“Samir Chaudhuri’s life has been an extraordinary one. That’s why I want to tell you his story.

He regards himself as a rich man, even though he owns nothing. He has grown to maintain a healthy detachment from material things. Every day he counts his blessings, the many miracles that have taken place in his life and keep happening. He has lived intensely. He has put everything on the line, seeking and risking all he had to exploit in his own life to the core and, in the process, leave a mark in the lives of others.

If now he has resolved to think back to his personal trajectory and tell his story openly, it is because he hopes it can serve his cause. He does not like being in the limelight, he is reserved and quiet, but the time has come to reflect and leave evidence of what he has experienced.”

It is a book on our founder director, Dr. Samir Chaudhuri, authored by Italian journalist and writer Valeria Benatti. It was launched on February 1, 2014 at our 40th Foundation Day Celebrations, in Town Hall, Kolkata.
1975-1985
1. Under 5 clinic started in Balananda Hospital, Behala and St Vincent School, Thakurpukur, Kolkata
2. CINI getting the identity of a registered society
3. Disaster relief operations in flood affected Moyna and Sunderbans in West Bengal (WB) and cyclone hit areas of Andhra Pradesh and support for Kampuchea refugees
4. Maternal and Child Health (MCH) project initiated in Moyna and Baikunthapur of WB

1986-1995
5. Health programmes initiated in Tollygunj slums
6. CINI Urban Unit set up for implementing urban health programme focusing on street children in Kolkata
7. Adopt a Mother programme initiated with support from Amici di CINI, Italy
8. Relief work for victims of communal violence in Tangra, Kolkata
9. Regional centre for counselling on HIV & AIDS set up with support from National AIDS Control Organisation (NACO), Government of India
10. Adolescents' programme started
11. Setting up of Fund Raising Unit in Kolkata
12. Recognition as Regional Resource Centre by Ministry of Health & Family Welfare (MOHFW) for Easter Region, Govt of India

1996-2005
13. CINI Diamond Harbour Unit set up
14. Conferred Collaborative Training Institute (CTI) status for seven North Eastern states by MOHFW, Govt of India
15. Initiation of CINI Murshidabad unit, Adolescent Resource Centre and CINI Jharkhand unit
16. Relief operation for earthquake victims of Bhuj in Gujarat
17. Initiation of Life Cycle Approach (LCA) Cell

2006-2013
18. Recognised as State Nodal Agency for rolling out Accredited Social Health Activist (ASHA) under National Rural Health Mission, West Bengal

19. Pilot intervention on Child & Woman Friendly Communities (CWFC) initiated
20. CINI Jharkhand unit recognised as State Nodal Agency for under deprived children
21. 12 weeks certificate course on Reproductive and Child Health started in collaboration with Jadavpur University
22. Community Health Care Management Initiative (CHCMI) launched with support from Dept of Health & Family Welfare and Dept of Panchayat & Rural Development, Govt. of West Bengal
23. State Technical Resource Centre for conducting HIV & AIDS trainings in partnership with NACO, India
24. Community College established in partnership with Indira Gandhi National Open University (IGNOU)
25. New CINI logo launched with new branding strategy
26. Awarded World Bank supported Development Marketplace project for income generation of women's groups by marketing low cost nutritious supplement, “Nutritimix”
27. Initiated Kolkata CHILDLINE, a 24 hour emergency service for children in distress, under Ministry of Social Justice, Govt of India
28. CINI Uttar Dinajpur unit set up
29. Setting up of Education Resource Centre in Kolkata
30. Shelter home for homeless women and girls in Kolkata started with support from West Bengal Government
31. Residential services for boys and girls initiated in CINI Urban unit
32. Setting up of Child Protection Resource Centre in Kolkata

2013-2014
33. CINI reaches 40th year
34. New website launch
35. Compilation of CINI's policies, strategies, operations, programmes and communication into a guide book called CINI METHOD
36. New social business initiative of CINI “CIN COMM” launched
37. Web enabled project planning and monitoring system CISS launched
38. Launch of Missing Child Alert project addressing cross border child trafficking with support from Plan India
Finally as we complete 40 years of service to deprived children and women, we step into another challenging year, reducing inequities, in nutrition, health, education and protection among the “two Indias”

It is my pleasure to share with you the following activity report. It highlights our programme activities benefitting children and women from deprived sections of our community, living in the villages and urban settlements of West Bengal and Jharkhand.

On the nutrition front, the story of our journey will remain incomplete if we do not mention about CINI Community Initiatives (CINCOMM). This is a Section 25 not for profit company initiated to strengthen CINI’s mission through community centric initiatives. In the last one year, an action research team from IIM Calcutta was able to establish CINCOMM as a financially sustainable social enterprise. The reach of Nutrimix grew many folds under CINCOMM. The “Nutrimix Community +” model invented by CINCOMM shows much promise in contributing to both nutrition and livelihood generation. Many of our valued partners including government agencies have shown interest in implementing this model. Funds generated through this initiative now fund a few of our flagship programs including the Thursday Clinic at Pailan.

With the prime objective of working with elected members, such as local panchayat and urban local bodies, participation of all stakeholders and convergence in mind, the “Child and Woman Friendly Community” (CWFC) approach has now been refined as the CINI Method. Most of the programme activities of CINI will now be implemented using the CINI Method. Incremental training is being provided to project holders in making it work. A “Child Entitlement Card” has been developed including the basic expected changes to monitor over the life cycle over pregnancy, the first two years (1,000 days), early childhood and adolescence in the areas of nutrition, health, education and protection.

In our programme to mainstream over 4250 out of school girls, we have seen families ravaged by poverty, still willing to invest in educating their daughters. We have named this programme “GPower” hoping to unleash the potential of girls so that they can contribute meaningfully, by empowering themselves with education, life skills and delaying age of marriage. It is a software which will help in tracking irregular school attendance of these girls to allow us to respond in real time, so that they are not pulled out of school, making them vulnerable to early marriage or trafficking.

After a long wait, the Information Technology Cell of CINI has developed a web based monitoring system of all its programmes tracking programme and financial outputs. Of course it depends on the periodic updating by all the project holders, which has been slow. This will help in monitoring of all the projects implemented by CINI.

Finally as we complete 40 years of service to deprived children and women, we step into another challenging year, reducing inequities, in nutrition, health, education and protection among the “two Indias”. One resurgent with newfound wealth and immense spending power, the other (almost one third), barely surviving, with rising food and health care costs, environmental degradation and increasing pollution.

Dr. Samir Chaudhuri
Founder-Director, CINI
For the Mother and the Child in Need: A friend in deed

Child in Need Institute is a non-government organization (NGO) working with the mother and the child for four decades now. Founded in 1974, by pediatrician, Dr. Samir Chaudhuri, CINI today employs nearly 1500 professionals and is guided by a governing body of medical practitioners, development professionals, academics and administrators. CINI runs operations in the states of West Bengal, Jharkhand and Chattisgarh, reaching out to a population of over 5 million people.

CINI was primarily created to address the needs of children and their mothers. We are active in deprived communities, both in villages and low-income urban settlements, and seek to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence, affecting in particular children and women. Our learnings motivated us to move towards the holistic approach of making interventions in the most crucial periods of human development: early childhood, adolescence and pre-natal, pregnancy and post-natal stages impacting both mother and child. This involved complex engagement and intervention in community life through a number of institution and community-based services.

CINI has continually worked with local knowledges, available resources and institutions to ensure change that is sustainable and implementable by local communities in their own social and cultural contexts. We have adopted a human rights-based approach in strengthening local governance actors, such as rural Panchayat Institutions and Urban Local Bodies, service providers, such as health personnel and teachers, and adult and child community representatives, to use available resources and identify local solutions. Our programs span project development and implementation, evaluation, network building, training and capacity development, to serve marginalized communities and contribute to government policy and programs.

CINI’s overarching aim is to enable poor people, women and children to take control of their lives and share in sustainable development. Our initial focus on health and nutrition has grown further in the areas of education and child protection. Our method is to converge sectoral interventions at the level of the family and the community.

As it has continued to work in the field, CINI has felt that to make meaningful changes at a larger level, it needs to adopt a facilitator’s role to reach out to larger communities. The organization currently runs an outreach program aimed at passing its experience and research to those who plan, allocate and implement government resources related to social development. Over these four decades, CINI has evolved into a major influencer at the national level in the context of both policies and projects.

CINI sees its role as a facilitator in fostering partnerships between people and government. We seek to achieve development and social justice by fostering alliances among key governance actors to increase access to quality basic services, fulfill fundamental rights and involve voiceless communities in decision-making processes. Building partnerships is core to our way of working with women and children. We partner with Government of India and state governments, UN and bilateral organizations, international and national donors, grassroots organizations and networks. In particular, we collaborate with community-based organizations, women’s self-help groups, local elected representatives, service providers, children and youth groups.

We seek to adapt international and national experience and knowledge to improve the capacity of local stakeholders. We learn from the poor and strive to improve their condition. We have fostered the formation of civil society networks and alliances in India and rely on a network of international support groups.

CINI around the World

Fondazione CINI International was established in Italy in 2000. Its mandate is to promote the work of CINI in different regions of the world by encouraging the establishment of independently registered charities. CINI Australia, CINI Italia, CINI Holland, CINI Norway, CINI Uganda, Friends of CINI, Scotland and CINI USA work to make CINI known and raise funds in their own countries.
Programme Intervention Area Coverage

CINI reaches out to 5 million population in West Bengal & Jharkhand
Events that Evaluate
**Community based Initiatives to manage malnutrition**

Malnutrition places an intolerable burden not only on individuals but also on the national health systems and the entire cultural, social and economic fabric of nations. The First Thousand Days of the child i.e. the period from pregnancy up to a child’s 2 years after birth are very crucial. Severe undernutrition during this period may lead to poor fetus brain development, poor physical and mental growth, and poor learning capacity of children. This in turn may lead to increased morbidity, stunting and poor survival. Poor childhood nutritional status may surface later as diabetes, hypertension and obesity in adulthood. Addressing the first 1,000 days is an approach to fight malnutrition right from the beginning of life in the womb (pregnancy) till first two years of the child’s life. This can be the foundation for healthy future generations. This period is a unique ‘window of opportunity’ to ensure future nutrition security and prevent under nutrition and break the intergenerational cycle of malnutrition. Health and survival of mothers and their newborns is linked intrinsically. Both mothers and infants are vulnerable in initial days and weeks after birth – this is a critical time for life-saving interventions. In the past few decades there has been an awakening to the need of strengthening the mother & child care at the primary level by inclusion of various government programs under the Ministries of Women and Child Development (ICDS), Health & Family Welfare (Health, NRHM) and Rural Development (P&RD). Unfortunately, these efforts have not resulted in the expected decline in the maternal, neonatal and infant mortality after an initial fall.

Adolescents cover up roughly one fourth of the overall population. Neonatal mortality and Infant mortality as well as low birth weight among children born to teenage mothers are higher compared to children born to older mothers (NFHS 3). One in two women (20-24 years) (47.5%) are married before the age of 18 in India (NFHS 3). The scenario is similar in Jharkhand (55.7%) and in West Bengal (54.8%) (DLHS 3 2007-08). Most of these adolescent mothers have poor nutritional status and anemia which contributes to two to five times higher risk of maternal death. DLHS 3 reported that, young pregnant women had higher spontaneous abortion and still birth. Three-fourth (68%) of the expecting mother reported complications during pregnancy. Early childhood mortality is highest among children born to young mothers: neonatal mortality 54%, infant mortality 77% and under 5 mortality 95% (NFHS 3, 2005-06). Moreover, even if the child is born healthy, the teenage mothers do not have proper knowledge regarding breast feeding, infant caring and
feeding practices, thus leading to severe undernutrition among children in first two years of their life.
CINI’s work in nutrition aims to reduce infant mortality due to undernutrition and improve maternal nutritional status by ensuring accessibility and quality of essential government nutrition services and schemes in first 1,000 days of a child, from pregnancy till her child’s two years of age. The key focus areas are:

1. Early initiation of breastfeeding within one hour of birth
2. Exclusive breastfeeding during the first six months of life
3. Timely introduction of complementary foods at six months
4. Age-appropriate (quantity, quality and frequency), energy and nutrient-dense complementary foods for children of 6-24 months of age with continued breastfeeding
5. Safe handling of complementary foods and hygienic complementary feeding practices
6. Full immunization and bi-annual vitamin A supplementation with de-worming
7. Frequent feeding and breastfeeding during and after illness, including oral rehydration therapy and zinc supplementation for children with diarrhea
8. Timely and quality therapeutic feeding and care for children with severe acute malnutrition
9. Improved food and nutrient intake for adolescent girls, particularly to prevent anemia; and
10. Improved food and nutrient intake for adult women, particularly during pregnancy and lactation

In line with CINI’s Child and Women Friendly Communities (CWFC) approach, nutrition programs have been initiated with focus on system strengthening along with collective community action in West Bengal and Jharkhand.

Use of Mobile Technology to improve nutritional status in first 1,000 Days by ensuring quality and timely service delivery

CINI continues to develop and test innovative approaches for better implementation of 1,000 days program and adolescents. With support from NRHM, GoWB, CINI initiated identification and tracking of pregnant women and children (<2 years) with the use of GIS & mobile technology, through real time data, in Jalpaiguri and Ward 58 in Kolkata. This would help immediate action to reduce malnutrition in some of the poorest tea garden areas and urban slums. Self help group women, will be empowered to contribute in this initiative.

Institution based initiatives to manage malnutrition

CINI ran Nutrition Rehabilitation Center (NRC) for more than 36 years at Daulatpur near Pailan, 24 Parganas(S) and experienced that most mothers are not willing to stay at NRC for consecutive 15-20 days (fixed admission regimen for NRCs) due to family and personal reasons leading to further deterioration of the condition of the child. CINI therefore restructured its nutrition rehabilitation services to Day Care Nutrition Rehabilitation Center on the basis of WHO prescribed Community Management of acute Malnutrition principles.

Doctors, Nutritionists, Nurses, Health Workers work together to improve the health status of enrolled children in the NRC. Feeding is the mainstay of this rehabilitative process. Nutritional counseling of caregivers is done by nutrition experts.
Objectives

The specific objectives of the “first 1,000 days approach” are
1. Improved household level child care practices by developing and following micro plan for first 1,000 days for each pregnant women and child
2. Initiate community based activities such as Nutrition Counseling and Child Care Sessions (NCCS) to manage malnutrition with anganwadi centers
3. To strengthen existing system of Health, ICDS & PRI, by improving convergence, collaboration and partnership across sectors, within government to promote action to address maternal and child undernutrition
4. Improved community engagement on the issue of child malnutrition by creating a synergy within the community in Govt. programs addressing the first 1,000 days of a child
5. To build the capacities of SHGs and adolescent groups to act as ‘change agents’ in the community to improve nutritional status of the children
6. To pilot the use of technology, for better tracking of the nutritional status of each mother and child in urban Kolkata and Jalpaiguri, West Bengal
7. Pilot intervention to study impact of community Crèche for the children (6 months - 3yrs) to demonstrate proper feeding and caring behavior and to provide calorie dense supplementary food to children in Gola, Jharkhand

The objectives of the initiatives on adolescents, additionally focus on
1. To equip adolescents with knowledge to be able to make right choices regarding their hygiene, health & nutrition
2. Innovating youth friendly strategies and programme models
3. Developing resource materials on adolescent nutrition issues (e.g. Communication, Training, Technical and Reference Materials)
4. Networking and Advocacy with NGOs from all over the country, government agencies, bilateral and UN organizations
5. Capacity building of NGOs to develop, implement and scale up adolescent friendly programmes by providing technical support

The objectives of the institution based initiative are to ensure
1. Growth monitoring and promotion
2. Age appropriate dietary advice
3. Counseling with both male and female caregivers and family members

Major Intervention

CIIN started working in the thematic area of nutrition since early 1974 for growth & development of mother and child and the adolescents.

CIIN Adolescent Resource Centre has started its journey in 2000.

Impact

- **Day Care Nutrition Rehabilitation**
  Number of children served in the center during the period:
  Total: 971 children
  Male: 469
  Female: 502

- **Community based initiatives for malnutrition management**
  1. Antenatal care checkups:
     Borough VII, Kolkata- 83%,
     Goalpokhar 1, Uttar Dinajpur: 62%
  2. Institutional delivery:
     Ward 58, Kolkata- 96%
     Borough VII, Kolkata- 96%,
     Goalpokhar 1, Uttar Dinajpur: 49%
     Diamond Harbour II, 24 Parganas (S): 80.7%
  3. JSY referral:
     Borough VII, Kolkata- 41%,
     Goalpokhar 1, Uttar Dinajpur: 60%
  4. 4 Post Natal care checkups:
     Borough VII, Kolkata- 24%,
     Goalpokhar 1, Uttar Dinajpur: 46%
  5. Exclusive breastfeeding:
     Borough VII, Kolkata- 19%,
     Goalpokhar 1, Uttar Dinajpur: 55%
  6. Initiation of timely complementary feeding:
     Ward 58, Kolkata- 90%
     Diamond Harbour II, 24 Parganas (S): 82%
  7. Nutrition Rehabilitation sessions for undernourished children:
     Borough VII, Kolkata - 916,
     Goalpokhar 1, Uttar Dinajpur: 7
     Change in nutritional status after attending NCCS
     Ward 58, Kolkata- 7.5 % severe underweight children became normal
     Diamond Harbour II, 24 Parganas (S): 2.3% severe underweight children became normal
8. Referral of severely malnourished children to Government run NRC:
   Ward 58, Kolkata -36
   Borough VII, Kolkata- 156,
   Goalpokhar 1, Uttar Dinajpur: 81
   Diamond Harbour II, 24 Parganas (S):31

- Adolescents

Strengthening SABLA Scheme in six districts of West Bengal
1. Capacity Building and handholding support to 2160 Sakhi and Sahelis of 18 focused blocks of 6 districts
2. Capacity building of adolescent girls of 37 blocks under 6 districts

Strengthening adolescent girls groups to address social issues and advocate for their rights
1. 2160 Sakhi and Sahelis are capacitated on nutrition, health, education, family life education and government services
2. 268 Capacity building programme have been completed covering 13664 adolescent girls in 37 Blocks
3. With active support of Anganwadi workers, PRI members and often Block level officials and local police station, these groups succeeded to prevent 18 cases of child marriage

3.1. In Malda district, adolescent girls submitted a petition to the Panchayat Pradhans of Kligram and Khempur Gram Panchayat regarding the arrangement of tuition fees for 19 out of school adolescent girls, who stopped their study because of financial crisis. The Panchayat Pradhan of respective Gram Panchayats accepted the petition and arranged the tuition free of cost for all of them

3.2. With an active support & cooperation from service providers, especially Anganwadi workers and CDPO, School Inspector (SI), school teachers, Panchayat and parents, a total 115 drop-out adolescent girls enrolled in different schools in four SABLA districts

4. Monitoring of vulnerabilities involving community and other stakeholders

4.1. A strong community-based prevention mechanism is developed in three blocks of Nadia district through the community based monitoring mechanism (Social Resource Map). Girls from 54 Anganwadi Centres in Nadia district already mapped and identified vulnerable houses for early marriage and they regularly monitor and track the status of the houses

5. Girls' effort/initiative for ensuring accountability through the system

5.1. In Malda, girls from Englishbazar submitted a letter to the Block Medical Officer of Health (BMOH) seeking regular supply of IFA tablets. The concerned person forwarded this letter to the Child Development Project Officer (CDPO), Englishbazar and CDPO assured girls for immediate and regular supply of IFA according to their requirements

5.2. Adolescent girls from Coochbehar-II block, Coochbehar district took an initiative to write a letter to the Block Development Officer (BDO), Coochbehar-II block expressing their discomfort regarding their Anganwadi centre as the centre had no roof on it. Then girls wrote a letter to the BDO on January 22, 2013 seeking immediate repair of the roof of their centre. BDO then raised this issue to the CDPO of Coochbehar-II blocks and asked him to take appropriate step to solve the problem. Consequently CDPO arranged a roof for the centre

5.3. In 4th Saturday meeting, adolescent leaders from Rahamatpur II Gram Panchayat of Karimpur II block, Nadia requested the Panchayat Pradhan to arrange playing materials for the Drop in Center. Subsequently it was decided in the meeting that the above materials will be provided from the Gram Panchayat contingency fund

- Jharkhand

MUAC screening was done, thereafter home visits were done to the identified children

- Empowering community groups engaged in decision making process for improving the services of sexual and reproductive health and nutrition.

i. Improvement in number of times a mother feeds the child with remarkable change as 41% children eats 4 times and 35% eats 3 times a day beginning from 2 times meals at the beginning phase of the intervention

ii. Continuous efforts to aware the mother about the child needs during the crucial period of life through community meetings have now made mother as the primary caretaker i.e. 67% of the child

iii. The complete representation of essential food components in the food basket i.e. Rice, Pulse and GLVs
A positive step towards availing hospital services

Najma Bibi, a 21 years old mother lives in Patra with her husband and two children (1 daughter and 1 son). The family is very poor and needy. Najma is a housewife and her husband works as a tailor. Both husband and wife read upto class IV.

Najma got married at the age of 17 years and after 6 months she became pregnant. She got registered under Adopt a Mother, Save her Child project on 22.09.2010. During her pregnancy period she availed all the health facilities. But she was scared of hospital delivery as she thought that she would undergo surgery which could minimise the chance of further pregnancy. While she was in 7th month of pregnancy, she went to her parental house and delivered a girl child there. That was a home delivery and she had some complications.

Since they were in a joint family and the family was wishing a male child, the health worker and the supervisor had regular contacted the family members and counselled the family members on birth spacing, new born care, post-natal care, importance of complete immunisation, nutrition, importance and advantage of hospital delivery, exclusive breast feeding, etc. Home visits were done along with the government health functionaries.

Najma became pregnant for the second time and got registered under AAMSC project on 17.04.2013 and underwent all the required pathological investigations. The expected date of delivery was 12.11.2013.

During pregnancy, she underwent 4 ante-natal checkups, TTs were administered in due course, IFA tablets were taken regularly, weight and blood pressure were normal. She didn’t have any complications during the entire pregnancy period as she was properly counselled. Her husband was also counselled on the necessity of male involvement during pre and post natal period. Najma and her family members were counselled on the importance and advantage of hospital delivery. On 31.10.2013, she felt pain and on receiving the news the concerned health worker rushed to Najma’s home. The health worker advised the family members to admit Najma in hospital immediately. As the family was ready for a hospital delivery this time, so they didn’t waste time and took all the measures to admit her in hospital. Her husband along with her mother-in-law accompanied her to the hospital (Diamond Harbour Hospital). On that day she delivered a healthy male child there. The birth weight was 3.25 kg. Within 1 hour of birth, the baby was fed with colostrum.

The health worker continued the follow-up and counselled the mother on importance of excluding breast feeding till 6 months of the baby. At present both the mother and the baby are maintaining good health. The weight of the baby is taken by the health worker on regular basis which is showing a positive weight gain. Basic immunisation has also been completed.

• Empowering adolescents organised into groups engaged in decision making for improving their sexual and reproductive health and nutrition.
  
  i. Active involvement and continuous participation of 62% of enroled kishoris for SRHR issues

• Improving access to quality services at the Village Health and Nutrition Day organised at the community level.
  
  i. Mata samiti of 60% villages actively involved in growth monitoring of children
  
  ii. Village health plan prepared in all intervention villages
CINI Innovations

Monitoring at home: Use of pictorial self monitoring calendar for first 1,000 days

Addressing the needs of malnourished children necessitates an innovative approach that aims at behavior change at family level for malnutrition management. During pregnancy and after child birth, they need to follow their own progress regularly every month. Understanding this requirement, a pictorial self monitoring calendar was developed for the pregnant women, mothers and their families with focus on the entitlements during these first 1,000 days. This is not only a monitoring tool but also a source of information for the women and the family members. This calendar is based on the first 1,000 days micro-plan which tracks utilization of Govt. health and nutrition services, women nutrition and child's feeding and caring practices. This calendar aims to act as a reminder for the family to follow the micro-plan and ensure safe delivery and healthy life of the child.

Use of mobile technology for monitoring progress in first 1,000 days

Tracking and ensuring uptake of services among pregnant women and children below 2 years has been a challenge and programme monitoring records often show higher dropouts in this group. CINI integrated Geographic Information System (GIS) and Mobile Telephony with its first thousand days plan in Kolkata urban slums and Dhupguri Tea Gardens in Jalpaiguri to track every mother & child to address malnutrition in 'First 1,000 days of a child'. The NRHM, GoWB, supported this initiative, in real time tracking and providing quality services to pregnant women and children. Regular alarm and alerts are being sent to the mobile at the community level for immediate action. This real time data is being shared with the health department officials on regular basis for improving the service delivery. In rural it supports the existing Govt. MCTS system and for urban, CINI's software is the only source of monitoring women and children real time.

Kitchen garden to ensure nutrition security

The basic idea behind promotion of 'kitchen garden' was to increase the intake of vegetables among children as well as pregnant and lactating women in the community. Prevalence of micro nutrient deficiency among the children and women is especially high, which can lead to complications in pregnant women during childbirth or can make a child malnourished. Vegetables in all forms are rich in vital nutrients that help in physical and mental growth of a child. To bring the change in feeding pattern, different locally consumed seasonal seeds of vegetables like papaya, beans, green chillies, brinjal and water gourd were distributed to the mothers of children and pregnant mothers in Diamond Harbour II block. Total of 9946 mothers received seeds and 7163 kitchen gardens had been formed in the courtyard of the houses of the mothers.

Before distributing the seeds, meetings were conducted to educate the community mothers on the necessity of consuming a nutritional diet for boosting the immunity of their children. There was a increasing demand for seeds to start a similar garden. Representatives from Krishi Vigyan Kendra gave special training to SHG members on cultivation of low cost nutritious organic vegetables in Diamond Harbour II.

I am a Butterfly – a pictorial self monitoring tool for adolescent girls

This pictorial tool enables adolescent girls to monitor themselves on issues related to hygiene, nutrition and health, each issue being related to a part of the butterfly. The idea is to achieve all the parts of the butterfly every month and become a complete beautiful butterfly. This tool has been adopted under the SABLA program.
The main focus has always been to aware the underprivileged and under served community on the various aspects of health and develop an understanding of health as a basic human right.

CINI has been working with different facets of Reproductive, Maternal and Child Health since last 40 years. The main focus has always been to aware the underprivileged and under-served community on the various aspects of health and develop an understanding of health as a basic human right and further generate demand for different health services.

CINI is contributing to RMNCH+A outcomes through it's 'Life Cycle Approach [LCA]' based programme. The LCA based framework helped to address a host of interconnected RMNCH+A outcomes in a comprehensive manner. It focused on three critical stages of the life cycle – pregnancy, early childhood (birth to two years) and adolescence (10-19 years). The strategic outcome envisioned is creating Child and Woman Friendly Communities in rural and urban area of India, engaging local self government, deprived local communities and service providers contributing to the developmental outcomes of the area.

Major Interventions

A. Providing support to under 5 children through institution based services
   - Health check ups
   - Providing medicine
   - Immunization

B. Providing support to women, children and adolescent at the community level in rural and urban areas.

   1. Capacity building and need based refresher training of field level worker on
      - Importance of Ante Natal Check up, Post Natal Check up, Home based new born care, Immunization, Exclusive Breast Feeding, timely initiation of complementary feeding
      - Orientation on RMNCH+A to key stakeholders- AWWs, ASHAs, ICDS supervisors, SHGs/ CAGs, ANM/ Health personnel
      - Screening, identification, referral and management of danger signs of pregnancy & child health
      - Capacity Building of AWW, Sahiya, ANM for improved service delivery (Jharkhand)
      - Capacity building of staff, adolescent groups on ARSH & SRH (Jharkhand)
2 Community Mobilization
- Empowering community through village level community meetings & PRI members on health entitlements
- Social audit of ICDS & PDS services
- Using community mobilization tools like self monitoring calendar, community growth chart, social map, cohort register etc
- Observing special day (hand washing day) & week (breast feeding week, nutrition week)
- Motivating community to develop kitchen garden, so that the produce can be used at household level and also during NCCS

3 Up-gradation and development of different IEC materials
- Booklet – “Amader Shishu Swasthya Surakhya Protham Hajar Din”
- Poster on Breast feeding, Environment Sanitation & Hygiene, Handwashing, Deworming
- Flip Book on NCCS

4 Organizing Behavior Change Communication (BCC) activities
- Community level meetings with mothers, community representatives (Change Agents & SHGs), Local Bodies, Influential community members
- Health and wash melas at village, block & panchayat level, street plays
- Health Camp & Nutrition Demonstration Camp

C. Facilitating the government schemes at the community level
- Developing a feedback mechanism so that the community can provide feedback on the delay/non availability of services
- Advocacy with government bodies and local bodies to ensure these services

D. Advocacy workshop with District and State Health administration

E. Home based Neo-natal care (Jharkhand)
- Strengthening Sahiyya on home based care for new born
- Sahiyya impact assessment on home based neo natal care
- Capacity building of Sahiyya sathi(ASHA facilitator) on home based new natal care
- Developed module for health dept. on HBNC
- Developed Sahiyya bulletin (news letter) for health dept.
- Developed quarterly health magazine for health dept.
- Assisting in preparation of state health PIP

F. Ensuring service delivery on Maternal and Child Health
- Identification of pregnant women within 12 weeks of pregnancy for registration in Health Sub Centre
- Ensuring 4 Ante-natal and 4 Post-natal checkups
- Ensuring institutional deliveries
- Referral of complicated cases during pregnancy, postnatal period and neonatal child
- Ensuring full immunization of the children aged 0-1 year
CINI Innovations

- Involvement & coordination with SHG groups for production, packaging & distribution of PNC kit with combination of sanitary napkin, Nutrimix, condom, and IFA tablets.
- School based information centers have been established within school premises to disseminate information on adverse effect of child marriage, anemia prevention, PCPNDT Act. Students have started accessing the information and sharing with other students.
- Digital tracking system 'G-Power' has been initiated using mobile tablets to track and respond to the adolescent girls vulnerabilities with technical support from global IT company Accenture.
- Life Skills Education Manual, developed under MacArthur Foundation project is adopted by the Health and Family Welfare Department, Govt. of West Bengal, for training of Anwesha Counselors of all blocks of the State.
- CINI realized that through the intervention in destination alone, vulnerability among migrants cannot be reduced. Intervention of migration should not be a vertical program; it should be linked with the Source & Transit site. This strategy has been piloted in W.B. & Jharkhand from 2007. Outcome of the program & strategy was shared with SACS & NACO; continued advocacy had been done for its introduction in National AIDS Control Program. Finally this concept has been adopted by NACO from 2010, where Migrants are being tracked in Source-Transit-Destination, through new migration intervention strategy.

G. Addressing adolescent reproductive and sexual health

- Pilot interventions that develop and test innovative youth friendly strategies and programme models.
- Resource Development aimed at developing resource materials on young people's issues (e.g. Communication, Training, Technical and Reference Materials).
- Research and Evaluation undertaken to enhance knowledge and understanding of young people’s issues that will contribute to future programming and advocacy of key issues.
- Networking and Advocacy with NGOs from all over the country, government agencies, bilateral and UN organizations.
- Capacity building of NGOs and other agencies to develop, implement and scale up youth friendly programmes by providing technical support in conceptualization and designing programmes, staff training, developing and strengthening monitoring systems and enhancing documentation skills.

Impact

- 73.5% of pregnant women have been identified early within the first 3 months of pregnancy.
- 96% of pregnant women have taken at least 1 Tetanus toxoid injection.
- Also 94% of pregnant women had taken 100 Iron Folic Acid tablets.
- 92% of women have undergone institutional delivery in urban areas whereas in rural areas it is 65.1%.
- 95% of children under 2 years of age has undergone full immunization.
- 72.5% of children under 2 years of age have got birth certificates.
- Only 20% of eligible women have received JSY (maternity benefit scheme for pregnant women) facility in the last 6 months.
- Capacity building (grass root level workers, Govt service providers, Community) of 150 personnel.
- Formation of community support groups (Change Agent : 405, Peer group : 3 Adolescent group : 4, Slum health committee : 28, Ward level health committee/Steering committee : 1)
• Strong liaison with service providers like KMC, ICDS, DFWB, KMUHO, NRC
• Participation in District Level Task Force meeting and Block Level Task Force meeting with WHO, KMC, DFWB and ICDS
• Acting as social mobilizer for Govt service providers (Routine Immunization, Special Immunization Week, Janani Suraksha Yojana, Garbage disposal, Growth monitoring, Referral of SAM children)
• Increase knowledge on MCH indicators (ANC, PNC, JSY) among mothers & community people : 3000
• Data collection through mobile phones for real time documentation
• Involvement & Coordination with SHG groups for production, packaging & distribution of PNC kit : 1 group
• In the under 5 clinic, around approximately 11500 children were treated

Achievements of adolescent programme

a) Strengthening School Health and School Education programme
• 490 School Teachers have been trained as Master Trainers
• 2000 Peer Leaders have been trained
• Through various sessions approximately 140000 students have been reached
• Inclusion of Life Skill education classes in regular routine of 100 schools
• School-based Information Centres have been set up in 150 schools
• Feedback Response Mechanism (FRM) has already started in 42 schools
• Till date, 8000 adolescent and youth have been trained under LWS
Proper information & awareness is the strongest weapon to raise the voice

Anisha is a motivation for others. Coming from a poor background did not deter her to fight for her rights.

“If you want change, you have to make it. If we want progress we have to drive it.” It is correctly quoted that for bringing a change, be the change you want to see in the world. CINI has been working in 70 villages of Hazaribagh & Ormanjhi block with the objective to bring improvement in maternal health status.

With time, a change has been seen in Chanaro village. There has been increase in the institutional deliveries. People are realizing the importance of ANC & PNC checkups for a safe motherhood. Because of regular facilitation on their rights & entitlements, they are coming forward to demand their rights.

It will not be wrong to say that Anisha Soren was the one who fought for her right. She was regularly participating in the community based activities being promoted by CINI for ensuring a better health of mother and child. Villagers were also sensitized about various entitlements so that they can be benefitted through it.

During her pregnancy, she went to the nearby AWC for registration, where, she was only given TT1 injection. She enquired from the ANM that apart from TT1 injection, other six checkups (BP, weight, ANC checkups, haemoglobin test, urine test, physical examination of abdomen) should also be ensured. Why was she given only TT1 injection? Why all these test/checkups were not ensured? Showing the MCP card to ANM she said that during first ANC all these types of tests/checkups should be done. It was replied by the ANM that she had not brought the check kit. Anisha said that "For today its fine but from the next month you should ensure all these checkups". As a result of this, when Anisha went for her second ANC, all checkups were ensured by the same ANM.

Thereafter when she went for delivery at Charhi sub center on 23rd December 2013. She delivered a girl child. While she checked in at the hospital, the ANM demanded money. On continuous demand of money, she told the ANM to provide it in writing. She had attended several meetings during which she got all informations related to maternal health, nutrition, JSY & JSSK scheme, ICDS & PDS, abortion etc.

The ANM was shocked and refused to give anything in writing. She said that Anisha could give her some money out of the happiness of becoming a mother. Thus it will not be wrong to say that proper information & awareness is the strongest weapon with which one can raise his/her voice and demand for her/his rights.

b) Empowering Adolescent Girls for Better Maternal & Child Health Outcomes

- 2039 mothers have been sensitized regarding different health, nutrition and Government services & schemes through 210 mothers meetings
- 1272 adolescents have been sensitized about SRH from 127 adolescent meetings
- 257 SHG women were trained on maternal and child health issues

HIV-LWS West Bengal achievement

- 509875 Vulnerable Migrant population and 26235 FSWs have been mapped and identified through different intervention program at district level
- 21250 FSWs (81% of line listed FSWs) have been linked with different services (STI/ICTC & condom promotion)
- Positivity rate of ICTC among HIV tested population among FSWs is only 1.23%, in CINI’s operational area, which is much lower than National HIV prevalence rate (2.67%) among FSWs
- In 2013-14, CINI has fulfilled the condom demand of urban FSWs (covered TI areas), through Social Marketing
Achievements of Jharkhand

- Strengthened Village Health & Nutrition Day (VHND) for the intervention area - all pregnant women registered and 90% of them gone through ANC checkups
- Social map prepared for information of house wise status of pregnant, lactating, adolescent girls and SAM children status
- Empowered Village Health Sanitation & Nutrition Committee (VHSNC) - members were oriented on different health related themes such as maternal health, importance of ANC & PNC checkups, monitoring of health services during VHND, abortion, family planning
- Community based monitoring of health and nutritional services, was conducted by the community members. The community people assessed the quality of health services at village level also
- Advocacy by community group - Demand for quality health services has now become a significant areas of concern for the VHSNC members, SHG groups, adolescent group and community members. Collective efforts are being made through written application to appropriate government officials towards improving the quality of maternal & child health and nutritional services

Behavior Change Communication Activities - A mass awareness campaign was organized in both Hazaribagh & Ormanjhi block to sensitize the communities on adverse effect of child marriage. It was further followed by Nukkar Natak and Gram Sabha, where issues concerned with maternal health and problems/ issues concerned with delivery of health services at village level were discussed

In the under 5 clinic, approximately 11500 children were treated.

LWS Jharkhand achievement

- 47% High Risk Individuals reached by link workers with information relevant to HIV prevention and risk reduction
- 71% vulnerable young people reached by link workers with information relevant to HIV prevention and risk reduction
- 42% of people from high risk groups referred by link worker/volunteers to HIV related services
- 27% of HRG received HIV testing in the last 12 months and know their HIV status
Memories in
Media

NANDALAL BOSE
Bengal's genius and first

MAGDALEN MEMORIES
Darjeeling's finest college

ADDA AT JHAAL FARZI
Looking back on lazy winter days

second homes!
Private Retreats in Raichak-on-Ganges

child in need
institute
a beautiful ray of hope

"Where there is charity and wisdom, there is neither fear nor ignorance."
Francis of Assisi

Founded by pediatrician Sanjiv Chowdhry, today CNN has spread its wings and is involved in several major community development projects throughout India in collaboration with the Indian government and other local and international NGOs.

Devi and her husband, CNN, established their first school in 1995 with a few students. Today, they have over 100 schools and hundreds of thousands of children benefitting from their programs. Through their dedicated efforts, they have created a safe and nurturing environment where children can learn and grow. Their mission is to provide quality education to children from economically disadvantaged backgrounds, enabling them to lead a productive life and contribute to their communities.

Devi believes that education is the key to breaking the cycle of poverty and fostering social change. She has received numerous awards and recognition for her work, including the prestigious National Award for Women by the Indian government.

Devi's story is not just about CNN and its schools but about the impact she has made on the lives of countless children. Her dedication and passion have inspired many others to join her in the noble cause of education and social transformation.

CNN continues to expand its reach and make a difference in the lives of children across India. With a strong focus on quality education and holistic development, they strive to ensure that every child has the opportunity to fulfill their potential and contribute positively to society.
Child bride saved after SOS

A STAFF REPORTER

A 15-year-old schoolgirl was rescued from her Dhapa home on Thursday night, hours before she was to be forcibly married off by her parents.

The Class IX student of a city school called the child helpline number (108) and "pleaded to stop the wedding." Her marriage on Friday was "fixed" with a 50-year-old youth from Dumdum.

"We received two calls about the child marriage. The first came from the bride and the other from her school friend. Both pleaded with us to stop the marriage. The girl said she wanted to study but her parents were trying to marry her off through coercion," said Dipen Bose, co-ordinator of the Childline India Foundation, a central government initiative.

Officials at Childline took down the details from the girl and alerted police. A team comprising officers of Pragati Maidan police station and officials of Childline in Need Institute (CINI), which collaborates with Childline in Calcutta, went to the girl's home late on Thursday and rescued her.

The girl, who is the only daughter and second child of her parents, was desperate to get out of the proposed marriage, an official in the rescue team said. "She did not cry and told us in front of her parents that she wanted to study. And that she would do anything to not get married now," the official added.

The girl's father works as a water carrier while her mother is a homemaker. They were initially reluctant to call off the marriage but relented as they had little choice when the police intervened.

"Childline records show that the helpline receives at least three distress calls from minor brides every week. We get four to five calls every week. The majority of calls come from Dhamapuri, followed by the Tollygunge, Ballygunge, and Baranagar police stations," an official said.

Childline has lodged a complaint against the girl's father under various sections of the Child marriage act. "No one was arrested since the marriage did not take place," said an officer.

The girl was taken to the CINI shelter and produced before the child welfare committee on Friday.

The parents will be counseled and the daughter's future, especially where she will live, could be decided at a meeting between the father and mother and the committee members.

Since the parents are the accused party, it is unlikely that the girl would be ready to return to her parental home. If she wants, she can stay in a state-run home and the state government will bear her educational expenses (till the age of 18)," said an official of the committee.

There have been instances where the child has decided to go back to her parents. In such cases, the committee monitors the progress of her education.
In 1992-93, CINI initiated a major education intervention to address the needs of the out-of-school children in the urban slums and squatter colonies in eastern and central fringes of the Kolkata. Later on, the programme spread out among the children living in and around the Sealdah railway station and children in red-light areas.

CINI initiated educational interventions in the late 1970s with a child sponsorship programme in rural areas of the district of South 24 Parganas in West Bengal. The education programme of CINI complements government efforts in universalizing elementary education and in implementing the Right of Children to Free and Compulsory Education Act, 2009 to control the ever-increasing magnitude of child labour and out of school children in urban and rural pockets of West Bengal and Jharkhand.

CINI's education activities have focused primarily on elementary education. It has concentrated on four broad aspects:

- Helping deprived urban and rural children enrol in schools (mainstreaming)
- Providing these children the necessary follow up support so that they remain in schools (retention)
- Developing curriculum related to accelerated learning (bridge course and remedial packages)
- Providing training and other capacity building inputs to internal and external agencies

CINI has also been involved in education related networking and advocacy efforts. Significantly, all the initiatives have been marked by a conscious effort to link education and protection. This stems from the belief that education can also protect children from various forms of abuse and exploitation. For instance, education related interventions can act as a powerful strategy in reducing child labour and trafficking. Moreover, schools have the potential of becoming child-friendly spaces where children are protected and nurtured. The major focus of the education intervention looks forward to ensure universal access to elementary education for all children between 6 to 14 years and subsequent continuation of studies in government schools. It also looks forward to

- Increased rate of retention of children from socially excluded groups at the primary level
- Increased rate of enrolment of students at the upper primary level
- Socially excluded children accessing government educational schemes
- To ensure elementary education of all out-of-school girls between 6 to 14 years at age-appropriate classes in the selected villages within a period of 5 years
- To prevent girls from early marriage and trafficking
through community based child protection mechanism involving the local self-government and schools

- To sensitize local self-government, schools and community towards child friendly spaces in schools and encourage children participation through children parliament

In 1992-93, CINI initiated a major education intervention to address the needs of the out-of-school children in the urban slums and squatter colonies in eastern and central fringes of the city. Later on, the programme spread out among the children living in and around the Sealdah railway station and children in red-light areas.

Simultaneous efforts were made to extend the education programme in the districts of Murshidabad, Jalpaiguri, Darjeeling, South 24 Parganas and Uttar Dinajpur in West Bengal. The education intervention also continued to expand in the districts of Gumla, Ranchi & Khunti in Jharkhand.

**Major Interventions**

- Early Childhood Intervention for children between 2+ and up to 6 years that helps them to improve upon motor skills, cognitive and language development and socio-emotional skills improvement. This intervention involves mostly mothers and other family members in process of supporting the child to improve age-appropriate necessary skills

- Accelerated Learning Inputs for out of school children to help them to improve upon pedagogic skills and facilitate them to get enrolled in age-appropriate classes

- Remedial Education Support is being extended to the school-enrolled children for continuous skills improvement and self-capacity building to continue in schools. This also helps children in demonstrating significant scholastic performances in school examination

- Residential School for street and working children in Kolkata is an initiative by Paschim Banga Sarva Shiksha Mission to cater to the hard to reach children in the regular mode of schooling. This operates within a school building where children not only stay 24 x 7 but also receive all necessary support and inputs that are required for their overall development

- Utparan Kendra’ (motivational centre) in Ranchi for street and rag picking children is supported by Jharkhand Education Project Council. This is an innovative initiative within school premises to bring back the most vulnerable group of children from the urban communities to schools and facilitate them to complete elementary education

- Drop-in Centre for Children in and around railway stations are operational primarily in Sealdah station since 1989. There are two such centres operating in this station and there are two more such centres operational in Azimganj Junction and Siliguri Junction railway stations. These centres extend significant support to runaway and missing children in the process of family reunification and subsequent rehabilitation for improved coping up skills to continue studies

- Special coaching support programme for children in upper primary classes is significantly important in the urban slums of Kolkata as a substantial number of children from these communities drop out from schools owing to non-availability of back-up support beyond school hours. This support has been effective in catering to the needs of the children at the upper primary level

- Special programmes for deaf children in Kolkata have been operational for last 3 years to integrate them in mainstream society by providing communication and educational support. Training of deaf children, their parents and school teachers on communication, providing coaching support to deaf children, vocational training to youths were the main activities
Counseling leads towards a better life

Tanazzuh Jeelani Beig is a fourteen-year-old girl from a lower middle class family. She lives with her parents and younger sister. Her father Mirza Zunaid Jeelani Beig works for a private organization and earns Rs 5000 per month (approximately). Her mother Nafisa Ahmed Jeelani Beig is a homemaker. Her younger sister who is nine years old reads in class IV in a private school. At Tanazzuh’s very early age her mother first identified her difficulty in hearing and speaking. She admitted Tanazzuh to the Calcutta Deaf and Dumb School. At present she is studying there in class VI.

According to her mother, from childhood Tanazzuh used to be very shy and faced difficulty in understanding and remembering things. Her mother was very anxious for her future and she used to deal very strictly with her. She treated her so harshly, that the girl became withdrawn and reclusive. She became a loner, even in school. She was identified during a survey and was referred to the Tiljala Friends’ Association in October, 2012. When the project staff approached her parents to enrol her into the project as a student, her parents were sceptical. In the beginning, the girl had difficulties in following general instruction and could not comprehend even short sentences. She was very shy and did not want to communicate with her peer group. She had also developed a strong apathy towards studies.

Through extensive guidance and Indian Sign language training with the help of the teachers, Tanazzuh has exhibited a remarkable improvement in her studies. Now she performs pretty well in the class tests. She is, by nature, quiet and reserved. She loves to work all by herself. But she can now strike up a conversation. She attends classes regularly. She understands the concepts really well and has a burning quest for knowledge. Sustained counseling has greatly improved her social skills.

During her counseling, Tanazzuh’s mother had said that she was an educated person but after her marriage she could not pursue a career as her husband opposed it. Her own unfulfilled need of achievement made her extremely demanding for Tanazzuh. The mother tried to fulfill her own desires through her child.

In course of the project, the mother has been involved in the parent’s group of deaf children and youths. She has been included within the core group as she has shown intense interest in performing activities of the parent group. She has been made the secretary of the parent’s group and thus given an opportunity to utilize her capability.

The girl is presently enroled in vocational training (computer training) and other extracurricular activities. She loves her studies now as she no longer faces any intense threat. Tanazzuh is now inclined to make more friends and is excited to share her thoughts and emotions in the Deaf Club.

CINI Innovations

During last year, the Education Resource Centre (ERC) has been able to coordinate and negotiate with Sarva Shiksha Mission (SSM), West Bengal and involve the education training team in the special curriculum process. This has been a significant achievement after 25 years of working on accelerated teaching method for first-time and dropout children. The SSM and SCERT have adopted the social science part of the accelerated teaching tool for inclusion in the Special Training Module for upper primary classes in West Bengal. The training team has been working closely with the curriculum expert committee in designing the final set of Teaching & Training Module.

Major Activities

While implementing the education programmes in West Bengal and Jharkhand, it has been possible to reach out to 12,666 children and out of them about 56% are girls. Out of the total number of children reached, about 30% children have been enrolled in schools in the spirit of 'Right to Education'.

- Some components of Child Friendly Schools have been introduced in 5 schools of Kolkata
- 24 deaf children have received vocational training on different trades and got opportunities for earning
- 7220 children in Murshidabad have indirectly benefitted in the process of developing school into child friendly spaces
- The 'Rainbow Chart' has been introduced to demonstrate children's progress and ensure that teachers, students, and parents together can monitor their performance effectively
- The School-community Mapping Exercise has been introduced in Murshidabad as another tool to ensure guardians’ participation in making all children regular at school
<table>
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<th>Urban Kolkata</th>
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<th>Diamond Harbour</th>
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The above table is a representation of children receiving direct educational support through different programme interventions during the last academic year. The ERC has extended necessary support in reaching out to these children and the district level team members have put substantial effort in bringing back these children to the sphere of education and retained them through remedial education support, counseling and follow up at their households and schools.

During last year, the ERC has also started reviewing the accelerated teaching package for Class – I & II for language & mathematics in the spirit of the new syllabus and new textbooks of the School Education Department, Govt. of West Bengal.

24 deaf children have received vocational training on different trades and got opportunities for earning
The child protection interventions of CINI cover more than 5000 children with institution-based services and 21500 children and other stakeholders through indirect services.

Since late ‘80s, CINI has worked with children living on the streets, railway stations, red light areas, who are child labourers, run-away, missing, trafficked, kidnapped, sexually and physically abused or victims of other forms of violence. The child protection interventions of CINI cover more than 5000 children with institution-based services and 21500 children and other stakeholders through indirect services. These services are concentrated in red light areas, around bus and train stations and slum and village areas with limited service or facility.

In such locations, CINI runs a number of temporary shelters, both on a drop-in basis and as a short stay-home, for children in trouble. It then helps them return to their families wherever possible and does its utmost to re-integrate them into mainstream life. CINI also coordinates CHILDLINE initiative through its five units across the state of West Bengal offering a 24-hour free helpline which extends emergency assistance to the children in distress. CINI also operates Teen helpline for adolescents and persons affected by HIV & AIDS, providing counselling and assistance.
**Major Activities**

1. To protect the children from any kind of vulnerable situation
2. To create an enabling environment for the children for protection
3. To create community based safety net mechanism for a child
4. To rescue, rehabilitate and repatriate child survivors of trafficking, child marriage, child sexual abuse and exploitation and corporal punishment
5. To rescue children through CHILDLINE services
6. Support to children living at govt. homes in terms of restoration & rehabilitation
7. Drop-in centre & night shelter for the children living in platforms and adjacent area
8. Short stay home both for boys and girls
9. Community based intervention in the red light areas for children living in and around red light area
10. Running 24 hours residential support at the Shelter for Urban Homeless for Girls & Women
11. Running open shelter for boys
12. Tracking missing or trafficked children
13. Formation of Village Level Child Protection Committees

**Impact**

- Rescued and Restored children: 2701 children rescued from vulnerabilities through CHILDLINE and 2578 children restored
- Total 182 Village Level Child Protection committees have been formed in Murshidabad, North Bengal, Jharkhand and Uttar Dinajpur. In 405 villages, training of VLCPC has been organized. Total 398 cases on different issues of Child Protection have been addressed from community to VLCPC
- Child Friendly Police station: Child Friendly Police Corner

is functional at Ranitala, Samserganj (Murshidabad district), Diamond Harbour, Kulpi and Usthi police station

- Out of total 6350648 number of children under 0 to 18 years in Kolkata, total 2500 children intervened through CHILDLINE, 1800 children received in the girls and boys short stay home and 1200 children restored back to their family or sent to other organization for long term support within and outside India
- In Ramagavan among total of 2000, 504 children are coming in the evening centre and the other 1000 reached indirectly through community intervention
- Training of Block Level Child Protection Committee has been organized at 11 Blocks between April, 2013 and March, 2014
- 91 child trafficking survivors received school education support. 44 vulnerable children received education support in the border areas
- 93 trafficking survivors linked with various IGA activities by the partner organisations under the Missing Child Alert Project
Turning over a new leaf

Nivedita, (name changed), is a 17 year old girl living in Khalpara, Siliguri. While studying in class VII, she started to have an affair and then eloped with a guy. The guy was also from her neighbourhood. As both of them were minors, police caught them and referred them to CHILDLINE. CHILDLINE produced her before the Child Welfare Committee and the girl was referred to CINI Shelter Home.

A look into her background revealed that her mother was involved in prostitution at Khalpara. In her family she had her mother, father, brother and a stepmother. Sadly, her mother had very little say in their family and it was her father and stepmother who took the decisions. Both of them were not so keen to take her back home after her elopement. So, CINI realized that sending her back to home would be unsafe as she was not treated well in the family and there was a risk of her falling into the sex trade too.

Thus, we decided to keep the girl at our home for some more time and make her capable enough to lead her life in a better manner. Nivedita was found to be a very cheerful girl who was interested in many things but mostly in dance and music. She was friendly with all the girls and helped the staff at the home to manage the activities of the home.

She stayed at the open shelter for about 10 months and during this period she was counselled about bad effects of early marriage and other aspects of life. Finally she realized her mistake and wanted to go back home and continue her studies. In the mean time she was also admitted in the vocational training institute named Progressive and Creative Institute for bag making. She enjoyed and learned the skill to make many types of bags, which would surely help her in future for additional income. She completed her training and by that time her family members were also ready to accept her back.

Finally she was restored to her family through the Child Welfare Committee. Regular follow ups were done, and now she is at home, safe and happy. Her family is now trying to manage funds for her further studies.

- 95 trafficking survivors have been linked with vocational training facilities across districts
- Out of total 81875 children in the three selected wards 25 children are directly supported at residential centre, 25 is getting day care support and total 75 in three contact points are getting support in field level apart from that 500 children in the field areas is getting indirect support through awareness and sensitization
- Capacity building training of the BSF, police personnals, CWCs, JJBs are organized
- Shelter for Urban Homeless programme provides day & night shelter support to more than 1200 (above targeted) women and girls
- The major shelter homes which were provided support are as follows:
  - Liluah Home
  - Kishalaya Home
  - Sukanya Home
  - Dhrubasharm
  - Nadia District Shelter home
  - CINI Shelter home for girls
  - CINI Shelter home for boys
These homes have been provided with child friendly walls and environment, infrastructure development and educational materials.

CINI Innovations

CINI has successfully piloted the concept of village level child protection committee as per ICPS mandate. The following are the innovations in the VLPCPC model:

1. The concept of Panchayat level CPC (PLCPC) is one of the innovations of CINI. The PLCPC is the connecting link in between the VLCPC and the BLCPC. Also it is not always possible for the BLCPC to supervise the 80-100 VLCPCs and hence a BLCPC will provide easy solution to the problem and strengthens the community based safety net mechanism by ensuring that the problems of the village are solved within the Panchayat only.

2. Certain issues of child protection which are not solved within the VLCPC are referred at the higher level i.e. to
the BLCPC through issuance of Referral card. It serves as an important physical entity that signifies that the problems which are not solved at the village level are referred at the higher level for taking necessary actions. CINI has tested this system in Murshidabad and has observed tremendous response. The card is duly signed by the child member also. It also on the other hand keeps the children in the central loop of VLCPC activities. It is also a way for the adult member to allow the children to be a part of the decision making process. As for example when a VLCPC gets the information of an unsafe migration case or a trafficking case, they immediately take support from general administration as well as police administration.

3. The concept of drop box is another innovation of CINI which serves as a suggestion-complaint box and is kept outside the CPC in which complaints can be dropped by a child or by any local civilians. As the VLCPC shall not be available everyday, any pertinent problem of Child Protection in the non working days of VLCPC shall come through the drop box. The drop box is opened once a week in the presence of a child representative and the complaint is noted down in a register maintained at the VLCPC.

4. Child Friendly Police Station:
   It was realized that children in need of care and protection and also in conflict with law, after arrival at the Police Station, were spending a substantial amount of time, prior to being referred to CHILDLINE (1098). Many of these children have either been lost, missing or have had run away from homes or other places owing to repressive environments. In such circumstances a child has to often stay at the police station or behind bars in the lock-up, which takes a heavy toll on his physical and mental health. The need for a Child Friendly Corner in each police station was thus felt as an imperative to the security of children who, more often than not, were exposed to the detrimental influences of criminals, there not being a separate space for them. The police station also being a place of an assorted crowd it was felt that the children were being exposed to insecure environment. The Police personnel also felt that a child friendly environment should have provision for proper recreational activities with a hygienic and clean environment, food, shelter, clothing, love and affection especially most of these children were under trauma. The needs were thus identified as separate room for children (not near the lock-up), provision for food, playing & drawing materials, counseling facilities and availability of lady police officer, support of NGO's in dealing with the child, good behavior & positive attitude of police personnel, interaction with children in casual dress & not in uniform, colorful and lively environment and positive depiction of the police personnel. Child Friendly police station is presently operating at Diamond Harbour, Kulpi and Usth police station.

5. Child Assistance Booth at Siliguri Junction and at Panitanki (Indo Nepal Border). These information booth serves as the liasoning between community and the police stations for speedy lodging of the FIRs against missing/trafficked children.

**Child Protection Resource Centre**: CPRC being the technical unit of CINI is mainly instrumental in providing technical assistance, building knowledge and providing capacity building training to the staffs of CINI. CPRC is also responsible for conforming to the standards as per the standard Operating Procedures of the JJ Act.
Women and children living in poor communities are most adversely affected by climate change and natural disasters because of their social roles, vulnerability, discrimination and poverty. Limited mobility, lower resistance to disease and inadequate access to health care, the burden of household and agricultural work, substandard housing and infrastructure contribute to aggravating the multiple burdens of climate change.

Though the mainstay of CINI’s programme has been EPHN (education, protection, health & nutrition), but years of experience in the development sector has made CINI realize that climate change and environmental degradation affect the health and well being of women and children.

Keeping in mind the adverse effect of climate change on women and children, CINI started addressing the climate change issues with support from friends of CINI Support group and in technical partnership with Navdanya and Centre for Environment Education in poor communities of West Bengal in August 2011. Balkunthapur Sischo Seva Kendra (BSSK) was the local implementing partner of CINI in Sunderban area.

The following are the key intervention focus:

1. To educate and aware women and children in particular and at the community level about the disastrous impact of climate change
2. To adapt to food, water, energy, hygiene and sanitation issues affected by climate change
3. To influence the local communities to join hands in activities to mitigate the effects of climate change

The major strategies of the programme are to build the capacity of the local women and key actors so that they can take issues forward at the community level to mitigate the problem or create preparedness for future mishaps. The strategies also comprise of behaviour change communication using various forms of communication medium, building linkage among civil society, government agencies, local government representatives (Gram Panchayat) and community based organizations such as SHGs.

Our interventions in this work area cover a population of 60,000.

The experience and learning of this initiative has been expanded with further support from The Energy Research Institute (TERI) a Delhi based NGO and Ministry of Health and Family welfare for a research study “A collaborative research project to assess adverse health outcomes of exposure to household level air pollutants in rural community” from October 2013.
Major Activities

1. Educated and sensitised women and children in particular and at the community level about the disastrous impact of climate change. Helped to adapt to food, water, energy hygiene and sanitation issues affected by climate change
2. Observed Safai Avijan (Garbage Cleaning Drive), World Water Day, World Environment Day to mobilize community and to involve them in the programme
3. Developed linkage with the local communities to join hands in activities to mitigate the effects of climate change
4. Promoted use of smokeless oven, solar lamps, development of kitchen gardens, vermi compose as an alternative use of energy and resources to mitigate and adapt to changing climatic situation
5. Promoted use of Organic farming as a substitute for pesticides to ensure the protection of biodiversity
6. Promoted use of proper waste management and disposal practices and less use of plastics

Impact

- 390 women, 336 adolescents, 255 SHG members, 380 members of PRI, AWW, ANM, school teachers have been sensitized and educated on climate change issues
- 140 farmers have been trained on organic farming, vermi compost procedure
- CINI has facilitated the formation of total 7 Self Help Groups (SHG) in ward 66 during this financial year in urban slum who have spread awareness among their community members about hygiene, cleanliness and waste management
- CINI along with community people, has done wall writing to spread the message on proper garbage disposal, safe storage and proper drainage of water, use of mosquito net and practice of good hygiene in urban slum
- 18 families in urban and 167 families (out of 450) in Diamond Harbour are using dustbin to ensure proper waste management
- 248 wall paintings on climate change messages in the project sites have been done as joint initiatives by CINI and PRI/ULB
- 7 Solar lamps have been taken by SHG women from Sundarban areas this year. 67 families are using solar lamps
- Panchayat in Diamond Harbour has been motivated to provide 11200 saplings to the community people to be planted at their household to make the surrounding more green
- Kitchen gardens have been made by 287 families out of 450 families
- 76 farmers out of 90 have adopted organic farming and have started using compost as manure
- 234 families are using smokeless chullah
- 175 families out of 500 are making organic fertilizer from wastages
- 102 families out of 115 are maintaining personal cleanliness and hygienic practices
- 8500 population are aware about the effect of climate change by 20 wall paintings

Awareness to combat climate change

SHG member Hafiza Bibi from Hilchabera village of Kamarpole GP got training on climate change and its effect on health in the year 2012. She also got training on kitchen garden, organic manure, and smokeless chullah during that time. After getting those trainings, Hafiza got motivated and she started disseminating the messages to her neighbours. Hafiza herself adopted those in her daily life. She has started using dustbin and smokeless chullah for cooking purpose and has also made kitchen garden adjacent to her house. She cleans her house properly and uses organic manure which is made out of daily disposal. She feels that she has brought a change in her lifestyle and should motivate her neighbours to do so.

Bhaskar Raut is a farmer from Pitabara village of Kamarpole GP. Previously he used chemical fertilizer for farming. After getting training on how to make organic manure, vermin compost for farming during the year 2012 from CINI, he came to know about the importance of organic farming. He has adopted the method for his farming. He started making vermi compost and organic manure from disposals and made it a practice for his farming. He has also made a kitchen garden using organic manure.
These learning have resulted in evolution of a model Child and Woman Friendly Communities (CWFC) that ensure accesses to the rights and entitlements of every woman and children in the society.

Over the recent past, CINI has undergone a methodological shift in its policy and action by adopting a human rights-based approach in the development work. It has evolved from focusing on a service delivery mode of functioning to a mix of facilitation and service delivery. While working with the communities and fulfilling their contextual needs, CINI realized that sustainable development is only possible by building partnerships with key stakeholders and adopting an integrated approach across education, protection, health and nutrition domains.

These learning have resulted in evolution of a model Child and Woman Friendly Communities (CWFC) that ensure accesses to the rights and entitlements of every woman and children in the society.

Communities are mobilised by self-help women’s group and children’s groups to ensure that parents, families, schools, ICDS centres, health sub-centres, police stations engage in keeping children in good health, well nourished, educated and protected from all practices that may be harmful to their full growth and development.

Service providers are supported and monitored to ensure that teachers, health personnel, social workers extend quality health, nutrition, education and protection services.
equitably and inclusively to all children living in the community.

Local elected representatives (Panchayati Raj Institutions in rural areas and Urban Local Bodies in municipal areas) are encouraged to ensure access to basic services, and implementation of policies and budgets in the best interests of children and women. Convergence of all services is ensured by the elected representatives.

CINI acts as a facilitator in engaging local development actors – the community, service providers and elected representatives – in a process aimed to strengthen good governance with and for children and women and ensure convergence. Local governance partners are involved in participatory processes leading to increasing awareness on problems affecting the community, identifying issues through social mapping, planning interventions to address shared priorities, and monitoring the progressive fulfilment of human rights by all, especially the socially excluded. Children and women are leaders in transforming their communities to make them inclusive to the most marginalised and poor sections.

CINI’s CWFC based intervention started in the year 2007 in a rural village of South 24 Paraganas and urban ward of Kolkata slum, which then expanded in other areas of Bengal and Jharkhand. At present the convergent mode of intervention is being implemented in 45 rural Gram Panchayats and 1 urban slum covering 6.9 lacs populations. District wise location and coverage is shown in map.
Ten minutes can change your life

Feisty 18 years old Rabina Yesmin is busy motivating young girls for education in a small hamlet near Nurpur in Uttar Dinajpur. On weekends and holidays, she is the peer leader with the CINI Child and Women Friendly Community (CWFC) project and leads the Community Level Awareness Programme on Early Child Marriage and Mainstreaming of Drop Out Children. On weekdays, she works at a Reliance call centre earning a monthly salary of Rs. 3000/- simultaneously she is continuing her graduate studies. Her life seems to be one of those focused, socially aware, hardworking girls’ stories to most of us. The truth is, she could have been yet another name on the long list of child brides, had she not shown courage.

She was to be married away at the tender age of 14 years. Little Rabina, was in a dilemma. On one hand was the pressure to accept family and local custom and on the other, her dream of a job and a different life. She took the step forward and an earnest discussion of 10 minutes with her father changed her course of life! She calmly communicated her reasons to her father; the ill effects of early marriage that was taught at school. Her father was convinced and decided to support her daughter’s decision.

Rabina is now a role model among the women who wishes to pursue their dreams and fight for their rights. She wants to bring about a change in the confidence level of the girls in her community. CINI is proud of Rabina and would continue to support her on the path of change that she has chosen.

Major initiatives

- PRI members of 45 panchayats and 1 municipal area, 860 Anganwadi workers, 138 ANM, 690 ASHA/Sahiya workers, almost 1000 school teachers, 100 police personnel and other stakeholders have been oriented and sensitized about EPHN rights, schemes and programmes
- 500 SHGS and 1530 Children group members oriented and capacitated about Child entitlements, Government schemes and programmes
- 80 adolescent girls have trained as Peer Educators on Sexual Reproductive Health issues, 837 adolescents are participating in various sensitization meetings regularly
- Community Awareness programmes have been done through Community Radio Show, folk media programme, observing special day etc.
- Linkage between SHG/Children groups, service providers and PRI system have been established by including the community in the convergent platforms and regularising the convergent meeting
- Social Agreement among Community, Service Providers and CINI have been signed in 8 Gram Panchayat of Murshidabad district, which would be followed in other places
- Children Consultation with Block & District Administration, Police personnel and Media representatives was done
- 153 children groups formed in all 153 villages to strengthen collectivisation process
- Village level committees formed to strengthen the collectivisation process
- Community & Children Plan prepared and submitted at Gram Panchayat in Murshidabad
- Social Resource map have been prepared/updated for 153 villages based on education, protection, health and nutrition indicators by SHGs and children groups involving Anganwadi workers, ANM, school teachers and Panchayat members to ensure collective analysis
- Mechanism for community based monitoring system by introducing Social Resource map and Child Tracking register have been established, which needs to be strengthened further
Impact

- 352 (63%) out of 562 drop out or out of school children have been enrolled in schools in this year. Other children are being tracked and followed up for school enrolment.
- Improved learning levels of children through remedial support in 21 villages of 674 children benefited from this support and 259 student mainstream in regularized in class.
- 60 SMC members in Jharkhand was oriented on roles and responsibility and preparation of School Development Plan.
- 15 Child Friendly Schools (CFS) have been set-up. All the components of CFS have been incorporated in these schools.
- 63 Village Level Child Protection Committees (VL CPC) have been formed and made functional as a convergence platform to address all education, protection, health and nutrition issues.
- In Murshidabad, 393 out of 468 reported cases on various issues have been solved by VL CPCs.
- Children members of VL CPCs showing increased involvement and initiatives in protecting their peer group members.
- 9 out of 23 reported cases of early marriage have been prevented by the children's group, VL CPC and SHG women.
- 8 cases of missing children and 34 trafficking Cases have been intervened by the children's group and SHGs.
- 85% cases of neglect/abandonment, abuse and violence against woman and children have been solved.
- CINI has been approached by the District Administration to facilitate the process of setting-up VL CPCs in 118 Anganwadi Centres, which has been selected by Govt in Murshidabad.
- 64% of the deliveries have been ensured in hospitals in the intervention sites, where each mothers were tracked by SHGs throughout the pregnancy period till delivery.
- 989430 households out of 1749846 have been enrolled for Rastriya Swasthya Bima Yojna card and of those households 51637 families have availed the service.
- 122 adolescent girls are using low cost sanitary napkins which are prepared by local SHGs in Uttar Dinajpur district.
- About 300 children have been enrolled to ICDS in the slums of Kolkata who were out of services.
- 70 underweight children below 2 years have monitored, provided supplementary nutrition and tracked for improving the weight by the SHGs.
- 5 adolescents have been linked to vocation training on computer application in Uttar Dinajpur.
- Three hand books have been published on different schemes of Education, Health & Nutrition and PRI.
- 6 Gram Panchayat out of 8 has allotted enough budgets for the welfare of children & women. These Gram Panchayats along with CINI have published their Annual Plan Book for the next financial year where the above said budget has been shown.
- 4 Right To Information (RTIs) related to Indira Awas Yojna and budget allocation for construction of AWC, Public Distribution System have been filed by local SHGs.
- 17 children with special needs were linked to various services. 2 children got wheel chair, 1 received stipend, 1 is receiving speech therapy and 13 have received physiotherapy support.
- Increased ownership of SHGs in West Bengal /Mata Samitis members in Jharkhand for Village Health Nutrition Day monitoring, Follow up of parents of SAM children, awareness among community on health entitlements.
Celebrating four decades of service

Dr. Shashi Panja, Minister (Independent charge), Social Welfare and Department of Women & Child Welfare, Government of West Bengal, – “It is always very exciting to come to CINI programmes. Personally I have been associated with CINI for a good few years now and it is an honour to stand before you as a Chief Guest on its 40th foundation day. Recently on a very busy thoroughfare in Esplanade area we had a very wonderful day where CINI children were having sports activities. And it was so involving. It was difficult to differentiate that whether they are children from our family or whether they are children without families. With CINI they have grown up so well!”
Junned Khan, Director-Programmes, IIMPACT- “I am representing IIMPACT. It is an organization started by the Alumni of IIM Ahmedabad. They have created a fund, which is released to organizations who have a certain number of years of experience of working on the ground and there is a process of evaluation which takes about two to three years. But when we needed a partner NGO in West Bengal, it took us only two to three months to finalize on CINI. Also one of the rules that we have is that we fund one NGO in only one district but again it is only in West Bengal that we are working with one NGO in two districts. That is with CINI in 24 Parganas (S) and Murshidabad.”

Roshni Sen, IAS, Secretary, Department of Child Development and Department of Women Development and Social Welfare, Government of West Bengal - “CINI has done some wonderful models, I think in Murshidabad they have developed this child protection society which looks after the prevention aspect as well as the integration aspect. The model has just come to me and we aim to roll out this model throughout the whole state. This will be a great step and we can only do with the help of partners like CINI.”
<table>
<thead>
<tr>
<th>Training given to Government Workers</th>
<th>Number of people trained in 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anganwadi Workers</td>
<td>495</td>
</tr>
<tr>
<td>Govt Officials (1st &amp; 2nd round) from all districts</td>
<td>636</td>
</tr>
<tr>
<td>ASHAs from South 24 Parganas &amp; Howrah Districts</td>
<td>620</td>
</tr>
<tr>
<td>Anganwadi Workers (organized by Tata Chemicals)</td>
<td>180</td>
</tr>
<tr>
<td>ICDS Supervisors, ANM &amp; PRI Members (organized by NRHM Tripura)</td>
<td>10</td>
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</tbody>
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<tr>
<th>Training given to Non Government Workers</th>
<th>Number of people trained in 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity building of the CINI Units (3 districts) on Save the Girl Child</td>
<td>8</td>
</tr>
<tr>
<td>Capacity building of partner NGOs on health promotions in tribal belt</td>
<td>15</td>
</tr>
<tr>
<td>Basic Mother &amp; Child Health issues and Social Determinants of Health in Tribal areas of West Bengal (7 NGOs)</td>
<td>14</td>
</tr>
<tr>
<td>Capacity Building of NGOs (16 districts) on &quot;Observation of Girl Child Day&quot; etc.</td>
<td>27</td>
</tr>
<tr>
<td>ToT on child development process of Program Managers from Compassionate East India (CEI)</td>
<td>450</td>
</tr>
<tr>
<td>Orientation of grass-root workers &amp; coordinators from CASA, Jharkhand on Maternal &amp; child Health issues</td>
<td>18</td>
</tr>
<tr>
<td>Organized training for the staffs of Sewa Bharat on Maternal &amp; Child Health, community mobilization, advocacy etc.</td>
<td>157</td>
</tr>
<tr>
<td>Organized training for SHG members of World Vision</td>
<td>80</td>
</tr>
<tr>
<td>Orientation on Malnutrition and its Management for adolescent members of World Vision</td>
<td>80</td>
</tr>
<tr>
<td>Orientation on communicable &amp; non communicable diseases for the District City staffs of Population Foundation of India (PFI)</td>
<td>40</td>
</tr>
<tr>
<td>Orientation on maternal, neonatal &amp; child development, health &amp; nutrition issues for the project staffs of Child Fund India</td>
<td>40</td>
</tr>
</tbody>
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<tr>
<th>Training given to any other category of people</th>
<th>Number of people trained in 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training on counseling &amp; guidance</td>
<td>19</td>
</tr>
<tr>
<td>Exposure visit on rural community nursing</td>
<td>288</td>
</tr>
<tr>
<td>Orientation of community mother &amp; children on health &amp; nutrition (organized by Calcutta Samaritan)</td>
<td>160</td>
</tr>
</tbody>
</table>

Social and human development can be sustainable only when primary stakeholders—communities, service providers and people’s elected representatives—have enough capacity to develop appropriate solutions and determination to seek change in their own midst. From inception, we have built programme interventions on a process of continuous education, awareness creation and training of community members, frontline and programme workers, and government, NGO and our own staff.

Training barefoot frontline workers to provide primary health care at the level of the community has been a major strategy to demystify medicine and help people take control over their health. Our focus has been contributing to fill the gap existing between professional health personnel and poor communities, by spreading knowledge on health and nutrition with the help of trained health workers.

Over the years, our training capacity has expanded beyond health and nutrition and today we offer capacity building services in all areas pertaining to children and women.

Capacity development activities have been carried out as part of project implementation in the field, as well as institutionally. Institutional training of professionals from both government and non-government organisations is carried out through CINI Training Unit. The government has entrusted CINI Training Unit with the training of ICDS, HIV-AIDS and ASHA workers in West Bengal, Bihar, Jharkhand, Orissa and the North Eastern States.
**Additional Support provided by CINI-Training Unit**

- CINI Training Unit developed module on ‘Maternal & Child Health’, based on this a training was facilitated for the project staffs from the various partner organization of the Child Fund India.

- A training need assessment (TNA) was conducted by the CINI Training Unit faculty team at Raghunathganj block of Murshidabad District, which is the project area of Sewa Bharat.

Based on the TNA findings, first five days training on maternal and child health was organized by Sewa Bharat for their staffs and facilitated by the CINI Training Unit faculties.

3 Manuals and a module were developed by CINI Training Unit for Sewa Bharat. They are as follows:

- Training manual on community mobilization and communication
- Training manual on maternal and child health
- Training manual on reproductive and sexual health rights
- Training module on communicable & non-communicable diseases

**Technical Support by CINI**

**ICDS System Strengthening and Nutrition Improvement Project (ISSNIP)**

This year CINI has been selected as the Technical Assistance Agency along with other partner agencies like Price Water House Coopers (PWC) and IHMR, Jaipur to provide support to Ministry of Women & Child Development in the area of raining and Capacity Building for ISSNIP. CINI is directly looking after four States: Jharkhand, Bihar, Chhattisgarh, and Maharashtra.

**CINI as Collaborative Training Institute (CTI)**

CINI was conferred the status of CTI (Collaborative Training Institute) in 1998 by National Institute of Health and Family Welfare (NIHFW) in seven north eastern states. During the reporting period activities conducted in 4 North Eastern States- Manipur, Tripura, Arunachal Pradesh and Nagaland. This year 8 monitoring visits of the training programme have been done in 4 states as per the guidelines provided to NIHFW.

**CINI as State Training and Resource Centre on HIV/AIDS**

CINI has been functioning as State training and Resource Centre on HIV/AIDS for West Bengal & Sikkim. The objective of the programme is to capacitate NGOs/CBOs involved in TI projects through need based in-house training programmes by developing user-friendly training materials and methodologies, capacitate TI partners through on-site training by scaling up demonstrative site in each core group and development of resource centre to facilitate discussion on various good practices among the TI partners and to undertake evidence based operational research to evaluate the TIs. This year, 56 Programme managers, 56 Counsellors, 224 Outreach workers and 840 Peer Educators have been trained.
“Engaging the girls of today, training them and making them women of tomorrow is a concept which brings in it a lot of best practices for the future to offer. I have always belonged to the school of thought that an informed mother can use her knowledge for developing the entire nation as it is a mother who passes on the good values to the children. The Aanchal project with CINI is not just about making healthy mothers and healthy generations, but it is also empowering women, making them realize their hidden potential, enabling them to explore a larger role in their household and in the community.”

Mr. Deepak David
Deputy General Manager, Essar Foundation

“CINI has been quietly but efficiently working in the areas of women and child health development for a substantially long time now, particularly in and around the city of Kolkata. We are happy to be associated with one of their projects for a few years. The project is bearing tangible benefit to the desired beneficiaries due to the focus and commitment of the CINI team that is working at the grass-root level. The credibility and integrity of the organisation, to work with the underprivileged sections of the society, is what sets it apart.”

Mr. Supriya Coomer
Executive Vice President, Exide Industries Ltd

Corporate Social Responsibility has many aspects. It is related to corporate governance, social inclusion and economic growth. There has been a very recent positive trend of accepting CSR as a tool to manage business growth while ensuring a contribution towards the socio-economic growth of the country.

Also, the policy environment in India now makes it imperative to adopt CSR as a compulsory practice. It is not only promising but also provides great motivation and incentive to reduce inequalities in our country.

CINI is registered with the TISS National CSR Hub and accredited by the Credibility Alliance. We are also a member of the CII-Sub-Committee on CSR, Eastern Region.

Name of the Company

1. ACC Limited
2. Appejay Foundation
3. Coal India
4. Ceratizit India Pvt Ltd
5. EMTA Coal
6. ESSAR Oil
7. Exide Industries Limited
8. IBM
9. Johnson and Johnson
10. McNally Bharat Engineering Co. Ltd.
11. PowerGrid Corporation of India
12. United Technologies Corporation India Pvt Ltd
13. TIL India
14. TM International Logistics Limited
15. Trent Limited
16. Tata Chemicals

Thematic areas of funding

Joined hands for the Socio-economic growth

Nutrition
Health
Education
When I was in the government, one of my major responsibilities was to start new projects. The first step towards that would be to recruit people with adequate capacities to finish the project on time. Whenever such recruitments would be done, we would see that at least 50% of the posts would be filled up by people who came from CINI. Most of the projects, in which I have worked till now, had its best workforce comprising of people with CINI experience. This is a big contribution. Many government programmes would not have been launched at all had CINI not had the capacity to scale up the manpower on behalf of the government, like that in ASHA and Anganwadi workers. Not only in bigger programmes, but in many smaller programmes we had used CINI resources to get it done – Mr. Dilip Ghosh, Ex-State Mission Director, NRHM.

CINI is guided by a Governing Body enlisting the membership of competent and committed individuals, who contribute expertise from a variety of professional fields. The Governing Body leads CINI in adopting strategic decisions relating to institutional governance, reviewing progress in programme implementation and distilling learning from field experience. It holds overall responsibility for transparent financial control, and equal and inclusive institutional management.

Prof. Sunit Mukherjee, President
With forty years of professional and research experience, Professor Sunit Mukherjee is regarded as one of India’s leading scientists and food technologists. He was Professor and Head of the Department, Food and Biotechnology, at Jadavpur University, Kolkata. Professor Mukherjee was awarded a Doctor of Science degree by Prof. Bimal K. Roy, Director, Indian Statistical Institute, Kolkata, for being associated with the team credited for delivering the first test tube baby in India.

Dr. Samir Narayan Chaudhuri,
Secretary and Founder Director
Since 1970, when he trained as a paediatrician at the All India Institute of Medical Sciences (AIIMS), New Delhi, Dr. Samir Chaudhuri has been committed to treating and preventing malnutrition in children, an effort that in 1974 led him to founding Child in Need Institute together with a multidisciplinary team of Indian professionals. He has served as a consultant, researcher and advisor to various national and international agencies in India and other countries of Asia and Africa. His work has been recognised by a number of awards, including the ABP’s Sera Bangali Award (Kolkata, 2013), the Ellis Island Medal of Honor, Global Humanitarian Award (Ellis Island, New York, 2008), the World of Children Awards, UNICEF (New York, 2007), the Italian Parliament Commission for Infants Award (Rome, 2005), the Ross Award, Institute of Post Graduate Medical Education & Research (Calcutta, 1995), the Catherine Freyman Prize in Social Pediatrics, AIIMS (New Delhi, 1970).

Prof. Kalyan Shankar Mandal, Treasurer
Prof. Kalyan Sankar Mandal is Professor of Sociology, Public Policy and Management Group, at the Indian Institute of Management Calcutta. He earned a PhD in Sociology from the Indian Institute of Technology, Mumbai.
In a career spanning over 25 years, he has taught at various institutions, including IIM Calcutta and Tata Institute of Social Sciences, Mumbai. He was Visiting Indian Council of Cultural Relations Chair Professor at the Sociology Department, Lund University, Lund, Sweden during the 2013-14 academic year. Prof. Mandal’s area of expertise is in Sociology of Development, Rural Sociology, Sociology of Agriculture and Food, Sociology of Education, Sociology of Poverty, Social Welfare and Social Policy. His current work focuses on business solutions for poverty.

**Smt. Sunanda Bose, Member, Governing Body**

Smt. Bose graduated with Honours in Chemistry from Presidency College and has been involved in voluntary social work since 1981. She was Treasurer and Vice President of Nari Siksha Samity. She served also as Honorary Joint Secretary, All Bengal Women’s Union, where she was instrumental in opening free legal service clinics for ten years. Through her initiative, the organisation was accredited by the State Legal Services Authority, West Bengal, in 2002. Smt. Bose has been involved in managing legal awareness camps and legal aid clinics. She has worked for the repatriation and restoration of rescued victims of trafficking to their homes in West Bengal and Bangladesh.

**Mr. Amit Kr. Dasgupta, Member, Governing Body**

Mr. Amit Kr. Dasgupta was one of CINI’s senior most staff members, involved in programmes, management and policy formulation. With 35 years of experience in social service, he started his career young, as a programme supervisor, and served as Deputy Director of Administration until his retirement.

**Mr. Joy Kar, Member, Governing Body**

Mr. Kar has 25 years of work experience with various multinational corporations, and public and private sector banks. He has acted in the capacity of wealth management advisor and consultant in the retail sector. He has substantially contributed in the non-profit sector, both in a philanthropic capacity and as a financial manager. He is the founder and head of Blu Sky Management Consultants Private Ltd.

**Prof. Sougata Ray, Member, Governing Body**

Prof. Ray’s two and a half decade-long experience spans across diverse roles, as a frontline executive in Maharashtra CPSE, a senior strategist in Indian multinational corporations, a researcher, an author, an educator and an institution builder, the director and the chairman of audit committees in corporate and NGO boards, a consultant to corporate and international development agencies. He has served as the President and Chairman of the Parivaar Education Society governing body. He specialises in strategy, internationalisation, entrepreneurship and innovations of emerging economy firms. He is currently focusing on corporate sustainability, and the corporate role in inclusive development and social entrepreneurship. Prof. Ray is setting up a Centre and Laboratory for Sustainability Initiatives at the Indian Institute of Management Calcutta.

**Dr. Manabendra Nath Roy, Member, Governing Body**

With a background in electronics and telecommunication, Dr. M. N. Roy has held key positions in the government during his career in the Indian Administrative Services spanning more than three decades. He was Additional Chief Secretary of the Health and Family Welfare Department, Government of West Bengal, in 2010 and Principal Secretary, Panchayat and Rural Development Department, Government of West Bengal, from 2002 to 2010. He is now a member of the expert committee on Panchayats and advises state governments on the application of digital technology in health care.

**Mr. Diptendra Prasad Sinha, Member, Governing Body**

Mr. Sinha, a micro-processor and industrial expert, holds a Bachelor degree in Commerce and a Master degree in Business Administration (Marketing). He has been active in international trade and development for almost thirty years.
Distribution of Staff according to salary (2013-2014)

<table>
<thead>
<tr>
<th>Slab of Gross Salary (in Rs) plus benefits paid to staff per annum (including volunteers)</th>
<th>Male Staff</th>
<th>Female Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 60,000</td>
<td>780</td>
<td>635</td>
<td>1415</td>
</tr>
<tr>
<td>60,000-1,20,000</td>
<td>110</td>
<td>137</td>
<td>247</td>
</tr>
<tr>
<td>1,20,001-3,00,000</td>
<td>92</td>
<td>56</td>
<td>148</td>
</tr>
<tr>
<td>3,00,001-6,00,000</td>
<td>28</td>
<td>19</td>
<td>47</td>
</tr>
<tr>
<td>6,00,001-12,00,000</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

List of highest and lowest paid staff of the organization (including Head of the organization)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>CTC (2013-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of the organization</td>
<td>Dr. Samir Chaudhuri</td>
<td>8,20,000</td>
</tr>
<tr>
<td>Highest paid Staff</td>
<td>Rajib Halder</td>
<td>14,50,000</td>
</tr>
<tr>
<td>Lowest paid Staff</td>
<td>Link Worker</td>
<td>18,000</td>
</tr>
</tbody>
</table>

Policy Report

Annual Report by Internal Complaint Committee as per Section 21 of Sexual Harassment of Woman at Workplace (Prevention, Prohibition and Redressal) Act 2013

Reporting period (January to December, 2013)

The number of People who received inductions during the period April 2013 - March 2014 is 56

<table>
<thead>
<tr>
<th>SI</th>
<th>Event</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Number of complaints of Sexual Harassment received in the year</td>
<td>NIL</td>
</tr>
<tr>
<td>B</td>
<td>Number of complaints disposed within the year</td>
<td>NIL</td>
</tr>
<tr>
<td>C</td>
<td>No of cases pending for more than ninety days</td>
<td>NIL</td>
</tr>
<tr>
<td>D</td>
<td>No of workshops or awareness programs against Sexual Harassment carried out</td>
<td>10</td>
</tr>
<tr>
<td>E</td>
<td>Nature of action taken by the employer</td>
<td>NIL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Unit</th>
<th>No. of Awareness Programme held</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CINI-JHARKHAND</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>CINI-UDP</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>CINI-NORTH BENGAL</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>CINI-MURSHIDABAD</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>HEAD OFFICE</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>CINI-URBAN</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>CINI-DIAMONDDHARBOUR</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>CINI TRAINING CENTRE</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>CINI ARC</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>
Milestones of CINI @ 40

CINI India has fostered its growth of independently registered charities such as CINI Italy, CINI Holland, CINI Australia, CINI USA, Friends of CINI, Scotland, CINI Uganda and CINI International.

- 40 years of our dedicated service to the nation has been recognised with the Child Welfare Award twice by Govt. of India, in 1985 and 2004 along with other national and international recognition
- CINI initiated the Nutrition Rehabilitation Centre (NRC) to treat severely malnourished children in 1974. This model has now been scaled up in the National Rural Health Mission programme at the national level
- CINI Nutrimix was developed in 1974 as a low cost, locally produced nutrition supplement. It is now being promoted through a Social Business Model, where production and distribution have been taken over by women’s groups
- CINI was selected as a member of National Action and Coordination Group under The South Asia Initiative to End Violence against Children (SAIEVAC) in SAARC countries
- CINI provides support to the Ministry of Women and Child Development for 'ICDS System Strengthening and Nutrition Improvement Project' (ISSNIP) as part of Integrated Child Development Services restructuring
- CINI Jharkhand has been officially endorsed as the secretariat for Civil Society Network for Child Rights
- CINI trains over 5000 health workers/professionals for the government and NGOs, every year
- CINI has not only survived since its founding in 1974, but has grown to serve vulnerable children and women in West Bengal and Jharkhand with a workforce of 1,500 dedicated and trained professionals
## Child in Need Institute

### Consolidated Balance Sheet as at 31st March - 2014

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>SCH</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>1</td>
<td>46,126,384.28</td>
<td>36,340,762.53</td>
</tr>
<tr>
<td>Specific Funds</td>
<td>2</td>
<td>209,987,971.26</td>
<td>210,683,263.10</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>3</td>
<td>1,330,420.60</td>
<td>1,248,227.60</td>
</tr>
</tbody>
</table>

### Applications of Funds

<table>
<thead>
<tr>
<th>Applications of Funds</th>
<th>SCH</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>4</td>
<td>84,385,994.05</td>
<td>79,780,094.57</td>
</tr>
<tr>
<td>Investments</td>
<td>5</td>
<td>88,155,300.00</td>
<td>67,101,420.79</td>
</tr>
<tr>
<td>Current Assets</td>
<td>6</td>
<td>76,113,994.62</td>
<td>95,386,380.40</td>
</tr>
<tr>
<td>Loans &amp; Advances</td>
<td>7</td>
<td>8,789,487.47</td>
<td>6,004,357.47</td>
</tr>
</tbody>
</table>

**Total: 257,444,776.14 | 248,272,253.23**

---

**Notes to Accounts & Significant Accounting Policies**

The schedules referred to above form an integral part of the accounts.

---

**For T.K.Biswa & Co**
Chartered Accountants

T. K. Biswas
M.No: 56569
Proprietor
Firm Registration No.: 322435E

Place: Kolkata
Date: The 10th August, 2014

---

**On Behalf of Governing Body**

Prof. Sunit Mukherjee
President

Prof. Kalyan S Mandal
Treasurer

Dr S N Chaudhuri
Secretary

---

**Financial Representation**
<table>
<thead>
<tr>
<th></th>
<th>Amount in Rupees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SCH</td>
</tr>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
</tr>
<tr>
<td>Grant &amp; Donations</td>
<td>8</td>
</tr>
<tr>
<td>Investment Income</td>
<td>9</td>
</tr>
<tr>
<td>Own Resources</td>
<td>10</td>
</tr>
<tr>
<td>Training, Counselling and Programme Activities</td>
<td>11</td>
</tr>
<tr>
<td>Other Sources</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td></td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Excess of Income over Expenditure</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Appropriation</strong></td>
<td></td>
</tr>
<tr>
<td>Depreciation Reserve Fund</td>
<td>13</td>
</tr>
<tr>
<td>Corpus Fund</td>
<td>14</td>
</tr>
<tr>
<td>General Fund</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL APPROPRIATION</strong></td>
<td></td>
</tr>
</tbody>
</table>

The schedules referred to above form an integral part of the accounts.
Independent Auditor’s Report

Report on the Financial Statements:
We have audited the accompanying financial statements of CHILD IN NEED INSTITUTE, which comprises the Balance Sheet as at 31st March, 2014, the statement of Income & Expenditure and statement of Receipts and Payments for the year then ended and other explanatory information.

Management’s Responsibility for the Financial Statements:
The Institution’s management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance in accordance with the Accounting Standards generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility:
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and the disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatements of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Institute’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of the accounting estimates made by the Management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion:
In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements give a true and fair view in conformity with the accounting principles generally accepted in India:

(a) In the case of the Balance Sheet of the state of affairs of the Institute as at 31st March, 2014.

(b) In the case of the Statement of Income & Expenditure of the Surplus of the institute for the year ended on that date.

(c) In the case of the Receipts & Payments of the Receipts & Payments for the year ended on that date.

We further report that:
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.

In our opinion, proper books of accounts as required by law have been kept by the Institute, so far as it appears from our examination of those books.

The Balance Sheet, the statement of Income & Expenditure and Receipts & Payments dealt with by this report are in agreement with the books of accounts.

Place: Kolkata

The 10th Day of August, 2014

For T. K. Biswas & Co

Chartered Accountants
(Firm Regn. No. 32243SE)

T. K. Biswas
Proprietor

(Membership No. 056569)
Since we started working in 1974, CINI has followed the principle of working closely with government programmes, adding value and by implementing them, acquire insights on how to improve them further.

Since we started working in 1974, CINI has followed the principle of working closely with government programmes, adding value and by implementing them, acquire insights on how to improve them further. In nutrition, CINI pioneered the Nutrition Rehabilitation Centre (NRC) setting it up in 1974. With the opening up of NRCs by the government health system over the last few years, CINI closed it down in 2012. Over the last two decades, CINI started implementing both preventive and curative programmes on HIV/AIDS and presently we work in 17 out of the 20 districts of West Bengal and a few districts in Jharkhand. In the training area, CINI is the State Nodal Agency for training of ASHA workers under the flagship health programme under National Rural Health Mission (NRHM). The training of ICDS Anganwadi and Supervisors under the Department of Woman and Child, Govt. of West Bengal has been in the DNA of CINI since the early nineties.

It is becoming increasingly difficult to run these programmes on behalf of the government due to irregularity in timely release of funds. It creates liquidity problems when hundreds of workers need to be paid salaries on time and food and accommodation costs of trainees numbering in hundreds met throughout the year. Repeated appeals to sympathetic bureaucrats result in their inability to meet our demands and often with the response that we may close down if we cannot afford to wait. Such closure will translate to depriving the community of much needed support and loss of jobs for community workers who in turn need the money to support their families. What is the way forward?

Sincerely,

Dr. Samir Chaudhuri
Founder-Director, CINI
Acknowledgements

A. Government Department

- Child Welfare Committee - Coochbehar, Darjeeling, Jalpaiguri, Kolkata, and Murshidabad, North Dinajpur, North and South 24 Parganas
- Department of Women and Child Development & Social Welfare, Govt. of West Bengal
- Department of AIDS Control, MoHFW, Govt. of India
- Dept. of Health and Family Welfare, Govt. of West Bengal, Jharkhand, Mizoram, Manipur, Meghalaya, Nagaland, Tripura, Sikkim & Arunachal Pradesh
- Dept. of Panchayat & Rural Development, Govt. of West Bengal and Jharkhand
- District Administration, Darjeeling, Jalpaiguri & Coochbehar, Govt. of West Bengal
- District Authorities (Health, Panchayat, Home, ICDS and Education), West Bengal
- District Child Protection Society (DCPS), Darjeeling, North Dinajpur, Murshidabad and South 24 Parganas
- District Information & Cultural Office, South 24 Parganas and Murshidabad, West Bengal
- Eastern Railways, Ministry of Railways, Govt. of India
- Government Railway Police Force, West Bengal
- Health & Family Welfare Samity Darjeeling, Jalpaiguri, North Dinajpur, 24 parganas South, Howrah
- Information and Cultural Affairs Department, Govt. of West Bengal, Diamond Harbour
- Jharkhand Education Project Council
- Jharkhand State AIDS Control Society
- Kolkata Environmental Improvement Programme
- Kolkata Municipal Corporation
- Kolkata Police
- Kolkata Urban Services for the Poor (KUSP)
- Ministry of Health and Family Welfare, Govt. of India
- Ministry of Women and Child Development, Govt. of India
- National Child Labour Project, Dept. of Labour, Govt. of Jharkhand & West Bengal
- National Commission for Women
- National Health Systems Resource Centre (NHSRC), MOHFW, Govt of India
- National Institute of Health and Family Welfare (NIHFW), New Delhi
- National Rural Health Mission (NRHM), Govt. of West Bengal, Jharkhand and Odisha
- NRHM, Govt of Chhattisgarh, India
- National Mission for Empowerment of Women
- Paschim Banga Sarva Shiksha Mission – Kolkata district
- Paschim Banga Sarva Shiksha Mission – Murshidabad district
- Paschim Banga Sarva Shiksha Mission, West Bengal
- Railway Protection Force, West Bengal
- School Education Department, Govt. of West Bengal
- Siliguri Metropolitan Police
- Siliguri Municipal Corporation
- Superintendent of Police, Darjeeling, North Dinajpur, South 24 Parganas, West Bengal
- Vagrancy Department, Govt. of West Bengal
- West Bengal State AIDS Prevention & Control Society
- West Bengal State Police
- West Bengal State Health and Family Welfare Society
- Zilla Parishad Jalpaiguri & North Dinajpur, West Bengal

B. Foundations & Institutions

- Anand Paul Foundation
- ASML Foundation, Netherlands
- Big Lottery Fund, UK
- CARE India
- Child Hope, UK
- CHILDLINE India Foundation, Mumbai
- Christian Medical Association of India, New Delhi
- Comic Relief, UK
- Compassion East India
- Deaf Child Worldwide, UK
- Department for International Development (DFID), UK for Poorest Area Civil Society programme(PACS)
- DRSC
- Family Planning Association of India (FPAI), Mumbai
- Fondazione Blue, Italy
- Fondazione Cariverona, Italy
- Fondazione San Zeno, Italy
- Ford Foundation
- Harsh and Payal Hada Foundation, Kolkata
- ICCO, The Netherlands
- IIMPACT, India
- Impulsia, Netherlands
- MacArthur Foundation
- Miracle Foundation
- Naandi Foundation, Andhra Pradesh,
- Oak Foundation
- Oxfam India
- Plan India
- Plan UK
- Population Foundation of India, New Delhi
- PRIA (Society for Participatory Research in Asia)
- PYARI ONLUS ITALIA
- Railway Children, India
- SAHAY affiliated to Children International, Kansas City, USA
- Save the Children India
- Sir Dorabji Tata Trust and the Allied Trusts
- The Centre for Development and Population Activities (CEDPA), India
- Terres Des Hommes Foundation
- UNICEF, West Bengal and Chhattisgarh State Office, India
- United Nations Development programme (UNDP)
- USAID
- Vital Foundation, UK
- Volkart Foundation, UK
- World Vision, India
C. Corporate Partners

- ACC Limited
- Balarampur Chini Mills, Kolkata
- Ceratizit, Kolkata
- Coal India
- Computer Maintenance Corporation, Kolkata
- Exide Industries
- Essar Oil Ltd.
- Holtzman, Kolkata
- IBM-India
- Johnson and Johnson, Kolkata
- KPMG Foundation, Delhi
- Mahindra and Mahindra, Kolkata
- McNally Bharat Engineering Company Ltd.
- OTIS – United Technologies Corporation India Pvt Ltd
- Powergrid Corporation, Kolkata
- Price Waterhouse Coopers(PWC) Gurgaon and Kolkata office
- TATA Chemicals, Haldia
- Tata Tele Services Ltd, Kolkata
- The Apeejay Trust, Kolkata
- The Brathwaite Burn & Jessop Construction Company, Kolkata
- TM International Logistics Ltd, Kolkata
- Tractors India Limited, Kolkata
- TRENT Ltd
- Loyola School – Ranchi
- Modern English Academy- Barrackpore
- Netaji Subhas Open University
- Park Circus High School
- Department of Extension Education, North Bengal University
- Nursing Training School, ESI Hospital Sealdah & Maniktala, Kolkata
- St. John Berchman School
- Seventh Day Adventist (Senior)
- SP Jain Institute of Management & Research Mumbai
- SVKM’s Narsee Monjee Institute of Management Studies
- Tata Institute of Social Sciences, Mumbai and Guwahati
- The Calcutta Medical Research Institute
- United Missionary Girls High School
- University of Calcutta, West Bengal
- Vidyanjali International School
- Viharilal College of Home & Social Science, Kolkata
- Voluntary Action Network in India

D. Academic and Training Institutions

- Alipore Tiny Tots School
- AMIK Institute of Management Sciences and Technology, Durgapur
- AMRI School of Nursing Kolkata
- Apeejay School, Kolkata
- Assam University
- Assembly of God Church School, Kolkata
- Baptist Girls’ School, Kolkata
- Ballygunge Park Day
- Bocconi Business School, Italy
- Calcutta Nursing Training Institute, Kolkata
- Calcutta University
- Dept. of Social Work, Visva Bharati University
- God’s Grace School – Barrackpore
- Goelhale Memorial Girls’ College, Kolkata
- Goethals Memorial School- Siliguri
- Hariyana Vidya Mandir
- Hartleys High Secondary School
- Hartley Public School
- Holy Home School
- Holy Home- Srirampur (Junior)
- Indira Gandhi National Open University
- Immanuel International Academy - Siliguri
- Indian Institute of Management, Calcutta
- Institute of Rural Management, Anand
- Jadavpur University
- CINI Australia
- CINI Holland
- CINI Italy
- Friends of CINI, Scotland
- CINI USA
- CINI Norway

E. CINI International Support Groups

- Ananda Mandir Club, Kolkata
- Bharatiya Bangiya Parishad, UAE
- Chandrabindoo, the Bengali Music Band, Kolkata
- Friends of CINI, New Delhi
- Iain Harrison, UK
- Imran Zaki, Kolkata
- Lopamudra Saha Mandal, Kolkata
- Supreet Singh, Good2Give, Kolkata
- Mohanbagan Athletic Club, Kolkata
- Murshidabad Press Club
- Mr. Sisir Chattopadhyaya
- South Asia Initiative to End Violence against Children (SAIEVAC) SAARC apex body on Children
- India Alliance for Child Rights, New Delhi
- Siliguri Journalists’ Club
- State Bank of India, ADB Branch
- State Bank of India, Berhampore Branch
- State Bank of India, Kolkata Branch
- Tavola Valdese, Italy
- Web Development Co. Ltd. (Harsh Hada) State, Central Government and local bodies
- Werner Speiser, Germany
- Bret Cole
Child in Need Institute

Head Office
Daulatpur, P.O. - Pailan Via - Joka, 24 Parganas (S) Kolkata - 700 104, West Bengal, India
Tel: +91 33 2497 8192/8206/8758/8759/8641
Fax: +91 33 2497 8241
Contact: Rajib Halder, Additional Director
Email: cini@cinindia.org

The following thematic divisions are based at the Head Office

Adolescent Resource Center
Contact: Dr. Indrani Bhattacharyya, Assistant Director
Email: ciniyuva@cinindia.org

Division of Woman and Child Health Development
Contact: Dr. Indranil Das, Divisional Head
Email: dchd@cinindia.org

Education Resource Centre (ERC)
Contact: Manoj Kumar Sircar
Email: erc@cinindia.org

Child Protection Resource Centre (CPRC)
Contact: Nairita Bannerjee
Email: cprc@cinindia.org

HIV/AIDS Division
Contact: Dr. Rumeli Das, Assistant Director
Email: rumeli@cinindia.org

Training Unit
Vill. & P.O. - Amgachia via - Joka, 24 Parganas (S) Pin - 700 104, West Bengal, India
Tel: +91 33 2497 8240/+91 33 2453 6359
Fax: +91 33 2453 6359
Contact: Dr. Nupur Basu Das, Assistant director
Email: nupur@cinindia.org

Urban Unit
63 Rafi Ahmed Kidwai Road, Kolkata
Pin - 700 016, West Bengal, India
Tel: +91 33 40058920
Fax: +91 33 4005 8900
Contact Manidipa Ghosh, Assistant Director
Email: manidipa@cinindia.org

Fund Raising Unit and International Unit
63 Rafi Ahmed Kidwai Road, Kolkata
Pin - 700 016, West Bengal, India
Tel: +91 33 40058927/99
Fax: +91 33 4005 8900
Contact : Kakoli Dey, Assistant Director
Email: kakolidey@cinindia.org

Field Units

Diamond Harbour Unit
P.O. Rainagar (West), Water Tank Para, Diamond Harbour
Pin - 743 331, West Bengal, India
Tel: +91 3174 255395/258217
Fax: +91 33 2497 8241
Contact: Ashutosh Mallick
Email: cinidhu@cinindia.org

Murshidabad Unit
8 Station Road, First Floor, Berhampore, Murshidabad
Pin - 742 102, West Bengal, India
Tel: +91 3482 262340/261686
Contact: Jayanta Choudhury
Email: cinimurshidabad@cinindia.org

North Bengal Unit
45 Meghnath Sarani, Hakimpara, P.O. Siliguri
Pin - 734001, Dist. Darjeeling, West Bengal, India
Telefax: +91 353 2523901
Contact: Shekhar Saha
Email: cininb@cinindia.org
Uttar Dinajpur Unit
Qtr No.: M - 1, District Magistrate's Housing Compound, 
Karnajora, Raiganj, Uttar Dinajpur, West Bengal - 733130 
Tel: +91 03523-252263
Contact: Saurya Sekhar Pal
Email: ciniudp@cinindia.org

Chattishgarh Unit
House No 9, Dungaji Colony, 
Near Govt. Aurvedic college, 
Raipur, Chattisgarh - 492001
Contact: Mr. Nikhil Naskar, Assistant Director 
(Administration)
Email: cinichhattishgarh@gmail.com

Jharkhand State Unit
441/A Ashok Nagar, Road No. 5, Ranchi 
Pin - 834 002, Jharkhand, India 
Tel: +91 651 224 5370/5831
Fax: +91 651 224 3549
Contact: Ranjan Kanti Panda
Email: cinijhk@cinindia.org

Offices in districts of West Bengal

East Medinipur
C/O - CINI MOYNA R.H.D.C. 
Vill. - Ganapati Nagar, P.O.- Uttar Sonamui 
P.S. - Tamluk, Dist. - Purba Medinipur 
Pin - 721648

Howrah
Jadurberia, Near Jadurberia Kaltala. 
Uluberia, P.S. - Uluberia, Dist.- Howrah

Birbhum
Rampur hat Nischintapur,Dakhina kalibari lane 
Ward No.-3, P.O. - Rampurhat 
Dist. - Birbhum, Pin - 731224

Bardhaman
Parijat Sevalaya, Power House Para. 
Burdwan, Pin - 713104

Paschim Medinipur
Balichak, P.S. - Balichak 
Paschim Medinipur, West Bengal

Coochbehar
West of Jamuna Dighi, Coochbehar 
Pin - 736101

Hooghly
Vill. + P.O. - Singur (Burasanti) 
Near Tin Factory, P.S. - Singur, Dist. - Hooghly 
Pin - 712409

Darjeeling
7, Oak's rose bank, Below Ava Art Gallery 
Dist. - Darjeeling, Pin - 734101

Bankura
Sanchita Das
W/O Akhil Kr. Das 
Bishnupur, Collage Road , Pin - 722122, Dist. - Bankura

Malda
90/C Sunny Park (West), 
3rd Lane Near Truk Stand, Rathbari 
P.O. - Malda, P.S. - English Bazar 
Dist. - Malda, Pin - 732101

Nadia
House of Smt. Arati Karmakar 
W/O Ratan Kumar Karmakar 
Khirkibagan Lane (Near Rose Valley Shopping Mall) 
P.O - Ranaghat P.S - Ranaghat, Dist. - Nadia, Pin - 741201

North 24 Parganas
C/O - Jhaarlal Deb Nath Vill:Bhawanipur , 
College para Near Indane Gas office 
P.O. - Basirhat, P.S. - Basirhat, Pin - 743412

South 24 Parganas
Child in Need Institute (Head Office) 
Vill - Daulatpur, P.O.- Pailan, Via - Joka, 24 Prgs(S) 
Pin - 700104
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
</tr>
<tr>
<td>P&amp;RD</td>
<td>Panchayats &amp; Rural Development Department</td>
</tr>
<tr>
<td>NFHS 3</td>
<td>National Family Health Survey</td>
</tr>
<tr>
<td>DLHS 3</td>
<td>District Level Household &amp; Facility Survey</td>
</tr>
<tr>
<td>GoWB</td>
<td>Government of West Bengal</td>
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<tr>
<td>GIS</td>
<td>Geographical Information System</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>SHGs</td>
<td>Self Help Groups</td>
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<tr>
<td>PRI</td>
<td>Panchayati Raj Institutions</td>
</tr>
<tr>
<td>IFA tablets</td>
<td>Iron Folic Acid Tablets</td>
</tr>
<tr>
<td>MUAC-Mid</td>
<td>Upper Arm Circumference</td>
</tr>
<tr>
<td>EDD</td>
<td>Expected Date of Delivery</td>
</tr>
<tr>
<td>AAMSC</td>
<td>Adopt a Mother, Save her Child</td>
</tr>
<tr>
<td>MCTS</td>
<td>Mother and Child tracking System</td>
</tr>
<tr>
<td>RMNCH+A</td>
<td>Reproductive, maternal, newborn and child health and adolescent health</td>
</tr>
<tr>
<td>AWWs</td>
<td>Anganwadi Workers</td>
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<tr>
<td>ASHAs</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>ARSH</td>
<td>Adolescent Reproductive and Sexual Health</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<tr>
<td>PDS</td>
<td>Public Distribution Services</td>
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<tr>
<td>IEC</td>
<td>Information and Education Materials</td>
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<tr>
<td>HBNC</td>
<td>Home Based New Born Care</td>
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<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>PNC Kit</td>
<td>Post Natal Care Kit</td>
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<tr>
<td>TT1</td>
<td>Tetanus Toxoid</td>
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<tr>
<td>JSY</td>
<td>Janani Suraksha Yojana</td>
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<tr>
<td>JSSK</td>
<td>Janani Shishu Suraksha Karyakaram</td>
</tr>
<tr>
<td>FSWs</td>
<td>Female Sex Workers</td>
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<tr>
<td>HIV-LWS</td>
<td>HIV Link Worker Scheme</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infections</td>
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<tr>
<td>ICTC</td>
<td>Integrated Counseling and Testing Centre</td>
</tr>
<tr>
<td>TI areas</td>
<td>Targeted Intervention Areas</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<tr>
<td>HRG</td>
<td>High Risk Groups</td>
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<tr>
<td>PCPNDT</td>
<td>Pre-Conception and Pre-Natal Diagnostic Techniques Act</td>
</tr>
<tr>
<td>SACS&amp;</td>
<td>State AIDS Prevention and Control Societies &amp; National AIDS Control Organisation</td>
</tr>
<tr>
<td>NACO</td>
<td>Kolkata Municipality Corporation</td>
</tr>
<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
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<tr>
<td>ISL Training</td>
<td>Indian Sign language Training</td>
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<tr>
<td>SCERT</td>
<td>State Council Educational Research and Training</td>
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<tr>
<td>KMC</td>
<td>Income Generation Activities</td>
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<tr>
<td>BSF</td>
<td>Border Security Force</td>
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<tr>
<td>CWCs</td>
<td>Child Welfare Committees</td>
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<tr>
<td>JJB</td>
<td>Juvenile Justice Board</td>
</tr>
<tr>
<td>CPRC</td>
<td>Child Protection Resource Center</td>
</tr>
<tr>
<td>EPHN</td>
<td>Education, Protection, health and Nutrition</td>
</tr>
<tr>
<td>Rights</td>
<td>School Management Committee</td>
</tr>
<tr>
<td>SMC</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>CSR</td>
<td>Tata Institute Of Social Sciences</td>
</tr>
<tr>
<td>TISS</td>
<td>Confederation of Indian Industries</td>
</tr>
<tr>
<td>CII</td>
<td>Gram Panchayat</td>
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</tbody>
</table>
**Adopt a Mother and Save Her Child**

For just 15,000 rupees to cover a 1000 days period, you can be linked to a mother and her child and see the difference your donation makes, not only to their lives but to the lives of others in their community.

The Adopt a Mother and Save her Child project concentrates on ante natal care and the first two years of a child's life, during which time, proper nutrition is particularly critical. CINI believes that the most effective way to give a child, born into a poor family, the best possible start in life is through its mother. Nobody is going to take better care of her unborn child or her infant, but the mother needs to be given the right support. Your donation can help provide that support in the form of nutritional advice, ante and post-natal care, and improved access to government facilities like hospitals for institutional deliveries and child vaccination programmes. These are all crucial factors in ensuring a safe pregnancy and delivery for the mother and a healthy start in life for her child.

You will be linked to a mother and her baby in a rural or urban area and will be able to follow their progress through a series of four reports until the child is 2 years old: first, some background information about the mother; then a report after the birth of her baby together with a photograph. The third update would be the photograph of the child at one year of age. And finally, a report at the end of the programme. After this, you will be linked to a new mother or you can continue on to the Educate a Child programme.

In fact, you will be doing much more than supporting an individual mother and child. The way CINI uses the money raised by the Adopt a Mother initiative is to create a support network within a community. CINI reaches out to women through a wide range of educational programmes and healthcare initiatives. CINI sends health workers trained by CINI to make door to door health visits and give talks in their districts. This means that in addition to monitoring the mother and child you support, a health worker will also be able to visit a number of other pregnant women and newborn children at the same time. Often, a whole village will come to listen to the health worker's advice. This innovative approach allows you to connect with an individual mother and child while touching the lives of many others.

**Educate a Child**

For a donation of 8000 rupees, you can support a child in education over a two year period. The Educate a Child programme concentrates on children aged from 5 to 16 years in deprived urban areas. It focuses on getting children into education and keeping them there.

Street children, children without parents, children of sex workers and children from the slums need to have an environment conducive to learning. The money you give will be used for school fees, uniforms and educational materials.

Similar to the Adopt a Mother programme, you are linked to a particular child and will receive three reports about his or her progress over the two year period: First, some background information about the child; then a drawing by the child after 1 year; and finally, a report at the end of the programme. However, the money you donate will be used to support many more children as CINI works in local communities to highlight the importance of education and bring about a change of attitude in people who feel that a working child is better than an educated child.

**General Fund**

We welcome donations of any amount to cover other activities such as providing Out-Patient Care Services, running of the Weekly Clinic and the Day Care Nutrition Rehabilitation Center.

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**All donations made to CINI are tax exempted under Section 80 G of IT ACT, 1961.**

**Contact cinifr@cinindia to support us!**
Child in Need Institute

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