

# Making a difference

Annual Report 2011-12



St. Jude India ChildCare Centres

*"An amazing job you are all doing  
to help children heal."*

Donell Bullock - MPH Manager, International Field Relations, Ronald McDonald House Charities



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# Who We Are

We have uncovered a huge, unmet social need to provide a **safe and clean environment in which children** can recuperate in following serious chronic diseases. Whilst hospitals are able to provide therapy to the most needy of children in India through the generosity of a plethora of charities, the children and parents often have no place to stay and have to 'sleep rough' on the streets. As we know from our own experiences with people suffering from chronic diseases, the environment in which we convalesce is important to **ensure that treatment is effective**. In short, we aim to bridge this gap to **help children recover** in a childcare centre, whilst also helping the families to care for and educate their children, as well as to provide counselling for the families during this traumatic experience.

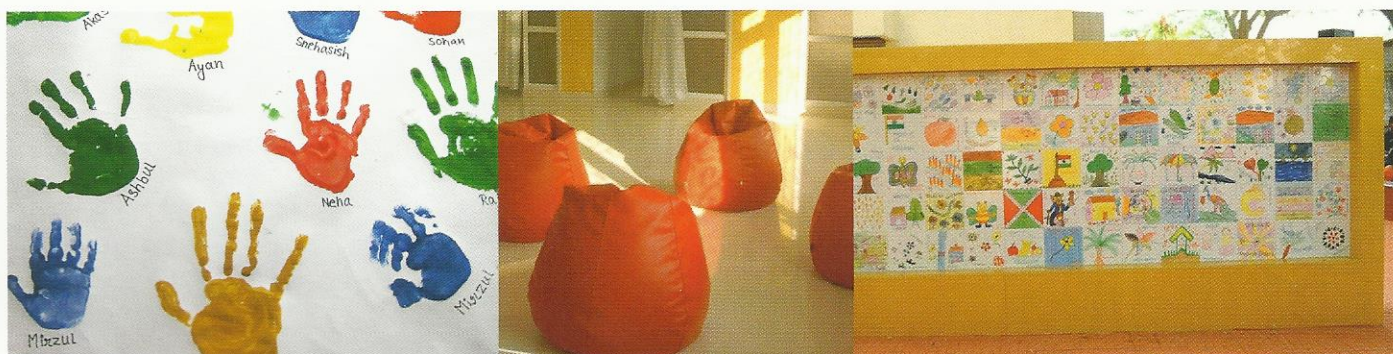
## Our mission

We aim to provide **clean, safe and cost free** accommodation to children (and their accompanying parents) who are undergoing treatment for chronic diseases in Mumbai.

## Our vision

Our first programme - **now completed** - was to establish a St. Jude India Childcare Centre prototype at the Mhaskar Hospital in Mumbai. We entered into an agreement to secure premises for up to eight children suffering from Cancer and their immediate families.

Now that this model has been developed and proven, we are seeking ways to replicate the first initiative at other venues, remaining focused on needy children undergoing treatment in the city, but widening the scope to include other serious diseases.



# Our Centres

## Mumbai

### Location 1

#### Centre 1 – Rani Vicaji Memorial Ward at Mhaskar Hospital

Dr. Mhaskar Hospital, 31 B. D. D. Chawl  
Sakhubai Mohite Marg, Off N. M. Joshi Marg  
(Delisle Road) Police Station, Mumbai 400 013  
Tel: +91 22 2309 2800

### Location 2 (Centres 2 & 3)

#### Centre 2 – The R Jhunjhunwala Foundation Centre

#### Centre 3 – The McKinsey Kinderhilfe Centre

74, Jer Bai Wadia Rd, 2nd Floor, Indian Cancer Society  
Boiwada, Parel (E) Mumbai 400 012  
Tel: +91 22 2417 1614

### Location 3 (Centres 4, 5, 6, & 7)

#### Centre 4 – The Najoo & Hirji Madon BMT Centre

#### Centre 5 – Alchemy Foundation Centre

#### Centre 6 – Indu & Virendra Gupta Centre

#### Centre 7 – Hindustan Unilever Centre

Advanced Centre for Training & Research in  
Childhood Cancers  
SECTOR 22 Kharghar, Navi Mumbai 410210  
Tel: +91 22 6452 6602

## Kolkata

### Location 1

#### Centre 1

13/295 Action Area 1, DD-196 New Town, Kolkata 700156.  
Tel: +91 33 6540 0896

*“A heartwarming uplifting place.  
Very impressed by the level of support to  
people who desperately need it to cope  
and survive such a distressing episode in  
their lives. I wish you all every success and  
will aim to provide what support I can.”*

Lindsay Cooper - Founder, Airsaig Partners, Singapore

# What We Do

## Details of the services provided

Each of our Centres provides a private area for each family, which includes a bed and a cupboard for personal possessions. The families share a toilet and bathing facilities. We provide separate bathing facilities for men and women as well as an area to wash and dry clothes. Bathing facilities are kept spotlessly clean by our families and the staff that we employ.

Cooking facilities are also provided, with individual work stations for each family. All of these facilities are provided free of charge. Families are pre-selected based on due diligence by the hospitals. Families need to agree to abide by our rules of stay. We also guarantee accommodation for returning families who have previously stayed with us at one of our Centres.

Each family staying at a St. Jude India Childcare Centre is given a 'starter pack' containing basic food staples, and a set of utensils. The children are given educational materials, toys etc. We also provide each child with a weekly nutritional supplement. The children from our Kharghar Centres are also provided with free transportation to and from the hospital for their treatment in an air-conditioned 24-seater bus donated by Saga Charitable Trust. The children from our Parel Centres are also provided with transport for their daily treatment at the hospital.

## Educational services

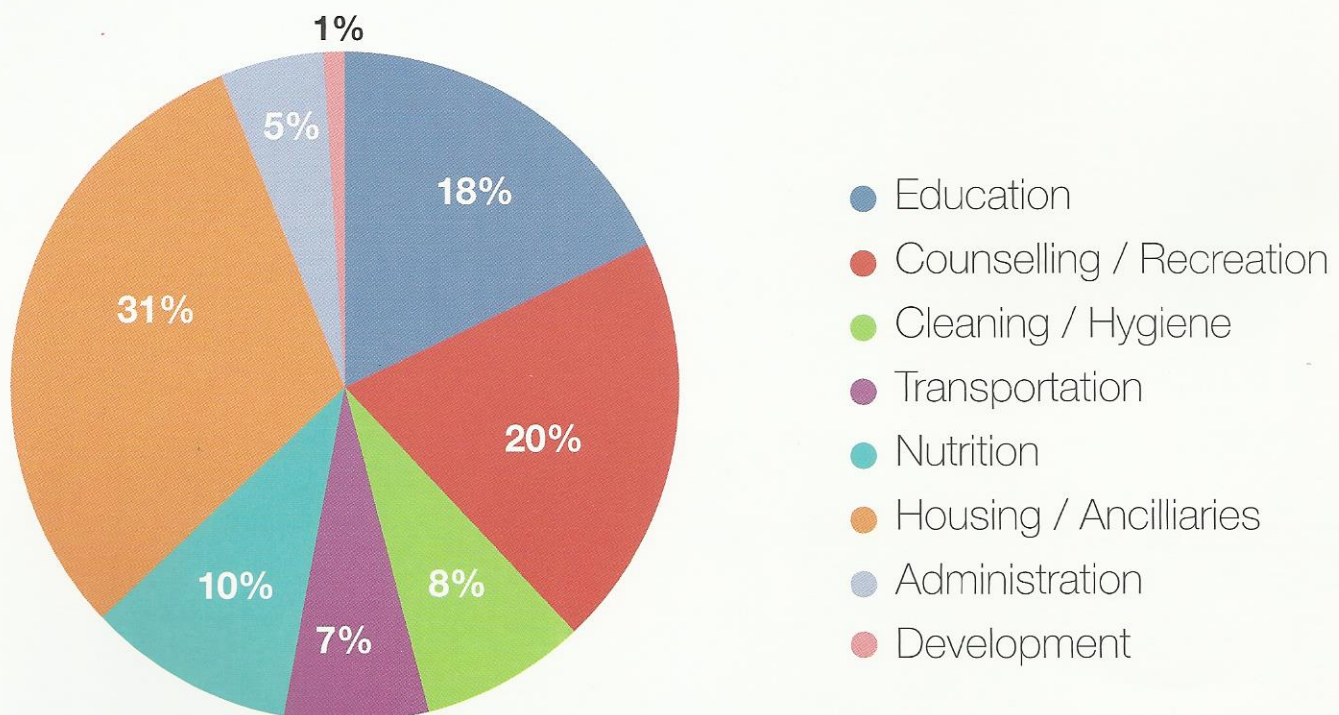
Our educational programme is concept-based and we aim to open new windows in the minds of the children who live with us. This includes helping children with reading, writing and improving understanding of languages, as well as art and educational trips to local sites and museums. The staff at each Centre have been trained to educate the children whilst they are staying with us.

Our endeavour is to broaden the children's horizons. We hope that this will stand the children in good stead when they return to their homes and help them to re-enter the school system with confidence.

## Support services

Parents staying at the Centres have left their villages and jobs to accompany their children whilst they are being treated for cancer. This means that the families will have left their livelihoods behind to do whatever they can to save the lives of their children. St. Jude India provides psychosocial support to the families. Our staff includes a social worker and a counsellor to help both the children and their parents during this very difficult time. In addition, we provide the parents with recreational activities, stress relief and occupational skills. We also hold group discussion sessions for the men and women to share knowledge about their professions and to enable them to bond better with one another.

# Where Your Money Goes



# The First Six Years

From a modest beginning of eight units at the Mhaskar Hospital at the BDD Chawls, St. Jude India has now not only increased its capacity to 79 units in Mumbai and its environs, but has also spread its reach to Kolkata where the 12-unit Centre was inaugurated in March 2012.

Our holistic model was further validated in a Case Controlled Study conducted in collaboration with Tata Memorial Hospital and presented at the SIOP 2011 at Auckland. We would like to share the abstract from this report.

	SJICC	TMH
Number of Patients of ALL	60	324
Deaths during Induction	0 (zero)	Combined during these phases
Deaths post Induction	2 (3%)	of treatment - 31 (9.5%)
Abandonment / Lost to follow up	1 (2%) (this child is someone who was discharged due to non compliance - and hence lost to follow up)	21 (6.4%) (didn't return for follow up treatment/left treatment midway)

## Abstract number: 724

Impact of holistic housing care at St. Jude India Childcare Centres on morbidity and mortality during treatment of acute lymphoblastic leukemia-beyond safe and hygienic accommodation

Bhavisha Sanadhya (1), Tushar Vora (2), Purna Kurkure (2), Brijesh Arora (2), Shripad Banavali (2), Sunita Rajwade (3), Prabhavati Solanki (4)

- (1) St. Jude India Childcare Centres, General Manager Development, Mumbai, India
- (2) Tata Memorial Hospital, Pediatric Oncology, Mumbai, India
- (3) St. Jude India Childcare Centres, Team Member, Mumbai, India
- (4) St. Jude India Childcare Centre, Project Co-ordinator, Mumbai, India

### Purpose

To evaluate impact of holistic care at St. Jude India Childcare Centres (SJICC) on morbidity and outcome of children treated for ALL at Tata Memorial Hospital (TMH)

### Method

SJICC is a "home away from home" for holistic care of pediatric Cancer patients undergoing treatment at TMH. Sixty children diagnosed as ALL admitted at SJICC for initial intensive therapy from Jan 08-Dec 09 have been analyzed for treatment-related morbidity and outcome.

### Results

Boys were 44/60 (M:F= 2.75: 1), median age at presentation 5yrs 8mo (range 1-13 years). 21 (35%) from local state, 39 (65%) are from across India. 41 (68%) are receiving MCP 841 protocol while 19 (32%) are on LCP protocol. On admission at SJICC 41 (68%) were on Induction Therapy and 19 (32%) were on consolidation. It took median 31 days (R 29-35) to complete 29 days planned Induction Therapy. 22 (37%) managed treatment as outpatient, 23 (38%), 12 (20%) and 3 (5%) required admission once, twice, thrice respectively for complications. There were no induction deaths for both protocols.

It took median 161 days (range 101-298) to complete 112 days planned consolidation therapy. 2 (3%) managed treatment as outpatient. 11 (18%), 6 (10%), 10 (17%) required admission once, twice, thrice respectively for complications. 31 (52%) required multiple admission for complications of which 2 (3%) succumbed to death.

From SJICC only 1 child (2%) was lost to follow up. In 2009, 324 patients with ALL were registered at TMH, 21 (6.4%) was early abandonment rate while 31 (9.5%) expired during treatment.

### Conclusion

Holistic care in a "home away from home" facility like SJICC not only provides safe and hygienic accommodation, but can also help decrease early abandonment, morbidity and mortality.

# The Kolkata Story

A large number of Cancer patients reside in the oft-neglected North East part of the country. Hence the Tatas decided to extend their services to that sector and established a brand new **state of the art facility**, Tata Medical Centre in Kolkata City. Being familiar with the St. Jude India Model, they approached us to establish a child care facility in their "Premashraya"— accommodation for their patients. However, Premashraya is still under construction so till then, SJICC established a centre in New Town just a few hundred yards away from the hospital.

3rd March 2012 turned out to be a red-letter day for St. Jude India Childcare Centres, Kolkata. After a tumultuous journey in getting the operating license came to an end on March 1st, there was no waiting and the opening of the first centre outside of Mumbai was scheduled for the morning of Saturday, 3rd March.

The time of the opening was significant; the week preceding Holi, ushering in the Spring – symbolic of hope and renewal. Even more significant was perhaps the date, 3rd of March, which happens to be the birthday of Sir Jamsetji Tata, the founder of the Tata empire, who continues to inspire millions even today with a vision of holistic, inclusive growth.

Though working with a stiff time line for inauguration, the Kolkata team rose magnificently to the occasion to ensure that we had a memorable opening ceremony. The centre looked beautiful, bedecked with marigold garlands on each of the entrances and a string of tuber-roses across the main entrance, to be cut by the chief guest. The paper flowers - a tradition in St. Jude India and so thoughtfully made by Prabha were ready to be distributed to special guests, in addition to single stemmed carnations; red representing our love and affection and the white representing good luck as we work towards replicating the success of St. Jude India ChildCare Centres in this part of the country.

The inauguration was slated for 10am, and by 9.30am the final preparation was completed thanks to the constant support from Team HUL. At 10.05am sharp a cavalcade of cars carrying the contingent from the Tata Memorial Centre drew up to the gates of the building. They were welcomed by Mr Utpal Sengupta, our Kolkata team leader.

The team from Tata Medical included: Dr M Chandy (Director), or V.R. Ramanan (Deputy Director), Dr Aseem Mahajan (Senior Medical Administrator), Dr Reghu (from Tata Medical on St. Jude India Kolkata home management team), Dr Arpita Bhattacharya (Paediatric Oncologist), Dr Soumitra Dutta (Consultant Clinical Psychiatrist), Mrs Trishna Dey (Programme Coordinator), Soumita Ghose (Quality Assurance), Rupsha and Ananya (Social workers), Aparna Roy and Doel Dey (Customer Care), Major Manab Bhattacharya (Security in charge), Sriparna, Swapna, Gargi and a male nurse (Paediatric oncology dept).

Also present were members of the St. Jude India Kolkata team along with their families and the staff of HUL who had supported us throughout. Aniket Chatterji, an alumnus of St. Jude India Mumbai was also present with his family, and he was later joined by Arpan Porey and family and the father of Tanusree Saha. They had all travelled great distances just to show their solidarity on this special occasion.

After welcoming Dr Chandy and the guests, Mr Sengupta requested the chief guest to cut the ribbon. With eager anticipation we waited for Dr Chandy to utter the magical words, "I declare the centre open". Little Aniket proudly assisted Dr Chandy, handing him the bouquet of paper-flowers and welcoming him into the activity room.

As Anuradha showed and explained each area of the facility there was a buzz. All the guests appreciated the facility, the thoughtfulness behind each element and had several questions to ask, ranging from the quality of interiors to the starter packs provided by St. Jude India.

The guests then assembled on the ground floor for an informal interaction with the Kolkata team and visitors. Mr Utpal Sengupta welcomed the guests again and introduced each of the team members. He then very lucidly explained the vision of St. Jude India and its core essence of cleanliness, unconditional love and a sense of community which can help decrease mortality. He also threw light on the concept of the three circles and the unique role each plays in the structure of St. Jude.

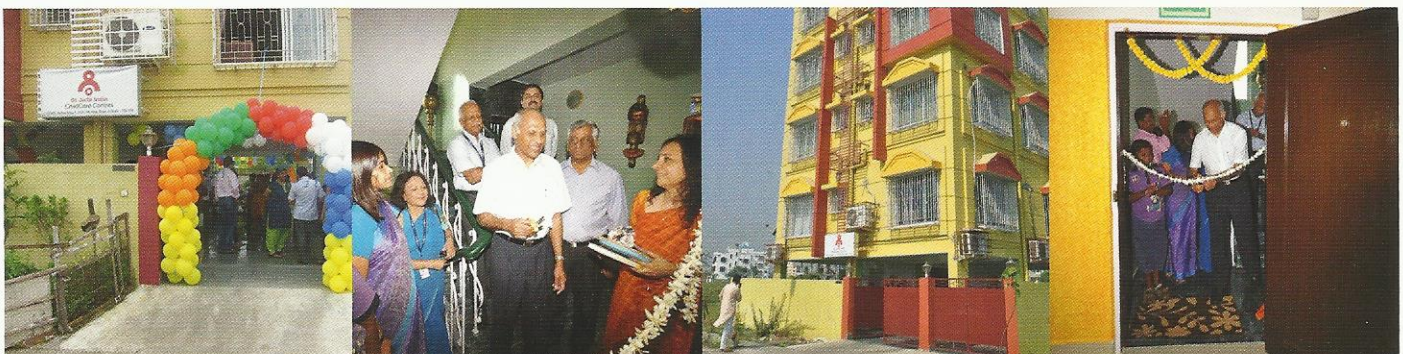
Anuradha gave the vote of thanks in which she quoted Rabindranath Tagore, who had said that "every child comes with the hope that god has not yet despaired of man", and how we hope to make St. Jude India a shining citadel of hope and happiness from where every child returns healed and happy. She thanked profusely all those who had been and would continue to be a part of this endeavour. The presence of Mr and Mrs Kaviratne and the entire Mumbai team was felt throughout – they were the inspiration, a pillar of support as the team at Kolkata worked through various challenges to launch the centre.

Dr Chandy then spoke a few words of appreciation for the work that St. Jude was doing and how it would help Tata Medical take in more needy patients. He also spoke of the inspirational story of Dr Pilkington who for the first time spoke about childhood leukaemia being fully curable. His words gave a lot of hope to all present.

A lively question and answer session then took place while refreshments were served and the general mood was one of camaraderie and warmth.

At noon, the first two St. Jude India families trooped in, little Ankita and Joyjit. The St. Jude India alumni now took over the show as they explained their experience with great feeling and passion. It was a moment of perfect bonding; mothers in the kitchen, fathers in the community area and the children in front of the toy cupboard.

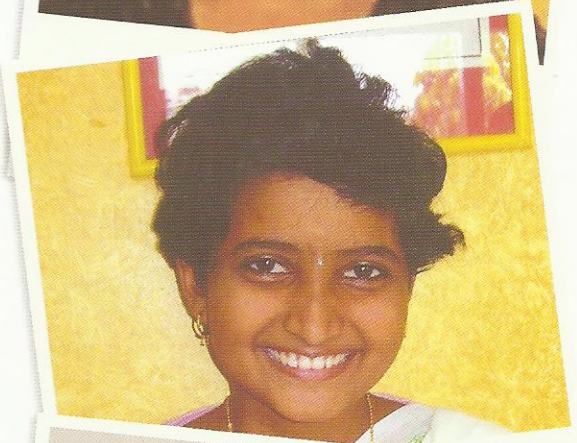
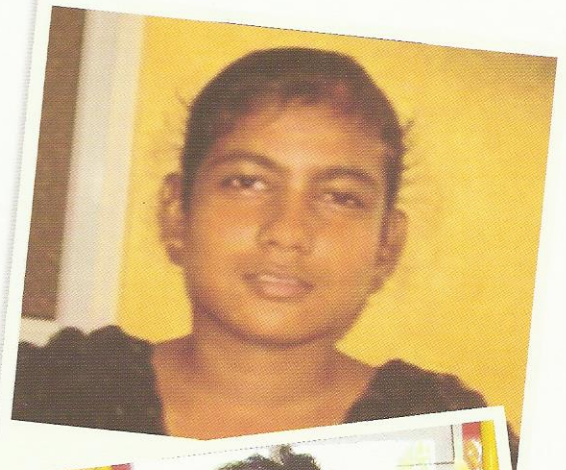
As the new families settled in, the staff and old St. Jude India families prepared to leave. Whilst Rajarhat slipped into darkness, the lamp of hope burned bright in St. Jude India Kolkata, ushering in a new dawn.



# Stories of Hope

## School leavers

At first glance Tinku, Sneha and Nazia seem like any average Indian teenager who has passed their school leaving examinations in March this year. What most people don't know is that these three girls had another more difficult test to pass – their battle with Cancer. With accommodation in Mumbai being hard to find, many patients abandon treatment. It is thanks to the facilities provided by St. Jude India that these three girls persisted with their treatment and are now into remission. But what is more heartening is the fact that they continued with their studies and have graduated with a basic school leaving certificate. This bears testimony to our educational programmes which encourage children with school work so that they can go back to the class they left before being afflicted with the disease.



## When one door shuts another one opens

On 13 May 2010 we lost Aman Shah (a St. Jude India child who was on maintenance) to Pneumonia and secondary infection. The child's mother was naturally distraught – more so since she thought he was on his way to recovery. The family returned to their home in Madhya Pradesh, but found that seeing the other children at home made Aman's death harder to accept. To make matters worse was the fact that Aman's mother had been sterilized and couldn't conceive again. Despite their best efforts, Aman's mother slowly slipped into a depression and finally Ram Milan couldn't take it anymore. In December 2010, Ram Milan picked up the phone and tentatively called up the Centre. He spoke with Bhavisha and asked if there was anything that could be done. Bhavisha referred the case to Dr. Ajanta Narvekar (our Team Member) who called the couple to Mumbai. Ajanta treated the mother at Wadia Hospital and reversed the sterilization. Luckily the operation was successful, and Aman's mother delivered a bonny baby girl in April 2012.

*"I am very impressed by the homely and cordial atmosphere at the Centre. Moreover it is very clean & disciplined. I wish them a great success for their future endeaveaours"*

Mr. C.V.Oak - IAS, Collector & D.M Mumbai.



# The Year in Review

## Mumbai

### Activities

At St. Jude India we are always striving to find innovative ways to keep the children and families engaged and in good spirits. With this intent we try and provide a multitude of activities – educational, cultural, field trips to interesting locations, learning new skills and practising yoga. Sometimes the children themselves make suggestions and come up with very interesting ideas.

One rainy afternoon we had an impromptu story time. All the children shared stories they had heard or recounted incidents at home or at school with their friends. By the end of the session everyone had participated, out doing each other with funny anecdotes. Fathers made pakoras and tea for everyone. It was a perfectly wonderful, relaxed afternoon with everyone sharing a story and a cup of tea.

### Yoga Activity

Yoga continues to be practised at the centre. The Yoga teachers take the children through the exercise of correct breathing and good posture. The value of each exercise is explained.

Parents and some of the staff also enjoy these sessions. During the week, parents and children get together, after study time, and practise on their own.

As we do not have a curriculum or formal schooling we use themes which we select each month. There are a variety of activities planned focusing on math, language, art and music. Some of these themes have been colour, human body, our senses, nutrition and music.

### Educational Activities

We are fortunate to be able to get workbooks and educational material from Disney Publications. Each child receives a set of these according to their age and ability level with a school bag. They love the books and many of them take them when they go to the hospital or work on them in the evenings.

### Field Trips

There are days when we all go out of the Centre and enjoy a day exploring Mumbai. A favourite outing is Mumbai darshan in an open bus. Another favourite was the visit to the radio station, especially when they could record and hear their own voices. We found many budding DJs. This visit tied in very appropriately with the themes of sound and senses.

### Recreation/ Therapy For mothers

During the time that families spend with us we have tried to ensure that the mothers too have some recreation, learning of new skills and having time to bond with other families. So there are learning sessions around cooking food and nutrition and new skills such as sewing, knitting, embroidery, basket-weaving and tailoring.

Mothers took to basket-weaving in a big way. Each one made a basket to take home and then a whole array which were presented to visitors and TMs. They are very proud of their work. Some are using this skill to earn a little money when they return home. These beautiful and practical baskets have been very popular and we have received many orders for them.

### **Festivals & Celebrations**

We always try and celebrate the traditional festivals – children hear the stories and music and learn about the significance of the festivals, and partake in the sharing of food. Raksha Bandhan was celebrated with everyone participating. The children had made simple but creative rakhis using material we had and combining it with ribbon, beads etc. It was a lesson in friendship, bonding and at another level, care for our environment by recycling materials.

In the spirit of Christmas, Tata Memorial hosts an Annual HOPE Programme each December. As always our children participated in this fun-filled event.

Several of the older children took part in the music, drawing, drama and photography workshops prior to the final day of celebration. They presented their work on stage at the HOPE Finale. Amid celebrities, with music, dancing and several performances, they had a truly enjoyable day.

### **Volunteers**

Volunteers always bring with them some new activity, fun, good cheer and a break from the daily routine of hospital visits.

Our Children's Day started a day earlier when Mansi and her group of friends came and spent the morning of November 13th with our children. Together they created a jigsaw puzzle collage which the children painted and put up in the foyer. Later the group sang songs for the children, and the parents and children participated enthusiastically.

### **Staff**

In addition to the usual activities for the children and families this year, we introduced a Capability Building Initiative for the Staff – in a first-of-its-kind joint staff meeting which was addressed by Shyama Kaviratne in Marathi!

Each staff member received a Passport which marked the beginning of their goals for training and self-development in 2012. They had committed to these goals after a series of self-assessment sessions, both group and individual. Nihal Kaviratne handed the passports as each staff member was introduced by Aliya Puri.

The entire concept was created to enhance the capabilities of the staff and encourage them to increase their potential by creating 'buddies' who would help and mentor each other. In addition the Top Team of Managers are going to be looking at ways to introduce training sessions for some of the skills that staff members have identified as a need. Everyone was very encouraged and embraced the concept and looked forward to their journey of learning and growth. We have continued to add a module each month to create a comprehensive training in our values, good practices and some new skills.

*“Incredibly touching to see such a wonderful initiative and commitment to the improvement of the life of others. Congratulations and lots of success in the future.”*

Mr. Ton Büchner - CEO, Akzo Nobel

# The Year in Review (continued)

## Kolkata

### Activities at the Centre

#### Children

The activities for the children mostly centred around drawing, painting, art and craft, doing worksheets, story-telling and reading, playing with jigsaw puzzles and other board games, cycling etc. A learning DVD set to music was used to teach the children numbers and alphabets. The children have also seen a few of Satyajit Ray's award winning children's films on Sundays.

#### Mothers

The mother's activity comprised of sewing, making alpana cards for Poila Baishak (Bengali New Year), planning healthy recipes, reading and singing Rabindra Sangeet.

#### Fathers

Fathers played carrom, ludo and badminton.

#### Bhavisha's visit to Kolkata – 25th to 28th March

Bhavisha Sanadhya, General Manager, Development of SJICC came to Kolkata to lend support and guidance in streamlining and making our Kolkata operations more effective. During her visit she initiated an interactive session, 'The Spirit of St. Jude' with the St. Jude Alumni and the new inductees at the Kolkata St. Jude India ChildCare Centre.

#### Laundry

Presently being organized by Anuradha from her known laundry person. Once more families move in and the volume of work increases we will avail of the TMC laundry facility, namely Osho Laundry services.

#### Cleanliness

Parents are responsible for the daily morning cleaning of their units. We have also outsourced the daily cleaning of the Centre to a professional agency Frontline Business Solutions. There are two housekeeping staff from 9am – 5pm (Mon to Sat), 9am to 3.30pm (Sun). The 3 housekeeping boys Uttam, Prabir and Babloo are excellent workers and now very much a part of our St. Jude India family.

#### Maintenance

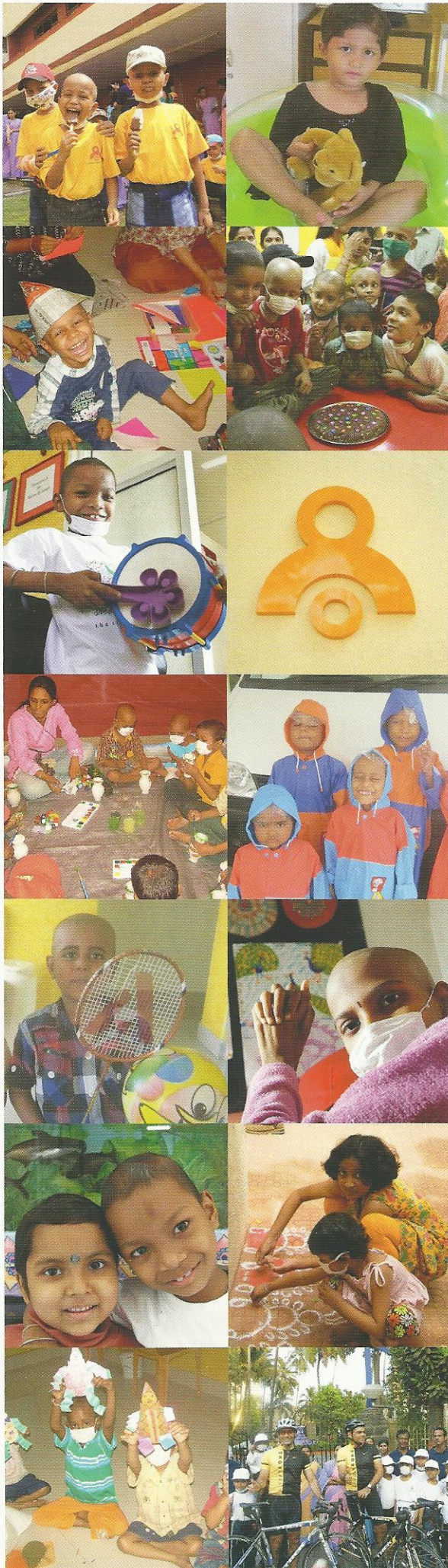
We have managed to overcome initial teething problems at the Centre – rainwater flooding the rooms from absence of drainage ducts, cupboard doors not closing, families getting locked out because of the safety and security mechanism of the main doors etc. The maintenance is taken care of by the landlady Mrs. Aruna Kundanani's person and Mr. Ghosh from Hindustan Unilever who had done the interiors of the Centre. Initially we did not have a regular supply of gas cylinders. However with the kind intervention of Hindustan Unilever Ltd. we have got the connection. In the interim period Mrs. Aruna Kundanani helped out in emergency situations.

#### Weekly Rations & Supplements

The location of the Kolkata Centre and the absence of proper shops & infrastructure poses a bit of a problem as far as procurement of rations and supplies is concerned. As of now we go to Axis Mall shop at Spencer's. However we need to streamline this service and find a grocery and provisions shop either at Salt Lake or Kankurgachi so that we can avail of home delivery service and orders placed over the phone. Supplements are distributed every Friday at the Centre and eagerly awaited by the families, especially the children. So far, the following supplements have been distributed – redchana, green moong, paneer, sattoo, suji, dhalia, vermicelli, milk powder, health biscuits.

*“A wonderfully conceived and splendidly run centre and the kids are beautiful and fun.”*

Nandana Sen - Film Star



### Transport

TMC is yet to start their pickup and drop service for the St. Jude children. Hopefully this should happen from May. Till now however, we are relying on our local Babloo Auto Service.

### Startup Difficulties

As far as infrastructure is concerned, New Town Rajarhat is yet to develop. As a result, basic amenities and services like transport, provisions and grocery shops etc. are not easily available and highly priced. The most problematic is the distance from Central Kolkata and the complete lack of public transportation. A single journey can take well over an hour depending on time of travel. As a result, organising activities and sourcing any kind of requirement is difficult and time consuming. There has been a strong resistance to the imposition of only vegetarian food being permitted, given that the diet in eastern India is primarily non-vegetarian. Keeping this in view, we have decided to introduce eggs at the Centre from April 2012.

### Conclusion: The Road Ahead

The main challenge is to make the Centre more vibrant and positive through various activities, which involve the children and the parents and through this, make them imbibe the spirit of St. Jude India ChildCare Centre, rather than by enforcing it on them.



# Reports & Accounts

# President's Report

*"The support we received from our sponsors and donors made it all possible. We owe them a deep debt of gratitude for enabling us to sustain and extend our work."*

In the past 5 years, we have admitted over 1000 children suffering from Cancer and provided over 58,000 nights of peaceful sleep. 60% of the children admitted to St. Jude India suffer from Acute Lymphoblastic Leukemia (ALL). Most of these children come from the states of Maharashtra, Bihar, Uttar Pradesh and West Bengal. They stay with us for an average of 6 months at a time and then return for short periods for follow up treatment. The average income of our families is under Rs. 1000-3000/ per month. We are very proud that our centres run at 100% occupancy and that none of our children have abandoned treatment.

St. Jude India was honored to be approached by the house of Tatas to open a centre in Kolkata. This centre will house 24 children and their families and will be an add-on service to the state-of-the-art cancer hospital that is under construction and slated to open in late 2012. This will be our first centre outside the metropolis of Mumbai.

St. Jude India went through a rigorous due diligence audit by a large prospective corporate donor and came out with flying colours. It was a learning experience for our young organization and we have decided to appoint an internal auditor.

After a meticulous screening process, we are now a registered charity on Give India's panel.

Design Bridge, the London-based design consultancy donated their time to help us to release a new brochure and annual report. We also produced a new promotional video, which was shot pro-bono by Mr. Adi Pocha.

Our aim at St. Jude India Childcare Centres remains to provide free holistic care shelters to children suffering from serious diseases, empowering them and their families to complete medical treatment. We also endeavor to uplift the quality of the lives of the families through our educational and nutritional inputs and our focus on discipline and hygiene. And our sharp focus remains on achieving a new high level of quality, which is not "incremental" but "breakthrough".

It has been a privilege to be President of St. Jude India Childcare Centres and I would like to acknowledge my grateful thanks to our dedicated employees, my fellow team members – particularly Gargi Mashruwala, our founder members: Shyama and Nihal Kaviratne, our donors, volunteers, and our Joint Collaboration partners who provide us with the space to run these centres. Without the unstinting support of all of these exceptional people and organizations, none of this would be possible. All of this effort is well worth it because, as a recent article in The Economic Times mentioned, "St. Judes does not just offer a place to stay for children afflicted with Cancer. It offers a chance to live life again. Beautifully."



Aditya Mangaldas  
President



# Managing Committee Report

The Managing Committee Members are pleased to present the 6th Annual Report and the Audited Statements of Accounts for the financial year ended 31st March 2012 and the related audit report.

## Financial results

	2011/12 (Rs.)	2010/11 (Rs.)
Donations	28,627,749	30,090,102
Other Income	3,111,211	738,213
Total Expenditure including centre running costs	19,726,707	13,589,232
<b>Surplus for the year</b>	<b>12,012,253</b>	<b>17,239,082</b>

## Activities of the company

Our company was incorporated in July 2006. Apart from the Managing Committee, the Company's activities are overseen by a Project Team comprising of persons from different areas of specialisation.

The first centre was set up in Mumbai at the Mhaskar Centre of the Bombay Mother & Child Welfare Society. We opened the Second Centre on November 26, 2007 at the Indian Cancer Society Building. This centre has 14 units with a kitchen and dining room. The Third Centre was opened on November 26, 2008 at the Indian Cancer Society Building, providing 16 units. A common kitchen and dining room is shared with the families staying in Centre Two. The Fourth, Fifth & Sixth centres were opened at Kharghar, Navi Mumbai, in a joint venture with the Tata Memorial Hospital. There are three centres accommodating 36 units and a specialized Bone Marrow Transplant Centre with 5 units. Each unit is meant for one child and two relatives. Clean, hygienic, toilet and bathing facilities as well as cooking facilities are provided. In the current financial year we opened a new centre as on 03.03.2012 at Kolkata having 12 units and a common kitchen facility. All these are provided free of charge to families pre-selected from the Tata Memorial hospital, amongst others. Each family admitted to the St. Jude India ChildCare Centre is initially given a 'starter pack', containing basic rations and educational materials, toys etc.

## Deposits

The Company does not accept deposits pursuant to provisions of Section 58A the Companies Act, 1956 and hence Company is not required to comply with provisions of Acceptance of Deposits Rules.

## Employee relations

The relations with the staff and at various levels continued to be cordial and the Management thank them for the co-operation extended.

## Particulars of employees

As there were no employees in receipt of remuneration, during the year, equivalent to or more than Rs. 24 lakhs per annum or Rs. 2 lakhs per month, the statement containing particulars of employees as required under the provisions of Section 217 (2A) of the Companies Act, 1956 read with Companies (Particulars of Employees) Rules 1975 is not required to be annexed to this report.

## Companies (disclosure of particulars in the report of board of directors) rules, 1988

The Company is taking adequate measures for conservation of energy and technology absorption. There were no foreign earnings or outgo during the current year.

## Members of Managing Committee

As per the Company's Articles of Association, one-third of the members are required to retire by rotation. Accordingly, Ms. Praneeta Diwanji and Mr. Gopal Vittal retire at the forthcoming annual general meeting and being eligible, offer themselves for reappointment.

### Members of Managing Committee responsibility statement

Members hereby confirm that:

- 1 in preparation of annual accounts applicable Accounting Standards had been followed with proper explanation relating to material departures;
- 2 that the members had selected such accounting policies and applied them consistently and made judgments and estimates that are reasonable and prudent so as to give a true and fair view of the state of affairs of the company at the end of the financial year and of the profit or loss of the company for that period;
- 3 that the members had taken proper and sufficient care for the maintenance of adequate accounting records in accordance with the provisions of this Act for safeguarding the assets of the company and for preventing and detecting fraud and other irregularities;
- 4 that the members had prepared the annual accounts on a going concern basis.

### Auditors

M/s. Deloitte, Haskins & Sells, Chartered Accounts, Mumbai, auditors of the Company retire and are eligible for re-appointments. You are requested to re-appoint them as Auditors.

### Acknowledgement

The members of the Managing Committee record the gratitude to the Banks and other Government Departments for the co-operation extended by them to the Company.

For and On Behalf of the Managing Committee



Aditya Mangaldas  
President, Managing Committee

Mumbai  
September 28, 2012

# Auditors' Report

- 1 We have audited the attached Balance Sheet of ST. JUDE INDIA CHILDCARE CENTRES ("the Company") as at 31st March, 2012 and the Income and Expenditure Account of the Company for the year ended on that date, annexed thereto. These financial statements are the responsibility of the Company's Management. Our responsibility is to express an opinion on these financial statements based on our audit.
- 2 We have conducted our audit in accordance with the auditing standards generally accepted in India. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and the disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by the Management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.
- 3 This report does not include a statement on the matters specified in paragraphs 4 and 5 of the Companies (Auditor's Report) Order, 2003 (CARO) issued by the Central Government in terms of Section 227(4A) of the Companies Act, 1956, since in our opinion and according to the information and explanation given to us, the said order is not applicable to the Company.
- 4 Further, we report as follows:
  - a we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
  - b in our opinion, proper books of account as required by law have been kept by the Company so far as it appears from our examination of those books;
  - c the Balance Sheet and Statement of Income and Expenditure dealt with by this report are in agreement with the books of account;
  - d in our opinion, the Balance Sheet and the Statement of Income and Expenditure dealt with by this report are in compliance with the Accounting Standards referred to in Section 211(3C) of the Companies Act, 1956;
  - e in our opinion and to the best of our information and according to the explanations given to us, the said accounts give the information required by the Companies Act, 1956 in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:
    - (i) in the case of the Balance Sheet, of the state of affairs of the Company as at 31st March, 2012;
    - (ii) in the case of the Statement of Income and Expenditure, of the surplus of the Company for the year ended on that date.
- 5 On the basis of the written representations received from the Directors as on 31st March, 2012 taken on record by the Board of Directors, none of the Directors is disqualified as on 31st March, 2012 from being appointed as a director in terms of Section 274(1)(g) of the Companies Act, 1956.

For DELOITTE HASKINS & SELLS  
Chartered Accountants  
(Registration No.117364 W)

R.Salivati  
Partner  
(Membership No.34004)

Mumbai  
September 28, 2012

# Balance Sheet as on 31.03.2012

Particulars	Note No.	As on 31/03/12	As on 31/03/11
<b>EQUITY &amp; LIABILITIES</b>			
<b>Trust Funds</b>			
Corpus Fund	3	20,298,800	
Reserves & Surplus	4	38,516,744	26,504,491
<b>Current Liabilities</b>			
Trade Payables	5	696,834	519,049
Other Current Liabilities	6	774,588	420,686
		<b>60,286,966</b>	<b>27,444,226</b>
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
Fixed Assets	7		
(i) Tangible Assets		1,428,016	1,574,042
(ii) Intangible Assets		23,333	37,896
Non Current Investments	8	1,521,595	1,443,193
Long Term Loans & Advances	9	643,801	118,973
<b>Current Assets</b>			
Cash & Bank Balances	10	56,081,097	24,073,231
Short Term Loans & Advances	11	292,652	123,153
Other Current Assets	12	296,472	73,738
		<b>60,286,966</b>	<b>27,444,226</b>

See accompanying notes forming part of the financial statements.

For and on behalf of the Board of Directors

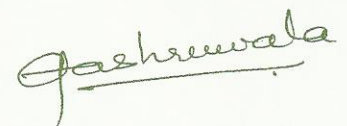
In terms of our report attached.  
For DELOITTE HASKINS & SELLS  
Chartered Accountants



R. Salivati  
Partner



Ashutosh Pednekar  
Member



Gargi Mashruwala  
Member

Mumbai  
September 28, 2012

Mumbai  
September 28, 2012

# Statement of Income and Expenditure for the Year ended 31.03.2012

Particulars	Note No.	Year ended 31/03/12	Year ended 31/03/11
<b>Income</b>			
Donation & Sponsorships	13	28,627,749	30,090,102
Other Income	14	3,111,211	738,212
		<b>31,738,960</b>	<b>30,828,314</b>
<b>Expenditure</b>			
Centre Running Expenses	15	11,050,179	8,061,063
Centre Renovation Expenses	16	729,034	517,193
Employee Benefits	17	6,068,183	3,876,066
Depreciation & Amortisation Expenses	7(i) & (ii)	530,508	421,312
Other Expenses	18	1,348,803	713,599
		<b>19,726,707</b>	<b>13,589,232</b>
<b>Excess of Income over Expenditure transferred to Balance Sheet</b>		<b>12,012,253</b>	<b>17,239,082</b>

See accompanying notes forming part of the financial statements.

For and on behalf of the Board of Directors

In terms of our report attached.  
For DELOITTE HASKINS & SELLS  
Chartered Accountants

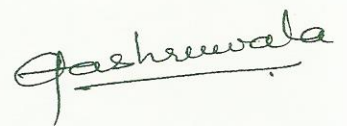


R. Salivati  
Partner

Mumbai  
September 28, 2012



Ashutosh Pednekar  
Member



Gargi Mashruwala  
Member

Mumbai  
September 28, 2012

# Notes Forming Part of Financial Statement

## 1 Corporate Information:

St. Jude India Childcare Centres is a Company Limited by Guarantee registered under section 25 of the Companies Act, 1956. The Company was incorporated as on 25.07.2006. The company operates from three centres in Mumbai and four centres from Kharghar. (Navi Mumbai). During the year the Centre at Kolkata was opened.

## 2 Significant Accounting Policies:

### a Basis of Accounting

The financial statements have been prepared under the historical cost convention on mercantile system, in accordance with the generally accepted accounting practices and the provisions of the Companies Act, 1956 and in compliance with the Accounting Standards referred to in section 211(3C) of the Companies Act, 1956.

### b Use of Estimates

The preparation of financial statements is in conformity with Generally Accepted Accounting Principles; require estimates and assumptions to be made that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities on the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and differences between actual results and estimates are recognised in the periods in which the results are known / materialize.

### c Revenue Recognition

Sponsorship of units and donations received towards St. Jude India Childcare Centres are considered as income when received. Revenue is recognized when it is earned and no significant uncertainty exists as to its realization or collection. Donations received from foreign parties are recognized on permission granted from Government Authorities vide Registration under Foreign Contribution (Regulation) Act 1976 dt.19.04.2010.

### d Corpus Funds

Income in the form of voluntary contributions made with a specific direction that they shall form part of the corpus of the trust are treated as Corpus Funds.

### e Expenditure

Expenses are accounted on accrual basis and provisions are made for all known expenses, losses and liabilities.

### f Fixed Assets and depreciation

Fixed assets are stated at original cost of acquisition less accumulated depreciation. Cost of acquisition is inclusive of incidental expenses. Depreciation has been calculated on written down value basis in accordance with the provisions of Section 205(2)(b) of the Companies Act, 1956 at the rates and in the manner specified in Schedule XIV of the said act, except in case of Computers which are depreciated at the rate of 60 percent. Intangible Assets, being computer software is amortised over three years.

### g Investments

Investments are classified as Current or Long Term in accordance with Accounting Standard 13 on Accounting for Investments. Long Term investments are stated at cost. Provision is made to recognise a decline, other than temporary, in the value of Long Term investments. Current investments are stated at the lower of cost and fair/market value. Any reduction in the carrying amount of investments and any reversals of such reductions are charged or credited to the statement of income and expenditure.

### h Employee Benefits

#### a) Short Term Employee Benefits

All employee benefits payable wholly within twelve months of rendering the service are classified as short term employee benefits. Benefits such as salaries and ex-gratia, other compensations are recognised at the undiscounted amount in the Profit & Loss Account in the period in which the employee renders the related service.

#### b) Post Employee Benefits

- (i) Contribution to Provident Fund is charged to accounts on accrual basis.
- (ii) The Gratuity benefit is accrued on the basis of a actuarial valuation and is funded through a defined benefit plan. For this purpose the Company has obtained a qualifying insurance policy from Life Insurance Corporation of India.

### i Income Tax

No provision for taxation has been made in the accounts in view of the exemption eligible to the Company under Section 11 read with Section 2(15) of the Income tax Act 1961.

### j Provisions, Contingent Liabilities & Contingent Assets

Contingent Liabilities as defined in Accounting Standard 29 on Provisions, Contingent Liabilities and Contingent Assets are disclosed by way of notes to accounts. Provision is made if it becomes probable that an outflow of future economic benefits will be required for an item previously dealt with as a contingent liability. Contingent Assets are neither recognised nor disclosed in financial statements.

# Notes Forming Part of Financial Statement (cont.)

Particulars	Year ended 31/03/12 (Rs.)	Year ended 31/03/11 (Rs.)
<b>Note 3</b>		
<i>Corpus Funds</i>		
Donations towards Corpus	20,298,800	-
	<b>20,298,800</b>	<b>-</b>
<b>Note 4</b>		
<i>Reserves &amp; Surplus</i>		
Balance as per last Balance Sheet	26,504,491	9,265,410
Add: Surplus as per Statement of Income & Expenditure	12,012,253	17,239,082
	<b>38,516,744</b>	<b>26,504,491</b>
<b>Note 5</b>		
<i>Trade Payables</i>		
Other than Acceptances	696,834	519,049
	<b>696,834</b>	<b>519,049</b>
<b>Note 6</b>		
<i>Other Current Liability</i>		
Outstanding liabilities for expenses	639,549	241,929
Statutory Dues Payable	76,586	163,637
Retention Deposit	58,453	15,120
	<b>774,588</b>	<b>420,686</b>
<b>Note 8</b>		
<i>Non-Current Investments</i>		
Investments (at cost):	1,521,595	1,443,193
<i>Investment in mutual funds: Unquoted Templeton India Short Term Income Retail Plan - Monthly Dividend Reinvestment Plan. (1454.292 Units Prv.Yr.1385.874Units) NAV Rs 1,687,482/(P.Y Rs 1,566,426)</i>		
	<b>1,521,595</b>	<b>1,443,193</b>
<b>Note 9</b>		
<i>Long Term Loans &amp; Advances</i>		
Security Deposits (Unsecured, considered good)	285,388	74,986
Advanced income tax (net of provisions Rs NIL (As at 31 March, 2011 Rs NIL) - Unsecured, considered good	358,413	43,987
	<b>643,801</b>	<b>118,973</b>
<b>Note 10</b>		
<i>Cash &amp; Bank Balances</i>		
Cash on hand	94,748	5,237
<i>Balance with schedule Banks</i>		
Deutsche Bank - FCRA A/c	1,182,996	3,406,162
HDFC Bank A/c - FCRA A/c	604,247	-
HDFC Bank - Current Account	10,266,904	908,617
HDFC Bank - Kolkatta A/c	463,974	-
Deutsche Bank - Current A/c	643,229	1,753,215
HDFC Bank - Gratuity A/c	25,000	-
In Deposit Account (Refer Note (i) and (ii) on page 27)	42,800,000	18,000,000
	<b>56,081,097</b>	<b>24,073,231</b>

Particulars	Year ended 31/03/12 (Rs.)	Year ended 31/03/11 (Rs.)
<b>Note 11</b>		
<i>Short Term Loans &amp; Advances</i>		
Loans & advances to employees	105,541	10,000
Prepaid expenses – Unsecured, considered good	64,097	11,805
Advance Premium LIC Group Gratuity Scheme	76,322	62,156
Others	46,692	39,192
	<b>292,652</b>	<b>123,153</b>
<b>Note 12</b>		
<i>Other Current Assets</i>		
Accruals: Interest accrued on deposits	296,472	73,738
	<b>296,472</b>	<b>73,738</b>
<b>Note 13</b>		
<i>Donations &amp; Sponsorship</i>		
<i>Donations</i>		
Donation – FCRA	7,297,632	11,620,091
Donation Trust / Foundations	500,000	4,027,650
Donation – General	19,724,577	3,351,239
<i>Sponsors</i>		
Corporates	900,000	9,591,122
Individuals	205,540	1,500,000
	<b>28,627,749</b>	<b>30,090,102</b>
<b>Note 14</b>		
<i>Other Income</i>		
Interest Income (refer note (i) below)	3,026,685	217,641
Dividend Income	78,402	513,755
Miscellaneous Income	6,124	3,560
Sundry Balance W/off	–	3,256
	<b>3,111,211</b>	<b>738,212</b>
<b>Note (i)</b>		
<i>Interest income comprises interest from banks on:</i>		
Deposits	2,955,688	81,932
Other Balances	70,997	135,710
	<b>3,026,685</b>	<b>217,641</b>
<b>Note 15</b>		
<i>Centre Running Expenses</i>		
Accommodation Expenses	20,700	306,102
Activity & Cultural Expenses	485,772	349,416
Conveyance Expenses	275,620	66,507
Donations	2,100,000	2,520,000
Electricity Expenses	733,532	698,088
Gas & Cooking Expenses	356,225	70,785
Gift and Present Expenses	38,775	–
Housekeeping Expenses	1,326,527	1,149,124

# Notes Forming Part of Financial Statement (cont.)

Particulars	Year ended 31/03/12 (Rs.)	Year ended 31/03/11 (Rs.)
<b>Note 15 (Cont.)</b>		
<i>Centre Running Expenses</i>		
Laundry Expenses	182,782	178,175
Nutritious/Starter Food Expenses	782,614	519,251
Purchase of Bed Sheets	92,443	–
Purchase of Rainwear, Umbrellas & Shoes	25,233	–
Rent for Kolkatta Centre	280,000	–
Repair & Maintenance	2,587,125	506,146
Staff Training Expenses	42,604	28,125
Stationary & Xerox Expenses	778,545	107,319
Sundry Expenses	–	24,528
Transport Charges	707,629	1,211,317
Vehicle Expenses	109,553	27,118
Water Expenses	124,500	299,063
	<b>11,050,179</b>	<b>8,061,063</b>
<b>Note 16</b>		
<i>Centre Renovation Expenses</i>		
Renovation Costs	729,034	517,193
	<b>729,034</b>	<b>517,193</b>
<b>Note 17</b>		
<i>Employee Benefits Expenses</i>		
Salary & Wages, Exgratia	5,351,423	3,673,532
Contribution to Provident fund	461,856	39,192
Gratuity	200,591	113,547
Staff welfare expenses	54,313	49,795
	<b>6,068,183</b>	<b>3,876,066</b>
<b>Note 18</b>		
<i>Other Expenses</i>		
Advertisement Expenses	11,535	67,960
Accounts writing charges	21,000	78,000
Audit Fee (Payments to the auditors comprise: As Auditors – Statutory Audit (including Service tax))	168,540	165,450
Bank Charges	8,417	1,968
Books & Periodicals	20,321	–
Domain Registration & Web Hosting Charge	–	694
Insurance Charges	26,461	–
Membership Fees	8,000	–
Miscellaneous Expenses	134,809	59,865
Office Expenses	134,616	–
Professional Charge	691,614	270,096
Professional Tax Co.	2,500	2,500
Telephone, Postage & Courier Expenses	120,990	67,066
	<b>1,348,803</b>	<b>713,599</b>

# Fixed Assets Note 7

		Gross Block					Accumulated depreciation and impairment			Net Block	
Sr. No.	Fixed Assets	Balance as at 1 April, 2011	Additions	Borrowing cost capitalised	Other adjustments	Balance as at 31 March 2012	Balance as at 1 April, 2011	Depreciation/amortisation expense for the year 2011-12	Balance as at 31 March 2012	Balance as at 31 March 2011	
<b>A</b>	<b>Tangible</b>										
(a)	Computer	-	-	-	-	-	-	-	-	-	-
(b)	Office Equipments	565,848	334,484	-	-	900,332	373,830	155,163	528,993	192,018	192,018
(c)	Furniture & Fixture	713,215	35,438	-	-	748,653	202,462	99,401	301,863	510,753	510,753
(d)	Vehicle	982,735	-	-	-	982,735	111,466	261,381	372,847	871,269	871,269
	<b>Total</b>	<b>2,261,798</b>	<b>369,922</b>			<b>2,631,720</b>	<b>687,758</b>	<b>515,945</b>	<b>1,203,703</b>	<b>1,574,042</b>	<b>1,574,042</b>
	Previous Year 2010-11	1,155,476	1,106,322	-	-	2,261,798	298,548	389,208	687,756	-	-
<b>B</b>	<b>Intangible</b>										
(a)	Software	70,000	-	-	-	70,000	32,104	14,563	46,667	37,896	37,896
	<b>Total</b>	<b>70,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>70,000</b>	<b>32,104</b>	<b>14,563</b>	<b>46,667</b>	<b>37,896</b>	<b>37,896</b>
	Previous Year 2010-11	-	70,000	-	-	70,000	-	32,104	32,104	-	-

# Notes Forming Part of Financial Statement (cont.)

## Note 10

### Notes on Deposits

- (i) Balances with banks include deposits amounting to Rs. 42,800,000/- (as at 31 March, 2011 Rs. 18,000,000 ) which have an original maturity of more than 12 months.
- (ii) Balances with banks include deposits amounting to Rs. 24,800,000/- (as at 31 March, 2011 Rs. 18,000,000 ) which have an maturity of more than 12 months from the balance sheet date.

## Note 19

- a) The Company has not received any intimation from "suppliers" regarding their status under the Micro, Small and Medium Enterprises Development Act, 2006 and hence disclosures, if any, relating to amounts unpaid as at the year end together with interest paid / payable as required under the said Act, have not been given.
- b) The Company is a Small and Medium size Company (SMC) as defined in the general instructions in respect of Accounting Standards notified under The Companies Act, 1956. Accordingly, the Company has complied with the Accounting Standards as applicable to Small and Medium size Company.
- c) **Earning in Foreign Currency**

Particulars	Financial Year 2011/12	2010/11
Donations	7,297,632	11,620,091
Corpus Fund	18,798,800	-

d) **Disclosures as per AS 15**

Principal actuarial assumption for gratuity provision

	2011/12	2010/11
Mortality rate	LIC (1994-1996) mortality tables	LIC (1994-1996) mortality tables
Salary escalation	4% p.a.	4% p.a.
Discount	8% p.a.	8% p.a.
Withdrawals	4% p.a.	2% p.a.
Normal Retirement Age	65 Years	65 Years

Information for the previous year is not applicable as this is the first year of providing for gratuity.

- e) As per the requirements of Revised Schedule VI, the company has re-classified its assets and liabilities into current and non-current based on the normal operating cycle, as determined by the management. Previous year figures have been accordingly re-grouped and re-classified.

For and on behalf of the Managing Committee



Ashutosh Pednekar  
Member



Gargi Mashruwala  
Member

Mumbai  
September 28, 2012

# Norms and Compliances

1. *Abridged financials: Balance Sheet, Income & Expenditure, Receipts & Payments Account or Fund Flow Statement.*

Please refer the audited financial statements.

2. *The salary and benefits of the NGO Head, the highest paid staff member and the lowest paid staff member.*

Head of the organisation (including honorarium) had a salary of Rs. 0/- per year.

The highest paid full time regular staff had a salary of Rs. 582,000/- per year.

The lowest paid full time regular staff had a salary of Rs. 84,000/- per year.

3. *Names of Board members and their position on the board.*

The Managing Committee members of our company are:-

Aditya Mangaldas	President
Gargi Mashruwala	Vice President
Ashutosh Pednekar	Member
Gopal Vittal	Member
Praneeta Diwanji	Member

4. *All remuneration and reimbursements to Board members. Even if there is 'zero' remuneration it must be placed on record.*

No Board members/Team members are given a remuneration. No reimbursement of expenses incurred by them on behalf of the Company given to Team/Board members.

5. *The distribution of staff according to salary levels and gender break up.*

Salary Level – Rs./month	No. of Females	No. of Males
Less than 5,000	0	0
5,000 – 10,000	20	1
10,000 – 25,000	3	1
25,000 – 50,000	4	0
50,000 – 100,000	0	0
Greater than 100,000	0	0
<b>Total</b>	<b>27</b>	<b>2</b>

6. *There was no international travel cost incurred by the company during the year.*

7. *Total cost of national travel by all personnel (including volunteers) & Board Members – even if there is no travel it will be placed on record.*

There was no national travel cost incurred by the company during the year.



*"So nice to see joy on their faces.  
Will keep coming again and again and again."*

Dr. Arpita Bhattacharya - Consultant Paediatric Oncologist, Tata Medical, Kolkata

**Registered office**

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Pandurang Budhkar Marg  
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