

2017-2018

Annual Report



FOUNDATION FOR
MOTHER & CHILD HEALTH
INDIA

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MESSAGE FROM THE CEO

As I look back at 2017-18 I am marvelled at the sheer number of things that were packed into the year. We started the year with the launch of Project Poshan in Kurla with over 25,000 people in Jari Mari, in partnership with the Integrated Child Development Scheme (ICDS) under the Ministry of Women and Child Development. FMCH's intervention in this location focuses on promotion of maternal and child health and nutrition through 24 ICDS centers, and includes specific inputs on ante and post-natal care, infant and young child feeding practices (IYCF), immunisation, regular growth monitoring and education sessions around health, nutrition and child development in the existing set-up of Aanganwadi centers.



In the month of May FMCH was also invited to be a panellist at the global ICT4D Conference (Information & Communications Technology for Development) held in Hyderabad, India. The panel was designed to address the crucial element of preparation for a social enterprise towards implementation of technology, and FMCH spoke about how the organisation invested not just financial resources but also time in order to ensure Salesforce was implemented successfully to monitor FMCH's interventions on the ground. Hosted by Vera Solutions, this was a great opportunity for us to talk about our learnings about a roll-out process, and also how useful Salesforce has been for us in monitoring not just what we are doing but how well we are doing.

Last year we also crossed state lines when we were invited to do a training on maternal and child nutrition in Punjab. At age three the FMCH Training Center has been thriving with growing partnerships every year. This year, the Training Center not only did several partner trainings, but also took a step towards building thought leadership through several workshops on Story Telling, Social Behaviour Change Communication and Nutrition Interventions for Non-Profits.

In December 2017 FMCH took another 'first' step, this time to exit from Dhobi Ghat. The community at Dhobi Ghat was the very first area where FMCH started working years back. The FMCH team worked through most of 2016 and all of 2017 to ensure a strong system of community support was built before this exit took place. The team identified several women's groups who, through this year-long engagement were trained and prepared for a hand-over. The formal hand-over took place in a large community event where we also felicitated all those individuals and groups who had been a huge support system for the FMCH team and the community through the years.

In January 2018, FMCH was invited to the International Conference on the Theory and Practice of Human Lactation Research and Breastfeeding Management in Florida, United States of America. I had the honour of presenting a study of FMCH's work on Exclusive Breastfeeding: Efficacy of Community Based First 1000 Days Initiative Across Two Urban Sites of Mumbai. I want to thank the team at Healthy Children Project Inc., Center for Breastfeeding for this opportunity.

I want to take a moment and thank every team member at FMCH for the fabulous work that happened this year. Thank you for showing up every day with determination and commitment to the organisation's vision and going above and beyond to make it come true.

A special thanks to all our donors who continue to support FMCH. We would have not been able to dream big without your support and your trust in our abilities, and deliver the work we promised. Your constant encouragement and support pushes us to do more every day.

This year FMCH had the opportunity to receive invaluable inputs both in the form of time and expertise from the following individuals for which FMCH, and I personally will be grateful. A big thank you to Mr. Rajiv Kacholia for guiding us through our strategic plan journey with the Board and team as a group. Our future dreams are big, and you helped us get to the dream.

Aleem and Myrna Jivraj, a big thank you to you both for being the best advisors we have ever had! We would not have developed the Training Center business plan the way it is without your input, hours of your time and your patience. Thank you so much for everything!

And finally, I want to personally thank the FMCH Executive Board members for your commitment to the organisation and its vision, for your guidance, for your unconditional support to the team, and for your faith in the ability of the team. Together we have made big leaps this year, and I am excited about what is to come in our future.

FMCH VISION



ABOUT US

Foundation for Mother and Child Health founded in 2006 is a non-profit organisation focusing on maternal and child health and nutrition and translating nutrition knowledge to action in vulnerable communities. At present FMCH is actively working in Mumbai in three locations - Kurla, Powai and Bhiwandi. FMCH is committed to prevention of maternal and child malnutrition in the communities it works in, by focusing on ensuring accurate and actionable knowledge reaches every family. In the past twelve years FMCH has impacted more than 400,000 lives. In these years FMCH has also grown its bank of actionable knowledge through implementation of technical information. The organization has successfully documented this knowledge into modules for building capacities of partners and stakeholders.

FMCH SNAPSHOT 2017-2018

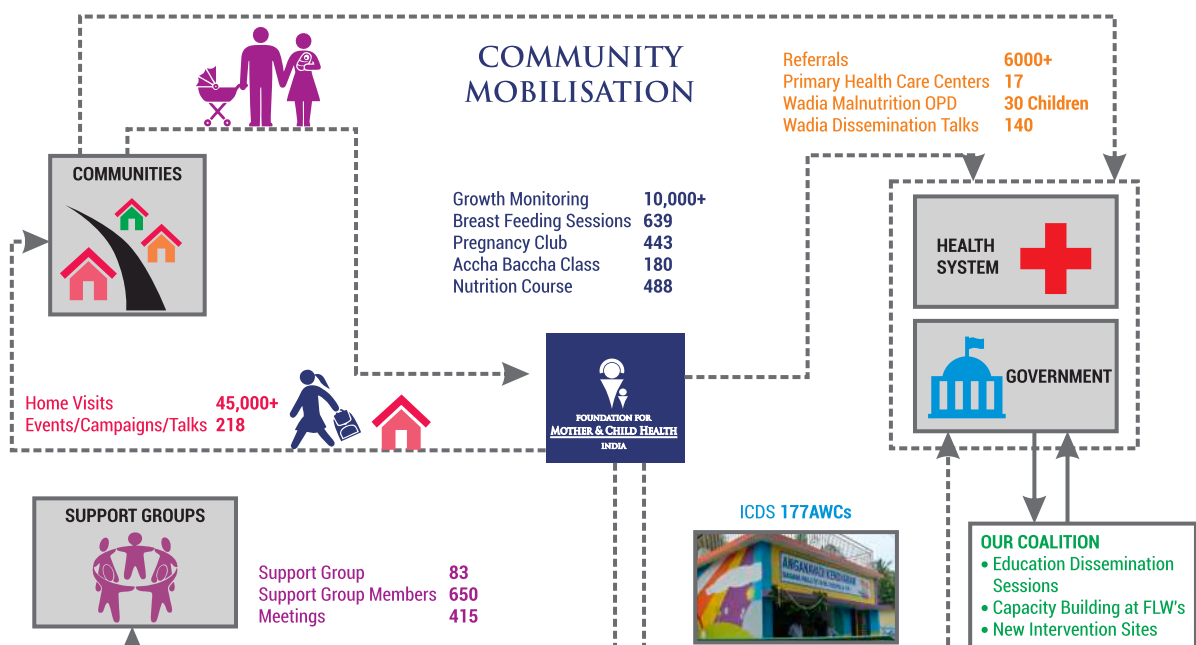
Direct Reach: 1,395 children and 1,199 women through interventions on the ground

Average birthweight of children with mothers engaged with FMCH program during pregnancy: 2.75 kg

Nutrition Status Outcomes:

- Prevalence of Severe Acute Malnutrition reduced by 62.5%
- Prevalence of Moderate Acute Malnutrition reduced by 26.7%
- Prevalence of Severe Stunting reduced by 35%

OUR APPROACH



POSHAN PROGRAMME

Foundation for Mother & Child Health (FMCH) initiated POSHAN programme in 2014 in Phule Nagar, Powai and in Kurla in May 2017. Through this intervention FMCH has reached over 1500 women and children in 2017-18 alone. The project design is a combination of preventive and curative strategies in creating a sustainable system on the principle of First 1000 days. In Kurla the infrastructure under the Integrated Child Development Schemes (ICDS) of Women and Child Department, Government of India supports the program.

Programme Aims:

- Increasing FMCH's reach of direct beneficiaries by identifying and registering new pregnant women/lactating mothers and children (0-2 years)
- Preventing malnutrition during the first 6-months after childbirth by ensuring mothers with newborns receive first breast-feeding assessment and counselling service within the first 60 days after birth
- Successfully implement the First 1000 Days approach by ensuring children who graduate the program are in 'well child status' as per the WHO guidelines (weight for height will be above -2 percentile on Z Score chart)
- Preventing malnutrition by disseminating actionable knowledge to the community through special education modules to mothers through pregnancy club, nutrition course and 'Achha Baccha' modules

Programme Activities:

- Community Center Clinics: An intensive engagement with families one-on-one on a regular basis to understand challenges in following dietary recommendations, follow-up on acute malnutrition and special inputs on breastfeeding
- Education Modules: Eight to ten week modules are run at either the community center or the local ICDS Aanganwadi center which brings actionable knowledge to families, especially mothers on nutrition, pregnancy and child development. The participants are encouraged to complete an education module at specific periods, example Pregnancy Club within the second trimester of their pregnancy.
- Growth Monitoring: A monthly activity for every child engaged with FMCH in this program. At Kurla this takes place at the local ICDS centers during their monthly weighing day. At Powai, this continues to take place the community center

POSHAN PROGRAMME

Programme Outputs and Outcomes

Apart from the intensive engagements with family through the community center, education modules and home visits, FMCH team also conduct regular community events to generate awareness in the community and promote optimum nutritional care for our beneficiaries. The team also uses opportunities to initiate dialogue with the community at large and develop awareness about specific issues through celebration of both national and international themes and days, such as National Nutrition Week and World Breastfeeding Week. In 2017 - 18 active participation has been witnessed by community members in Kurla and Powai in these events. Maximum participation was witnessed in regular community meetings and support group meetings. Over 2100 people were reached through these events.

POSHAN INITIATIVE

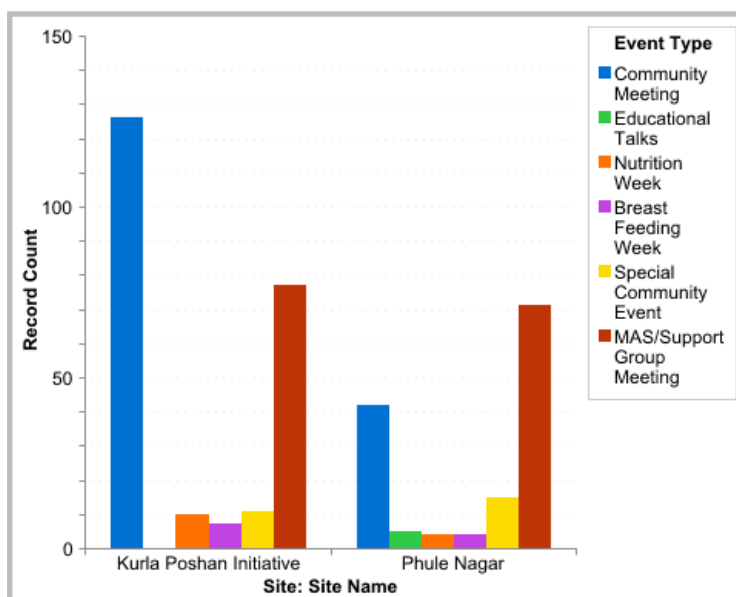
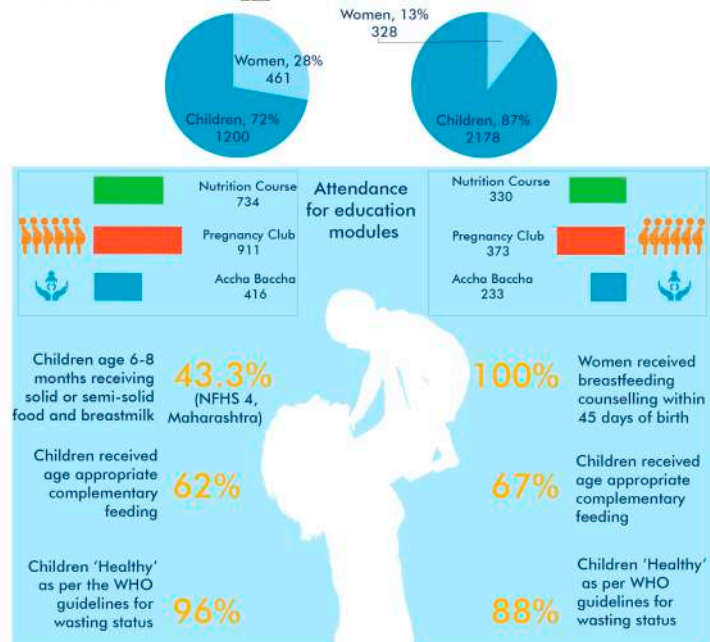
TOTAL REACH 1716

Jari Mari, Kurla **Phule Nagar, Powai**

342 Mothers **485 Mothers**

393 Children **496 Children**

FMCH CLINIC VISITS



“A healthy smiling child is every mother’s dream and FMCH team made it come true for me”



I still remember that special feeling of my first pregnancy. My neighbours shared that the FMCH centre works for counselling pregnant women and children. I missed guidance and counselling so I decided to pay a visit. Even though the centre was a little far from my house I enjoyed visiting there. I attended all the all the pregnancy club sessions. They helped me deliver my baby girl Vaishnavi who weighed 2.6 Kg at the time of birth.

Due to customs and traditions me and Vaishnavi could not go out of the house. I knew I was not able to breastfeed her properly and Vaishnavi was losing weight drastically. She was weighing only 2 kgs. All the didi's at centre helped me with correct positioning for breastfeeding. Vaishnavi started

increasing weight just on breastmilk. The iron, folic acid and calcium supplements from FMCH to help improve her health and nutritional status. But it was difficult for me to keep visiting centre due to priorities at home. But didi kept visiting me and when Laxmi had completed 6 months the nutritionist visited my home. She helped me in understanding how to introduce semi solid foods and breastmilk would not be enough for Vaishnavi from now on. They helped me to figure out locally what can I include in Vaishnavi's diet that will be good for health. I started using powdered sesame seeds and peanuts as per their advice. Now, my husband also supports me in ensuring right nutrition for Vaishnavi. He takes her to centre when I am at work.

Vaishnavi has turned a year old now and weighs a healthy 10 kgs with a height of 75 cms. She is healthy and it is a very happy feeling to see my girl blossom.

Laxmi

(Poshan Initiative, Kurla)

URBAN NUTRITION INITIATIVE

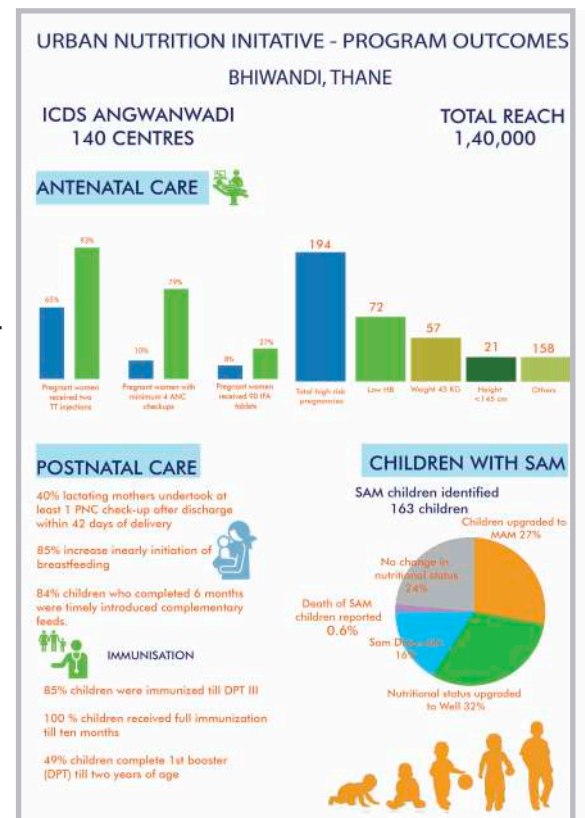
An initiative launched under Rajmata Jijau Nutrition Mission of Maharashtra addresses the growing incidence of both chronic and acute malnutrition in the urban pockets of the state. Under UNI program FMCH engages with seven other non-profits across Maharashtra. FMCH is the implementation partner for the Thane-Bhiwandi- Nizampur project area and working with 140 ICDS centres it is currently reaching out to 140,000 people.

FMCH is working on implementing the 10 Essential Nutrition Actions through the channel of ICDS for women and children who fall under the First 1000 Days period in the area.

The initiative provides an opportunity for FMCH to not only to reach an underserved population but also, to share our knowledge and approach with government workers in the hope that the best practices will be taken up by the government for long-term change.

Programme Aims:

- Household screening and registration of new beneficiaries – Pregnant women, children under 2 years and lactating mothers.
- Refer Pregnant women to nearest Aanganwadi center or urban health center.
- Refer children with SAM to Nutrition Rehabilitation Centre.
- Nutritional Assessment of beneficiaries using MUAC and weight
- Counseling beneficiaries for home-based care concerning their health and nutrition. Home visits conducted for high risk pregnant women and children with acute malnutrition and refer them to nearest health center and include them in Aanganwadi areas.



Programme Activities:

At the third year of intervention under the UNI umbrella, the FMCH team continued to deliver specific interventions for the families with women and children in the First 1000 Days period engaged with the program. It is to be noted here that the activities are all conducted in partnership with the ICDS team members, and responsibility of delivering this program is maintained jointly.

- Growth Monitoring: Monthly growth monitoring of all children under age three at the local ICDS centers. The FMCH team and ICDS team conduct this together, on a pre-decided date every month

- Identification of Acute Malnutrition and Referral: through regular growth monitoring the FMCH team is able to identify children with Moderate or Severe Acute Malnutrition. Children with SAM are referred to the local NRC for immediate treatment and followed up on a weekly basis. However, the NRC being far away from the communities, families often find it very challenging to continue treatment and drop out. In this case the FMCH team focuses on home-based care for the child, with intensive nutrition counselling and hand-holding support offered to the family. Since there is no treatment available for MAM children at present in Bhiwandi or any other health facilities, the FMCH team adopts the same approach of intensive counselling support and follow-up with home-based care
- Education Modules: Pregnancy Club and Nutrition Course, the two education modules that were implementable at Bhiwandi are conducted on a monthly basis at the local ICDS Centers. While the FMCH team continues to support the ICDS team in facilitating these sessions, many of the Aanganwadi teachers have been conducting these sessions on their own after being trained at FMCH
- Ante-Natal and Post-Natal Care: Pregnancies are identified through regular screening of communities, and referred to the local ICDS Center and Health Post for ANC care. Same is done for lactating mothers with new born children for PNC and immunization. Being an extremely fluid community in terms of migration the team also comes across women with new borns who have not been registered at the local ICDS center or Health Post. These families are also referred accordingly
- Home Visits: the FMCH and ICDS team conduct regular home visits to counsel families on ante-natal care, post-natal care, breastfeeding and complimentary feeding. These visits are aimed to not just provide information to the family but also create a supportive environment for the mother and her child.



ADOPT A MOTHER

The Adopt a Mother Initiative was launched in Bhiwandi, Thane with 140,000 people that FMCH works with at present in order to bridge a critical service gap. At the beginning of the Urban Nutrition Initiative the poor numbers for complete ante-natal check-ups (ANC, at least four visits during the nine months of pregnancy) that was reflected during the baseline survey (10%) shocked us. Given the fact that this entire program was designed to bring good health and nutrition inputs to families in the First 1000 Days period, the gap in ANC check-up had to be addressed immediately. Accordingly, FMCH partnered with CareNx Innovations, bringing the CareMother Kit to the people. Through this kit, the trained frontline team at FMCH were able to conduct eight critical checks for ante-natal care, including anaemia, hypertension, gestational diabetes, foetal heart monitor and weight gain at the family's doorstep.

Adopt a Mother Programme aimed at ensuring:

- Identify and connect pregnant women with the local ICDS center, and provide ANC check-ups.
- Identify high-risk pregnancies through the CareMother Kit which flags risk factors based on globally recommended indicators
- Educating families about the risk factors and ensuring continuity of care is maintained by providing referral services. The FMCH frontline team works with a group of trained physicians in the area who become the primary healthcare providers for high risk pregnancies that are referred to them

Status: Through the Adopt a Mother Initiative FMCH has reached 1033 pregnant women in Bhiwandi since its launch in 2017. Of these women, 55% were identified as high risk pregnancies, and their treatment plan developed and delivered through the physicians. The commonest cause of high risk pregnancy in the area has been anaemia with 79% women affected. The other common high risk factors include low weight and gestational hypertension.

TRAINING CENTRE



FMCH has undergone development from being a conceptual vertical with direct operational relevance to providing training on timelier and strategy-based nutrition issues. The training center in financial year (2017-18) worked in collaboration with various partners (NGOs, hospitals) to leverage the scope and impact of its activities and resources

Training Centre Objectives

FMCH training center with the objective of developing a cadre of professionals across Maharashtra and eventually the entire country that are accountable to promote and celebrate diversity of knowledge on Health and Nutrition and positive practices and actionable knowledge that would reach a much larger

community beyond the direct reach of FMCH, further empowering the battle to mitigate poor health and nutrition status.

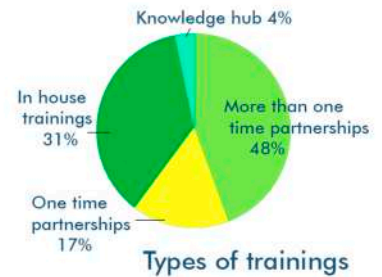


FMCH Training Centre Highlights (2017 -2018)

25 external training sessions
16 partner agencies
1437 participants
125865 indirect beneficiaries



- Inter-state training for young field volunteers of CERTUS+ in Sangrur, Punjab.
- Development of module on nutrition during tuberculosis
- Development and pilot of Nutrition information Cards



Doctors, nurse, partner organisation staff, frontline service providers, SHG, AWWs, ICDS supervisors, students and adolescents

❖ Identify and work with five partner organizations in 2017-18 ❖ Develop in-house training expertise in knowledge dissemination in non-FMCH intervention areas	❖ To review, renew and standardize the existing knowledge in the organization on priority basis by March 2018 (Knowledge Management)	❖ Develop, pilot and implement an adolescent nutrition education module in at least one FMCH intervention area and one partnership community by March 2018	❖ Work with at least 15 partner organizations reaching to at least 200 trainees by March 2018 ❖ Through these partnerships reach at least 6000 beneficiaries indirectly by March 2018	❖ Ensure all trainings conducted have documented pre-& post training scores and feedback from trainees ❖ Create long-term partnership opportunities with organizations who are committed to the cause of nutrition and are able to provide verifiable data of improved outcomes	❖ Engage with at least one strategic partnership that helps FMCH achieve scale through training by March 2018. Example, TB nutrition training for a cohort of 200 NGOs across the country	❖ To develop at least two research papers on FMCH's core intervention that demonstrates impact and disseminate the same by March 2018.
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Training centre have successfully delivered 25 external training sessions with 16 partner agencies for enhancing the skills and capacity of 1437 participants. The primary recipient of capacity building support from FMCH are doctors, nurse, partner organisation staff, frontline service providers, SHG, AWWs, ICDS supervisors, students and adolescents. Hosting these variety of training events has been a rewarding experience in terms of providing a boost to the participants' knowledge. The training programs have been designed and aligned considering the needs of various stakeholders. Majorly the topics covered for the partners are Basics of Nutrition, Malnutrition, Nutrition in all stages of life, Food safety and hygiene.

A WORD FROM OUR PARTNERS



"At United Way Mumbai, we are thankful to FMCH for facilitating stimulating learning experiences for our field staff working on addressing issues pertaining to malnutrition in the communities. We look forward to such meaningful collaborations in future too."



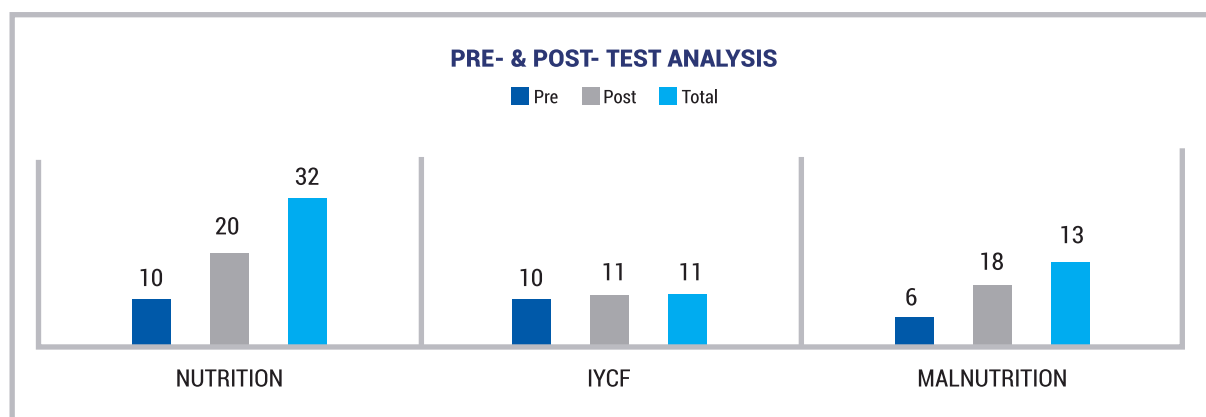
"Developing good nutrition habits at an early age can have lifelong effects on health, weight, and emotional health especially for girls and young women. This made us engage with FMCH. The program did much more than help the girls learn about nutrition and how they themselves can impact their overall well-being: the program also helped our cooking staff to improve their menus and the quality of the food served."



"FMCH has chosen a difficult cause - to work with the issue of malnutrition, the more it succeeds, less the guilt for many of us as we would see more healthy families in the under-served community"

SUSTAINABILITY & IMPACT EVALUATION

When it comes to sustainability, impact evaluation is the most important factor which tells the efficacy of trainings. For this, we use different measurable tools to assess its trainings like knowledge assessment test. This assessment helps to assess level of knowledge of the participants regarding Nutrition and its importance prior to the training. They also help to evaluate the impact of the training by looking at differences between pre- and post-test results.



It was observed from evaluation at pre-test, that participants showed considerable knowledge gain. Trainings proved effective in increasing knowledge on Nutrition as well as malnutrition, approximately, by 50% which is depicted in chart-2 unlike knowledge on IYCF where participants were well aware about the subject prior training.



FOCUS 2018-19

1. Offering innovations and sustainability through Activities: We focus to develop innovative and collaborative culture during training, by building on the activities, tools and techniques to strategically address the training needs. Information cards developed will be piloted within the team and it be included as part of counselling tool by the team.
2. Knowledge Management: Through E-learning course we aim to equip professional working in or intending to work with Malnutrition prevention and treatment program with enhanced knowledge, necessary skills and attitude to provide services, implement programs and conduct training in Nutrition and health. Understanding the need to educate and counsel primary care givers module for counselling of grandmothers is being developed. In 2018-19 training centre will also be focusing on standardising the innovative and interactive and user friendly counselling tools that was developed.
3. Rolling out module on nutrition during Tuberculosis: An aim of this guideline is to help improve health outcomes for people with tuberculosis (TB), through improved nutritional care and support. The module is finalised and ready for piloting in FMCH and partners' intervention area. Once finalised it will be executed

1	CEREALS 3 items	Information Cards explain the nutritional benefits of some highly nutritious, easily available and affordable food items which are divided into 6 food groups. These cards also contain facts, tips, recipes and other necessary info. which will help you understand your food better and make the right food choice. WHO can use? These cards can be used by anyone – mothers, family, health workers or any individual. HOW and WHEN to use? Each card is easy-to-use. Just go to the relevant section and find your food item. Use these cards for knowledge reference, while counselling etc.. WHY to use? These cards contain nutritional benefits which are easy to understand. It contains tips to improve the nutritional content of our food through everyday cooking. The recipes included in these cards are nutritious as well as easy-to-make.
2	PULSES & LEGUMES 2 items	
3	MEAT & POULTRY 3 items	
4	FRUITS & VEGETABLES 7 items	
5	NUTS & OILSEEDS 3 items	
6	DAIRY 1 item	
7	GENERAL TIPS 5 items	

GREEN LEAFY VEGETABLES

TYPES

Spinach
 Fenugreek leaves
 Shepu

Drumstick leaves
 Radish leaves
 Mustard leaves

BENEFITS

Considered as a powerhouse of nutrients exhibiting various health benefits.

It is a good source of Vitamin A and C which have immune enhancing properties.

These nutrients along with antioxidants found in these leaves, exhibit anti-cancer, anti-ageing and anti-diabetic properties.

DAILY INTAKE

2 Fistfuls raw = ½ Cup cooked

DID YOU KNOW?

A serving of cooked green leafy vegetables contain more **CALCIUM** than a glass of milk

& More **FOLATE** than a cup of cooked dal

Hence, make sure to include green leafy vegetables in your diet everyday!

RECIPES

If your child is fussy about eating GLVs, then boil, puree and add these to the following recipes-

Idli
 Dal
 Paratha
 Khichdi

TIP

Instead of using only conventional leaves like spinach and fenugreek, opt for other lesser used but more nutritious greens like drumstick and radish leaves as these will provide a variety in your diet.

FMCH EXECUTIVE BOARD

As of March 31st, 2018, this is the constitution of the FMCH Executive Board:

- Dorothy Wagle, Board Chair
- Ratan Kapadia, Secretary
- Lakhan L. Jain, Treasurer
- Dr. Rajeev Punjabi
- Dr. Preeti Sharma
- Ms. Geetanjali Jha Chakroborty
- Dr. Rupal Dalal
- Ms. Shashi Mahesh
- Ms. Sheila Malaney
- Mr. Mohit Shukla
- Ms. Khushnuma Ferzandi

GOVERNANCE AND FINANCIAL REPORT

FMCH Registration Details:

Registration	Date of Registration	Registration Number	Validity
Registered as Society	20/10/2006	2441/2006/G.B.B.S.D.	Permanent
Registered as Trust	02/07/2007	F-31760	Permanent
FCRA Registration	01/11/2016	083781280	Five Years
Darpan (Niti Ayog, Government of India)	15/12/2017	MH/2017/0166006	Permanent



FMCH BALANCE SHEET

The Bombay Public Trusts Act, 1950

SCHEDULE VIII [Vide rule 17(1)]

THE FOUNDATION FOR MOTHER AND CHILD HEALTH

Registration no. F - 31760(Mumbai)

BALANCE SHEET AS AT 31ST MARCH 2018

2016-2017	FUNDS AND LIABILITIES	2017-2018	2016-2017	PROPERTY AND ASSETS	2017-2018
	Trust Funds or Corpus		0	Immovable Properties	0
239500	As per last year 239500				
	Add: During the year		1056748	Fixed Assets	1514800
239500	239500	239500		(As per Annexure D)	
0	Other Earmarked Funds:	0	0	Investments	0
	(Created under the provisions of trust deed)				
0	Depreciation Fund	0	0	Loans	0
0	Sinking Fund	0	0	Loans Scholarship	0
0	Reserve Fund	0	0	Other Loans	0
0	Any other Fund (Annexure A)	9904491			
				Advances	
0	Loans (Secured or Unsecured)	0	0	To trustees	0
	From Trustee		0	To employees	0
	From Others		0	To contractors	0
			0	To lawyers	0
	Liabilities and Provisions		82293	To Others (Annexure E)	150026
157346	For Expenses (Annexure B)		377840		
0	For Advances (Annexure C)	200000	355000	Deposits (Annexure F)	300000
0	For Rent and other Deposits	0			
0				Cash and Bank Balances (Annexure G)	
				(in name of the trust)	
	Income And Expenditure Account		52806	Cash in hand	7276
7832601	Balance as per last year	10301853	281092	Fixed Deposit	299164
	Add: Excess of income over		8870760	Cash with Banks	7384771
2469251	Expenditure during the year	-11367647			
10301853		-1065794	-1065794		
10698699	TOTAL RS.	9656037	10698699	TOTAL RS.	9656037

FMCH INCOME /EXPENDITURE

The Bombay Public Trusts Act, 1950

SCHEDULE IX [Vide rule 17(1)]

THE FOUNDATION FOR MOTHER AND CHILD HEALTH

Registration no. F - 31760(Mumbai)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 ST MARCH 2018

2016-2017	EXPENDITURE	2017-2018	2016-2017	INCOME	2017-2018
	To Expenditure in respect of properties		0	By Rent	0
	Rates , Taxes , Cesses			By Interest (accrued & realised)	
	Repairs and Maintenance		0	On Securities	0
	Salaries		0	On Loans	0
	Insurance		197828	On Bank account	194614
	Depreciation		0	By Dividend	0
1505565	To Establishment Expenses	1836699	14932022	By Donation in cash	6651127
0	To Legal Expenses	0	0	By Grant	0
27500	To Audit Fees	114000	38580	By Income from other source	2950
0	To Contribution and Fees	0	0	By Transfer from Reserve	0
	To Amounts Written off				
0	(a) Bad Debts	0			
0	(b) Loans Scholarships	0	0		
0	(c) Irrevocable Rents	0			
0	(d) Other items	0			
0	To Miscellaneous expenses	0			
491117	To Depreciation	638263			
	To Expenditure on objects of the trust:-				
	(a) Religious				
	(b) Educational		0		
10674997	(c) Medical relief 15627376				
	(d) Other Charitable Objects		0		
10674997	15627376	15627376			
2469251	Excess of Income over Expenses		-11367647		
	Carried to Balance Sheet				
15168430		6848691	15168430		6848691

FMCH INCOME /EXPENDITURE

The Bombay Public Trusts Act, 1950

SCHEDULE IX [Vide rule 17(1)]

THE FOUNDATION FOR MOTHER AND CHILD HEALTH

Registration no. F - 31760(Mumbai)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2018

2016-2017	EXPENDITURE	2017-2018	2016-2017	INCOME	2017-2018
	To Expenditure in respect of properties		0	By Rent	0
	Rates , Taxes , Cesses			By Interest (accrued & realised)	
	Repairs and Maintenance		0	On Securities	0
	Salaries		0	On Loans	0
	Insurance		197828	On Bank account	194614
	Depreciation		0	By Dividend	0
1505565	To Establishment Expenses	1836699	14932022	By Donation in cash	6651127
0	To Legal Expenses	0	0	By Grant	0
27500	To Audit Fees	114000	38580	By Income from other source	2950
0	To Contribution and Fees	0	0	By Transfer from Reserve	0
	To Amounts Written off				
0	(a) Bad Debts	0			
0	(b) Loans Scholarships	0	0		
0	(c) Irrevocable Rents	0			
0	(d) Other items	0			
0	To Miscellaneous expenses	0			
491117	To Depreciation	638263			
	To Expenditure on objects of the trust:-				
	(a) Religious				
	(b) Educational		0		
10674997	(c) Medical relief 15627376				
	(d) Other Charitable Objects		0		
10674997	15627376 15627376	15627376			
2469251	Excess of Income over Expenses		-11367647		
	Carried to Balance Sheet				
15168430		6848691	15168430		6848691

A MESSAGE FROM OUR CHAIRPERSON

In January of this year, the FMCH senior team, CEO and Executive Board gathered over a number of days to review where we are today and where we need to be in the future. We mapped a strategy for the next five years that will take our current beneficiary count of 500,000 to 7,500,000 across five states and to establish partnerships through the FMCH Training Centre to reach an additional 500,000 by 2025. With our data system and commitment to innovative programs, FMCH plans to establish itself as a knowledge and incubation hub in maternal and child health and nutrition space in this same time period. Aggressive? Yes! But India faces a potential crisis in its efforts to combat poverty if nutrition interventions are not implemented on a large scale now.

Today, 48% of India's children under 5 are stunted and 20% are wasted due to lack of nutrients causing these children to suffer irreversible brain capacity and long-term health issues. 51% of reproductive age women in India are anemic largely due to poor nutrition. 50% of maternal deaths are due to anaemia. Anaemia also increases

the chance of newborn deaths, long-term health issues and reduction in cognitive development. Undernutrition perpetuates the cycle of poverty. The economic impact of undernutrition is a 2.5% cost to India's GDP but with the various pathways undernutrition undermines economic growth, especially the cognitive and physical impact to children, that cost can be as high as 11% if key interventions are not in place.



FMCH, through its key verticals, has developed proven interventions that work to combat undernutrition. FMCH is also constantly developing new and innovative tools for the future and partners with key stakeholders to ensure the work done at the grass roots level is sustainable and that real change happens.

Based on our past successes and our commitment to the future, our plans for scale can be accomplished! FMCH has developed a strong network of donors for direct beneficiary expenses and continues to pursue committed corporations and grants that support these efforts. However, scaling requires a commitment of funds for non-direct beneficiary expenses, such as leadership, institutional funding, further investment in technology and testing of new programs. FMCH is looking for individuals, private trusts and innovative companies that want to partner financially with us in reaching our goals.

The Executive Board, our CEO and all our hard-working staff know....

An investment in FMCH is an investment in India's future!