healthy hygiene and sanitation practices. As a result, none of the pregnant women in the programme experienced weight loss during their pregnancy. During the reporting period, 56 babies born had adequate birth weights, ranging from 2.75 to 3 kg with no cases of low birth weight. digital innovation has been implemented in this project.

The project used a digital platform for the enrolment of pregnant women and maintains their health parameters using a mobile app. Through the app, meal orders are placed, and the delivery of meals is digitally recorded by Poshahar Mitra.



Key Achievements

1 **9,000**

Children were able to access safe drinking water as a result of installation of RO water purifiers in 31 schools.

2 **1,814**

TB Patients were provided with 6,144 dry ration kit (culturally acceptable energy dense, high protein).

3 **9,722**

Under privileged families were supported with vegetable seeds for promoting kitchen gardening to have access to fresh vegetables contributing to better food and nutritional security.

4 **226**

Pregnant Women were supported with 22,337 nutritious meal packets & made aware of healthy hygiene & sanitation practices which resulted in ensuring no weight loss among pregnant women & 56 babies born with adequate birth weight.

5 **66,597**

Children were oriented on hand hygiene practices and diarrhoea management.

6 **193**

Malnourished Children have been identified and 15 have been referred to NRC.

7 **82%**

of the Mothers have breastfed their baby within one hour of birth (baseline 68%).

8 **61%**

of Parents, Caregivers who report that they engaged in four or more activities to promote the learning of children under five years in the last 3 days (baseline 41%).

9 **82%**

of Children under five years who have achieved age appropriate developmental milestones (baseline 50%).

10 **89%**

of the Parents know how to prevent and manage diarrhoea amongst young children (baseline 47%).

11 **99%**

of the Mothers are aware that their baby should be breastfed for six months exclusively (baseline 70%).

12 **77%**

of the People washed their hands with water and soap at critical times in the last three days (baseline 67%).

Project Nutritious Food Kits for TB Patients



Plan India, with support from Indian Air Force and Central TB Division, has extended nutritional support to TB patients in 4 PHIs in Delhi. The project was implemented at the following PHIs: i) DGD Seed PUHC Jheel, Shahadra, ii) Health Centre Durgapuri, Shahadra, iii) G. D. New Seema Puri -BLK, New Seema Puri SBI Bank, GTB Chest Clinic iv) Shri Mawasi Ram Charitable Welfare Trust, GTB Chest Clinic.

The project aimed at providing dry ration kit (culturally acceptable energy dense, high protein) aligned to GoI guideline for a period of 6 months to 1,814 patients from poor social economic background. A total of 99.6% of the beneficiaries completed or continued with their treatment and 81% of the beneficiaries (out of 1023) associated

with project for the duration of 3-7 months, reported weight gain or maintained their initial weight.

The project demonstrated the importance of direct engagement with beneficiaries. By encouraging TB patients to collect their kits personally, the initiative ensured regular health monitoring and reinforced the importance of adherence to treatment, resulting in a significant increase in the percentage of patients self receiving the kits from 55% to 73%. Regular follow-up visits and interactive sessions with patients and their caretakers played a crucial role in destigmatizing TB and educating the community about its prevention and treatment.

Case Study

Beating TB with proper care and nutrition

Shalini, a 13-year-old girl from an underprivileged family in Delhi, was suffering from TB and her weight was 29 kgs. She faced a lot of other ailments due to lack of care and nutrition. When Plan India's project started in her neighbourhood, a worried Shalini got in touch with us. Our team advised her to keep her house clean and wear a mask to prevent other diseases. Shalini was helped with maintaining a protein-rich diet and keeping a diet chart. With regular follow-ups and timely consumption of medicine, her health started improving. At the end of the project, Shalini had gained five kgs of weight and is continuing her treatment diligently.



It is because of the support provided by the project that I could recover and maintain a healthy lifestyle. I am grateful for the support and want the same to be continued for others, too.

- Shalini



RESILIENCE IN EMERGENCIES



Objective

We aim to ensure that all children, especially girls and young women have prompt and adequate access to quality humanitarian assistance during the time of emergency.

India witnessed an array of devastating natural calamities like flood, cloud burst, landslide, etc. during the reporting period. Under the humanitarian relief response, Plan India ensured that children, with a particular emphasis on girls and young women, received swift and adequate access to high-quality humanitarian aid including food and non-food item kits, hygiene kits.

Key Achievements

1

4,917

Students in Delhi, Himachal and Uttarakhand were provided with education kits.

2

10,294

Flood Affected People (2,300 families) were supported with ready-to-eat food kits and dry rations.

3

34,311

People from 8,610 families were provided with warm blankets during the cold-wave in Bihar, Delhi, Odisha, Rajasthan, Uttar Pradesh, and Uttarakhand.

4

11,938

People were provided with heat-wave resilience kits.

5

42,926

Flood Affected Vulnerable People were supported with NFI Kit which included shelter support material, kitchen items, utensils and hygiene material.



Project Implemented

Project Flood Response

Plan India responded to flood disasters in three states : Delhi, Himachal Pradesh and Uttarakhand.



Project Cold Wave Response

Cold waves in the year 2023- 24, presented various challenges, such as health risks due to extreme cold. Social challenges involved vulnerable populations such as the homeless, street vendors, beggars, and the elderly who face heightened risks during extreme cold weather due to inadequate shelter, warm clothes or resources. Plan India responded the situation in Odisha, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand and Delhi.

Plan India supported 8,610 vulnerable families with warm blankets benefiting 34,311 people. 93% of HH which received warm blankets assistance reduced their vulnerability towards the cold wave, and lessened their financial burden due to cold wave induced health issues.

Project Heat Wave Response

Starting May 2024, a severe and long heat-wave impacted India. India saw 143 recorded deaths and close to 42,000 people suffering from heatstroke. Plan India responded to the situation and provided vulnerable household with assistance in Odisha, UP, Telangana, Bihar and Delhi. 11,938 people were provided with heat wave resilience kits.

Case Study

The Blue Bag is the Code

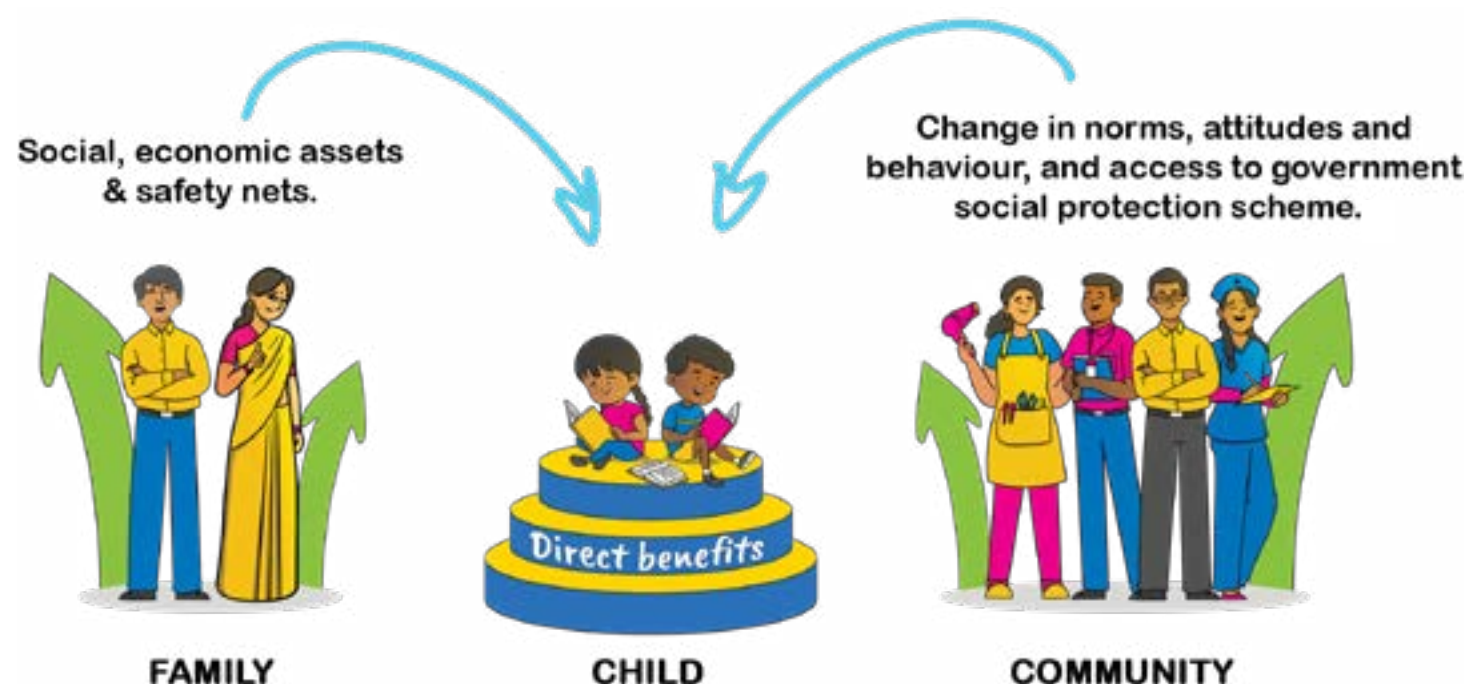
A 15-year-old child of a single parent, Tharban, was forced by his uncle to drop out of school and work after Kullu landslides damaged his home and took his father's life. Tharban lost hope of getting back to school ever again. Thanks to Plan India's support with an Education Kit, and our liaising with his village school's headmaster, the teenager is back in school.



Child Centered Community Development (CCCD) Intervention

We support communities through gender transformative programming to build upon the knowledge they have and skills they need, to provide a safe and healthy environment in which children are able to realise their full potential. Plan India partners with governments at national, state and district levels and civil society to ensure that the rights of children and girls are respected, protected and fulfilled. Child centred community development is an approach in which children, families and communities are active and leading participants in their own development. It enhances their capacity and opportunity to work together with others to address the structural causes and consequences of poverty at all levels. It is ensured that children are genuinely being listened to while considering their age, gender, social status, language and religion. Through this approach, communities are able to identify and mobilise their own resources, learn how to access other essential resources from local government and non-governmental organisations, and identify and strengthen local knowledge and practices.

Plan India has been implementing its CCCD intervention for more than 12 years in 28 districts of 8 states, namely Bihar, Delhi, Rajasthan, Jharkhand, Odisha, Telangana, Uttar Pradesh and Uttarakhand. In the reporting period, Plan India supported about 7 lakh children and youth from 3.5 lakh households.



Update on the Prevention of Sexual Harassment of Women at the Workplace

At Plan India, we are committed to fostering a safe, inclusive, and respectful work environment for everyone associated with the organisation. We believe that every individual deserves to be treated with dignity and respect, free from any form of harassment or discrimination. Upholding these values is not just a legal requirement but also an ethical and moral responsibility that we share as a collective. We value

Diversity and have over 48% Women Employees at management level.

To reinforce our commitment and ensure compliance with POSH guidelines, we ensure awareness and understanding of policy by every individual in the organisation. We have established a robust system for reporting any incidents of sexual harassment.

2 Number of complaints received in the year 2023

2 Number of complaints disposed of in the year 2023

Number of cases pending for more than 90 days

Nil



Number of awareness programs or workshops conducted to create sensitization on this law in the year 2023

Capacity building of ICC on 30th Nov. 23

POSH policy awareness for all new joiners is part of quarterly Induction program

One Refresher session for field staff, Delhi

*January - December 2023

Donors



Skill development leading to economic mobility has always been our key focus area. Through Plan India, we've been upskilling Youth from socially and economically backward communities on Job-oriented vocational skills (JOVT) and Vocational Training for Entrepreneurs Promotion (VTEP) and have created aspirational career pathways for the Youth. During Covid-19, we also strengthened the country's medical infrastructure and provided digital devices to Govt. school children to aid remote education in partnership with Plan India. 'Saksham' has been a flagship project for both Plan India and BACI since 2016. The project had 500 beneficiaries in 2016 with just one location and

in the current year, we have four locations supporting 2000 beneficiaries. Plan India has always completed the projects successfully with on-time utilization and project delivery and this is the reason why this partnership has strengthened over last 8 years. We look forward to a continued relationship with Plan India in coming years.

Darpan Batra

Assistant Vice President – Environmental, Social & Governance
Global Business Services, Bank of America



The Balika Shivar program is a 3-year collaboration between Z Zurich Foundation and Plan India, aiming to reconnect out-of-school girls to education and provide vocational training to young women, changing their perspectives of career and livelihood. Based on an ambitious proposal in early 2022, the Plan Team has put in place over 60 Accelerated Learning Centers in remote villages of India, using local knowledge and expertise and tapping into community relationships. They worked through unexpected roadblocks, and highlighted opportunities along the way in an ongoing dialogue with us as a funder, and we are happy to see this initiative connected to Plan's suite of other local programs. Together, we created strong buy-in from Zurich's global employee base and an integrated volunteer program. Zurich employees contribute to the girls' learning journey by giving their time and knowledge in virtual classroom sessions, and via an annual giving campaign. We appreciate the very positive, respectful and outcome-driven working relationship. Plan is always looking for sustained outcomes and long-term impact, with the community's best interest at heart. Thank you!



Barbara Jordan

Z Zurich Foundation Regional Engagement Manager Asia Pacific



Partners and Friends



Metso:Outotec



63

Awards

Best Employer for Policies on Diversity and Inclusion at the 4th Diversity & Inclusion Excellence Awards & Conclave ASSOCHAM - November, 2023

Great Place to Work® award by The Great Place to Work® Institute (India) - February, 2024

6th ICC Social Impact Award 2024 - March, 2024



Financial Disclosures



Scan to access the complete finance report

The following financial statements are prepared in accordance with the Indian Accounting Standards as applicable to a Small and Medium Sized Enterprise and represent an abridged version of our full financial statements which are available on our website at [Financial Disclosure \(planindia.org\)](https://www.planindia.org/Financial-Disclosure). The consolidated statement of financial position should be read in conjunction with the accompanying notes of accounts and schedules.

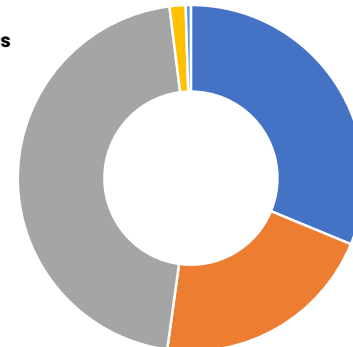
Balance Sheet as on March 31, 2024

	As on March 31, 2024			As on March 31, 2023			(all amount in Rupees)
	FCRA	NFCRA	Total	FCRA	NFCRA	Total	
SOURCES OF FUNDS							
a) General Funds	-	6,07,08,461	6,07,08,461	-	2,06,04,426	2,06,04,426	
b) Corpus Funds	23,00,305	6,05,22,112	6,28,22,417	22,28,865	6,05,22,112	6,27,50,977	
c) Restricted Funds	11,13,92,368	84,66,262	11,98,58,630	12,32,98,967	1,59,07,682	13,92,06,649	
	11,36,92,673	12,96,96,835	24,33,89,508	12,55,27,832	9,70,34,220	22,25,62,052	
Non-current liabilities							
a) Long term provisions	62,58,870	50,929	63,09,799	35,45,723	-	35,45,723	
	62,58,870	50,929	63,09,799	35,45,723	-	35,45,723	
Current liabilities							
a) Trade payables	71,91,575	4,67,00,691	5,38,92,266	1,28,09,800	1,71,94,227	3,00,04,027	
b) Other current liabilities	6,58,47,820	11,94,60,288	18,53,08,108	4,86,86,069	6,14,87,152	11,01,73,221	
c) Short term provisions	1,39,522	-	1,39,522	40,026	-	40,026	
	7,31,78,917	16,61,60,979	23,93,39,896	6,15,35,895	7,86,81,379	14,02,17,274	
Total	19,31,30,460	29,59,08,743	48,90,39,203	19,06,09,450	17,57,15,599	36,63,25,049	
APPLICATION OF FUNDS							
A. Non-current assets							
a) Property, plant and equipment and intangible assets							
i. Property, plant and equipment	2,63,38,654	1,00,01,299	3,63,39,953	2,96,87,364	1,12,89,204	4,09,76,568	
ii. Intangible assets	37,024	-	37,024	61,706	-	61,706	
b) Other long term assets	56,56,205	2,01,026	58,57,231	11,84,098	1,97,452	13,81,550	
	3,20,31,883	1,02,02,325	4,22,34,208	3,09,33,168	1,14,86,656	4,24,19,824	
B. Current assets							
a) Receivables	-	82,26,223	82,26,223	43,45,947	98,94,040	1,42,39,987	
b) Cash and bank balances	15,32,12,102	26,05,76,350	41,37,88,452	14,62,71,755	14,67,45,982	29,30,17,737	
c) Short Term Loans and Advances	25,60,811	1,44,71,932	1,70,32,743	22,80,468	35,25,663	58,06,131	
d) Other current assets	53,25,664	24,31,913	77,57,577	67,78,112	40,63,258	1,08,41,370	
	16,10,98,577	28,57,06,418	44,68,04,995	15,96,76,282	16,42,28,943	32,39,05,225	
Total	19,31,30,460	29,59,08,743	48,90,39,203	19,06,09,450	17,57,15,599	36,63,25,049	

Income and expenditure account for the year ended March 31, 2024

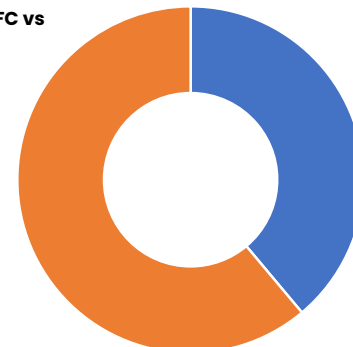
	For the year ending March 31, 2024			For the year ending March 31, 2023			(all amount in Rupees)
	FCRA	NFCRA	Total	FCRA	NFCRA	Total	
(A) Income							
Grant and donation income	77,69,16,807	1,21,11,24,556	1,98,80,41,363	78,92,75,794	95,14,50,603	1,74,07,26,397	
Other Income	8,448	1,95,45,943	1,95,54,391	1,471	89,96,940	89,98,411	
Total Income	77,69,25,255	1,23,06,70,499	2,00,75,95,754	78,92,77,265	96,04,47,543	1,74,97,24,808	
(B) Expenditure							
Material purchase expenses	15,94,52,454	7,04,54,853	22,99,07,307	19,89,06,518	4,66,86,034	24,55,92,552	
Payment to NGO partners	-	50,96,69,732	50,96,69,732	-	34,21,51,471	34,21,51,471	
Employee benefits expenses	28,56,86,136	18,13,92,605	46,70,78,741	27,22,06,451	14,92,12,315	42,14,18,766	
Depreciation and amortization expense	45,04,542	32,78,831	77,83,373	55,42,242	35,59,435	91,01,677	
Technical and service consultancy/contractor expenses	16,46,42,098	34,34,05,658	50,80,47,756	16,74,91,531	30,69,85,061	47,44,76,592	
Other expenses	17,44,75,181	8,98,06,207	26,42,81,388	14,50,85,445	12,62,52,777	27,13,38,222	
Total Expenditure	78,87,60,411	1,19,80,07,886	1,98,67,68,297	78,92,32,187	97,48,47,093	1,76,40,79,280	
(C) Excess of income over expenditure for the year (A) - (B)	(1,18,35,156)	3,26,62,613	2,08,27,457	45,078	(1,43,99,550)	(1,43,54,472)	
(D) Transfer from Funds	12,55,27,832	9,70,34,220	22,25,62,052	12,54,82,754	11,14,33,770	23,69,16,524	
(E) Balance carried to general and restrictive fund account (C) + (D)	11,36,92,676	12,96,96,833	24,33,89,509	12,55,27,832	9,70,34,220	22,25,62,052	

Income ratios by category of donors



Grants from Plan International Inc	31%
Corporate donations	21%
Institutional donations	46%
Individual Donations	2%
Interest and Corpus Income	1%

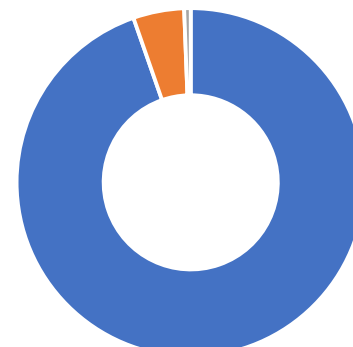
Income ratios by FC vs NFC funds



FCRA Income	39%
NFCRA Income	61%

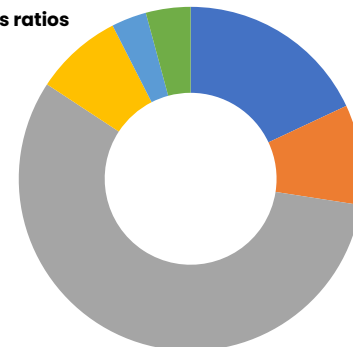
Expenditure ratios

Plan India aims to maximize expenditure on programming and impact in the field, but needs to balance this with spending on fundraising and administration of our total expenditure in FY 23-24, 94.6 % of the spend was against the programs, 4.7 % was for the administrative and 0.6% was for the fund raising activities.



Program expenses	94.6%
Administration expenses	4.7%
Fundraising expenses	0.6%

Program expenses ratios by thematic area



Inclusive and Quality Education	18%
Skills and Opportunities for Youth Employment and Entrepreneurship	9%
Sexual and Reproductive Health and Rights	57%
Protection from Gender Based Violence	8%
Inclusive and Quality Nutrition	3%
Resilience in Emergencies	4%

Notes:

[illegible]

Notes:

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

About Plan International (India Chapter)

Plan International (India Chapter), also referred to as Plan India, is an Indian registered not-for-profit organisation that is constantly striving to advance welfare and development for children and equality for all girls and women in India. Through its grassroots social development work, Plan India seeks to create lasting impact in the lives of poor and vulnerable children, their families and communities, by gender transformative child-centered community development.

Since 1996, Plan India has improved the lives of millions of children and young people by enabling them to access and benefit from the safety nets and schemes of the government for child protection, quality education and healthcare services, healthy environment, livelihood opportunities and participation in community development.



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