



**BAL SANSAR
SANSTHA**

ANNUAL REPORT 2021-2022





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ABBREVIATIONS

ARSH	Adolescent Reproductive and Sexual Health
BSS	Bal Sansar Sanstha Sanstha
CBO	Community based Organization
CCC	Community Care Centre
CHC	Community Health Centre
DWCD	Department of Women and Child Development
EC	Executive Committee
FSW	Female Sex Worker
GB	Governing Board (General Body)
HIV	Human Immune Virus
ICDS	<i>Integrated Child Development Services</i>
IDU	Injecting Drug Users
ITGK	Information Technology Gyan Kendra
MSM	Man Having Sex with Man
MoA	Memorandum of Association
NACO	National AIDS Control Organization
NGO	Non-Government Organisation
NRHM	National Rural Health Mission
OVC	Orphans and Vulnerable Children
PLHA	People living with HIV and affected by AIDS
PRI	Panchayati Raj Institutions
RSACS	Rajasthan State AIDS Control Society
STI	Sexually Transmitted Infections
TI	Targeted Intervention
TG	Target group



Foreword

We have completed 30 years serving of humanity. This has been a journey with full of learning experiences while working with the communities, government systems and the various key stakeholders. The present annual report is a brief account of our endeavours during last year i.e., 1st April 2021 to 31st March 2022 which has been an exceptional year, unexpected and quite challenging.

During the reporting period, like the entire country, we also faced challenges combating the impacts of Covid-19. Let us acknowledge that the year of reporting has been a real challenge for us to sustain our community outreach activities, school, the ITGK (Information Technology Gyan Kendra) and skilling project, in absence of adequate funding and resources including the staff. We need to focus more to mobilize at least minimum essential funding and donor base to sustain our initiated work and community services.

I would like to take this opportunity to thank all our board members, advisors, supporters, mentors, and contributors without them many of our efforts to serve the communities would not have been actualized. It's time to acknowledge that much of our accomplishments are possible only due to untiring and selfless work done by the BSS project teams including a team of dedicated volunteers at the community level, our supporters, and the stakeholders. Although our achievements are less significant when compared with the challenges and tasks ahead of us; we keep on reinforcing our commitment towards vulnerable communities, as well as continue to derive our inspirations from them.

Finally, we express our sincere thanks to our donors, direct and indirect contributors, the local Panchayats/PRIIs who made our work possible by contributing the essential resources and proving us all the valuable support when needed.

With sincere gratitude

Priyamvada Singh, Ph.D.
Founder Chairperson



I. About us

Bal Sansar Sanstha is a registered non-profit voluntary organization established in 1992 in Rajasthan (India) and works in the field of community development. This includes policy advocacy and intervention on education, skill development, livelihood, public health, HIV-AIDS prevention and care, with a focus on empowering women and children, adolescents and youth. Bal Sansar Sanstha is dedicated to improving the lives of children, adolescents, youth, and women through ensuring access to rights, entitlements, and services in the state of Rajasthan and country.

- a. **Vision:** We envision an equitable, corruption free and just society where everyone gets the opportunity to realize one's fullest potential in life, with no discrimination based on gender, religion, caste, creed, social, cultural, and economic status.
- b. **Mission:** to empower vulnerable community groups enabling them to lead a life with dignity.

II. Current Projects

a. Bal Sansar Public School (BSPS):

BSPS aims to provide quality education to the children from play group to the senior secondary level (Pre-school started from April 2013 and Primary classes from July 2014 upon seeking school registration from the government of Rajasthan), now, upgraded to elementary level (till grade 8th) from the academic session 2018-2019. The 2019-2020 session has enrolled 156 kids (with a ratio of 60:40 girls: boys) from the surrounding villages, most of them come from humble backgrounds (80 percent parents are engaged in labor with poor paying capacity).

We aim to provide support for quality education till senior secondary level in proximity, particularly in the case of girls. The main reason for girls' dropout after fifth and further after 8th grade's education was 'not being allowed to go far from their village to continue their education till senior secondary and beyond. Therefore, the organization initiated their school education project in the name of Bal Sansar Public School (BSPS).

Our pre-school education is the school readiness programme with development of multiple intelligences of children with age appropriate physical and life-skill activities, cognitive training of senses and creativity of children. We aim to provide them quality education enabling them to claim equal development and growth opportunities in the life.

b. Sambal: The Skill and Entrepreneurship Development Institute-SEDI:

'Sambal: The Skill and Entrepreneurship Development Institute-SEDI'(April-2013- continued): The Project Goal: SEDI aims to address the skill building needs of rural women and youth for their overall development, livelihood and quality survival. This will help rural youth to live their lives with respect and dignity while exploring their fullest potentials in life. To initiate with, the activities of this institute will take place in Ajmer district. We have initiated the action to take-up the SEDI as one of the BSS projects. Currently, computer education, photography classes and sewing courses are initiated. BSS has been approved as a registered TI training centre by the Rajasthan Knowledge Corporation Ltd. (RKCL), GoR <http://rkcl.in> for running two courses namely RS-CIT (Rajasthan State Certificate Course in Information Technology) and RS-CFA (Rajasthan State Certificate Course in Financial Accounting). Over 200 youth completed RS-CIT and sewing certificate courses with three month's duration.



c. Taiyari Phase-2 ARSH and Life Skills:

Taiyari Phase-2 ARSH and Life Skills – Trent supported ARSH Awareness Project

Sr No	Activity name & Description	Date of activity	Conducted by (Name & Designation)	Outputs achieved (State the type and no of beneficiaries impacted, people who participated, etc.)	Outcomes expected
1.	Initiation of school sessions in all 10 schools (a total of 6 sessions during the project period), one in a month. <i>The sessions on ARSH issues were shared and transacted.</i>	Sept. 2021	PD, Consultant, and the Teacher Volunteers	Each month one theme-based ppt and resources are shared with the partner schools, transacted by the Volunteer teachers, and circulated among the Class wise WhatsApp groups. Following the govt. guidelines (Covid-19 pandemic), schools were mostly operating online and digital, as a caution.	<i>A total of 3061 (Boys: 1628 and Girls: 1433) adolescents/students reached out with the knowledge of Adolescent nutrition (as against 2000 planned). Adolescents are made aware of the ARSH issues that were shared and transacted, educating them to handle well the issues they face while growing up.</i>
2	Initiation of school sessions in all 10 schools (a total of 6 sessions during the project period), one in a month. <i>In the month of Sept. 2021, sessions on the Importance of Nutrition in the Adolescent Phase and anemia prevention were shared and transacted.</i>	Sept. 2021	PD, Consultant, and the Teacher Volunteers	Each month one theme-based ppt and resources are shared with the partner schools, transacted by the Volunteer teachers, and circulated among the Class wise WhatsApp groups. Following the govt. guidelines (Covid-19 pandemic), schools were mostly operating online and digital, as a caution. The developed and used content on <i>the Importance of Nutrition in the Adolescent Phase.</i>	<i>A total of 3061 (Boys: 1628 and Girls: 1433) adolescents/students reached out with the knowledge of Adolescent nutrition (as against 2000 planned). Adolescents are made aware of the Importance of Nutrition in the Adolescent Phase, motivating them to adopt desired eating practices and healthy eating.</i>
3	<i>Sessions on Substance abuse and mental health in the Adolescent Phase were shared and transacted.</i>	Oct. 2021	PD, Consultant, and the Teacher Volunteers	The developed and transacted content on <i>the ARSH, Substance abuse, and mental health in the Adolescent Phase.</i>	<i>A total of 3061 (Boys: 1628 and Girls: 1433) adolescents/students reached out with the knowledge of ARSH, substance abuse, and mental health, as against 2000 planned. Adolescents are made aware on the ARSH issues, substance abuse, and mental health importance in the Adolescent Phase.</i>



4	<i>The sessions on the Safe and unsafe touches, how to keep safe.</i>	Nov. 2021	PD, Consultant, and the Teacher Volunteers	The developed and transacted content on <i>the sessions on the Safe and unsafe touches, and how to keep safe.</i>	<i>A total of 3061 (Boys: 1628 and Girls: 1433) adolescents/students reached out with the knowledge of ARSH, nutrition, mental health, Injuries, and Gender-based Violence prevention (as against 2000 planned). Adolescents are made aware of the sessions on the Safe and unsafe touches, and how to keep safe.</i>
4	Audiovisual Social and Behaviour Change Communication (SBCC) Resources on Menstrual Health and Hygiene Management (MHM)	Dec. 2021	PD, Consultant, and the Teacher Volunteers	The collated and transacted Audiovisual Social and Behaviour Change Communication (SBCC) Resources on Menstrual Health and Hygiene Management (MHM).	<i>A total of 3061 (Boys: 1628 and Girls: 1433) adolescents/students reached out with the knowledge of Menstrual Health and Hygiene Management (MHM) (as against 2000 planned). Adolescents are made aware of the ARSH issues, by using SBCC Resources on Menstrual Health and Hygiene Management (MHM).</i>
5	Sessions on ARSH issues, Social and Behavior Change Communication (SBCC) were developed and transacted.	Jan. 2022	PD, Consultant, and the Teacher Volunteers	The collated and transacted ARSH PPTs and Audiovisual content on Social and Behaviour Change Communication (SBCC).	<i>A total of 3061 (Boys: 1628 and Girls: 1433) adolescents/students reached out with the knowledge of Menstrual Health and Hygiene Management (MHM) as against 2000 planned. Adolescents are made aware of the ARSH issues, through the use of ppt content and Audiovisual resources on Social Behavior Change Communication (SBCC).</i>

The above-planned activity could not take place due to the govt. guidelines to the schools (Covid-19 pandemic), schools were mostly operating online and digital, as a caution. In between, there were slots when schools functioned offline but, for a shorter duration and limited presence. At that time too, the focus was on the completion of their school curriculum, preparations for exams and administrative work, reporting, etc., and hence, the direct interactions with the students and parents were not allowed.



Project Name: ‘Kishor Samvaad ensuring Health, Wellbeing, Life-Skills and Empowerment’

The project aimed to improve sexual and reproductive health and nutrition awareness among 2000 direct and 20,000 indirect adolescents (both, boys and girls) Beneficiaries, in 10 selected schools of Jaipur city, Rajasthan, in FY 2021-2022. The project outcomes are expected to lead to desired behavior change and reduced numbers of early marriages, and teenage pregnancies by linking them with the Adolescent friendly Reproductive and Sexual Health (ARSH) awareness and services needed by them. These are promoted by the ‘Rashtreeya Kishor Swasthya Karykram (RKSK) and Ayushman Bharat, the government of India’s flagship programmes focused on adolescents. The project addressed the well-being of Adolescents and the taboos around sexuality, gender, and health-seeking.

The problem that the project attempted to address: India is home to more than 228 million youth between the ages of 15 and 24 years, who account for more than a quarter of the country’s population.¹ Among this growing population, adolescents aged 15 to 19 years represent the largest generation of individuals transitioning into adulthood in India. Improving adolescent health is uniquely important, as emphasized with the “triple dividend of benefits,” because it not only addresses the immediate health needs of the larger youth population but also fosters their future health trajectories and promotes “the welfare of the next generation.” (Reference- Palmer MJ et al. Is “Sexual Competence” at First Heterosexual Intercourse Associated With Subsequent Sexual Health Status?, *The Journal of Sex Research*, DOI: 10.1080/00224499.2015.1134424).

Understanding and monitoring what informs girls’ sexual health trajectories over the course of adolescence is an important step in informing educational needs and predicting demand for sexual and reproductive health services during this critical stage of life. In 2018, Performance Monitoring and Accountability 2020 (PMA2020) conducted a survey (N=1,134) with adolescent girls aged 15 to 19 years in Rajasthan, India, to generate information on adolescents’ knowledge, attitudes, and behaviors with respect to marriage, childbearing, and family planning.

KEY STATISTICS

- 19% of adolescent girls 15–19 years old reported they have had their first sexual experience. Only 37% indicate this was an autonomous decision.
- 83% of adolescent girls were aware of methods to space or delay pregnancy, but 57% feared social stigma and felt too shy to seek services.
- 21% of sexually active adolescent girls had ever used contraception and 68% of those with a current need for contraception were not using a method.
- A minority of adolescent girls reported having ever been pregnant (7%), or ever given birth (4%).
- While child marriage is still a reality in Rajasthan, it was rarely reported. Only 6% of girls aged 15 to 17 years reported being married.
- Most adolescent girls in Rajasthan live in rural areas. 39% of adolescent girls in rural communities live in the poorest households (lowest tertile) relative to 4% of adolescent girls in urban communities.
- Almost three-quarters (70%) of adolescent girls have attended some secondary school or higher.



Child marriage is rarely reported in Rajasthan; only 6% of girls aged 15 to 17 years reported being married. Among young girls aged 18 to 19 years, marriage was more common—nearly a third (32%) reported being married. Adolescent marriage was more common in rural communities while no differences were observed across caste and wealth tertile.

The majority (71%) of those who were married had very little involvement in the decision to get married.

Sexual competency at sexual debut is defined by meeting the following criteria: appropriate timing, autonomous decision, partner's equal willingness to engage in sex, and use of contraceptive protection if pregnancy is not intended.

Altogether, only 16% of adolescent girls in union met all criteria for sexual competency at sexual debut.²

Childbearing: A minority of all adolescent girls reported having ever been pregnant (7%) or giving birth (4%).

Nearly two-thirds (62%) of adolescent mothers (n=79) indicated that they had wanted their first child as soon as possible.

Among adolescents who have never given birth, only 19% wanted a child as soon as possible and 64% wanted to complete their education before giving birth. However, education was less of a priority in rural settings (59%) and among poorer adolescents (44%).

Knowledge on contraceptives varied widely for different methods and increased with age.

- Adolescent girls from the poorest families were less knowledgeable than more affluent adolescent girls.
- Negative attitudes and misperceptions toward contraception were widespread.

About half (49%) of all adolescent girls believe contraception is only suitable to limit childbearing, rather than for birth spacing. 40% strongly agree that using contraception can be seen as promiscuous.

12% of adolescent girls received counselling about contraception within the last year.

While many adolescent girls were concerned about the social and health consequences of using contraception, many were interested in expanded access to self-care contraception options

Although **more than half (56%)** of adolescent girls knew where to obtain contraception, **57%** indicated they would be too shy to seek such services.

- Despite a significant reduction in child marriage (by 10 percentage points) in 2019-21 (NFHS-5), it is still very high: 25.4% of girls marry before the legal age (18 years) and 28.2% of boys before the legal age (21 years). Because more than 30% of boys aged 15-19 years believe that contraception is not a man's concern, one can gauge the severity of the problem when it comes to young couples adopting family planning measures after marriage.
- Only 50% of men and 33% of women have attained ten or more years of schooling: It is interesting to know that at the national level, as per NFHS-4, the TFR was highest among women with no schooling (3.06) and lowest among women with over 12 years of schooling (1.71).
- Anemia is high among adolescent girls at 59.4%: Anemic and under-nourished mothers give birth to malnourished children, setting in motion an unbreakable cycle of intergenerational malnutrition.
- Spousal violence among ever-married women age 18-49 years, although decreased marginally, is still very high 24.3%: With women bearing the responsibility of contraception, almost 25% of them may not have a say in using or even suggesting the adoption of contraception owing to the fear of being subjected to violence from their spouse.



Thus, to further the gains made so far, it is imperative to focus on the health and wellbeing of young people by improving knowledge and attitudes of young men and women around SRH and gender issues and increasing access to and quality of FP/SRH services. This can be achieved by ensuring a comprehensive approach, the inclusion of ARSH in the school curriculum, and SBCC at the community level which involves local governance structures like the Panchayati Raj Institutions (PRIs), parents, and influencers.

These changes require long-term interventions, consistent efforts on the ground as well as enabling policies. This project was a small but impactful contribution towards achieving the larger goal.

Communication and Advocacy-Create awareness

1. The behavior change communication (SBCC) used during the project

The specific problem the organization was addressing through this project was lack of health awareness, communication gap in ASRH (adolescent sexual and reproductive health) inadequate nutrition, child marriages, teenage/early pregnancy, child abuse, gender-based violence and discrimination, substance use, early initiation of sex while speaking at the curtain-raiser cum foundation day of the month-long Rashtriya Kishor Swasthya Karyakram (RKSK) campaign or the National Adolescent Health Programme. The following key six topics were addressed which are also part of the RKSK):

- 1. Adolescent Reproductive and Sexual Health (ARSH),**
- 2. Nutrition (anemia prevention),**
- 3. Mental Health,**
- 4. Injuries and Gender-based Violence,**
- 5. Non-Communicable Diseases (NCDs) and**
- 6. Substance misuse.**

Compilation and Utilisation of existing Social and Behaviour Change Communication Resources developed by the authentic agencies working in the ASRH and adolescent space used social media platforms (prominently the existing school WhatsApp groups) for the wider circulation and reach to the adolescents and teachers.

2. The ways in which the communication material was designed had taken into consideration the local culture & ecosystem.

Thematic content (covering six themes of RKSK program) was collated from the available secondary sources and Bal Sansar Sanstha's previous work, and session content got developed by the project team, listed in annex 1 to 4, is attached in the email (session wise PPTs, covering each RKSK themes), and the SBCC materials used are described at annexes 5 and 6, as part of this report. These resources are reduced in WhatsApp versions and got circulated in several episodes, on the class-wise WhatsApp groups of our partner schools. We appealed to them to widely circulate these as much as possible, spreading awareness and education.

3. The frequency of engagement between the organization and the local stakeholders and the delivery mechanism.

Events & Outreach- Build capacity and partnerships

The strategy, we adopted was making adolescents (and key stakeholders) aware of the issues that they face and building ownership of these issues in the adolescents, teachers, and parents through facilitating conversation and creating spaces where they can generate reliable knowledge and evidence to have the capacity to identify their vulnerabilities, risks, and mitigation action by developing their own plans, initiating action and sharing the experiences with the Peers and at least 10 other adolescents in their networks. This has enabled disseminating the gained knowledge in (2000 x 10 = 20000) to a wider circle of indirect Beneficiaries, who otherwise would not be having access to such information on the ARSH and the other issues they face while growing up. It was mainly



done by optimizing the already existing WhatsApp groups of students and teachers while getting the content posted by the authorized group admins.

4. Outreach to various stakeholder groups

Activities: The developed content was transacted through a one-hour session in each of the selected schools, per month, for six months, preferably on Saturdays but, it was left to the trained teacher Volunteers and school management to find a suitable slot any day/time for transacting structured content on the six RKSK key themes (for 30 minutes) and then interactive question-answers session (30 minutes) were held. As a follow-up action, after each session, the project teams’/NGO contacts were left with the students, encouraging them to connect and clarify their doubts, fears, myths, misconceptions, and whatever they seek to clarify. These calls were kept open only for the students and teachers of the 10 project schools, and a few queries were received and well attended/ answered by the trained Counsellors on a specific day and timings (mostly, it was encouraged to connect over weekends).

5. Partnered with other organizations/institutions to utilize resources efficiently & increase impact.

The team also worked in building community ownership by engaging teachers, parents, and the community in addressing this problem with a strong reference to the health of the adolescent girl and also inculcating traditional food and the food system as a way to achieve good nutrition for growing adolescents through the intergenerational exchange of knowledge, utilizing existing forums such as PTA (Parent Teachers Association) meetings and special event days (once in a quarter and twice in a year in each of the 10 selected schools, total 20 PTA meetings or event days covered during the project year). The other actors the organization has worked with are the community health workers and child health workers, concerned officials of the health and education departments, GoR. The uniqueness of this project is addressing the problem through a multipronged approach involving concerned stakeholders, along with the adolescents.

Evaluation & Strategy- Assess & Implement interventions

<p>Outcomes expected from the program (Quantitative)</p>	<ol style="list-style-type: none"> 2000 adolescents (both boys and girls) are oriented on the six key areas of adolescents’ health (as defined in RKSK). 200 teachers and parents are sensitized to the adolescents’ health issues and their needs while growing up, ready to be a support. 20,000 indirect adolescents’ beneficiaries are outreached by their Peers (the direct beneficiaries) and shared their knowledge and experiences.
<p>Outcomes expected from the program (Qualitative)</p>	<ol style="list-style-type: none"> Long-term dividends of the project interventions would be reflected in the delay of the age of marriage, sexual debut, first pregnancy, and resultant overall wellbeing and empowerment of the adolescents. Better negotiation skills, decision-making, and control over own life.

<p>Monitoring and Evaluation methods used to measure the impact of the project.</p>	<ul style="list-style-type: none"> A formal letter from the concern government department was requested, allowing smooth entry and execution of the project and encouraging government’s buying in. A data base of each project school was created. A formal letter of collaboration/support from each school was obtained. An existing database of all beneficiaries was accessed through the authorized group admins (mostly class teachers), allowing the project to post the session content and SBCC resources. A six-monthly project report was developed and shared with the donor, this project-end report, with some pictures, is being shared with the donor and the key stakeholders.
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The risks and challenges faced during the course of the program and measures undertaken to handle them:

- Covid-19 protocols and guidelines for the schools presented greater challenges, restricting offline sessions in the schools. When the schools got open, there was big pressure on teachers and students to focus on course completion, face exams, and manage the administrative work. To mitigate we have to



take a flexible approach, doing online and offline sessions as and when possible and mostly utilizing the school WhatsApp groups to disseminate the session contents and the SBCC AV resources. All this was well received and appreciated by the students as well as the faculty of our partner schools.

6. The results of the project

- The adolescents and key stakeholders that the project team worked with have shown their commitment and ownership towards the adolescent issues, their health, and wellbeing.
- The project was successful in mobilizing the community by engaging teachers, parents, and the community in addressing the raised concerns/ issues with a strong reference to the health of the adolescent girl and inculcating traditional food and the food system as a way to achieve good nutrition for growing adolescents through the intergenerational exchange of knowledge and practicing gender equality.
- Most of the engaged beneficiaries and the stakeholders were of the view that such programmes should be part of the school curriculum and be continued to run, covering the entire young generation.

	Boys u-5	Girls u-5	Boys u-18	Girls u-18	Men	Women
Direct	NA	NA	1628	1433	100	100
Indirect	NA	NA	10000	10000	100	100

a) Quantitative Parameters (No of individuals benefited in the following table.)

b) Qualitative Value Proposition

Direct Beneficiaries: Covered 3061 (as against planned 2000) adolescents from grades 8 to 12 (i.e.1628 boys and 1433 girls in the age groups of 10 to 19 years) in 10 selected schools of Jaipur city, in the State of Rajasthan.

Indirect Beneficiaries: The direct Beneficiaries have been motivated for sharing their experiences with their Peers and at least 10 other adolescents in their networks. This will enable the dissemination of gained knowledge in an expected (2000 x 10 = 20000) wider circle of indirect beneficiaries.

7. The innovative activities undertaken in project implementation:

- Our team has done a thoughtful net-search and compilation of existing Social and Behavior Change Communication (SBCC) Resources developed by the authentic agencies working the ASRH and adolescent space, and then used social media platforms of students (prominently the existing school WhatsApp groups) for the wider circulation and dissemination of these resources among the adolescents, their parent, Peers and teachers.
- The sessions' content was developed by the project team, under the guidance of the project director (honorary services provided by the Chairperson-BSS), it in simple Hindi, thematic sessions arranged in small ppts that are easy to comprehend, possible to get transacted in one session and easy to register in the young minds. All the content well praised by the adolescents and the teachers.

8. The photographs, media coverage, communication material, and feedback:

In the post-Covid-19 scenario, there is an increased awareness of the 'importance of health and wellbeing among all age groups. Most of the engaged beneficiaries and the stakeholders were of the view that such programmes should be part of the school curriculum and be continued to run, covering the entire young generation.

- Our team experienced that there was an urge for the right kind of information, and it was well-received if it comes from an authentic source, backed by evidence and research.



- The Project duration was very short, it would be very useful if this partnership and resource support can be continued for a longer duration, at least 3 to 5 years. Working within the same geography and seeing the behaviour change happening.







BSS has joined hand with the campaign 'Chuppi Todo Sayani Bano', led by the District Collector Jaipur, in collaboration with the Directorate of Women Empowerment, Govt. of Rajasthan and the Chairperson, Dr Priyamvada Singh has taken a session on an invitation from one of our partner schools 'Government Sr. Secondary School, Bajaj Nagar, Jaipur, orienting teachers and students on Safe and Unsafe Touches and Menstrual Hygiene Management (MHM), also used the opportunity to share about the government schemes such as 'Udaan' free sanitary Napkin distribution to all girls and women and 'Adolescent Friendly Health Clinics (AFHCs) initiated at the 200 Community Health Center (CHCs), Statewide, motivating Adolescents to access these services.



चुप्पी तोड़ो, सयानी बनो अभियान के तहत कार्यक्रम आयोजित

जयपुर, समाचार जगत न्यूज। राजकीय राजस्थान उच्च माध्यमिक विद्यालय बजाज नगर में चुप्पी तोड़ो, सयानी बनो अभियान का आगाज किया गया। कार्यक्रम की अध्यक्षता पॉपुलेशन फाउंडेशन ऑफ इंडिया एवं बाल संसार की अध्यक्ष प्रियंवदा सिंह ने की। इस दौरान विद्यालय की बालिकाओं, माताओं और बहनों एवं विद्यालय की महिला शिक्षिकाओं को सामाजिक स्तर पर होने वाले सुरक्षित एवं असुरक्षित स्पर्श की जानकारी दी गई। विद्यालय प्रधानाचार्य अनुराग शर्मा ने



बालिकाओं को असुरक्षित स्पर्श महसूस होने पर चिल्लाओ, भागो और बताओ के साथ ही पुलिस हेल्पलाइन नम्बर 100 एवं 1098

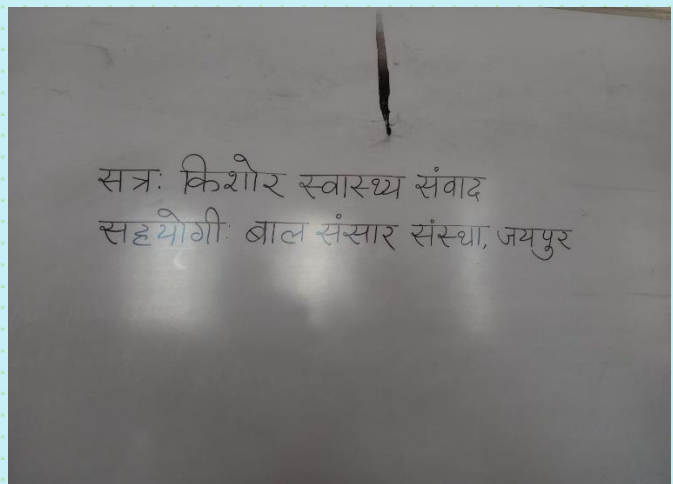
पर कॉल करने की जानकारी दी। बालिकाओं और महिलाओं को अभियान से संबंधित बुकलेट्स और पोस्टर का वितरण किया गया।





Kishor Swasthya Samvaad classroom sessions as well as outdoor Yoga and physical exercise activities at one of the partner schools, BPS. The session on 'Safe and Unsafe touch' was enjoyed by the students with lots of question answers and discussions.





Kishor Swasthya Samvaad interactions with students by the volunteer teachers of one of the partner schools, Rajvansh Public School, Jaipur.



Kishor Swasthya Samvaad in one of the partner schools, Bal Vihar Public School, Jaipur.

III. Associations and tie-ups

a. Smile foundation

Smile foundation has evolved a working model social venture philanthropy (SVP) which is based on the successful business model of “Venture Capital”. Social venture philanthropy, the application of a hitherto successful business concept to the social and development sector; a concept which pertains to linking social investment strategies to charitable giving with a clear focus on achieving scalability and sustainability, creation a culture of leadership and excellence and inculcating a culture of leadership and excellence and inculcation a deep sense of accountability amongst the non-profits.

Smile foundation has selected the co-implementing partner after conducting its own defined due diligence process. This partnership did not continue in the period of reporting mainly due to Covid-19 and school closer in lockdowns. The Smile Foundation has shifted its focus on Covid-relief work during this time.

b. Trent Pvt. Ltd.

A New ARSH intervention: As part of ‘Taiyari’ Planned Transition from Adolescence to Adulthood – Phase-II, BSS has a new ARSH intervention titled ‘Kishor Samvaad ensuring Health, Wellbeing, Life-Skills and



Empowerment’. in partnership with Trent Pvt. Ltd. The project aims to spread ARSH awareness in ten selected schools of Jaipur district. The initiative aims to reach-out to about 2000 adolescents both, boys and girls (age 10 to 19 years), orienting them in Adolescents Health and Life-Skills, in selected schools.

c. GiveIndia

Fundraisers are created on GiveIndia Platform. Social media posts are made on tweeter, FB and LinkedIn profiles of BSS. However, not much success is seen yet. We’ll keep the efforts on.

As the result of our approaching GiveIndia to get BSS empanelled for assured giving, under their ‘Mission Education’ and ‘**Mission Nutrition, No Child Hungry**’. Based on our proposal and the statutory documents, application details, the team GiveIndia has conducted a due diligence for the proposed partnership. The process is almost completed, and we are hearing a positive consideration from the team GiveIndia for making BSS a partner under ‘Mission Nutrition, No Child Hungry’.

V. Governing Board and Executive Committee Meetings:

Details of the Governing Board (GB) and Executive Committee (EC) Meetings held during 2021-22 (1 April 2021 to 31 March 2022)

Name of Meeting	Meeting Number	Meeting Date
Executive Committee (EC) Meeting		
	EC 108	25 April 2021
	EC 109 (with GB 27)	25 July 2021
	EC 110	31 Oct. 2021
	EC 111	30 Jan. 2022
Governing Board (GB) Meeting		
	EC 109 (with GB 27)	25 July 2021

IV. Plans Ahead

The future activities of BSS will be focused on continuing our community services, stakeholders connect, our education, skill development and health projects. For this generating more work / submitting grant seeking applications and supporting infrastructure development plans at the BSS campus in Ajmer will be critical.

Through Skill and Entrepreneurship Development Institute (SEDI) we aim to help 10,000 young individuals by the year 2025 by helping them acquire life skills which will enhance their employability options. We have planned to achieve this by extending our current infrastructure, developing new facilities within the campus (such as community centre, volunteer/trainer stay accommodation, cafeteria, sports infra, and health centre infra. For this to happen, we’ll explore CSR grants, government grants, as well as applying for the global grants.



V. Financial Statements
Annual Audit FY 2021-2022

Bal Sansar Sanstha
Regd. Office B-88, Sarswati Marg, Bajaj Nagar, Jaipur
Income and Expenditure Account for the year ending March 31st, 2022

	Income			Expenditure						Total	
	BSPS	FCRA	BSS Cons.	Total	BSPS	FCRA	BSS Cons	Total			
Fees	202,840.00			202,840.00	Internet charges		1,500.00	1,500.00			
Bank Interest	1,517.00	291.00	10,394.00	12,202.00	Communication		855.00	855.00			7,929.12
RTE	26,891.00			26,891.00	Misc Exp		350.00	350.00			350.00
Donation			219,410.00	219,410.00	Printing & Stationery		2,134.00	2,134.00			2,134.00
Give Foundation		41,447.00	6,850.00	48,297.00	Repair & Maintenance		2,500.00	2,500.00			7,446.00
				-	Repair & Equipment		4,430.00	4,430.00			4,430.00
				-	Telephone Bill Ajmer		453.00	453.00			453.00
				-	Travel & Conveyance		5,861.00	5,861.00			5,861.00
				-	Water & Elec Bill		2,800.00	2,800.00			33,252.00
				-	Care Taker		72,000.00	72,000.00			72,000.00
				-	Janitor		12,467.00	12,467.00			12,467.00
				-	Project Supervisor		189,000.00	189,000.00			189,000.00
				-	Office Assets		180.00	180.00			180.00
				-	Teaching Staff BSPS		29,122.00	29,122.00			29,122.00
				-	Office Exp		19,319.00	19,319.00			5,091.00
				-	BSPS Expenditure						24,410.00
				-	Bank Charges						2,469.00
				-	FCRA Renewal		2,469.00	2,469.00			5,000.00
				-	Travel Expenses						65,000.00
				-	Animesh Chouhan Salary						240,000.00
				-	Audit fees						10,000.00
				-	BSPS Project Expenses						20,986.00
				-	Vechile Insurance						8,037.00
				-	Other Exp.		500.00	500.00			8,037.00
Deficit	231,248.00	41,738.00	236,654.00	236,241.12			343,471.00	343,471.00			745,881.12
				509,640.00			28,455.00	28,455.00			373,955.12

Place:- Ajmer
Date:- 27/09/2022

For Bal Sansar Sanstha
(Priyamvada Singh)
Chairperson



As per report for even date
For Rama K Gupta & Co.
Chartered Accountant
Rama K Gupta
Partner
M. no. 419124






Bal Sansar Sanstha
Regd. Office B-88, Sarswati Marg, Bajaj Nagar, Jaipur
Balance Sheet AS ON 31st MARCH 2022

Liabilities		Amount	Assets		Amount
Capital & Building		6,155,700.24	Fixed Assets		4,303,654.64
Loan (Liabilities)			Current Assets		
Unsecured Loans	653,295.00	971,971.00	Cash-in-hand	63,760.64	
Smile Foundation AFC Project	318,676.00		Bank Account	524,736.87	
			Loan & Advances	110,923.88	699,421.39
Current Liabilities			Profit & Loss A/C		
FCRA Dr. Priyamvada Singh	15,503.21		Opening Balance	1,943,362.30	
Neeraj Katoch	39,505.00	55,008.21	Current Period	236,241.12	2,179,603.42
		7,182,679.45			7,182,679.45

Place:- Ajmer

Date:- 27/09/2022

For Bal Sansar Sanstha


(Priyamvada Singh)
Chairperson



As per report for even date

For Ramak Gupta & Co.

Chartered Accountant


CA Ramak Gupta

Partner

M. no. 419124





RAMA K GUPTA & CO.
Chartered Accountants



1879-A SHIV NAGAR, FOY SAGAR ROAD,
INFORNT OF PUNJAB NATIONAL BANK, AJMER
RAJASTHAN 305001
Ph. 9660947307, 145-2600304

FORM NO. 10B

[See Rule 17B]

**Audit Report under section 12A (b) of the Income-tax Act, 1961 in the case of
charitable or religious trusts or institutions**

We have examined the balance sheet of BAL SANSAR SANTHA AAATB9592L [name and PAN of the trust or institution] as at 31/03/2022 and the Profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said trust or institution

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of the audit. In our opinion, proper books of account have been kept by the head office and the branches of the above-named trust visited by us so far as appears from our examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by us subject to the comments given below:

In our opinion and to the best of our information, and according to information given to us the said accounts give a true and fair view: -

- i. in the case of the balance sheet of the state of affairs of the above-named trust as at 31/03/2022
- ii. in the case of the profit and loss account, of the profit or loss of its accounting year ending on 31/03/2022

The prescribed particulars are annexed hereto.

For RAMA K GUPTA & CO.
Chartered Accountants



(NITIN GUPTA)
PARTNER

Membership No: 419124
Registration No: 0005005C

Place :AJMER
Date : 27/09/2022
UDIN : 22419124AVNHIN2416

**ANNEXURE
STATEMENT OF PARTICULARS***I Application of income for charitable or religious purposes.*

1.	Amount of income of the previous year applied to charitable or religious purposes in India during that year.	745881
2.	Whether the trust has exercised the option under clause (2) of the Explanation to section 11 (1)? If so, the details of the amount of income deemed to have been applied to charitable or religious purposes in India during the previous year.	No
3.	Amount of income Finally set apart for application to charitable or religious purposes, to the extent it does not exceed 15 per cent of the income derived from property held under trust Wholly for such purposes.	0
4.	Amount of income eligible for exemption under section 11(1)(c) [Give details]	No
5.	Amount of income, in addition to the amount referred to in item 3 above, accumulated or set apart for specified purposes under section 11(2)	0
6.	Whether the amount of income of mentioned in item 5 above has been invested or deposited in the manner laid down in section 11(2)(b)? If so, the details thereof.	NA
7.	Whether any part of the income in respect of which an option was exercised under clause (2) of the Explanation to section 11(1) in any earlier year is deemed to be income of the previous year under section 11(B)? If so, the details thereof.	NA
8.	Whether, during the previous year, any part of income accumulated or set apart for specified purposes under section 11(2) in any earlier year :-	
a.	has been applied for purposes other than charitable or religious purposes or has ceased to be accumulated or set apart for application thereto, or	No
b.	has ceased to remain invested in any security referred to in section 11(2)(b)(i) or deposited in any account referred to in section 11(2)(b)(ii) or section 11(2) (b) (iii), or	No
c.	has not been utilised for purpose for which it was accumulated or set apart during the period for which it was to be accumulated or set apart, or in the year immediately following the expiry thereof? If so, the details thereof	No

II. Application or use of income or property for the benefit of persons referred to in section 13 [3].

1.	Whether any part of the income or property of the trust was lent, or continues to be lent, in the previous year to any person referred to in section 13(3) (hereinafter referred to in this Annexure as such person) ? If so, give details of the amount, rate of interest charged and the nature of security, if any.	NO
2.	Whether any land, building or other property of the trust was made, or continued to be made, available for the use of any such person during the previous year? If so, give details of the property and the amount of rent or compensation charged, if any.	NO
3.	Whether any payment was made to any such person during the previous year by way of salary allowance or otherwise? If so, give details.	NO






4.	Whether the services of the trust were made available to any such person during the previous year? If so, give details thereof together with remuneration or compensation received, if any.	NO
5.	Whether any share, security, or other property was purchased by or on behalf of the trust during the previous year from any such person? If so, give details thereof together with the consideration paid.	NO
6.	Whether any share, security, or other property was sold by or on behalf of the trust during the previous year to any such person? If so, the details thereof together with the consideration received.	NO
7.	Whether any income or property of the trust was diverted during the previous year in favour of any such person? If so, give details thereof together with the amount of income or value of property so diverted.	NO
8.	Whether the income or property of the trust was used or applied during the previous year for the benefit of any such person in any other manner? If so, give details.	NO

III. Investment held at any time during the previous year(s) in concerns in which persons referred to in section 13(3) have a substantial interest.

Sl.No	Name and address of the concern	Where the concern is a company No. and class of shares held	Nominal value of the investment	Income from the investment	Whether the amount in Col. 4 exceeded 5% of the capital of the concern during the previous year-say. Yes/No

Place :AJMER
Date : 27/09/2022
UDIN : 22419124AVNHIN2416

For RAMA K GUPTA & CO.
Chartered Accountants

(NITIN GUPTA)
PARTNER
Membership No: 419124
Registration No: 0005005C





**BAL SANSAR
SANSTHA**

VI. Contacts

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Web Sites: www.balsansarindia.com

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