CONTENTS

Foreword 02
Milestones 03
Chapter 1: Introduction on CINI 05
Inspirations 07
Chapter 2: Building Child Friendly Communities 08
Chapter 3: Empowering Young People 10
41st Foundation Day 14
Chapter 4: Fighting HIV AIDS 16
Chapter 5: Taking Care of Mother and Child Health 20
Chapter 6: Educating Urban and Rural Deprived Children 24
CINI In Press 28
Chapter 7: Ensuring Child Participation and Child Rights 30
Chapter 8: Maternal and Child Nutrition 34
Chapter 9: Climate Change 42
Chapter 10: Convergence 44
Chapter 11: Capacity Building and Technical Support 48
Snapshots 52
Chapter 12: CINT's Emerging Roles 54
Chapter 13: Partnering The Corporates 56
Beyond 2015 58
Chapter 14: HR and Governance 60
Chapter 15: Financial Representation 62
Way Forward 65
Acknowledgements 66
Acronyms 70
Sponsorship Programmes 76
The past year has seen successful partnerships with both State and Central Government where CINI is a lead partner in the implementation of various programmes. Our work with young people now cover 15 districts in West Bengal and 2 districts in Jharkhand where issues like early marriage and trafficking are tackled. Ministry of Health & Family Welfare, Govt. of India, has selected CINI as the National Training Partner (NTP) for Eastern and North-Eastern States for adolescents in the Rashtriya Kishor Swasthya Karyakram (RKSK). UNFPA has included CINI’s initiative to strengthen school health and adolescent education programme as a best practice, by Civil Society Organisations (CSOs) in India. CINI was invited to attend the 47th Commission on Population and Development, organized by UN Department of Economic and Social Affairs, Advocacy for Adolescent SRHR Rights in April 2014 at New York.

In maternal and child health programmes, implemented in rural pockets in North Dinajpur (3 districts) of WB and urban slum clusters in Kolkata, showed substantial results in improved uptake of social entitlements of mother & child health, nutrition, education and stronger voices of the marginalized poor communities. We received support from Govt. of West Bengal, Poorest Area Civil Society (PACS), DFID and Save the Children India. Our work in HIV/AIDS treatment and prevention received support from West Bengal State AIDS Control Society (WBSACS) and National AIDS Control Organisation (NACO), allowing us to work with affected and infected women and children in 11 districts of West Bengal and parts of Jharkhand. In the area of child protection, CINI has increased its presence in North Bengal and districts bordering Bangladesh and Nepal identifying trafficked children, offering them shelter in our homes in Kolkata and Siliguri. CINI partnered with the regional project of Plan India, in the Missing Child Alert (MCA) project, directly benefitting the cross-border child trafficking survivors, and forged partnerships with State government, regional bodies like SAIEVAC and many civil society organizations. Over a dozen police stations in South 24 Parganas and Murshidabad districts and one in Tollygunge, Kolkata have been facilitated by CINI to be “Child Friendly”, with dedicated space for rescued children to rest, be counselled and play while awaiting family reunion. The Ministry of Railways and Ministry of Women and Child Development requested CINI to make the railway stations of Sealdah and New Jalpaiguri as “Child Friendly”, tracking missing children and re-uniting them with their families in real time. CINI Jharkhand has been invited to be a member of drafting committee at the Ministry of Women & Child Development for the foster care guidelines of the ICPS programme at the national level. In education, the Girls’ Learning Centre model in partnership with IMPACT, an Indian donor, has demonstrated that 2,200 girls from minority communities who dropped out of school, were mainstreamed successfully to local government schools in South 24 Parganas and Murshidabad Districts in West Bengal. Finally, in accountability and governance, CINI received the “Guide Star AAA+ certification, a rare and prestigious achievement for charities in India. Expressing our gratitude to all our donors, partners and colleagues for making this year so fulfilling. Needless to say the members of CINI Governing Body has provided valuable counsel and advice all throughout the year for which I remain indebted.

Dr. Samir Chaudhuri,
Director

MILESTONES

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 Mymensingh in West Bengal (WB) and cyclone hit areas of Andhra Pradesh and support for Kumbharka refugees
4. Maternal and Child Health (MCH) project initiated in Mymensingh and Balrampur 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 Ami ci 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 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

2006-2012
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 Child Health started in collaboration with JU
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, “Nutmix”
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

2013-2015
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. CINCOMM, the new social business initiative 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
39. Nari Suraksha Sanman Award given to CINI in recognition of our illustrious contribution in the field of Protection and Prevention of underprivileged children and women’s rights by B. Sirkar Johuree Nari Sanman 2015 awards

Child in Need Institute (CINI) is a registered non-profit organisation (NGO) under the Societies Registration Act and Foreign Contribution Regulation Act in India. We work with over 1500 Indian professionals and are guided by a Governing Body composed of experienced Indian practitioners, academics and administrators. Founded in 1974 in Kolkata (former Calcutta), West Bengal, CINI now has operations in the states of West Bengal, Jharkhand and Chattisgarh and reaches out to more than 5 million rural and urban population of poor communities. We have been the recipient of prestigious awards and recognitions in India and around the world.

We work in local communities.
We are accountable to local communities

CINI works on the thematic sectors of maternal and child and adolescent Health, Education, Nutrition and Protection. It is not only implementation but innovation at every step of our work. Our team believes in acting locally but thinking globally. We believe in building evidences through our work practices. CINI works with strong partner like the government, other NGOs, schools, corporates and individuals. These partnerships help us share learnings and thus strengthen the structure. We never say we know all; we keep on learning from our partners.

The central focus of all our action is the impact on children and women. We work towards value for change. 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 initial focus on health and nutrition has grown further in the areas of education and child protection. Our work starts right from the day a child is conceived. For the first 1000 days of the life of the child, we cover it through our 1000 days programme. As the child grows up, we ensure that he/she is having a proper growth, mental as well as physical development through our Early Childhood Care and Development programme. Later through our Education and Protection programmes we ensure that the child is in school and has a safety net. Hence from day 1 of a child’s life to 18 years of age, we are perhaps the only NGO to ensure that the child has a safety net around him/her. We have various tools devised to help us function better like the Child Entitlement Card and the Mother and Child Protection Card, Community Resource Mapping and Rainbow Chart.

CINI has always believed in working beyond its boundaries. Though we are a primarily eastern region based organisation, we do provide technical assistance to other state governments and civil society organizations in Bihar, Odisha, Nagaland, Tripura and Arunachal Pradesh. With our Missing Child Alert programme (a regional programme on cross-border trafficking), we have collaborative linkages with Bangladesh and Nepal. We have an advocacy linkage with South Asia Initiative to end Violence against Children (SAIEVAC), a SAARC apex body. We have always responded to emergency situations wherever we could. This time when Nepal was devastated by the earthquake, we were
quick to respond with our teams and trucks of relief materials. Presently, we are working with a Nepal based organization CWIN to prevent trafficking in Nepal. We also have a few independently registered charities across the world that helps us raise funds for our operations.

We follow a transparent system of organizational management. Our internal governance structure is well-articulated. All our accounts are audited by an independent auditor. We have various policies to ensure that our employees have a healthy working environment. CINI maintains a Child Protection Policy, Sexual Harassment Policy, Gender Policy and Workplace Policy on HIV related issues. We evoke the trust of all our external stakeholders through our strong governance process. At CINI, we also believe in cost effectiveness. Only 10% of funds raised are utilized for administrative purposes.

As we march forward, we would design our programmes and projects, keeping in mind that we primarily want to invest in the sustainable development of the mother and the child. To us, every child is unique and we hope to make every one believe in the same. We plan to focus our activities on the overall family well-being, because we believe that the family is the best safety net for the child.

1. In the words of Debanshu Ray, Councillor, Ward 59, Kolkata, “CINI Community Facilitators are very committed and sincere in their work and have a huge degree of acceptance from the community and a great field presence too”.

2. Mr. Sande Munda, Mukhya of Murhi Panchayat during Gram Sabha at Kanki village, Jharkhand, shares that “Previously community members were approaching me mostly for road and sanitation issues but now people are also asking me to strengthen services available at Anagan Wadi Center level such as non-availability of IFA tablets for pregnant women, ANM not conducting all check-ups during ANC, improper services of Mamta Wahan to carry pregnant and sick mother and child under JSY and JSSK scheme. The community is today aware about their other entitlements such as widow pension, disability/specially abled provisions from government. Now I also visit the AWC of my Panchayat villages on V1 and to monitor services on the day”.

3. Mr. Rashmi Rai, Headmaster, Victoria Boys’ School, Kurseong says “I am sure CINI will bring more smiles across the Nation as years go by.”

4. Bro. E.L. Miranda, Principal, Goethals Memorial School, Kurseong says “The children of Goethals Memorial School have been keen participants in helping CINI collect the funds they require for their projects for needy children. Working with CINI towards this purpose creates awareness among our children about the many children who are not as fortunate as they are. I hopefylly our interaction with CINI helps break a culture of indifference which seems to be prevalent among many of us in India, the more privileged of our population, to the circumstances of the poor and marginalized. Harsh Mander in his book “Looking Away” notes in his description of India during our times, that one of the paramount markers are “the extraordinary indifference that people of privilege have for the intense and pervasive levels of human suffering all around us”. It is organizations like CINI that help us keep the eyes of our hearts open and sensitive to the plight of others. Social sensitization is a key element in education today and the factor which encourages me to invite CINI and other organizations with a similar ministry to speak to our children. It is not only that our children listen to their description of CINI’s work, we hope that our students visit the CINI centres during our annual Outreach Day. In so meeting with representatives of the other two-thirds of the nation, will warm our hearts to these our fellow brothers and sisters.”

5. Dr. Sumant Mishra, Director In Chief, Health Services, Department of Health and Family Welfare, Jharkhand – “Congratulations to CINI for successfully organizing the first orientation programme for Mahila Arogya Samiti (MAS) and Sahari Sahiyya”.

6. Mr. Navin Cutwall, Principal, Glenhill Public School says “We are happy to be associated with CINI, continue the good work.”
CINTS RIGHTS-BASED APPROACH TO DEVELOPMENT: CREATING CHILD FRIENDLY COMMUNITIES

Strategic Priorities

In the recent past, CINT has undergone a paradigm shift in its policy and implementation by adopting a human rights-based approach. From a service delivery mode of functioning, the organization has moved to an integrated approach of facilitation and service delivery. While working with the communities and fulfilling their contextual needs, CINT 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 the evolution of model Child Friendly Communities (CFC) that ensure access to the rights and entitlements of every woman and child in the society.

Major Highlights

- Communities are mobilised by self-help / women’s groups and children’s groups to ensure that all stakeholders like parents, families, schools, ICDS centres, health sub-centres and police stations collectively engage in keeping children in good health, well nourished, educated and protected from all those practices that may be detrimental to their full growth and development.
- Service providers are supported and monitored to ensure that teachers, health personnel and 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 also ensured by the elected representatives.

- CINT acts as a facilitator in engaging local development actors – the community, service providers and elected representatives – in a process aimed to ensure convergence and thereby strengthen good governance with and for children and women. 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.

Achievements At A Glance

Child Friendly Communities are being implemented since in the districts of Kolkata, South 24 Parganas, Murshidabad, Jalpaiguri and Uttar Dinajpur in the State of West Bengal and in Khunti District in Jharkhand

- People's empowerment has helped them internalise fundamental rights and demand services as entitled citizens.
- Women led self-help groups have become members of several government forums, such as the Gram Unnayan Samiti, the Village Education Committee, the Village Level Child Protection Committee, the Village Health, Sanitation & Nutrition Day and the Ward Committee.
- Young people have organised themselves in Bal Panchayat/Children’s Parliament.
- Setting up child-friendly corners, child-friendly schools, child-friendly police stations and community-wide safety nets has provided a platform to engage local decision-makers in issues affecting children.
- Community-driven monitoring systems have been established to enable the community to analyse gaps and identify solutions in accessing services, together with service providers and local government representatives.
- Convergence of all available government services through CFC approach, facilitated by CINT, closely monitored by elected representatives has maximized impact with existing inputs.
Strategic Priorities

- Ensuring adolescent leadership and participation through sharing of knowledge, information and skill building.
- Capacity building on reproductive sexual health and rights, nutrition and anemia, violence against children, life skills education, psycho-social health, substance misuse and non-communicable diseases.
- Strengthening/ensuring provision of adolescent-friendly services through the principles of equity and inclusion.
- Creating safe spaces for adolescents in family, community and institutional level.
- Strengthening adolescent leadership to combat social evils like child marriage, teen pregnancy, trafficking and other rights violation.
- Networking and Advocacy for strategic partnerships and convergence of policies and programs for risk and vulnerabilities reduction and improved care-seeking behaviour of adolescents.
- Addressing adolescent health, nutrition, education and protection issues through comprehensive community-based strategies.
- Positioning CINI at State and National level as technical support agency for adolescent development issues through pilot interventions and testing innovative adolescent-friendly models.
- Development of resources for communication, training, technical as well as reference materials and research and development.

Major Highlights

- CINI participated as an advocate for adolescent rights, in the 47th Commission on Population and Development in New York, organized by the United Nations Department of Economic and Social Affairs.
- CINI presented its innovations on the integration of Sexual Reproductive Health and Rights with HIV and AIDS in the Regional CSO symposium in Bangkok, organized by International Planned Parenthood Federation [IPPF].
- Organized Regional Consultation on Sustainable Development Goals jointly with IPPF, PAIRVI and the Third World Network.
- CINI has been selected as the National Training Partner by the Ministry of Health and Family Welfare, Government of India, for the Rashtriya Kishor Swasthya Karyakram, the newly launched adolescent health programme in India.
- Recognizing the importance of continuous handholding support to the adolescent girls under the SABLA scheme, as demonstrated by CINI for the last two years, the WCD & SW is in the process of signing in April 2015, an MoU with CINI, to take the process further.
- The WCD & SW Department has sought technical support from CINI to develop a West Bengal specific flipbook as part of the SABLA kit for adolescent girls, on Adolescent Reproductive Sexual Health (ARSH).
- CINI in active collaboration with the Department of Women Development and Social Welfare, Government of West Bengal has captured the journey of empowerment of adolescent girls in West Bengal through short documentaries.
• CINI leveraged INR 2,13,60,000 from the Government for effective implementation of the SABLA program.
• CINI’s initiative with the School Education department to strengthen the School Health and Adolescent Education Program, has been included as a ‘Best Practice’ in the CSO documentation by UNFPA, in the context of the Rashtriya Kishor Swasthya Karyakram (RKS), to give insights on community - clinic linkages and adolescent friendly health care services.
• One success story from a school of South 24 Parganas district, has been published in the end of 2014 issue of RMNCH+A newsletter by Secretariat, Save the Children, RMNCH+A Coalition.
• State level dissemination meet was organized on 25th of March 2015, where dignitaries from various Government Departments were present. Two peer leaders aged 14 years anchored the whole program.

Achievements At A Glance

<table>
<thead>
<tr>
<th>No</th>
<th>Parameter</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No of adolescent groups formed</td>
<td>696</td>
</tr>
<tr>
<td>2</td>
<td>No of adolescent girls reached through intervention (total)</td>
<td>25124</td>
</tr>
<tr>
<td>3</td>
<td>No of adolescent girls reached</td>
<td>89210</td>
</tr>
<tr>
<td>4</td>
<td>No of out of school adolescents reached</td>
<td>2046</td>
</tr>
<tr>
<td>5</td>
<td>No of out of school adolescent girls enrolled in schools</td>
<td>115</td>
</tr>
<tr>
<td>6</td>
<td>No of child marriages prevented</td>
<td>57</td>
</tr>
<tr>
<td>7</td>
<td>No of early marriage protection group formed by Kishori Samooh</td>
<td>70</td>
</tr>
<tr>
<td>8</td>
<td>No of adolescent girls enrolled as Kanyashree in the last 1 year</td>
<td>8000</td>
</tr>
<tr>
<td>9</td>
<td>No of drop out adolescent girls enrolled</td>
<td>77</td>
</tr>
<tr>
<td>10</td>
<td>No of government school teachers reached</td>
<td>2308</td>
</tr>
<tr>
<td>11</td>
<td>No of peer leaders reached</td>
<td>3842</td>
</tr>
</tbody>
</table>

Taking a Stand:

Goaigan Refugee Girls High School is located in the village of Niallishpara, Berhampore block, Murshidabad district in the state of West Bengal. As its name states, the school was established in the year 1963, to impart education to the girls of refugees who came from Bangladesh. At present around 900 girls are enrolled with the school.

When the Project was initiated, members of the Peer Leader group were very timid and hardly came out of their shells. The school Head Mistress speaks with a lot of pride about the changes that she is noticing among the girls of the school. Few months back, Peer Leaders reported to the headmistress about a gang of boys who roamed around the school premises teasing and taunting the girls who came out. The Peer Leader group decided to protest, but was initially not sure how to go about it and what the repercussions of their action would be. They reported about the problem to the headmistress and discussed in detail with her. The Head Mistress in consultation with the other teachers reported the matter to the local police. Police officers gave a visit to the school, caught the boys and gave a strict warning that if they continued the evil teasing they will be thrown behind the bars. This acted as an effective deterrent and the boys were not to be found around the school premises since. Peer Leaders strongly feel that all this has been possible because of the Life Skill Education training, through which they learnt to analyze the problem, weigh the pros and cons and find out possible solutions. Group members are aware of what a long way they have come, as previously they would ignore such problems but now they feel empowered to deal with them.

VOICES

1. “Ager bocchor ekta meye paliye biye korlo. Amra bhulam – esta keno holo? Ekhon aero boshi bojhayi. Ei acheno loker phone call gulo opore biswas na korte”. (Last year, one girl had eloped and got married. We thought – why did this happen? Now, we explain these things more. We tell them not to be swayed by phone calls from strangers who try to befriend them) - Madhuchandra Bera, Teacher and Master Trainer, Belasingha Girls High School in Falta block in South 24 Parganas.

2. “Auge aamra to iron bari khetum na. Ekhon kioi. Masuk kalim puistikar porichhonota nijejenenchu”. (Earlier, all of us did not always consume the IFA tablets. Now we do. We have also learnt more about menstrual hygiene) - Group of girls at Mosiat Girls High School, Diamond Harbour 1, South 24 Parganas.

3. “Mejender shonge ki bhabe kotha bolte hoy ... orai je umader samant ... auge amra ono bhabe bhulham”. (We have understood how to talk to girls...they that are equal to us. Earlier we used to think differently) - Groups of boys at Dahapara Bondhu Kunja Adibasi Shikshaniketan, Murshidabad Jiaganj in Murshidabad.

4. “Kom hoyse biyer kufal skitechi. Nijer katha ta nije bolla dar seta kushtechi. O nijer biye aakte chhilo. Amra sahajro korechchilam”. (We have learnt about the negative consequences of early marriage. We have learnt the importance of speaking up for ourselves. She (pointing at another girl) had stopped her own marriage. We had also helped) - Group of girls at Goaigan Girls High School in Murshidabad.
41st. FOUNDATION DAY CELEBRATIONS
Strategic Priorities
Fighting HIV/AIDS has been one of CINI’s core activities in recent years. CINI identifies positive cases in the community and in high risk population and offers voluntary counselling and testing while maintaining confidentiality. The organization collaborates with HIV/AIDS Positive Networks for training and project implementation to protect orphans and children of HIV-positive patients. The National AIDS Control Organisation (NACO) and the West Bengal State AIDS Control Society (WBACS) have entrusted CINI with training Link Workers responsible for identification, Voluntary Counselling and Testing (VCT) and referral for treatment of HIV cases in the community. CINI’s strategic priorities could be enumerated as:

• Reducing and Preventing HIV among urban and rural High Risk Groups (HRGs), among migrants and other vulnerable population at their source area.
• To improve the Quality of Life of People Living With HIV/AIDS through a Community Based Care and Support Model.
• Enhancing the capacity of Human Resources in prevention, care, support at district and state level.
• Mainstreaming HIV/AIDS by integrating it with Sexual Reproductive Health.

Major Highlights
• Celebration of World AIDS Day - This year the World AIDS Day is in its 27th year. CINI –HIV/AIDS Division had observed the World AIDS Day 2014 from 30th November to 2nd December in association with West Bengal State AIDS Prevention and Control Society in 16 districts of West Bengal (Targeted Intervention, Source Migration and Link Worker Scheme Districts) with an outstanding success.
• Making of Ribbon Rose, was done by HIV infected Women and Girls under the theme ‘Women Can Make it Happen’ on 12th March 2015 as part of “International Women’s Day Observation”.
• Health Check up Camps with Source Migrant and their spouse in 5 Districts of West Bengal, namely Malda, Nadia, North 24 Parganas, South 24 Parganas and Bankura was organised.
• Health Mela (Sexually Transmitted Infection) Clinic and Integrated Counselling and Testing Centre in 11 districts of West Bengal, namely Burdwan, Uttar Dinajpur, Jalpaiguri, Darjeeling, East Midnapore, Howrah, Hooghly, Coochbihar, West Midnapore, Murshidabad and Birbhum, under HIV-Link worker Scheme for High Risk Group, Vulnerable Population, Bridge population and TB patients was organised as well.
IV. Indian Initiative for Child Centred and HIV/AIDS Approach covering 950 PLHIV

Since IICCHAA works with HIV infected parents and children, its main objective is to establish a smooth communication between the target population and the community, diminishing all stigma and discrimination.

<table>
<thead>
<tr>
<th>S.No</th>
<th>PARAMETER</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Area of Operation</td>
<td>3 Districts</td>
</tr>
<tr>
<td>2</td>
<td>Total PLHIV reached</td>
<td>950</td>
</tr>
<tr>
<td>3</td>
<td>Parents who have disclosed their HIV status to their children 60%</td>
<td>54%</td>
</tr>
<tr>
<td>4</td>
<td>Parents who have disclosed their HIV status to the community</td>
<td>42%</td>
</tr>
<tr>
<td>5</td>
<td>Families who have linked up with government scheme</td>
<td>39%</td>
</tr>
<tr>
<td>6</td>
<td>Families who have received help from Local Self Government</td>
<td>30%</td>
</tr>
<tr>
<td>7</td>
<td>Families registered with Pre Anti Retroviral Therapy</td>
<td>100%</td>
</tr>
<tr>
<td>8</td>
<td>Families registered with ART</td>
<td>56%</td>
</tr>
</tbody>
</table>

V. State Resource Training Centre (STRC):

State Training and Resource Centre has been set up for improved performance and imparting quality training to different categories of staffs working with NGOs/CBOs viz. Project Directors, Program Manager, Finance Accountants, Monitoring & Evaluation Officer, Outreach Workers, Auxiliary Nurse Midwife/Counsellors, Peer Educators and Link Workers. In September 2014, STRC at Jharkhand started functioning and has completed a Training Needs Assessment for NGOs. Based on this assessment a Training Methodology was developed and capacity building has been provided to 564 NGO workers. STRC trainings are meant for all the NGO-TI partners in all districts of Jharkhand. In addition to the trainings, STRC has also developed an online website and has successfully completed two operation researches. 73% of total staff have been trained as well.

VI. Prevention of Parents to Child Transmission (PPTCT)

The Prevention of Parents to Child Transmission project is functioning from January 2011 at Ranchi, East Singhbhum, Dhanbad, Giridih, Bokaro, Hazaribag and Koderma and will continue operation up to November 2015 with the objective of preventing the HIV transmission from parent to infant and offering care, support and treatment for positive mothers and children. With a team of 20 Outreach Workers, spread across the seven districts of Jharkhand, CINI has identified 235 HIV+ mothers and has been successful in preventing the transmission of the virus from mother to their newborn child. CINI has also linked the 34 PNC Cases with the various HIV related services. With the firm efforts of the ORWs, 12783 ANC cases were referred from remote areas and 8831 were actually tested.

The Story of Anowara

Anowara was only 14, when she got married to a truck-driver. Within 2 years, her husband died because of HIV and she was diagnosed as HIV-infected by CINI-ICTC. Since that time Anowara has been associated with CINI. Anowara was initially under a lot of trauma and was very reticent but after continuous counselling she gradually came to terms with the situation. Recently, through the initiative and efforts of CINI-HIV-Division, Anowara has become the beneficiary of IAY (Indira Awas Yojna). Now she is an active ORW of CINI-HIV-Division.

“My life came to a standstill after I was diagnosed with HIV, but after being with CINI, I’ve got a new hope that I too can live a fulfilling life. I am now confident that I will not let HIV stop me from doing my work or living my life.”

Anowara Beowa, People Living With HIV, South 24 Parganas, West Bengal
We are young girls and the community where we were born and have grown up is today addressing us with respect as DIDI. This is a matter of great pride for us”, says Baby Khatoon, CINI Change Agent of Ward 64.

Women and Children in Urban and Rural areas of West Bengal” – The progress, achievements and challenges were highlighted to the government officials, service providers, community members and other local organizations who attended the meet. The participants also heard voices and concerns expressed by community members with regard to accessing quality health services.

Community Level Event
A community event was organized on March 10, 2015 in the premises of Gopapur Primary School for the women community members. The objective was to assess the knowledge level of the women community members related to Health, Nutrition, Sanitation and Hygiene and to enhance the same by engaging them in interesting games.

CINI as facilitator to Develop Guideline for Community Mobilization under the National Urban Health Mission (NUHM)
CINI organized the first orientation for the office bearers of Mahila Arogya Samiti formed under NUHM in Jharkhand with the Director in Chief, Health Services, Govt. of Jharkhand.

Achievements At A Glance

I. Improving health and Nutrition Outcomes for Women and Children in Urban and Rural areas of West Bengal

<table>
<thead>
<tr>
<th>S. No</th>
<th>Parameter</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Urban - Kolkata</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 wards in Borough VII</td>
</tr>
<tr>
<td>1</td>
<td>Area of Operation</td>
<td>Rural - Uttar Dinajpur</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 block of Goalpokhar</td>
</tr>
<tr>
<td>2</td>
<td>Direct Beneficiaries</td>
<td>6415</td>
</tr>
<tr>
<td>3</td>
<td>Adult Female</td>
<td>6627</td>
</tr>
<tr>
<td>4</td>
<td>Children below 2 years</td>
<td>8509</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10854</td>
</tr>
<tr>
<td>5</td>
<td>Institutional Delivery attended by skilled health personnel</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>6</td>
<td>At least 3 Ante Natal Care checkups</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>82%</td>
</tr>
<tr>
<td>7</td>
<td>At least 3 Post Natal Care checkups within 42 days of delivery</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65%</td>
</tr>
</tbody>
</table>

II. Improving PNC checkups by supplying PNC kits as an incentive

a. To emphasize that at least 3 post natal checkups is required within 42 days after delivery, the GPAF project provides post natal kit to women who have availed the PNC services. This kit includes packets of sanitary napkin for menstrual hygiene, Nutrimix for food supplementation, Iron Folic Acid tablet (IFA) for improving haemoglobin level and condom for promotion of birth spacing with male involvement.

b. The Beneficiary Feedback Mechanism is a pilot project that has been rolled out under the umbrella of Global Poverty Action Fund (GPAF) project, with technical assistance of World Vision UK. The goal is to provide an accessible feedback mechanism to the community so that they can raise their voices with regard to the quality and reach of government services. The feedback from the community is collected mainly on the indicators of the GPAF program (Institutional delivery, ANC & PNC services, supplementary food from Integrated Child Development Scheme, accessibility to Janani Suraksha Yojana, Immunization, government services for malnourished children). Feedback is also collected on other issues like water and sanitation facilities in the area, performance of CINI staff etc.

Strategic Priorities
CINI has been working with different facets of Reproductive, Maternal and Child Health for the last 40 years. The main focus has been to create awareness among the underprivileged and underserved communities on the various aspects of health. This includes enabling them to understand and approach health as a basic human right and empowering them to demand health services, particularly the maternal, child and adolescent health.

CINI is contributing to RMNCH+A outcomes through its, ‘Life Cycle Approach [LCA]’. The LCA based framework has helped to address a host of interconnected RMNCHA outcomes in a comprehensive manner. It focuses on three critical stages of the lifecycle - pregnancy, early childhood (birth to two years) and adolescence (10-19 years). The strategic outcome envisioned is the creation of Child Friendly Communities in rural and urban areas of India through an active engagement of local self government, deprived local communities and service providers contributing to the developmental outcomes of the area.

Major Highlights
State Level Dissemination Meet
A dissemination meet was organized on 5th February, 2015 to share the significant outcomes of the programme - Bringing the MDGs back on Track - “Improving Health and Nutrition Outcomes for
III. Adopt A Mother and Save Her Child – 1000 Days Approach

This project aims to address the first 1,000 days of a child (9 months of pregnancy and up to a child’s 2nd birthday) to improve pregnancy outcomes and decrease under two malnutrition in West Bengal in 3 Gram Panchayats under Diamond Harbour Block-II (Patra, Sarisha and Khordo) and 1 Gram Panchayat at Fatla Block (Gopalpur).

<table>
<thead>
<tr>
<th>S.No</th>
<th>Progress In</th>
<th>Diamond Harbour Block-II (Patra, Sarisha and Khordo)</th>
<th>Fatla Block (Gopalpur)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Institutional Delivery</td>
<td>78% to 84% (269 out of 297)</td>
<td>To 70% (169 out of 241)</td>
</tr>
<tr>
<td>2</td>
<td>4 ANC check up</td>
<td>Up to 90%</td>
<td>Up to 70.5%</td>
</tr>
<tr>
<td>3</td>
<td>4 PNC check up</td>
<td>Up to 57%</td>
<td>Up to 41%</td>
</tr>
<tr>
<td>4</td>
<td>Primary Immunization</td>
<td>up to 1 year</td>
<td>Up to 98</td>
</tr>
<tr>
<td>5</td>
<td>Birth Weight</td>
<td>2.5 kg or more</td>
<td>Up to 94% (727 out of 771)</td>
</tr>
<tr>
<td>6</td>
<td>Early Initiation of Breast Feeding</td>
<td>76% to 88%</td>
<td>Up to 70%</td>
</tr>
<tr>
<td>7</td>
<td>Exclusive Breast Feeding up to 6 months</td>
<td>78% to 85%</td>
<td>Up to 57%</td>
</tr>
</tbody>
</table>

IV. Fighting Malnutrition through improving continuum of care through 1000 days approach in Ward 58 and Diamond Harbour II Block in West Bengal

<table>
<thead>
<tr>
<th>S.No</th>
<th>Progress in</th>
<th>Ward 58</th>
<th>Diamond Harbour II</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Live Birth</td>
<td>96.76% (Mar 2014)</td>
<td>99.47% (Feb 2015)</td>
</tr>
<tr>
<td>2</td>
<td>Women receiving 4 check ups in Post Natal Period</td>
<td>34.14% (June 2104) to 61.70% (Feb 2015)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Children receiving age appropriate immunization</td>
<td>92.85% (Feb 2014) to 90.83% (Feb 2015)</td>
<td>84.51% (Feb 2014) to 95.58% (Feb 2015)</td>
</tr>
</tbody>
</table>

V. Support to Community Mobilization Cell, Jharkhand Rural Health Mission Societies, Jharkhand

- 6 Village Health Nutrition Day meetings have been monitored in 7 districts of Jharkhand.
- Technical support in the State T.O.T and Regional T.O.T on the Module “Action on Violence against Women”
- Monitored 19 Batches of District/Block level training of Module 7 of Sahiyya on Participatory Learning Approach (PLA) and 3 Batches of Sahiyya Sathi Module.
- Monitored 156 Home Based New Born Care in all the 24 districts of the state. The report was shared at the meeting of Sahiyya Mentoring Group at the state level and at the regional level. Stream lined the payment of Sahiyya in two blocks of Ranchi.

VI. Piloting the National Urban Health Mission in Ranchi district of Jharkhand

- CINI recognized as an important partner for Urban Health by department of Health, Jharkhand.
- Developed guideline for community mobilization for formation of Mahila Arogya Samity (MAS) and selection of Sahari Sahiyya and adopted by Department of Health, Jharkhand.
- CINI has been asked to prepare training strategy for community mobilization cell by Department of Health and Family Welfare, Jharkhand.
- CINI is the first agency which facilitated MAS formation and Sahari Sahiyya selection in Jharkhand.

VII. Strengthening the Local Government and Communities for Improved Health and Nutrition status of deprived Children, Adolescent and Women in Jharkhand

- Institutional Delivery has increased from 82% in 2013 to 85% in 2014.
- Home based new born care by Sahiyya has increased from 61% in 2013 to 95% in 2014.

VIII. Project on Mobilization and Empowerment of Community for “Improving Maternal Health” in Church Block of Hazaribagh District & Ormanjhi Block of Ranchi District of Jharkhand

- Formation of Federation of Village Health Sanitation and Nutrition Committee at district level.
- Formation of Village Health Resource Centre (VHRC) as a Knowledge Hub.
- 153 women were referred for complications during pregnancy. It was observed that 1196 deliveries conducted in one year in all project villages put together, 1087 deliveries were carried out by skilled health personnel.

Anita delivers a healthy baby

Anita Tamba from Kanki Village conceived after the abortion of first pregnancy. Mata Samiti counseled her about ANC, rest during day time, avoiding heavy work and consuming nutritional food (tri-colour food) for home based care. She duly completed all her 4 Antenatal check-ups and delivered a healthy child in a government institution.
Strategic Priorities

The thematic intervention on Education started during late 70s in CINI through a Child Sponsorship programme. From the late 80s, the major thrust of education interventions was on urban deprived children. 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, both in urban and rural pockets of West Bengal and Jharkhand.

CINI’s education activities have focused across a continuum with children, starting from Early Childhood Stimulation followed by Early Childhood Care and Education and thereafter Elementary Education. It has concentrated on four broad aspects:

- **Mainstreaming** - Helping deprived urban and rural children enrol in schools.
- **Retention** - Providing the enrolled children the necessary follow up support so that they remain in schools.
- **Bridge course and remedial packages** - Developing curriculum related to accelerated learning.
- **Providing training and other capacity building inputs to internal and external agencies.**

These interventions are spread across the districts of Jalpaiguri, Darjeeling, Uttar Dinajpur, Murshidabad, Kolkata and South 24 Parganas in West Bengal. The same interventions are also being implemented in Gumla and Khunti districts of Jharkhand.

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 is based on 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 interventions is 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 strives to achieve:

- **Increase rate of retention of children from Socially Excluded Groups at Primary level.**
- **Increase rate of enrolment of Students at upper Primary Level.**
- **Enable socially excluded children to access Government Educational Schemes.**
- **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.**
- **Protect girls from early marriage and trafficking through community based child protection mechanism involving the local self government, schools and children group members.**
- **Sensitize local self government, schools and community towards child friendly spaces in schools and encourage children’s participation through children parliament.**

Major Highlights

- Early Childhood intervention for children between 2 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 the process of supporting the child to improve age appropriate and necessary skills.
- Accelerated learning inputs for out of school children to improve upon their pedagogic skills and facilitate them to get enrolled in to age appropriate classes in school.
- Remedial Education Support 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 examinations.
- 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 supported by Jharkhand Education Project Council. This is an innovative initiative within school premises to bring back 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 that are 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 skills to cope with and continue studies.

- Special coaching support programme for children in upper primary classes is a very significant intervention 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 since last 3 years to integrate them in to 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 youth are the main activities.

**Achievements At A Glance**

- Through the education programmes in West Bengal and Jharkhand, CINI has reached out to 16,911 children out of which 56% are girls and remaining are boys.

- Children successfully passed out School Final Examination: Kolkata – 24, North Bengal – 136; Higher Secondary Examination: Kolkata – 30

- 212 Children Groups formed in North Bengal; Uttar Dinajpur; Murshidabad; Diamond Harbour and Jharkhand. All the groups capacitated and made functional towards community based tracking of their peers on issues concerning education and protection.

- Child Friendly School components under RTE partially implemented in 11 schools of Uttar Dinajpur, Diamond Harbour and Kolkata.

- 350 adolescent girls linked with “Kanyashree Prakalpa” through the urban programme in Kolkata.

- 248 deaf children received educational and vocational training on different trades and got opportunities for earning.

<table>
<thead>
<tr>
<th>Nature of Intervention</th>
<th>North Bengal Male</th>
<th>Uttar Dinajpur Female</th>
<th>Murshidabad Male</th>
<th>Kolkata Female</th>
<th>Diamond Harbour Male</th>
<th>Jharkhand Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Received</td>
<td>123</td>
<td>24</td>
<td>18</td>
<td>41</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>ECCE Support</td>
<td>15</td>
<td>20</td>
<td>195</td>
<td>292</td>
<td>952</td>
<td>1429</td>
</tr>
<tr>
<td>Children Enrolled to</td>
<td>15</td>
<td>20</td>
<td>195</td>
<td>292</td>
<td>952</td>
<td>1429</td>
</tr>
<tr>
<td>Schools from AWC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplementary</td>
<td>52</td>
<td>84</td>
<td>206</td>
<td>266</td>
<td>108</td>
<td>1658</td>
</tr>
<tr>
<td>Education Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1373</td>
<td>1678</td>
</tr>
<tr>
<td>Special Coaching</td>
<td>14</td>
<td>21</td>
<td>120</td>
<td>185</td>
<td>120</td>
<td>185</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Enrolment in</td>
<td>18</td>
<td>32</td>
<td>362</td>
<td>210</td>
<td>277</td>
<td>325</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>671</td>
<td>1006</td>
</tr>
<tr>
<td>Child Labourers</td>
<td>66</td>
<td>105</td>
<td>262</td>
<td>320</td>
<td>130</td>
<td>2045</td>
</tr>
<tr>
<td>Re-enrolled in School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2146</td>
<td>2651</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52</td>
<td>2771</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2535</td>
<td>3808</td>
</tr>
<tr>
<td>Total</td>
<td>171</td>
<td>602</td>
<td>2175</td>
<td>4797</td>
<td>2823</td>
<td>6343</td>
</tr>
</tbody>
</table>
মহিলাদের জন্য উদ্যোগ

'সিনি' শিল্পী চাইলেন ইনস্টিটিউটের (শিল্পীর্মণি) "ডোরেল ছোট্ট স্টুডেন্টের কামোলক" কর্মীর পাঠকের সহায়তায় আহ্বান করেছিলেন। নায়ক নিয়মিত আনুষ্ঠানিক বিষয়ে নায়কান্ত মহিলা সমিতির। স্মৃতির চাঁদ বাংলার অফিসে শিখা এবং মহিলাদের প্রতি শিখা পুরুষ ও সুরক্ষার জন্য কাজ করা এবং নায়ক শিখার অন্তর্গত বিষয়ে শিখা ও মহিলা সমিতির সাথে শিখা পুরুষ ও সুরক্ষার জন্য কীভাবে কাজ করা এবং নায়ক শিখার অন্তর্গত বিষয়ে শিখা ও মহিলা সমিতির।
Strategic Priorities

Strengthening the community based safety net mechanism: One of the prime focuses in Child Protection is strengthening the community based safety net mechanism through village and ward level Child Protection Committees as mandated in ICPS, 2009. Besides this, CINI ensures effective participation of children in these committees so that the views of children are taken into consideration and the best interest of the child is given priority. CINI is playing an active role in formation of the village/block and ward level CPCs and is providing training to the members. CINI’s contribution has been duly recognised by the Department of Women and Child Development and Social Welfare and the organization has been selected as the nodal agency for formation of VLCPC/WLCPC in the selected intervention districts.

Training and Capacity building of Child Protection Service Providers: Training and Capacity building is another core area of CINIs Child Protection intervention. Technical assistance and capacity building is provided to key stakeholders of child protection like Child Welfare Committee members, District Child Protection Officers, Juvenile Justice Board members etc. Besides this, CINI is in the Training Committee of ICPS and has been given the responsibility of preparing a training manual for the CWC members, Special Juvenile Police Units, Legal cum Probation Officers and Child Care Institutions, in collaboration with Department of Women and Child Development and Social Welfare. Also CINI in partnership with West Bengal State Legal Services Authority has prepared a training manual for the para-legal volunteers, on missing and trafficked children which is to be rolled out in the State soon.

Major Highlights

- CINI is selected as the nodal agency for rolling out of VLCPC in Murshidabad and Uttar Dinajpur and as the support agency in Kolkata by the Department of Women and Child Development.
- CINI is formally included as a member in the West Bengal Task Force on Anti-trafficking.
- CINI is in the drafting Committee of both National Foster Care guidelines and Sponsorship guidelines in West Bengal.
- CINI is presently piloting the Uniform Integrated Case Management System in West Bengal.
- CINI initiated the Railway CHILDLINE programme in association with CHILDLINE India Foundation, Ministry of Railway and Department of Women and Child on 16th July 2015. A help desk will be operating 24 hours for the children who need care and protection. The programme was inaugurated by Dr. Shashi PanjaHon'ble Minister in Charge, WCD, Govt. of West Bengal and she also declared Sealdah station as a child friendly station.
• Five child friendly corners have been set up at Diamond Harbour, Kulpi, Usti, Magrahat and Tollygunge Police Station. CHILDLINE services are operational from Diamond Harbour Police Station.

• Sub-divisional Information and cultural office financially supported CINI- Diamond Harbour Unit for organizing awareness program on Kanyahree, Child Marriage and Child trafficking.

• District Inspector of Schools (Secondary) issued a letter to all higher secondary schools to cooperate with CHILDLINE for organizing awareness on child protection issues in West Bengal and Jharkhand.

• CINI- Diamond Harbour Unit and Urban unit is a part of operation “Muskan and Smile”.

• The DSP, Falta requested CINI to extend support in conducting training for the police personnel.

• Members of Child Protection Committees have been provided capacity building on child rights and various government schemes and acts.

• Extensive training and capacity building of BSF personnel, Police, Law enforcement agencies on child rights laws like POCSO, Child Labour, ITTPA etc. were held in Murshidabad, North Bengal, Kolkata, South 24 Parganas, Malda, Alipurduar and Jharkhand.

• Celebration of Special days like Anti Child-Labour day, Rakshabandhan Utsav.

• CHILDLINE’s new programme has been launched at Sealdah station on 6th February, 2015 for ‘Supporting Street to School Mission’.

• CINI assisted the Department of Social Welfare, Woman and Child development, Government of Jharkhand as a Core Group member at the state level to support the roll out of District Needs Assessment and preparation of District Action Plan on child protection issues under the Integrated Child Protection Scheme.

• Convergence mechanisms established through BDO, Sarad at the block level and DCPU at the district level.

• Linkages of 3 children in difficult circumstances to KGBV residential school through the CWC, suspected cancer case to government aided biopsy, school enrolment of 226 children and AWC enrolment of 88 children.

• Adolescent groups strengthened through theatre training and performed on child rights day at the state level organised by Jharkhand State Commission for Protection of Child Rights.

• After witnessing the Drop In Centres and mobilisation especially of the girls groups, the Child Development Project Officer (CDPO) of Khunti had invited CINI to train the all Anganwadi Workers of Sarad Block to form DIC at all villages of Sarad Block of Khunti.

• Community level groups are being used as platforms to address issues of children. For instance, the Mata Samiti members are identifying school drop outs in their meetings. The VHSNC fund have been utilized in providing nutritional food (eggs and milk) to SAD children in some villages.

Collaboration and Cooperation speed up rescue of Trafficked Children

Ruquia Khatun is a 16 year old girl studying in class X. Her father, Kayam Mondol is a labourer and mother, Rahula Babi is a housewife. The family lives in Village Mori Gachi, Police station Diamond Harbour, South 24 Parganas. On 6th August 2014, Ruquia suddenly went missing. Her anxious family made several enquiries about their daughter with all the relatives and neighbours but could not locate her. On 10th August 2014, the family received a call from Ruquia who was in Bombay. A distressed Ruquia explained to the family as to how she had been lured to Bombay by a person named Pintu Haldar (alias Raju) who was proposing to sell her off. She had somehow managed to escape and was residing with a family who were helping her. Ruquia’s anxious family turned to Childline for help. With guidance from Childline a complaint was lodged at the local police station on 12th August 2014. From CHILDLINE, South 24 Parganas, the case was referred to CHILDLINE Bombay. Ruquia was promptly rescued and as per CWC order she was kept in a Shelter home called Vikas Kendra Home for a short period of time. The home took over the initiative and Ruquia was safely sent back to South 24 Parganas on 28th August 2014. As per the orders of CWC south 24 Parganas, Ruquia was kept temporarily in a home. After proper counselling, she was reunited back with her family by CINI CHILDLINE. Through the collaborative and timely efforts of several agencies Ruquia could be brought home safely.
Strategic Priorities

CINI has been recognised as one of the pioneers in the field of public health nutrition with its evidence based models. The organisation advocated for scaling up the evidence based models by ICDS and NRHM programmes through partnership and collective actions with the central and state government, funding agencies, non-government organisations and academic institutions in the year 2014-15 with strategic focus on First 1,000 Days of a child emphasizing on the continuum of care throughout the life cycle. The organization has also been building on its learning and has developed an integrated Child Friendly Community (CFC) approach of working with the communities. The CFC approach focuses on Education, Protection, Health and Nutrition (EPhHN) issues by engaging the local level institutions (SHG, PRI and ULB) for improved governance.

CINI’s experience over 41 years has yielded huge learning from the field and challenges as well, which became the critical guiding principles for the organization. CINI’s integrated approach, prioritized the addressing of nutrition vulnerability through the ideals of participatory governance, right based approach, equity and social inclusion, innovation and scalable model and sustainable programming.

There has been a sea-change in the understanding of nutrition since the adoption of the Millennium Development Goals (MDGs), following the Millennium summit in 2000. The international community now understands and is responding to the evidence about the devastating personal and societal costs of undernutrition. It is now clearer than ever before that undernutrition in the critical 1,000 days between a woman’s pregnancy and her child’s second birthday, robs children of future income and opportunity. It perpetuates the cycle of poverty and inequality.

Priority Areas

Geographic priority: Tea Garden and Urban Slums
Thematic priority: Child Nutrition and Technology Based Tracking

CINI’s biggest strength has been its direct and continued engagement with the communities for about four decades. All programs focus on the continuum of care throughout the life cycle including adolescents with women and child nutrition outcomes.

• Community and institution based clinic run by trained health workers for basic Nutrition counselling to pregnant women and under five children of under and un-served areas.
• Low cost approach to management of severely malnourished children within the community.
• Improving adolescent nutrition for school going/out-of-school girls through dietary practices and iron-folic acid supplementation.
• System strengthening by capacitating Anganwadi workers as well as ICDS functionaries to improve service delivery, both quantity and quality.
• Social marketing of Nutrimix through network of SHG groups from the sales to economic empowerment.
• Engagement of Community (Self Help Groups and children’s groups) and local governing bodies (Panchayati Raj Institution (PRI)/ Urban local Bodies (ULB)) for improving nutrition outcomes using convergence platforms of 3rd and 4th Saturday Meetings at the sub-centre and GP level.

Major Highlights

• Joint visit to villages in tea gardens in Chamurchi GP, Dhpuguri by CDPO and DPO for identification of severely malnourished children and initiation of their rehabilitation at Anganwadi Centre. Joint visit of the Nutrition Rehabilitation Centre and observation of the rehabilitation process followed at the centre. Motivation of Anganwadi workers to conduct similar screening process regularly to ensure early identification of undernourished children.
With the help of SHG members, more than 64 severely malnourished children admitted at NRC till March, 15. CDPO and DPO took the responsibility for providing the vehicle for taking the children to NRC from the villages. Finally as the only NRC is far off and not within the block, a proposal was submitted for establishment of a new NRC within Dhupguri block.

- After training and orientation of Anganwadi workers in Dhupguri, nutrition counselling and child care sessions conducted in 42 AWC and 158 underweight children included for these sessions, where most of them gained weight.

- In convergence with Department of Food and Supply and Department of Health and Family Welfare, West Bengal, World Food Day was celebrated and families of seven severely malnourished children received coupons for next 6 months (October 2014- March 2015) to avail excess ration for the child. A provisional ration card valid for six months was issued to the family.

- PRI members of Bhadura and Khordo, Diamond Harbour II, organised awareness programs for the parents and caregivers of adolescent girls in few pockets. Facilitated by CINI, audio visual aids were used to increase their knowledge on adolescent health and nutrition. The Panchayat will continue to identify vulnerable families and organise awareness programs for them.

- Ward 58, Salmal Health Committee members of Hatpachia bought a water filter from their fund and installed it in their club premises to ensure safe drinking water to mothers and children who participate in community based nutrition counselling sessions and demonstration camps.

- 770 girls (10-19 years) were brought together to form 77 groups and were trained to build their capacities on reproductive child health and nutrition to act as peer educators in the community.

- District Family Welfare Bureau and Sarva Siksha Mission organized Youth Fair (Kishore Mela) where CINI played a major role.

- Urban Kolkata Communities were mobilized (1800 children and 150 adolescent) to access the KMC Routine Immunization Centres for age appropriate immunization.

- Community volunteers (600 adolescents and young women) in Borough VII, Kolkata and Goalpoorak L, Uttar Dinajpur in West Bengal, have been intensively trained on maternal and child nutrition and will remain as community resource group to support caregivers as well as service providers for better service delivery and management of malnutrition within the community.

- CINI also reached the uncovered areas of ICDS in Borough VII to identify malnourished children and has organised community based malnutrition rehabilitation sessions with support of the community. The care-givers of moderately malnourished children were encouraged to participate in these sessions organised at the Anganwadi Centre, to learn about care and feeding of their children. These children were followed up for a period of 18 days with home contacts.

- The Beneficiary Feedback Mechanism (BFM) establishes an accessible feedback mechanism for the community so that they can raise their voices and demand their rights for quality government services especially on institutional delivery, antenatal and post natal checkup services, supplementary food from ICDS scheme, accessibility to JSY Scheme, immunization, government services for malnourished children and improved water and sanitation in their areas. The community gives their feedback in community feedback drop box or during community group meetings. WARD SABHAS (a steering committee sharing meeting with councillor in presence of community representative at Ward Level) are being conducted at regular intervals to share community feedback with government and to address the issues raised in the feedback. In some cases community took special initiatives such as discussing their issues with the elected MLA (Member of Legislative Assembly) of the area.

- In Ward 59, Kolkata, a Ward Level Steering Committee has been formed with 12 members comprising of the Ward Councillor, the Medical Officer of the specific ward, ICDS Supervisors, Community leaders and School teacher.

- Last year, in 4 wards of Siliguri, CINI initiated its program with focus on First 1,000 Days. This program has helped the urban government to understand the effect of this critical period on malnutrition levels. CINI succeeded in bringing malnutrition to the priority agenda of Govt. discussions and regularizing convergence meetings between Health, ICDS and Community at ward level. Further, low cost calorie-protein dense supplementary food – CINI Nutrimix - was given to malnourished children through Anganwadi centre in these wards to improve their nutritional status.

- In Khunti Jharkhand, CINI focused on community participation for strengthening village level institutions such as Village Health Committee, Mothers Committees, Self Help Groups and Youth Clubs. The objective was to create effective institutions that can negotiate and ensure access to quality services of VHND by preparing community based plan of action. CINI also empowered the institutions to conduct social audits in Health and Nutrition. Community Based monitoring for severely underweight children and anemic women was strengthened and institutionalized. Children malnourished and showing signs of growth faltering were identified and quality services including additional THR were demanded for them from ICDS. The Child Development Project Officer, ICDS accepted many recommendations put forward by the members of the community based monitoring team.

- In Gola, Jharkhand, a multi-strategy intervention was initiated aimed at improving nutrition amongst children of 0-3 years. One of the intervention strategies, includes opening of creche for the children aged 7 months to 3 yrs at villages identified with high child under-nutrition rates. These creche were supported with community mobilization activities to ensure community participation and involvement. Presently 22 creche are functional in two clusters of Gola. Services that children are entitled to (Growth monitoring, referral to MTC of SAM children and SNP) were ensured by providing
handholding support to strengthen the existing service delivery system of ICDS.

- CINI expanded its coverage to Odisha with initiation of a research to understand the factors—barriers as well as facilitators for improving infant and young child feeding practices to prevent early childhood malnutrition using ProPAN methodology. This is a joint initiative of Govt. of Odisha, UNICEF and CINI.

### Achievements At A Glance

<table>
<thead>
<tr>
<th>State</th>
<th>District</th>
<th>Block/ Borough</th>
<th>Urban/ Rural</th>
<th>Directly Reached</th>
<th>Indirectly Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB</td>
<td>Kolkata</td>
<td>Ward 59</td>
<td>Urban</td>
<td>500</td>
<td>100</td>
</tr>
<tr>
<td>WB</td>
<td>Kolkata</td>
<td>West Bengal</td>
<td>Urban</td>
<td>2494</td>
<td>10798</td>
</tr>
<tr>
<td>WB</td>
<td>Darjeeling</td>
<td>Borough VII</td>
<td>Rural</td>
<td>245</td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>South 24 Parganas</td>
<td>Diamond Harbour II</td>
<td>Rural</td>
<td>12812</td>
<td>2205</td>
</tr>
<tr>
<td>WB</td>
<td>Uttar Dinajpur</td>
<td>Goalpokhar I</td>
<td>Rural</td>
<td>13088</td>
<td>2088</td>
</tr>
<tr>
<td>WB</td>
<td>Jalpaiguri</td>
<td>5 GP’s in Dhubri</td>
<td>Rural</td>
<td>12812</td>
<td>2205</td>
</tr>
</tbody>
</table>

### Major Impact: Expected Outcomes

#### Child Entitlement Chart Indicators

<table>
<thead>
<tr>
<th>Percentage of babies receiving exclusive breastfeeding during the first six months, starting from birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH2: 68.96% to 77.63%</td>
</tr>
<tr>
<td>Ward 58: 77% to 84%</td>
</tr>
<tr>
<td>Goalpokhar I: 85%</td>
</tr>
<tr>
<td>Borough VII: 74% in Ward 59, Kolkata: 60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of children receiving semi-solid food from six months of age onwards, continuing breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH2: 97.31% to 97.45%</td>
</tr>
<tr>
<td>Dhubguri: 6-36 months children receiving supplementary nutrition - 97.85% (2014) - 99.12% (March, 15)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of children whose growth is regularly plotted in MCP Card and shows upward growth curve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 58: Normal weight children - 84% (Feb, 2014) to 86% (Feb, 2015)</td>
</tr>
<tr>
<td>Dhubguri: 6-36 months children receiving supplementary nutrition - 97.85% (2014) - 99.12% (March, 15)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of children monitored monthly in red and yellow zones and effectively treated for malnutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 58: Nutrimix supplementation, monitoring and follow up for about 200 malnourished children by 45 community change agents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Normal weight (%)</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderately underweight (%)</td>
<td>12</td>
<td>10.4</td>
</tr>
<tr>
<td>Severely underweight (%)</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>No of MAM and SAM Children identified</td>
<td>75</td>
<td>44</td>
</tr>
<tr>
<td>No of MAM and SAM Children referred to the NRC</td>
<td>75 (5.9%)</td>
<td>44 (4%)</td>
</tr>
<tr>
<td>No of MAM &amp; SAM Children treated in the community</td>
<td>75</td>
<td>44</td>
</tr>
</tbody>
</table>

**Diamond Harbour II** - The percentage is same i.e. 9.44% in 2014 and 9.65% in 2015.

**Borough VII, Kolkata** - Children treated for malnutrition - Male: 5721 and Female: 5133

**Ward 59, Kolkata** -

<table>
<thead>
<tr>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red 5%</td>
<td>Red 4%</td>
</tr>
<tr>
<td>Yellow-26%</td>
<td>Yellow-26%</td>
</tr>
</tbody>
</table>

**Goalpokhar I** - Children treated for malnutrition – Male: 4416 and Female: 4023

**Dhubguri** -

| Percentage of children (0-2 years) Moderately Underweight | 14.54% |
| Severely Underweight | 6.14% |

“0-2 years” Severe Underweight: 6.14%(2014) - 8.4%(March, 15)
JHARKHAND, GOLA

Prevalence rates during different months of intervention

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2013</th>
<th>December 2013</th>
<th>June 2014</th>
<th>December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of Red Zone as per WHO growth chart children</td>
<td>3.9</td>
<td>2.2</td>
<td>2.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Prevalence of SAM children</td>
<td>1.1</td>
<td>0.8</td>
<td>0.8</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Shift in the grade amongst identified Severe Acute Malnutrition children
Mid upper arm circumference <11.5cm
From April 2013 to Dec 2014

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Grade colour</th>
<th>Number of children</th>
<th>Grade colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Red</td>
<td>18</td>
<td>Yellow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>Green</td>
</tr>
</tbody>
</table>

Voices:

“CINI’s work with mother and child in the field is exceptional” - DPO (ICDS) Darjeeling.

“NCCS program karke hamnir kar gaon ka chhaaman kar bahut achcha huayathe. Moy younker program me ake bahat kuch siklak. Yekarle CINI ko dhanyabad deoatho” (After starting the NCCS program at AWC, our children have benefited. Through this program I have learned lot of things. Thanks to CINI) - Punai Oraon, Vice Pradhan, Banarhat-I GP.

“The 1000 days programme had improved the child care practices of mothers in the Tea garden area. In NCCS identification, CINI had played an important role and their NCCS camp made a difference in the nutritional status. Hope CINI will continue working closely with us in future too” - CDPO, DHUPURI.

“Bhaiya aur didi logoko bahut dhanyavad, mera bacchako hospital mey prasap ke liya bahut mahanat kiya. Ab mujhe samajme aya pahele kitna galat kiya”. (Lot of thanks to CINI and SHG mam for the support and help they gave because of which I could deliver my baby in the hospital. I now realize how unknowingly we were making many mistakes earlier) - Dulari Mahato (Mother) Lakhipara-TG, Banarhat-II GP.

“Molai yeo Mobile hata register garmoparso ramro lagchho, yeo mobile amarulai faida hundaicho”. (I feel happy to have registered in to this system as it has helped me at my work and also the mothers) - Mrs. Manuchetri, ASHA worker, Chhunavati TG, Chamurchi.

“The initiative has reduced the distance between the child and nutrition as for the families of urban slums nutrition is totally an alien concept” - CDPO, Entally, Kolkata

“Earlier mothers would think weighing caused weight loss in the child but now they bring their children for weighing and want to know whether the child’s weight is in normal grade or not” - A self help group member from rural project area referring to the attitudinal change in the community.
Over the last 50 years, human activities, particularly the burning of fossil fuels have released excessive carbon dioxide and other greenhouse gases that trap additional heat in the lower atmosphere affecting the global climate. Sea levels are rising, glaciers are melting and precipitation patterns are changing. Extreme weather events are becoming more intense and frequent.

Climate change affects social and environmental determinants of health such as clean air, safe drinking water, sufficient food and secure shelter. Increasingly variable rainfall patterns are likely to affect the supply of fresh water. A lack of safe water can compromise hygiene and increase the risk of diarrhoeal disease especially among U5 children and cause childhood mortality. Climatic conditions strongly affect water-borne diseases and diseases transmitted through insects, snails or other cold blooded animals and create breeding grounds for disease-carrying insects such as mosquitoes. Extreme temperatures also exacerbate cardiovascular and respiratory diseases.

Rising temperatures and variable precipitation are likely to decrease the production of staple foods in many of the poorest regions leading to nutrition insecurity, which will increase the prevalence of malnutrition and undernutrition especially among adolescents, pregnant women and children. All populations will be affected by climate change, but some are more vulnerable than others. Children and women are among the most vulnerable to the resulting health risks, throughout the critical years of a life cycle – adolescence, pregnancy and childhood.

Many policies and individual choices have the potential to reduce greenhouse gas emissions and produce major health co-benefits. Reducing emissions of greenhouse gases through better transport as well as use of public transportation, cleaner energy systems and reduced household air pollution result in improved health.

### Strategic Priorities

In the last few years, CINI has been focusing on the first 1,000 days of a Child (pregnancy to child’s first two years). Therefore, a research has been initiated by CINI in partnership with TERI, in two blocks of South 24 Parganas, WB. The research aims to understand the effect of exposure to household level air pollutants during pregnancy and its adverse health effects in the First 1,000 Days, in terms of birth outcomes and early childhood development. The intervention focuses on providing smokeless chulha as to pregnant women to reduce indoor air pollution and understand whether the birth outcomes are better than those using regular smoke chulha as during pregnancy.

**Sources of indoor air contaminants:**
- Dust, dirt or mould inside house.
- Personal activities such as smoking and cooking.
- Housekeeping activities such as cleaning and dusting.
- Maintenance activities such as painting.
- Spills of water or other liquids.
- Special-use areas such as print shops, laboratories and home business (such as paint brush making, sari embroidery and bidi-making).
- Industrial processes.

**Sources of contaminants from outdoors may include:**
- Smoke (from cooking on mud stoves in village houses).
- Pollen and dust.
- Vehicle exhaust.
- Unsanitary debris or dumpsters in the vicinity.

### Effects of poor indoor air quality:

Poor indoor air quality can lead to a number of physical symptoms and complaints. The most common include headaches, fatigue, shortness of breath, sinus congestion, coughs, sneezing, ENT irritation, skin irritation, dizziness and nausea. Excessive smoke indoors can cause lung cancer and major lung problems. Indoor air contaminants affects people more seriously with allergies or asthma and pregnant women are affected the most.

---

**ENsURING CLEAN AIR**

Muslima Bibi is 18 years old and her LMP was on 1st April 2015. She lives with 8 family members in Chandpur village, Bhishnupur, South 24 Parganas, West Bengal. She used to cook in two-mouth mud chulah with wood of khirish tree and dry stem of coconut tree. The kitchen used to be very smoky due to the height of the kitchen roof being low and an absence of proper ventilation or even a window. The kitchen walls are made out of tripal and bamboo sticks, the roof with Hojla leaves and the floor with mud. Muslima cooks for 4 hours each and every day in this low ventilated room even during her pregnancy.

The field workers repeatedly visited and educated her about the health impact of indoor air pollution on her and foetus. That it can result in low birth weight and the new born can be affected by ARI was explained. She was supported and counselled by ANM, ASHA and AWWs too. Iron folic acid tablets were given, as her haemoglibin level was low at 10g per dl. TT injection was also administered to her.

After repeated awareness generation through mother’s meeting and personal interactions with health workers and ASHA, now Muslima is using kerosene stove which emits no smoke. She now understands the benefits of kerosene stove and the cooking time is also reduced. It helps her to take rest which is very essential during this pregnancy period.
Strategic Priorities
A Child Friendly Community (CFC) is a community (a rural village or an urban neighbourhood) where all children up to 18 years of age, irrespective of their socio-economic, cultural, gender, ability or other status, can fulfill their rights to survive and be healthy, develop to their full potential, be protected and cared for and participate in decision-making processes shaping their lives. In a CFC, children participate actively in achieving their rights to Education, Protection, Health and Nutrition (EYPHN) - and take the responsibility that comes with such entitlements. Each of these does find specific references within UNCRC.

Children, therefore, are not mere recipient of services, but also important social actors. Contributing as knowledgeable and entitled citizens, they express opinions and help identify child-friendly solutions. They are equal participants in the local governance system along with adult partners, who support them in achieving their goals. A child-centred process facilitates convergent action by different sectors in achieving the well-being of children. During 2014-15, within the framework of CFC, creation of safety net was the priority strategic focus, which enabled the local level committees to take proactive role in protecting the rights of their children and giving them a safe environment.

Major Highlights
South 24 Paraganas - Minority dominated villages
- During this year, “A SOCIAL PACT” – an agreement of sharing roles and responsibilities among duty bearers - panchayat, service providers and community (like SHGs members) along with CINI to create a Child Friendly Community by improving the situations related to education, protection, health and nutrition in the community has been made.
- A dedicated room has been provided by Panchayat to create a Child friendly corner in the panchayat premises, where activities for and by the children can take place.
- CINI has facilitated to form VHSNCs. In all 19 Sansads of Mallickpur Gram Panchayat have been formed, which is now a major convergence platform to raise issues related to Education, Child Protection, Nutrition and Health.

Jalpaiguri - Tea garden area
- Inclusion of Shikarpur Nari Kalyan Samity, a CBO consisting of the SHG members in the Raiganj Block Level Child Protection Committee.
- Declaration of the tea garden as Child Labour Free Tea garden by the Shikarpur Tea Garden management, where they have decided not to employ any child below 18 years.
- Ownership and involvement of tea garden management in community mobilisation like Observation of International Women’s Day 2015 in Shikarpur Tea Garden in the presence of the Hon’ble MLA Raiganj; Promotion of Right to Play and Initiation of Nutrimix - a low cost food supplement for underweight children in the Tea garden.

Uttar Dinajpur - Backward villages
- Hemtabad block authority has given a token of appreciation to CINI for its work in bringing convergence and linkage among stakeholders through facilitation.
- The 4th Saturday meeting at the Panchayat level has become regular and functional and has evolved as an important platform to discuss EYPHN.
- 48 adolescents have been trained as peer leaders who can train their peers on life skill and SRH. These Peer Leaders are playing a major role in the formation of Drop In Centres in the villages, increasing awareness of villagers on social issues through street plays, tracking the drop out or vulnerable children for accessing services etc.

Mushidabad - Backward villages
- During this year, CINI has been able to handover the Child Friendly Community process to the duty bearers - PRI, SHGs and service providers, where CINI has been working for last 8 years. These areas are now labs for CINI to create a demonstrable site of “sustainable effort”.
- All eight Gram Panchayats have officially agreed to take the agenda of creating Child friendly community in their budgeting exercise where budget for children was given the priority and share for children has been increased. All these eight gram panchayats have officially published their budget, which has been approved in the district annual action plan.
- Self-help group members are now regular member of CINI’s institute based monthly planning and review meeting at Mushidabad unit.

Kolkata - urban slums
- In the current reporting period, out of 60 SHGs who are actively working on the social issues in ward 65, 40 SHGs have received loan under Muslim Minority Development Corporation of Rs. 1.5 lakhs per group.
- SHGs have become more self-reliant to access their entitlement: like 25 SHGs have directly, without any facilitation support from CINI been able to avail beautician training by VLCC under government programme.
- 25 people have opened zero balance bank account under Pradhan Mantri Jan Dhan Yojna scheme facilitated by CINI.

Jharkhand - Khunti district - Tribal community
- Convergence mechanisms established through Block Development Officer, Sadar at the block level and District Child Protection Unit at the district level. Linkages of 3 children in difficult circumstances to Kasturba Gandhi Balika Vidyalay residential school through the Child Welfare Committee, suspected cancer case to government aided biopay, school enrolment of 226 children and AWN enrolment of 88 children
- Adolescent groups strengthened through theatre training and performed on child rights day at the state level organised by Jharkhand State Commission for Protection of Child Rights
- After witnessing the Drop In Centres and mobilisation especially of the girls groups, the Child Development Project Officer (CDPO) of Khunti had invited CINI to train the all Anganwadi Workers of Sadar Block to form DIC at all villages of Sadar Block of Khunti.
- Community level groups are being used as platforms to address issues of children. For instance, the Mata Samiti members are identifying school drop outs in their meetings. The VHSNC flexi funds have been utilised in providing nutritional food (eggs and milk) to SAM children in some villages.

Together we have achieved!
Bamuha, a rural community under Mahisai II Gram Panchayat of Suti II Block, has 625 families and a total population of 3775. 65% of its population is Hindu with only 30 families belonging to schedule caste. The main occupation of this community is Cultivation and Beedi rolling. The community was lagging behind in ensuring safe institutional birth to their children, due to lack of knowledge, prevailing misconceptions about hospital delivery, inadequate service facility and
Empowered Woman Leads a Dignified Life. ...

Mamtaj was 16 and in class 8 when she got married. She was very keen to continue her studies but was not given the opportunity. Mamtaj used to be teased and often insulted by her in-laws because of her inexperience in domestic work. She was neither respected nor involved in any family decision that her husband and in-laws used to take. Mamtaj however did not give up hope. After lot of struggle, she resumed her studies and completed class XII and soon after she joined a self help group. Her perspective of life changed when she was selected as a link worker in a government programme run by CINI. She attended many training and got a lot of exposure in different forums, which gave her courage, confidence and most importantly a voice, within the family. She started earning and slowly got into making decisions in the family. Now Mamtaj owns a farm with cows and goats. She not only handles domestic work but also supports her husband in running the family. “I would have not been able to work like this and get the ‘Krishi Ratna’ Award (Excellence in Farming) from Government of West Bengal without my wife’s support” - says Mamtaj’s husband. Mamtaj is now 40 years old and the mother of a son and a daughter. She is a very active worker and also an involved citizen in the village making immense social contributions by tracking pregnant mothers, school drop outs and spreading awareness on prevention of early marriage. “What happened to me was wrong. I wished to continue my studies and the major mistake of my life was getting married at such an early age. I will not repeat the same with my daughter and will support her in higher studies” - says Mamtaj

Voices:

“The introduction of Drop Box in DIC has helped young girls like me to come up with queries that we are generally hesitant to even discuss in presence of our peers. Now we feel free to drop our queries without disclosing our name and under confidentiality we are getting answers and suggestions from CINI’s staff and service providers (Subhagya) - Asha Hori, Adolescent girl from Elutar.

“Now we can plot the growth chart in MCP card as well as at AWC and are able to help the other lactating women who come to the AWC for the growth monitoring of their children below 3yrs, thanks to CINI.”

Achievements At A Glance

<table>
<thead>
<tr>
<th>Parameter</th>
<th>South 24 Parganas (Farlas-Mallickpur)</th>
<th>Jalpaiguri Shikharpur Tea garden</th>
<th>Murshidabad 8 GPs</th>
<th>Uttar Dinajpur Bengalbari GP</th>
<th>Kolkata Slums of Tribal</th>
<th>Jharkhand State Villages – Khunti</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Population</td>
<td>28000</td>
<td>4682</td>
<td>364490</td>
<td>34636</td>
<td>30000</td>
<td>32995</td>
</tr>
<tr>
<td>2. Child Population</td>
<td>8660</td>
<td>1724</td>
<td>86948</td>
<td>11022</td>
<td>11000</td>
<td>10902</td>
</tr>
<tr>
<td>3. ANC mothers registered in first trimester</td>
<td>164 (82%)</td>
<td>31 (89%)</td>
<td>2007 (91.8%)</td>
<td>Among 384 ANC mothers, 343 (89.32%) to be done</td>
<td>Out of 705, 77.45% institutional deliveries were ensured by joint effort of ANM, community and CINI.</td>
<td>232 (94.3%) out of 246</td>
</tr>
<tr>
<td>4. Institutional/east attended deliveries</td>
<td>164 (82%) out of 200</td>
<td>31 (89%) out of 36</td>
<td>2007 (91.8%) out of 2007</td>
<td>203 (94%)</td>
<td>232 (94.3%) out of 246</td>
<td></td>
</tr>
<tr>
<td>5. PNC mothers who applied for JSY</td>
<td>253 (93%) out of 272</td>
<td>52 (100%) out of 52</td>
<td>1788 (99%) out of 2007</td>
<td>253 (94%)</td>
<td>232 (94.3%) out of 246</td>
<td></td>
</tr>
<tr>
<td>7. Children exclusively breast fed during the first six months</td>
<td>157 (75%) out of 240</td>
<td>178 (99%) out of 2007</td>
<td>253 (94%)</td>
<td>232 (94.3%) out of 246</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Children received age appropriate immunization</td>
<td>About 150 (57%) out of 260</td>
<td>172 (70%) out of 248 children (3-6 years)</td>
<td>4747 (94%) out of 5061 children (0-2 years)</td>
<td>89.76% children</td>
<td>253 (92%) out of 275 children (0-3 years)</td>
<td></td>
</tr>
<tr>
<td>9. Children retained/ weighed in AWC</td>
<td>95 % Children regularly weighed</td>
<td>502 (91%) out of 550</td>
<td>2004 (95%) out of 12534 children retained</td>
<td>100% eligible children retained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Eligible children enrolled in schools in age appropriate classes with no fee</td>
<td>24867 (98%) out of 25212 children</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11. Preventions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse and exploitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trafficking/un aware/misusing child rights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Labour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mainstreamed from drop outs from school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

facilitators and also the Anganwadi didi, who have taught us this” - Mrs. Chirita Mani Devi from Anigara-II Panchayat Barsudil, Laxmi Devi from Village Bhandra of Bhandra Panchayat, Tara Devi from Village Belakathi and Meena Devi from Village Tirla in Tirla Panchayat.

“The community members were not much aware of the Government schemes and services entitled for them. After CINI’s intervention and sensitizing the community members regarding various services available for them, they have actively started demanding services from the service providers, which is quite appreciative” - PRI Pradhan of Mallickpur GP.

“We were nobody and no one knew about our existence but now we are known to others and people invite us for various programmes” - Maxima Bhagat, Community member, Shikharpur Tea garden.
DEMONSTRATED EXPERIENCE OF CINI AS ONE OF THE PIONEER INSTITUTES OF TRAINING

Capacity building constitutes a key domain of CINI’s work. Since 1975, CINI Chetana Resource Centre (CCRC) specializes in imparting training to the Government and Non-Government functionaries as one of the pioneering training institutes in India. CINI training Unit is working in close collaboration with NGO Division, Ministry of Health and Family Welfare, Department of Woman and Child development and Social Welfare, Department of Panchayat and Rural Development as well as international, national and district level NGOs and academic institutions like Nursing Colleges and Universities.

The primary recipients of capacity building support from CINI are NGOs, Frontline service providers, SHGs, PRI members (Village Health Sanitation and Nutrition Committee), Anganwadi Workers (AWW), ICDS Supervisors, ASHA Trainers, Nursing students and children from under privileged communities. CINI has a pool of knowledge resources in the form of IEC materials, reports, training modules, manuals, etc.

CINI is well equipped to cater to the needs of various levels of participants and in imparting training in three vernacular languages – Bengali, Oriya and Hindi, in addition to English, both in the classroom as well as in the field, along with handholding support. The pool having a heterogeneous group of trainers from various backgrounds is well versed in implementation, coordination and liaising with key stakeholders and decision makers. The resource pool also has a rich expertise in various community level activities ranging from mobilization, conducting meetings and PLA (Participatory Learning and Action) such as transect walk and social mapping. Generating awareness through different advocacy campaigns, rendering support in planning and preparation for training as well as documentation and monitoring support are other areas of competence of the Resource Pool. The intra mural resource pool of CINI Training Unit comprises of 24 full time faculty members possessing Master Degree or PhD in subjects like: Anthropology, Economics, Population Studies, Nutrition, Literature, Social Science, Child Development, Social Work, Rural development, Psychology and Computer Science. Along with this, CINI also has 60 part time faculty members with vast and varied experience in the field of Health, HIV, Water Sanitation and Hygiene and Livelihood. These faculty members possess Medical Degree or Post Graduate Degree in Rural Development, Political Science, Sociology, Social Work, Psychology, Child Development and Nutrition. This vast pool of trainers is well versed with development programmes and can travel across West Bengal based on the requirement.

Key Training Programmes conducted by CINI in 2014-2015

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Major programmes</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training of Anganwadi workers</td>
<td>417</td>
</tr>
<tr>
<td>2</td>
<td>Training of Anganwadi helpers</td>
<td>496</td>
</tr>
<tr>
<td>3</td>
<td>Training of Trainers on ASHA 6th and 7th Module</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Round I (participants consisting of Health supervisors and NGO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Round II</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Refresher</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Integrated</td>
<td>619</td>
</tr>
<tr>
<td></td>
<td>Orientation</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>District ASHA Facilitator</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>838</td>
</tr>
<tr>
<td>4</td>
<td>National Level Training of Trainers on ASHA 6th and 7th Module (Round III)</td>
<td>36</td>
</tr>
<tr>
<td>5</td>
<td>Training of ASHA – South 24 Parganas</td>
<td>25996</td>
</tr>
<tr>
<td></td>
<td>Training of ASHA - Howrah</td>
<td>30077</td>
</tr>
<tr>
<td></td>
<td>Certificate Course on Nutrition Counselling</td>
<td>738</td>
</tr>
<tr>
<td></td>
<td>Nursing training at Calcutta Nursing Training Institute</td>
<td>2299</td>
</tr>
<tr>
<td></td>
<td>Nursing Training ESI Sealdah</td>
<td>4710</td>
</tr>
<tr>
<td></td>
<td>Nursing Training ESI Maniktala</td>
<td>7611</td>
</tr>
<tr>
<td></td>
<td>Islamia School of Nursing</td>
<td>74</td>
</tr>
</tbody>
</table>
Major Highlights

- CINI Training Unit is now acting as Technical Assistance Agency to the Ministry of Women & Child Development for the ICDS System Strengthening and Nutrition Improvement Project (ISSNIP) in association with Price Water House Coopers and IHIMR, Jaipur. Representatives of CINI act as the Technical Program Coordinator – Training and Capacity Building for ISSNIP and providing technical support to the Ministry. CINI is directly looking after four States (Jharkhand, Bihar, Chhattisgarh, and Maharashtra) out of the total eight states of Jharkhand, Bihar, Chhattisgarh, Maharashtra, Andhra Pradesh, Rajasthan, Uttar Pradesh and Madhya Pradesh.

- CINI has provided Technical support in developing Quality Rating Tool for the Training of Lady Health Supervisors under NMHM, Govt. of Odisha in collaboration with IPE Global.

- CINI is providing Technical support to the CSR wing of TATA Chemicals in Paschim Midnapore district of West Bengal in promoting nutrition practices in the community through 1000 days approach.

- CINI Training Unit provides Rural Community Health Exposure to students from renowned nursing schools (ESI, Calcutta Nursing Training Institute, Islamia School of Nursing) and imparts training on Public Health and Nutrition to the students of different Universities and Colleges.

- The training unit of CINI has started a Certificate Course on Nutrition Counselling.

- For West Bengal, CINI Training Unit acts as the State Secretariat for carrying out advocacy programmes on safe motherhood issues under White Ribbon Alliance (a consortium of organizations/individuals against maternal mortality). This programme covers all 19 districts of West Bengal.

- CINI is considered as the Regional Training Site for Implementation of Rashtriya Kishore Swasthya Karyakram (RSKK) in 9 states of India (West Bengal and NE states).

Training consultancies

CINI Training Unit has been providing technical support for developing training module, manual, different training materials as well as for conducting of training of trainers (in English, Hindi, Bengali and Oriya) in different states of India (UP, MP, Rajasthan, Odisha, Delhi, etc). Technical Support has been rendered to the partner staff of Family Planning Association of India, GOAL India, Welt Hunger Hilfe, Population Foundation of India (‘Health for the Urban Poor’ Project), Child Fund India, Save the Children, SOS village, PACS, World Vision, Compassion East India and Tomorrow’s foundation.

Capacity Building covers several key areas such as Health, Nutrition, Education, Protection, Life Skills, Gender and Women Empowerment and WASH. CINI capacitates on different technical issues, like Maternal Health, Newborn and Child Health, Family Planning, Nutrition, Communicable and Non-Communicable diseases, Community Mobilization, Process of Communityisation, Village Mapping including PRA/PLA Technique, Village Health Sanitation and Nutrition Committee (VHNSC), Gender based violence and Women Empowerment. CINI also has the expertise in conducting soft skill trainings, like self-analysis, self-development, values, motivation, team building, leadership, goal setting, effective communication skill and counselling skill.

In addition, CINI also provides handholding support to the field level trainings and programme implementation for ensuring learning outcomes and for identification of further training needs.

In addition to the facilitation and coordination of trainings programmes, CINI also provides support in mentoring and monitoring the training programmes. Organizations to which consultancy support has been provided by CINI Training Unit are:

- World Vision- In 2014, developed Training manual on VHNSC, conducted the Training of Trainers in Kolkata and Jaipur and prepared the training report including analysis on training assessment.

- Compassion East India- Continuing partnership for conducting training on health, hygiene, nutrition and child protection issues. This programme started in 2012 and is continuing till date.

- Save the Children- Providing skill development training to Adolescents.

**CINI Child Protection Resource Centre (CPRC)**

It is the technical division of CINI which provides technical knowhow to different programmatic intervention on Child Protection. The major focuses of CPRC are the following:

1. Technical Inputs and knowledge management
2. Training and Capacity building
3. IEC materials development and dissemination
4. Programme Innovations and Quality Control

**CINI Adolescent Resource Centre (ARC)**

It was established in 2000 as a technical support division within and outside CINI, for promoting and protecting Adolescents and Youth (10-24 years) Reproductive Sexual Health and Education Rights. The Resource Centre works to fulfill three objectives:

- To increase knowledge and understanding of Reproductive Sexual Health and Education issues that will contribute to future programming and in advocacy for adolescents and youth.
- To develop innovative adolescent-friendly programme models to address specific issues of Adolescent Reproductive Sexual Health and Education in the lifecycle framework.
- Networking, partnership and capacity building of other agencies to develop, promote, and scale up models on priority issues linked to Adolescent Reproductive and Sexual Health and Education.

ARC works in a focused way in the states of West Bengal and Jharkhand through the following operating model:

- **Resource Development & Clearing House**
- **Pilot Interventions**
- **Knowledge Management Dissemination & Advocacy**
- **Research & Evaluation**
- **Capacity Building and Scaling Up**

**CINI Education Resource Centre (ERC)**

It has been established to guide programme development. CINI Units in Jharkhand, Diamond Harbour, Kolkata, Siliguri and Murshidabad are engaged in a variety of interventions in the area of education. ERC supports field operations with respect to planning, capacity building, implementation, monitoring and liaising with the government and other implementing and donor agencies. It provides technical assistance and supportive supervision. It further guides in MIS management and programme reporting.

It also aims to strengthen capacities and facilitating networking among project partners. It finally acts as a clearing house for information and knowledge on issues pertaining to the right to education and prevention of child labour.

CINI's community-based Early Childhood Stimulation (ECS) and Early Childhood Care and Education (ECCE) approaches have been commended by the National Council for Education Research and Training (NCERT). They have contributed to framing the National ECCE policy and curriculum with the Women and Child Development Ministry of the West Bengal Government.

Our Learning Centre model for girls' education in Diamond Harbour and Murshidabad Districts has been appreciated as a good practice by government and donors.

CINI's efforts to help schools adopt a Child Friendly School approach have been acknowledged as an effective model.

Our accelerated teaching methodology has been appreciated by the Paschim Banga Sarva Shiksha Mission and has been partly included in the special training curriculum under Right to Education (RTE).

CINI has been identified as a resource agency for capacity building on RTE in Kolkata and Murshidabad.

The ERC has established strong linkages with the West Bengal Right to Education Forum and has been identified as the State Secretariat member of the forum.
“CINI has been efficiently working in the area of educating less privileged girls for a substantially long time now, particularly in and around the city of Kolkata. We, The United Technologies Corporation, are glad to be associated with one of CINI’s education projects of 100 girl child education for few years. The project is yielding desired result due to the commitment and focus of the CINI teams working at the grass-root level. The credibility, integrity and step by step process followed by the organisation towards providing education to the underprivileged sections of the society differentiate CINI from other organisations.”

-Sagnik Chakraborty, Regional Head- HR (East)

Corporate Social Responsibility (CSR) in India has over the years been largely confined to the domain of philanthropy. The Companies Act, 2013 redefined and gave structure to the idea of CSR and Schedule VII of the Act, which lists out several probable CSR activities, mandates community’s consent as an important prerequisite. The Act encourages companies to spend at least 2% of their average net profit from the previous three years on CSR activities. CSR in India, is thus slowly in transition from institution building to community development activities. Through CSR companies integrate social and environmental concerns in their business operations and interactions with their stakeholders. CSR is generally understood as being the way through which a company achieves a balance of economic, environmental and social imperatives while at the same time addressing the expectations of shareholders and stakeholders. In this sense CSR can be a strategic business management concept and not just an exercise in charity, sponsorship or philanthropy. Even though the latter can make a valuable contribution to poverty reduction and directly enhance the reputation of a company and strengthen its brand, the concept of CSR clearly goes beyond that.

CINI’s CSR Partnerships

1. ACC Limited
2. The Apeejay Trust
3. Ceraizit India Pvt Ltd
4. Exide Industries Limited
5. Jhonson and Jhonson
6. Mcnally Bharat Engineering Co Limited
7. PowerGrid Corporation of India
8. The United Technologies Corporation
9. TIL, India
10. Topsis Toyota
11. TM International Logistics Limited
12. Trent Limited
13. SBI Life

Thematic Programme Areas: Nutrition, Health, Education and Protection
CINI REACHES OUT TO NEPAL EARTHQUAKE VICTIMS

The relief work started officially from 26th April 2015 and the first batch of relief materials from CINI was supplied on the 29th of April in Kathmandu. Thereafter, CINI in collaboration with CWIN has, during this period, distributed aid including food supply, tarpaulins, medicines and children’s recreational packs to 9,900 families in the 11 most affected districts of Nepal. These districts are Kathmandu, Bhaktapur, Lalitpur, Dhading, Dolakha, Kavre, Nuwakot, Ramechhap, Rasuwa, Sindhuli and Sindhupal chowk. Sindhupal chowk district has received more focus and relief from CINI than the other districts.

Major Highlights

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Districts reached</td>
<td>11</td>
</tr>
<tr>
<td>Number of Villages reached</td>
<td>93</td>
</tr>
<tr>
<td>Number of Families reached</td>
<td>9,900</td>
</tr>
<tr>
<td>Number of People reached</td>
<td>49,500</td>
</tr>
<tr>
<td>Number of Children reached</td>
<td>37,752</td>
</tr>
<tr>
<td>Number of villages in Sindhupal Chowk district</td>
<td>20</td>
</tr>
<tr>
<td>Number of villages in Ramechhap district</td>
<td>2</td>
</tr>
<tr>
<td>Number of villages in Dolakha district</td>
<td>8</td>
</tr>
<tr>
<td>Number of villages in Kathmandu district</td>
<td>5</td>
</tr>
<tr>
<td>Number of Villages in Lalitpur district</td>
<td>26</td>
</tr>
<tr>
<td>Number of villages in Bhaktapur district</td>
<td>14</td>
</tr>
<tr>
<td>Number of villages in Kavre district</td>
<td>8</td>
</tr>
<tr>
<td>Number of villages in Dhading district</td>
<td>5</td>
</tr>
<tr>
<td>Number of villages in Rasuwa district</td>
<td>4</td>
</tr>
<tr>
<td>Number of villages in Sindhuli district</td>
<td>1</td>
</tr>
</tbody>
</table>

CINI in Sindhupal Chowk district

Sindhupal Chowk is one of the worst hit districts by the Nepal Earthquake. Almost all the Village Development Committees (VDC) under the district have been affected by the earthquake, death of more than 2000 people has been reported and number of people injured has been one of the highest in the country. The district is also one of the areas where human trafficking is high due to its proximity with Kathmandu and other adjoining districts.

CINI has supported more than 20 villages in the district with assistance from CWIN Nepal. More than 1500 families have been reached and close to 10000 people have been supported through the various relief materials.

CINI’s Future plans in Sindhupal Chowk district

We will initiate child friendly spaces in Sindhupal chowk district in the interim phase, after the relief work is over. The Child Friendly space will be set up in Irkhu VDC under Sindhupal chowk district and will support 100 children initially. Protection and access to education of children affected by the earthquake will be ensured through the setting up of child friendly and safe learning corners/education spaces and strengthening families and communities.
CINI’s GOVERNANCE AND ACCOUNTABILITY

Maintaining Governance and accountability are the hallmark for us in CINI. Good governance has a formal structure; good governance involves the separation of governance and management. CINI provides principles for measurement systems that help strengthen accountability, and guidance for strengthening accountability mechanisms related to specific policy domain of the institute.

At CINI, most decisions are taken through a participatory process. Regular interactions and staff meetings at every unit and divisions are held to ensure that the running of the organization is smooth. Through various engagement processes like the meetings, a transparency is maintained in the decision making process. We have also taken initiatives of Internal Audit and reporting to Management body on half yearly basis.

The Governing Body, Core Committee, and the Staff Recruitment and Welfare committee always work in close tandem to ensure that all employees are motivated to give their best.

The Senior Management Team
1. Mr. RajkB. Haldar – Additional Director
2. Dr Rumeli Das – Assistant Director (HIV and AIDS)
3. Mr Nikhil Naskar- Assistant Director (Administration)
4. Dr Indrani Bhattacharya- Assistant Director (CINI Adolescent Resource Centre)
5. Ms. Kakoli Dey- Assistant Director (CINI International)
6. Ms Manidipa Ghosh- Assistant Director (CINI Urban)
7. Mr Shreyans Bhatoria -Assistant Director (Finance)
8. Mr Ranjan Kanti Panda- Assistant Director (CINI Jharkhand)
9. Ms Mitun Bose -Assistant Director (Training)
10. Mr Susanta Chatterjee- Assistant Director (I.T)

Every year, employees are awarded the BEST PERFORMER in recognition of their contributions to CINI. This year, they were Mr. Jayanta Choudhury, Unit Coordinator, CINI Murshidabad district unit and Ms. Shakuntala Burman, Field Worker, Link Worker Scheme, CINI Uttar Dinajpur district unit.

Distribution of staff according to salary distribution (2014-15)

<table>
<thead>
<tr>
<th>CTC per annum (including volunteers)</th>
<th>Staff (Male)</th>
<th>Staff (Female)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to Rs. 60,000</td>
<td>552</td>
<td>920</td>
<td>1472</td>
</tr>
<tr>
<td>Rs. 60,001-1,20,000</td>
<td>76</td>
<td>192</td>
<td>268</td>
</tr>
<tr>
<td>Rs. 1,20,001-3,00,000</td>
<td>46</td>
<td>105</td>
<td>151</td>
</tr>
<tr>
<td>Rs. 3,00,001-6,00,000</td>
<td>15</td>
<td>36</td>
<td>51</td>
</tr>
<tr>
<td>Rs. 6,00,001-12,00,000</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Rs. 12,0001-16,000</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>694</td>
<td>1258</td>
<td>1952</td>
</tr>
</tbody>
</table>

Policy Report
Annual report by Internal Complaints Committee as per the Section 21 of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) 2013
Reporting period (January to December 2014)

<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>09</td>
</tr>
<tr>
<td>D</td>
<td>No of workshops or awareness programs against Sexual Harassment carried out</td>
<td>NIL</td>
</tr>
<tr>
<td>E</td>
<td>Nature of action taken by the employer</td>
<td></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 UDIP</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>1</td>
</tr>
<tr>
<td>5</td>
<td>HEAD OFFICE</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>CINI URBAN</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>CINI DIAMOND HARBOUR</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>CINI TRAINING CENTRE</td>
<td>1</td>
</tr>
</tbody>
</table>
WAY FORWARD

The debate of whether to expand to cover more children and women, or to stay within a manageable size to ensure programme quality, comes up time and again. While expansion will give CINI the clout required to influence policies at state and national level, my experience during field visits show diminishing quality of services, caring and compassion, when we cover large populations. There is no guarantee that all these defects will be eliminated if we serve fewer people. The face of CINI is still the same frontline worker, walking over muddy paths to remote villages or dirty and smelly slums in rain or on sunny days. They do the same repetitive boring tasks day in and day out, their supervisors often glued on to their laptops writing endless reports for donors.

A healthy compromise would be to keep the projects to an optimum size, covering manageable population size in units of up to 50,000 at the most. The model CINI has been trying over the last few years of one facilitator/10,000 population and one project manager for 50,000, needs to be evaluated not only to monitor programme output but also for qualitative aspects. Such as case management, rapport developed with families who are vulnerable in terms of nutrition, health, education and protection indicators. Apart from monthly meetings at 50,000 population unit level, where all facilitators and the manager come together, one to one hand holding support should be given while making joint visits by the manager and facilitator. Managers should spend at least 10 working days/month in field visits. These visits should be made to vulnerable families already identified by the facilitator and the project manager giving case specific solutions to overcome the vulnerability. A joint appreciation or incentive can be built in for the facilitator and project manager when over time, at least 25 per cent of the vulnerable families are helped to overcome the specific issues obstructing their upward mobility.

Most of my colleagues in the field, fortunately do not fall into the category of bored facilitators, glued to lap top type of project managers, otherwise CINI would have packed up long ago! However I would urge my colleagues to try this out in a few projects, evaluate this over time and determine whether the model may be integrated to future project designs. At the end of the day, we are accountable to donors as well as the poor to use the resources given to us, effectively.

Dr Samir Chaudhuri,
Director
A. Institutional donors
- Child Hope International, UK
- CHILDLINE India Foundation, Mumbai
- Christian Medical Association of India, New Delhi
- Comic Relief, UK
- Deaf Child Worldwide, UK
- Department for International Development (DFID), UK
- Development Research Communication & Services Centre (DRCSC), Kolkata, India
- European Commission
- Exide Industries
- Fondazione Cariverona, Italy
- Future Group, India
- IMPACT, India
- Impulsus, Netherlands
- Interact Worldwide, UK
- Isle of Man, UK
- MacArthur Foundation, New Delhi, India
- Plan India
- PRIA (Society for Participatory Research in Asia)
- Ford Foundation, New Delhi
- Family Planning Association of India (FPAI), Mumbai
- ICCO, The Netherlands
- Oak Foundation
- Oxfam India
- Population Foundation of India, New Delhi
- Professional Assistance for Development Action (PRADAN), West Bengal, India
- PYARI ONLUS ITALIA
- Railway Children, UK
- SAHAY affiliated to Children International, Kansas City, USA
- Save the Children, Bal Raksha Bharat, India
- Sewa Bharat, India
- The Centre for Development and Population Activities (CEDPA), India
- United Nations Development Programme (UNDP)
- United Nations International Children's Emergency Fund (UNICEF), West Bengal State Office, India
- UNICEF, Chhattisgarh State Office, India
- United Way, Delhi, India
- US Agency for International Development (USAID)
- White Ribbon Alliance, India

B. Corporate Partners
- ACC Limited
- Balarampur Chini Mills, Kolkata, India
- Computer Maintenance Corporation, Kolkata, India
- Essar Oil
- IBM-India
- Johnson and Johnson, Kolkata, India
- KPMG Foundation, Delhi, India
- Mahindra and Mahindra, Kolkata, India
- MBE
- Powergrid Corporation, Kolkata, India

C. Academic Institutions
- Alipore Tiny Tots School
- AMRI School of Nursing Kolkata, India
- Apeejay School, Kolkata, India
- Assembly of God Church School, Kolkata, India
- Baptist Girls' School, Kolkata, India
- Calcutta Nursing Training Institute, Kolkata, India
- Gokhale Memorial Girls' College, Kolkata, India
- Hridaya Vidya Mandir
- Harley Public School
- Kalinga Institute of Social Sciences, Bhubaneswar, Odisha, India
- Nursing Training School, ESI Hospital Salt Lake & Maniktala, Kolkata, India
- North Bengal University
- Viharilal College of Home & Social Science, Kolkata, India
- United Missionary Girls High School
- University of Calcutta, West Bengal, India
- Vidyanjali International School

D. Corporate and Private Foundations and Trusts
- Anand Paul Foundation
- ASML Foundation, Netherlands
- Aviva Foundation
- Easar Foundation
- Fondazione Blue, Italy
- Fondazione San Zeno, Italy
- Harsh and Payal Hada Foundation, Kolkata, India
- Naandi Foundation, Andhra Pradesh, India
- Sir Dorabji Tata Trust and the Allied Trusts, India
- Sparsh, Mumbai, India
- Vital Foundation, UK
- Volkart Foundation, UK

E. Partners from Government (Ministry, Departments, Bodies, Institutions)
- Board of Secondary Education, Govt. of West Bengal
- Child Welfare Committee, Coochbihar, Darjeeling, Jalpaiguri, Kolkata, and Murshidabad, North Dinajpur, North and South 24 Parganas, West Bengal
- Dept. of Development and Planning, Govt. of West Bengal
- Dept. of Health and Family Welfare, Govt. of West Bengal, Mizoram, Manipur, Meghalaya, Nagaland, Tripura, Sikkim & Arunachal Pradesh
- Dept. of Home, Govt. of West Bengal, India
- Dept. of Panchayat & Rural Development, Govt. of West Bengal, India
- Dept. of Women and Child Development, Govt. of West Bengal, India
- District Administration, Darjeeling, Jalpaiguri & Coochbihar, West Bengal, India
District Authorities (Health, Panchayat, Home, ICDS and Education), West Bengal, India
District Child Protection Society (DCPS), Darjeeling, North Dinajpur, Murshidabad, West Bengal, India
District Information & Cultural Office, Murshidabad, West Bengal, India
District Magistrate, South 24 Pgs
Eastern Railway, Ministry of Railways, Govt. of West Bengal, India Government Railway Police, West Bengal, India
Health & Family Welfare Samity Darjeeling, Jalpaiguri, North Dinajpur, West Bengal, India
Jharkhand Education Project Council, Ranchi
Jharkhand State AIDS Control Society, Ranchi
Juvenile Justice Board, Murshidabad
Kolkata Environmental Improvement Programme, Govt. of West Bengal, India
Kolkata Municipal Corporation, India
Kolkata Police, India
Kolkata Tramways, India
Kolkata Urban Services for the Poor (KUSP), Kolkata, India
Ministry of Health and family Welfare, New Delhi, India
Ministry of Rural Development, Govt of India
Ministry of Sports and Transport, New Delhi, India
Ministry of Women and Child Development, New Delhi, India
National AIDS Control Organisation, MoHFW, New Delhi, India
National Child Labour Project, Dept. of Labour, Govt. of Jharkhand, India
National Institute of Health and Family Welfare (NIHFW), New Delhi, India
National Rural Health Mission (NRHM), India
NRHM, Govt of Chattisgarh, India
Paschim Banga Sarva Shiksha Mission, West Bengal, India
Paschim Banga Sarva Shiksha Mission – Kolkata district, West Bengal, India
Paschim Banga Sarva Shiksha Mission – Murshidabad district, West Bengal, India
Railway Protection Force, West Bengal, India
School Education Department, Govt. of West Bengal, India
Siliguri Municipal Corporation, West Bengal, India
State AIDS Prevention and Control Society, Govt. of West Bengal, India
Superintendent of Police, Darjeeling, North Dinajpur, South 24 Parganas, West Bengal, India
Siliguri Metropolitan Police, India
Vagrancy Department, Govt. of West Bengal
West Bengal Police, India
West Bengal State AIDS Prevention & Control Society, Kolkata, India
West Bengal State Health and Family Welfare Society, West Bengal, India
Zilla Parishad Jalpaiguri & North Dinajpur, West Bengal, India

F.CINI International Support Groups
- CINI Australia
- CINI Holland
- CINI Italy
- CINI USA
- CINI Belgium
- Friends of CINI, Glasgow

G. Others
- Ananda Mandir Club, Kolkata

- Bharatiya Bangiya Parishad, UAE
- Chandrabindoo, the Bengali Music Band, Kolkata
- Friends of CINI, New Delhi
- Iain Harrison, UK
- Lopamudra Saha, Kolkata, India
- Supreea Sing, Good2Giv, Kolkata, India
- Mohanbagan Athletic Club, Kolkata
- Murshidabad Press Club
- Mr. Sisir Chattopadhyaya
- Poorest Areas Civil Society (PACS), DFID
- Siliguri Journalists’ Club
- State Bank of India, ADB Branch
- State Bank of India, Berhampore Branch
- State Bank of India, Kolkata Branch
- State Central Government and Local Bodies
- Tavola Valdese, Italy
- Web Development Co. Ltd. (Harsh Hada) State, Central Government and local bodies
- Werner Speiser, Germany
- Bret Cole

Acknowledgment to the Donors:
- Save the Children
- Cordaid and CINI Holland
- Child Hope DFID
- National AIDS Control Organisation (Dept of Health and Family Welfare)
- West Bengal State AIDS Prevention and Control Society
- Jharkhand Rural Health Mission Society
- SIMAVI, Netherlands
- OXFAM
- Sir Dorabji Tata Trust and Allied Trusts
- Jharkhand State AIDS control Society
- Global Fund through IL&FS
- Kolkata Municipal Corporation
- ICDS
- DFID
- Child Hope
- Community Clubs, Kolkata
- Urban Local Bodies of Borough VII
- Save the Children
- Department of Health and Family Welfare South 24 Parganas District, Chandi Daulatabad
- BPHC, Samali BPHC,Amtala Rural Hospital
- Councillor ward no 1,6,7 and 18, Siliguri Municipal Corporation
- Mr. R.K. Modi, CDPO, Siliguri Urban I
- Mr. Sonam W Bhutia, Commissioner, Siliguri Municipal Corporation
<table>
<thead>
<tr>
<th>ACRONYMS</th>
</tr>
</thead>
</table>

ACC – Associated Cement Company  
AIDS – Acquired Immuno Deficiency Syndrome  
ANC – Ante Natal Care  
ANM – Auxiliary Nurse Midwife  
ARI – Acute Respiratory Infection  
ARSH – Adolescent Reproductive Sexual Health  
ART – Anti Retroviral Therapy  
ASHA – Accredited Social Health Activist  
AWC – AnganiWadi Centre  
AWWs – Anganwadi Workers  
BDO – Block Development Officer  
BFM – Beneficiary Feedback Mechanism  
CBO – Community Based Organization  
CCRC – CINI Chetana Resource Centre  
CDPO – Child Development Project Officer  
CFC – Child Friendly Communities  
CG – Community Group  
CHCMI – Community Health Care Management Initiative  
CINI – Child in Need Institute  
CPRC – Child Protection Resource Centre  
CSO – Civil Society Organization  
CSR – Corporate Social Responsibility  
CTI – Collaborative Training Institute  
CWC – Child Welfare Committee  
CWFC – Child and Woman Friendly Communities  
CWIN – Child Workers In Nepal  
DCPU – District Child Protection Unit  
DFID – Department for International Development  
DLC – Drop In Centre  
DPO – District Programme Officer  
DSP – Deputy Superintendent of Police  
ECCE – Early Childhood Care and Education  
ECS – Early Childhood Stimulation  
ENT – Ear Nose Throat  
EPHN – Education Protection Health and Nutrition  
ERC – Education Resource Centre  
ESI – Employees’ State Insurance  
FSW – Female Sex Worker  
GP – Gram Panchayat  
PAPF – Global Poverty Action Fund  
HIV – Human Immunodeficiency Virus  
HIV-LWS – HIV Link Worker Scheme  

<table>
<thead>
<tr>
<th>ACRONYMS</th>
</tr>
</thead>
</table>

HR – Human Resources  
HRG – High Risk Group  
HRC – High Risk Groups  
IAY – Indira Awas Yojna  
ICDS – Integrated Child Development Services  
ICPS – Integrated Child Protection Scheme  
ICTC – Integrated Counseling and Testing Centre  
IEC – Information Education Communication  
IFA – Iron Folic acid Tablet  
IGNOU – Indira Gandhi National Open University  
IICHAA – Indian Initiative for Child Centred and HIV/ AIDS Approach  
IIHRM – Indian Institute of Health Management and Research  
IPPF – International Planned Parenthood Federation  
ISSNIP – ICDS System Strengthening and Nutrition Improvement Project  
ITPA – Immoral Traffic Prevention Act  
JSK – Janani Shishu Suraksha Karyakram  
JSY – Janani Suraksha Yojana  
KMC – Kolkata Municipality Corporation  
LCA – Life Cycle Approach  
MAC – Moderate Acute Malnutrition  
MAS – Mahila Arogya Samiti  
MCH – Mother and Child Health  
MCP – Mother and Child Protection  
MDG – Millennium Development Goal  
MLA – Member of Legislative Assembly  
MOHFW – Ministry of Health & Family Welfare  
MTC – Malnutrition Treatment Centre  
NACO – National Aids Control Organization  
NCAS – Nutrition Counseling and Child Care Session  
NCERT – National Council for Education Research and Training  
NGO – Non Government Organization  
NHM – National Health Mission  
NRC – Nutrition Rehabilitation Centre  
NRHM – National Rural Health Mission  
NTP – National Training Partner  
NUHM – National Urban Health Mission  
ORWs – Out Reach Workers  
PACS – Poorest Area Civil Society  
PLA – Participatory Learning and Action  
PLHIV – People Living with HIV  
PNC – Post Natal Care  
PNC Kit – Post Natal Care Kit
POS CO - Protection of Children from Sexual Offences
PPTCT - Prevention of Parents to Child Transmission
PRA - Participatory Rural Appraisal
PRI - Panchayati Raj Institution
RKS K - Rashtriya Kishor Swasthya Karyakram
RMNCH+A - Reproductive Maternal Newborn and Child Health and Adolescent Health
RTE - Right to Education
SAARC - South Asian Association for Regional Cooperation
SABLA - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)
SACS - State AIDS Prevention and Control Societies
SAIEVAC - South Asia Initiative to end Violence against Children
SAM - Severe Acute Malnutrition
SBI - State Bank of India
SHG - Self Help Group
SNP - Supplementary Nutrition Programme
SRHR - Sexual and Reproductive Health and Rights
SRH - Sexual Reproductive Health
STI - Sexually Transmitted Infection
STRC - State Resource Training Centre
Sw - Social Welfare
TB - Tuberculosis
TERI - The Energy Research Institute
THR - Take Home Ration
TI areas - Targeted Intervention Areas
TT - Tetanus Toxoid
ULB - Urban Local Body
UNCRC - United Nations Convention on the Rights of the Child
UNFPA - United Nations Population Fund
VCT - Voluntary Counselling and Testing
VHND - Village Health and Nutrition Day
VHRRC - Village Health Resource Centre
VHNSC - Village Health Sanitation and Nutrition Committee
VLCPC - Village Level Child Protection Committee
WASH - Water Sanitation and Hygiene
WBSACS - West Bengal State AIDS Control Society
WCD - Women and Child Development
WHO - World Health Organization
WLCP - Ward Level Child Protection Committee

Child in Need Institute

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

The following thematic divisions are based at the Head Office:
Adolescent Resource Center
Contact: Dr. Indrani Bhattacharyya, Assistant Director
Email: arc@cinindia.org

Division of Woman and Child Health Development
Contact: Aditi Roy Chowdhury, Divisional Head
Email: dchd@cinindia.org

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

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

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

Training Unit
VIII & 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: Ms. Mitun Bose, Assistant Director
Email: mitun@cinindia.org

Urban Unit
63 Rafi Ahmed Kidwai Road, Kolkata
Pin - 700 016, West Bengal, India
Tel: +91 33 4005 8801
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 4005827/99
Fax: +91 33 4005 8900
Contact: Kukol Dey, Assistant Director
Email: kkkolidey@cinindia.org

Field Units
Diamond Harbour Unit
P.O. Rainaghar (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

North Bengal Unit
45 Meghnath Sarani, Hakimpura, P.O. Siliguri
Pin - 734001, Dist. Darjeeling, West Bengal, India
Telefax: +91 353 2523901
Contact: Shukhar Saha
Email: cininb@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

Chittagong Unit
House No 6, Dungaji Colony, Near Govt. Ayurvedic college, Raipur, Chattisgarh – 492001
Contact: Mr. Nihal Naskar, Assistant Director (Administration)
Email: cinichattisgarh@gmail.com

Uttar Dinajpur Unit
Qtr No.: M – 1, District Magistrate’s Housing Compound, Kamajora, Raiganj, Uttar Dinajpur, WB – 733 130
Tel: +91 03523-252263
Contact: Abhishek Dey
Email: cinidyp@cinindia.org

Jharkhand State Unit
441/A Ashok Nagar, Road No. 5, Ranchi
Pin - 834 002, Jharkhand, India
Tel: +91 651 224 5370/3831
Fax: +91 651 224 3549
Contact: Harjan Kant Panda
Assistant Director
Email: cinijh@cinindia.org

Offices in districts of West Bengal
Birbhum
Rampur hat Nischintapur, Dakhina Kalibari Lane
Ward No.-3.P.O.-Rampurhat
Dist.Birbhum, Pin-731224

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

Paschim Medinipur
Balchak.p.s- Balchak
Paschim Medinipur

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

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

Nadia
House of Smt. Arati Karmakar, W/o Ratan Kumar Karmakar, Khirkibagan Lane (Near Rose Valley Shopping Mall), PO: Ranaghat P.S.: Ranaghat, Dist.: Nadia, PIN: 741201

South 24 Parganas
Child in Need Institute (Head Office), Vill-Daulatpur,P.O.-Pailan, Via- Joka, 24 Parg(5), PIN-700104

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

Coochbehar
West of Jamuna Dighi, Coochbehar. Pin-736101

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

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

North 24 Parganas
C/O: Jhalar Deb Nath Vill:Bhawanipur, College Para Near Indane Gas office PO: Basirhat, P.S:Basirhat PIN:743412
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 she 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. It sends CINI trained health workers 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.

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

Contact cinifr@cinindia to support us!