



Changing minds, changing lives

Kamla Foundation

Report of the Trustees

for the year ended 31st December 2021

The Management Committee presents its report and accounts for the year ended 31st December 2021.

Reference and Administrative Information

Charity name Kamla Foundation

Charity Registration Number 1122840

Principal Office

8 The Fairway
Stockport
Cheshire
SK2 5DR

Trustees

Bhupendra Mistry
Diana Martin
Margaret Patricia Lloyd
Hersha Mistry
Satish Lad

Independent Examiner

Christy Lau FCCA CTA DChA
Slade & Cooper Limited
Beehive Mill
Jersey Street
Ancoats Manchester
M4 6JG

Bankers

Co-operative Bank plc
1 Balloon Street
Manchester
M60 4EP

Kamla Foundation

Report of the Trustees

for the year ended 31st December 2021

Objectives

Through a series of strategic programs, we are helping vulnerable communities in India develop their capacity to meet basic needs and create solutions to poverty and injustice. Our approach is to build partnerships that respond to locally defined problems with culturally sustainable solutions.

We do this by tackling the root cause of poverty through;

- Understanding problems and challenges faced by society and cultures
- Promoting inclusive, sustainable development
- Influencing and partnering local networks

Activities undertaken for public benefit in relation to objects

In planning our activities for the year we kept in mind the Charity Commission's guidance on public benefit and have stayed true to our core values and continued to work with some of the most marginalised communities in India.

The Pandemic in India

India has been hard-hit by the Covid-19 pandemic. The virus has exacted a heavy toll in terms of lives lost and deteriorating health outcomes. The economic consequences of the pandemic have been similarly grim. As the virus has spread out of the relatively affluent cities, and as economic stagnation persists, rural areas, with historically higher rates of chronic poverty and vulnerability, have seen sharp increases in poverty. While recent vaccination developments offer some grounds for optimism, there remains an urgent need to identify, implement and amplify effective policy alleviation measures.

Increased poverty

Increased poverty in India following the pandemic was not surprising. The pandemic-induced poverty has hit vulnerable India. A sizeable proportion of those who exit poverty, especially those who are just above the poverty line, remain vulnerable. This vulnerability has many faces: Poor quality of employment, uncertain income, minimal savings, lack of assets, absence of social security, inadequate housing, lack of skills and education, and lack of political voice. The numbers on poverty reduction in India have been glorified at the expense of making the vulnerable invisible to policy action. Greater vulnerability not only entailed greater susceptibility to contract the disease, but also greater disruption. At the same time, vulnerability took away from the ability to withstand such disruption.

Many of the poor we work with relied on informal borrowings to finance their food, health, and other necessary expenditures. As such, electricity, water, and sanitation became financial liabilities.

Gains in poverty reduction cannot be sustained unless these communities are made resilient and prevented from slipping back into the poverty trap. Some important sources of resilience include adequate financial savings, assets in the form of land or a house, higher levels of education and skill, insurance, and ability to access the digital world. To this end, it is no coincidence that these sources of resilience would have provided the wherewithal to cope with the shock of the COVID-19 pandemic. Resilience is accompanied by the capacity to grow in normal circumstances and the strength to adapt in the face of crisis.

The spread of COVID in rural areas became intensive during the second wave, last year which highlighted the lack of medical services and absolute dilapidated health infrastructure in the rural areas where we operate. The second wave was four times higher and spread like wildfire, pushing the rural communities to the edge of survival. These communities were the most vulnerable prior to the pandemic and continue to be the hardest hit.

Our response to the pandemic was a natural extension of the work we are already doing in the communities where we operate. We led on building community resilience, individual leadership and civil responsibility, developing effective partnerships with other civic organisations and therefore equipped and well-positioned to respond rapidly to:

- spreading messaging from credible sources like WHO and local public health authorities among our networks of community leaders.
- empower our community partners with information and encouragement about the role they play as community leaders and elected leaders in stopping the spread of the virus.
- Leverage our role as civil society thought leaders, to raise awareness and ensure government is accountable to local communities.

Our long-term work promoting strong systems, local leadership and resilience helped communities manage these changes, especially in times of crisis. In response to the pandemic, we mobilised trained, local leaders across the rural regions where we operate, to deliver accurate, easy-to-understand health information to many thousands of people. A crucial element of this, was working through and dispelling local myths, by distributing posters and campaign messages through recognised health system networks.

We worked alongside community leaders whose brief was to promote health and hygiene practices within their respective communities. The significance of their work was highly evident and intensified in the course of last year. Hundreds of community members have participated in specially designed water, sanitation and hygiene workshops so they are personally equipped to prevent the spread.

Closure due to the pandemic

All our projects grounded to a halt in India over eighteen months, as our partner organisations were forced to close down their operations. We therefore, concentrated on leading on the relief program. For this reason we have incurred minimum outlay on project expenditure over the past two years.

With great sadness, last year we tragically lost the Director of the FORD Trust. Kamla Foundation has been working in partnership with the FORD Trust for over a decade. We developed a range of extremely impactful projects which changed the lives of thousands of people in rural India. Sadly, with the demise of the Director (in addition to the departure of key staff members) we are no longer able to work with the FORD Trust as they do not have the capacity to deliver, as the pandemic has had a devastating impact in this region.

Looking ahead

Our income levels have stabilised and there is no undue pressure of lack of funds. To this end, we have operational funds to cover our work for the next four years. Indeed there are no adverse impact on the Foundation's level of reserves and any change to designated funds set aside for future commitments

New Partnerships

That said, work which has been ongoing for some three years reaped benefits last year as we entered into two further partnerships. We are now working with two inspirational charities based in India and continue to develop new projects. The two charities we are working with are;

- **BUILD India** - www.buildindia.org
- **Health and Care Foundation** www.healthandcarefoundation.com

BUILD - charity

BUILD works to bring positive change to the lives of those that live on the streets of Mumbai. It works to help alleviate poverty in Mumbai, working with the poorest communities and campaigns and lobbies the state government on behalf of the homeless community on a series of key issues affecting them.

The primary aim of this collaboration is helping BUILD become efficient to speed up its ability to provide the homeless with a 'state acknowledged identity'. These documents are essential to link people to government schemes, welfare benefits and entitlements such as pensions, housing and healthcare.

The plight of the homeless in Mumbai

For the homeless, each day is a struggle for identity, dignity and survival. As the day draws to a close and the night unfolds, these feelings are transferred into fear and trepidation, anticipating the slow crawl to dawn amidst screeching vehicles and flickering streetlights. As the chorus of birds announces the arrival of another day, the fight for survival ensues. They can be found everywhere but somehow they are invisible to the authorities. The city's homeless face daily battles for things so many of us take for granted – access to toilets, clean water, security and a good night's sleep. This is contrary to the popular urban, middle-class belief that people living on the streets are thieves, beggars, drug addicts and all round general troublemakers. Moreover, homelessness has fatal consequences. Unnatural deaths peak at the height of summer, winter and the monsoon seasons. In addition, several instances have been reported whereby reckless driving has claimed the lives of many pavement dwellers.



The Project

Leaders from the homeless community will be recruited and schooled in filling forms, completing applications and other necessary formalities in order for the homeless to gain identity documentation. Once the first cohort have been fully trained, they will be tasked with steering members of the homeless community through the arduous process of applying for identity documents. They then will be charged with recruiting a new cohort and have the responsibility to deliver the same intensive training and support. BUILD will be working closely with the cohort to provide ongoing advice, guidance and related support.

We hope the initial 'ripple effect' will create an army of volunteers, which in time will grow into a bank of expertise for members of the homeless community to exploit when needed. In parallel to helping the homeless obtain these vital documents, we will also conduct regular document verification outreach camps.

Finally, to challenge the incessant negative narrative of the homeless community, we will develop a high profile information campaign, engaging a variety of civic stakeholders (students, business leaders, academics, community leaders and influencers). We will host a series of interactive workshops using a range of tools such as visual media, photography and theatrical plays - highlighting the plight of the homeless community and explore ways in which these stakeholders may be able to support our work in the future.

Obtaining Identity

With an ever changing world, the tragedy is that a piece of laminated paper is stronger proof of human existence than one's own physical presence. Obtaining ID is a crucial step in escaping homelessness. Identity documents are used for multiple purposes, principally to obtain government benefits. Homeless people face unsurmountable barriers to obtaining ID. When people become homeless it makes it much harder to find a place to shelter and in many cases even stay at a homeless shelter. They cannot access all the services they desperately need because they do not have an address. Without an address, they can't open a bank account, obtain a mobile phone contract, access the internet, find employment or indeed gain entrance to government buildings so they can apply for an I.D document. One fully understands the value of official documentation, when the simplest things like buying a train ticket is not possible due to having inadequate paperwork.

The inability to obtain any form of ID renders it virtually impossible to escape homelessness and so the vicious cycle continues. Obtaining official paperwork will force the authorities to recognise them and open the door for receiving appropriate state support, otherwise they remain invisible to the government. Ultimately no ID means, no recognition, no rights, no voice and no vote.

The irony - India's poorest are also document poor. In 2010, the United Nations Development Program India, conducted a survey that found that only about 3% of the homeless possessed any type of ID documentation such as a voter ID or a ration card. Official India data suggests that even at an all-India level, when it comes to paperwork, the poorest are most likely to be further marginalised by any process that demands legacy data (which prove ancestry) or documentation. The prime example is the birth certificate, which only the most privileged social groups are likely to possess.

To get an ID card, you need an ID. The authorities require multiple proofs of identity or permanent residence, utility bills or birth certificates. Some even require proof of homelessness, such as a letter from a relevant government agency. This situation is exacerbated further by the fact that many homeless have very limited (or no) schooling so navigating through a myriad of agencies to understand and obtain documentation is nigh on impossible.



Even if one was to get to this stage, most charge a fee to get an identification card - not to mention fees for other documents such as a copy of a birth certificate. But even with waived fees, getting an ID can be an arduous process entailing multiple visits to a nominated government office. The constant battle to provide documentation makes many homeless people give up. When this happens, they lose all sense of hope and fall into a vicious cycle of despondency.

More often than not, helping the homeless obtain ID requires the investigative skills of a Detective. Given the fact that many homeless often have trouble remembering when or where they were born and to obtain a copy of a birth certificate, then needing proof of their parents' birthplace, one can start to understand the enormity of the task that lies ahead. **It's almost as if you're trying to 'walk them back through their life'.**

Health and Care Foundation - charity

The pandemic has also had a detrimental effect on our Indian partners and GCCRI was no exception. However as we are unable to work with them for the past 2 years due to COVID-19 , we have developed another partnership with the Health and Care Foundation. The Health and Care Foundation based is based in Ahmedabad in the State of Gujarat. It is a charitable foundation multi-specialty hospital with well-equipped Operating Theatre, trained nursing staff, General and Special wards and 24 hr. pharmacy.

The work with the Health and Care Foundation mirrors that of the work we did with GCCRI. As with GCCRI we are giving people not just a new smile, but a second chance at life. The medical team at the Foundation performs reconstructive surgery FOR FREE for children and adults whose families could not otherwise afford them. They provide:

- Free initial assessment via hosting rural camps
- Free cleft surgery to thousands of poor people in India.
- Programme for training doctors and medical professionals across India
- Treatment for the “whole child” with comprehensive, total rehabilitative care including: speech therapy, general dentistry and orthodontics.

This partnership is born out of a mutual ideal that quality healthcare should be available to all, regardless of wealth. That principle remains at the core of our belief and we provide a holistic package of healthcare support to all our beneficiaries from the first point of contact throughout the pre and post operation period and related after care term.

In addition, the partnership is based on a set of shared values, helping to identify, support and change the lives of the most vulnerable in Indian society, by performing free cleft/palate and related surgery. By resolving facial birth defects, we are performing life-changing operations; helping vulnerable families overcome prejudice and helping them to integrate back into mainstream society, by offering a holistic package of support services.

In turn, reducing the number of family breakdowns caused by the deformity and supporting the mother who usually carries the burden of such defects. Kamla Foundation will bring additional expertise in best practice, in its capacity as an overseas charity, to add value to the programme of work. Through this partnership we are extending our reach and impact and transforming the lives of some of the most vulnerable members of Indian society.

Health and Care Foundation has a unique two pronged approach to delivering its services. In addition to performing all surgery at nil cost to the beneficiary, it also hosts an innovative TRAINING and EMPOWERING programme for newly qualified doctors. Thus providing the safest and most cost effective surgeries and follow-up care which in turn has enabled it to expand from a simple philanthropic concept into Gujarat's leading cleft charity, bringing smiles and second chances at life to thousands of poor people and their families.

Unlike many charities that do many different things, this Foundation's mission is focused on solving a single problem: cleft lip and cleft palate. In poor communities of India many thousands of people are born or live with disfiguring clefts.

The Issue

A cleft is a birth defect that occurs when the tissues of the lip and/or palate of the fetus do not fuse very early in pregnancy. A cleft lip, sometimes referred to as a 'harelip', is an opening in the upper lip that can extend into the base of the nostril. A cleft palate is an opening in the roof of the mouth.

In most cases the exact cause is unknown, but it's thought to be a combination of genetic (internal) and environmental (external) factors.

Stigmatisation

As a result of this deformity, most:

- Cannot eat or speak properly.
- Aren't allowed to attend school.
- Shunned and ostracised by their communities
- Will never get married or hold a job.
- succumb to a solitary life lived in the protection of their homes.

The difference we are making is best summed up below

BEFORE



AFTER



In conservative rural societies, where looks can seem to be of paramount importance, '**looking different**' can cause a severe sense of insecurity and inadequacy. Cleft children are often bullied which can lead to a lack of confidence. If the child or adult has a speech impediment caused by their cleft this can lead to difficulty with communication and associated feelings of inadequacy and isolation through shyness or inhibition.....***they face very difficult lives filled with shame and isolation, pain and heartache.***

People with unrepaired clefts are often viewed as outcasts and ostracised. They will never know the simple joys that we take for granted, like going to school or making friends or having a livelihood. Their clefts usually go untreated because **they are poor – too poor** to pay for a simple surgery that has been around for decades

Launch of Report – ‘Our impact 2021’



At the back end of 2021 we launched ‘Our Impact’ report which captures in one place, the scale and scope of our work and the impact we have made to the lives of those living on the margins of society in rural India (since our inception). This has been an incredible journey of collaboration with partners, supporters and those who have gifted their time and expertise to our cause.

We continue to put the people we serve at the heart of what we do, working alongside communities and individuals so that they are part of deciding what support they need and how they get it. In addition, we are harnessing the opportunities to reach more people in new ways and in doing so, strive to inspire others to mobilise their kindness to support those less fortunate than us.

Our partners in India have enabled us to act quickly when needed, through tailored support based on existing connections with the communities in which we work. We know that poverty robs people of dignity, freedom, hope and of power over their own lives. They often live without the fundamental freedoms of action and choice that many of us take for granted. To this end, we continue to make significant progress towards our understanding of poverty, engaging with wider stakeholders and developing solutions that enables us to create lasting change. Through the delivery of our work, we have captured our learning in a multitude of ways. This report enables us to assess the difference we have made, also a promise to continue to build on and improve what we do.

Looking forward, we aspire to continue to transform lives and continue to provide a small but important window into that change. Understanding need, innovative approaches, capturing impact and critique commentary will remain the hallmarks of our work. In a world that sometimes seems full of discord, there is still amazing kindness and generosity where people, despite the odds, commit to making a huge difference.

Financial review

Seeking Funding to sustain the work of the Foundation will remain a constant challenge. However, we are very content with the growth of the Foundation over the last year and will continue to forge alliances with like minded partners and donors to deliver the programme of work as set out in our strategic objectives.

The total free reserves of the charity are £101,227.

Reserves policy

We will ensure to do the following;

- Contingency planning
- Fulfilment of legal and moral commitments
- Continue to exploit opportunities for new development
- underpin long-term commitments

In doing the above, we will demonstrate;

- Transparency and accountability to supporters
- Good financial management
- The levels of reserves the Trustees believe the Foundation needs
- The steps the Foundation is going to take to maintain reserves at the agreed level

The approach we would adopt in determining a reserve, would be as follows:

- Through a cash flow analysis
- Discussion with fellow Trustees
- Through an examination of past trends

As a minimum the Foundation shall:

- Forecast its income
- Forecast planned activities and their associated costs
- Consider future needs and opportunities, (for example, expansion possibilities)
- Consider various scenarios - asking "What if- questions"

Structure, governance and management

The Governance and overall management of the Foundation rests with the Board of Trustees. The day to day management duties is carried out by the Chairman and Founding Trustee. The document guiding and underpinning the work of the Foundation is the Constitution adopted by the Board of Trustees.

Trustee selection methods

By open recruitment process

The trustees' annual report has been approved by the trustees on 15th July 2022 and signed on their behalf by

Bhupendra Mistry (Trustee)

Independent examiner's report to the trustees of Kamla Foundation

I report to the charity trustees on my examination of the accounts of the charity for the year ended 31st December 2021 which are set out on pages 10 to 11.

Responsibilities and basis of report

As the charity's trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the accounts do not accord with those records

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Christy Lau FCCA CTA DChA
Slade & Cooper Limited, Chartered Certified Accountants
Beehive Mill, Jersey Street
Ancoats Manchester, M4 6JG

Date 5th August 2022

Kamla Foundation
Receipts and Payments Accounts
for the year ended 31 December 2021

	2021 £	2020 £
Receipts		
Donations	21,471	32,975
Income tax repayments	8,701	8,100
	<hr/>	<hr/>
Total receipts	30,172	41,075
	<hr/>	<hr/>
Payments		
	2021	2020
Project Expenses		
Health and Care Foundation	12,000	-
The Gujarat Cleft and Craniofacial Research Institute (formerly known as The Medlife Foundation)	-	4,000
	<hr/>	<hr/>
	12,000	4,000
	<hr/>	<hr/>
Administration Expenses		
Marketing, publicity and website	600	1,674
Accountancy	360	360
Office Costs	697	969
Postage	468	901
Bank charges	35	-
	<hr/>	<hr/>
Total payments	14,160	7,904
	<hr/>	<hr/>
Net receipts / (payments) for the year	16,012	33,171
Bank and cash balances at start of year	84,855	51,684
	<hr/>	<hr/>
Bank and cash balances at end of year	100,867	84,855
	<hr/> <hr/>	<hr/> <hr/>

Kamla Foundation
Statement of Assets and Liabilities
for the year ended 31 December 2021

	Note	2021 £	2020 £
Bank and cash balances		100,867	84,855
		<u> </u>	<u> </u>

Notes

- a) All the charity's funds are unrestricted. Unrestricted funds are available to spend on activities that further any of the purposes of charity.
- b) The financial statements have been prepared in accordance with the Charities Act 2011. As a lower-income charity under section 133 of the 2011 Act, the trustees have elected to prepare the charity's financial statements using the Receipts & Payments basis.

Approved by the trustees on 15/07/2022 and signed on their behalf by:

Bhupendra Mistry (Trustee)