We start this year’s Annual Report (2015-16) sharing some of our significant achievements at the national level and in the states of West Bengal (WB) and Jharkhand. At the outset let me express my deep admiration for all my colleagues (1,194, excluding volunteers), working in the summer heat and in the rain, reaching out to women and children in remote villages and slums. We acknowledge the wisdom and support of my colleagues and respected Governing Body members, which has been invaluable.

Protection and trafficking of children and women has received our utmost attention this year, thanks to the work done by our protection team. Missing, run away and trafficked children first encountered in railway stations are taken into safe custody of our homes for boys and girls in Kolkata and a girl’s home in Siliguri. Village/Slum level Protection Committees under the Govt. of India’s Integrated Child Protection Services (ICPS) are facilitated by CINI to start up in the respective project areas in West Bengal (WB) and Jharkhand. In Jharkhand a project supported by International Labour Organisation (ILO) is targeting vulnerable women and girls to stop them from being trafficked, lessons given by women, volunteering in the project, who escaped from the clutches of traffickers in metros.

In education, out of a total of 11,478 girls found to be out of school, 8,317 (73%) have been mainstreamed to attend age-appropriate classes in local government schools in WB and Jharkhand. As they are at risk of being trafficked, they have been monitored in the GPower project using a software, for which CINI has received the “Mobile for Good” award from Vodafone Foundation. CINI is managing two residential schools in Kolkata, supporting 100 boys and 60 girls from deprived urban communities, supported by SarvaShiksha Mission, School Education Department, Govt. of WB.

CINI’s Adolescent Resource Centre (ARC) has been working closely with the Govt. supported SABLA programme and with National Health Mission (NHM), focussing on prevention of anaemia and building capacities to improve sexual and reproductive health status among these vulnerable girls. CINI has been selected as National Training Partner by the Ministry of Health and Family Welfare for the Rashtriya Kishor Swasthya Karyakram, the National adolescent Health program of Government of India. In WB, CINI is the State Technical Partner for the SABLA-Kanyashree Convergence program by the Department of Women Development, Child Development & Social Welfare.

In health and nutrition, CINI has successfully completed a UK Govt. (DFID) supported, MACHAN, 2 year project in North Dinajpur (WB) and Borough VII in Kolkata, focussing on improving child health and nutrition during the first 1,000 days of life. Other projects supported by various donors including UNICEF and from the corporate sector are targeting vulnerable children and women in slums and villages of WB and Jharkhand. CINI Nutrimix has been an immense success as a low cost nutritious supplement, marketed through CINI Community Initiatives (CINCOMM) to ICDS projects. Production units have been set up at village level by Self Help Groups and in other locations in Sunderbans, Siliguri, Murshidabad in WB and in Jharkhand.

CINI continues to train and build capacities in Anganwadi Workers, Supervisors of Govt. sponsored ICDS and ASHA workers from NHM and NGO workers for various locations in West Bengal. A total of 13,111 trainees passed through our training centre during the FY 2015-16. Tata Institute of Social Sciences (TISS), Mumbai, collaborates with CINI to conduct joint vocational training course on Child Protection and Early Child Development, up to bachelor’s level. CINI is a collaborating training institute (CTI) by National Institute of Health and Family Welfare (NIHFW) Government of India, New Delhi, for four north eastern states : Arunachal Pradesh, Manipur, Nagaland and Tripura.

CINI IT Cell has collaborated with Digital Empowerment Foundation (DEF), New Delhi to support NGOs in WB to set up NGO domains, a website dedicated for the NGO sector. CINI can also be found on www.cini-india.ngo and has been featured by DEF in their February Newsletter. The IT Cell continues to support in-house development of software required by CINI for most of its programmes.

We are grateful to our donors both in India and abroad including our support groups in Italy, Australia, UK, Holland and USA, who stood by us very faithfully over the past 42 years. More remarkably even during the recent financial meltdown in the west. Our support from the corporate world in India and abroad under Corporate Social Responsibility (CSR), have started to gather momentum slowly and steadily. This support has allowed us to continue to learn from the poor and innovate, in our effort to reach them with minimal cost and maximum impact.

Dr. Samir Chaudhuri
Director, CINI

FOREWORD
**Milestones**

1. 1975-1985
   1. Under 5 clinic started in Balananda Hospital, Behala and St Vincent School, Thakurpukur, Kolkata
   2. CINI getting the identity of a registered society
   3. Disaster relief operations in flood affected Moyna and Sunderbans in West Bengal and cyclone hit areas of Andhra Pradesh and support for Kampuchea refugees.
   4. Maternal and Child Health (MCH) project initiated in Moyna and Balikunthapur of West Bengal

2. 1986-1995
   5. Health programmes initiated in Tollygunge slums in Kolkata
   6. CINI Urban Unit set up for implementing urban health programme focusing on street children in Kolkata
   7. Adopt a Mother programme initiated with support from Amici di CINI, Italy
   8. Relief work for victims of communal violence in Tangra, Kolkata
   9. Regional centre for counselling on HIV & AIDS set up with support from National AIDS Control Organisation (NACO), Govt. of India
   10. Adolescents’ programme started
   11. Setting up of Fundraising Unit in Kolkata
   12. Recognition as Regional Resource Centre by Ministry of Health & Family Welfare (MOHFW) for Easter Region, Govt. of India.

3. 1996-2005
   13. Conferred Collaborative Training Institute (CTI) status for seven North Eastern states by MOHFW, Govt. of India.
   14. Adolescent Resource Centre and CINI Jharkhand unit was initiated
   15. Relief operation for earthquake victims of Bhuj in Gujarat

4. 2006-2013
   17. Recognised as State nodal agency for rolling out Accredited Social Health Activist (ASHA) under National Rural Health Mission, West Bengal
   18. Pilot intervention on Child & Woman Friendly Communities (CWFC) initiated
   19. CINI Jharkhand unit recognised as State Nodal Agency for under deprived children
   20. 12 weeks certificate course on Reproductive and Child Health started in collaboration with Jadavpur University
   21. 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. Community College established in partnership with Indira Gandhi National Open University (IGNOU)
   24. New CINI logo launched with new branding strategy

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**Acknowledgements**

*Professor Sunit Mukherjee, Chairman, CINI with Dr Subhash Mukherjee, his colleague, Professor of Physiology, Calcutta.*
MILESTONES

25. Awarded World Bank supported Development Marketplace project for income-generation of women’s groups by marketing low cost nutritious supplement, ‘Nutrimix’

26. Initiated Kolkata CHILDLINE, a 24 hour emergency service for children in distress, under Ministry of Social Justice & Empowerment, Govt of India.

27. Setting up of Education Resource Centre in Kolkata

28. Shelter home for homeless women and girls in Kolkata started with support from Govt. of West Bengal Residential services for boys and girls initiated in CINI Urban unit

29. Setting up of Child Protection Resource Centre, in Kolkata to cost nutritious supplement, ‘Nutrimix’

Father Mathileson with Jim De Harpport, Director of Catholic Relief Services (CRS) and his wife at a CINI meeting in the late 70s

Dr Mark Buntain, Head of Assembly of God Church, sewing machines to us

2013-2016

30. CINI reaches 40th year

31. CINI’s new website launched

32. Compilation of CINI’s policies, strategies, operations programmes and communication into a guide book called CINI METHOD

33. New social business initiative of CINI launched CIN COMM

34. Web enabled project planning and monitoring system CIISS launched

35. Launch of Missing Child Alert project addressing cross border child trafficking with support from Plan India

36. Relief operation for earthquake victims of Nepal

37. Department of Health and Family Welfare, Government of Jharkhand recognized CINI as nodal agency to strengthen the community mobilization cell under NHM, Govt of Jharkhand.

38. CINI was appreciated for its support to Department of Social Welfare and Women and Child Development, Government of Jharkhand in piloting social audit to strengthen the services under JCSS.

39. CINI won the prestigious ‘Mobile for Good’ [M4G] award from Vodafone Foundation and stood first as the Leading Change Maker under the category of ‘Women Empowerment and Inclusive Development’ for the innovative Project, ‘GPower – Successful Transition from Childhood to Adulthood’. Accenture, as a pro bono technology partner, conceptualized, designed and built the entire digital solution.

40. CINI through its Child Protection Resource Centre and CCRC launched a Bachelor in Vocational Education course in collaboration with Tata Institute of Social Sciences (TISS)

41. CINI through its IRC is contributing to the National policies and programs for adolescent health and development, like Rashtriya Kishor Swasthya Karyakram (RKS), SABLA, Rashtriya Madhyamik Shiksha Abhiyan, Adolescent Education program

Introduction

Child in Need Institute (CINI) is a registered non-profit organization (NGO) under the Societies Registration Act and Foreign Contribution Regulation Act in India. We work with over 1200 Indian professionals and are guided by a Governing Body composed of experienced Indian practitioners, academicians and administrators. Founded in 1974 in Kolkata (former Calcutta), CINI now has operations in the states of West Bengal and Jharkhand with a reach of more than 5 million rural and urban population of poor communities. CINI has been recipient of prestigious awards and recognitions for its contribution to development sector from India and around the world.

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

CINI focuses on the thematic sectors of Maternal & Child and Adolescent Health, Education, Nutrition and Child Protection. Starting with programme implementation on the thematic sectors, CINI has always strived for innovations in its way of functioning over the years to add value to the existing policies and programmes of the government. The organization has looked into global approaches and good practice models and put forward such practices at the local level. Several evidences have been built over the years to justify the innovative practices in the different sectors. CINI has established partnership with the National and State Governments in India along with various foundations, corporate agencies, NGOs, schools, bilateral agencies, and individuals. These partnerships have not only facilitated with resource support but at the same time enriched knowledge of the thematic persons. These have helped in strengthening the structure and repositioning CINI as a learning organization.

The central focus of CINI’s programme intervention has always been children and women leading towards value for change. The organization directly reaches out to the communities both in rural & urban locations and seeks to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence affecting particularly the children and women. CINI initially started addressing issues concerning Health & Nutrition with the First 1000 Days approach and subsequently moved into Education and Child Protection sectors as well. These four sector have been the main domains of operation through which CINI has been catering through the Life Cycle Approach (LCA) starting from the day a baby is conceived. As the child grows up, it is being ensured that the child attends proper growth; mental as well as physical development through our early childhood care and development inputs followed by formal education and protection through child safety nets. CINI ensures that the child continues in school and is protected under family safety net. Over the years of working on the four major domains, CINI has developed several tools being used by the communities as well as CINI field team in addressing First 1000 Days, community based malnutrition management, tracking children including adolescents and addressing their vulnerabilities.

CINI has always believed in working beyond its boundaries. Though CINI is primarily eastern region based organization but it has been providing technical assistance to other State governments and civil society organizations working in Jharkhand, Bihar, Odisha, Nagaland, Tripura and Arunachal Pradesh on health & nutrition and child protection programmes. Apart from this, CINI has also established collaborations through South Asian Initiative to End Violence Against Children (SAIEVAC, a SAARC apex body) with countries like Bangladesh, Bhutan and Nepal in addressing cross border child trafficking issues. CINI has been entrusted by different state Governments especially in West Bengal and Jharkhand to provide technical support to strengthen the existing services through the Government Departments and to promote the interdepartmental convergence. CINI has always worked actively to promote integration within government systems and has demonstrated working frameworks to promote accountability at different level engaging different stakeholders in a strategic manner. The right based approach of different programme of CINI has attracted attention of policy makers both at the state level and at the national level to replicate the idea by introducing different schemes and programmes at different point of time. With these successes, CINI has always been engaged in strategizing and directing its resources to add value to the existing policies responding to the needs.
Inspirations

“One of the best ways to fight stigma & empower HIV positive people is by speaking out openly & honestly about who I am & what I experienced & this strength I get from this ICCHAA session conducted by CINI.” — Manju Bibi, South 24 Parganas.

“Ei CINI DIC na thakle ki hoto? Amar to kom boyes e biye hope jte. Anek kisichu jaante partam na?” (What would happen if this CINI Drop In-Centre was not there? We would have got married early. We would not have come to know about so many things) - Group of adolescent girls in Rupahar in Kaliaganj in North Dinajpur.

“Meyeder shonge ki bhabe kotha bolte hoy ... orao je amader saman ... aage amra ono bhabhe bhabtham”. (We have understood how to talk to girls, thanks to CINI, we now know that they are equal to us. Earlier we used to think differently) - Groups of boys at Dahapara Bondhu Kunja Adibasi Shikshaniketan, Jiagunj in Murshidabad.

“Kom boyese biyer kufal shikechi. Nijer katha ta nijei bolla darkar seta bujhechi. O nijer biye aatke chhilo. Amrao sahajjo korechilam”. (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. Along with CINI stood by us) — Group of girls at Goaljan Girls High School in Murshidabad.

While CINI is linked with different state, national and international level forums, as part of its advocacy initiatives, the organisation has contributed in several consultations that take place at multiple levels having strong implication on human development. CINI has always responded to emergency situations to the best of its capacities and call of the hour. 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 raise funds for our operations.

CINI has a transparent and vibrant system of organizational management. The internal governance structure is well-articulated, with emphasis on cost effectiveness, systematic and regularized auditing of accounts leading towards a health and conducive working environment in the organisation. CINI maintains a Child Protection Policy, Sexual Harassment Policy, Gender Policy and Workplace Policy on HIV related issues.

In the days to come CINI would continue to explore innovative practices, develop programmes aligned with Sustainable Development Goals (SDGs) with its core focus on mother and child. The investment would be leading to strengthen partnership with the government in addressing the collective effort towards building Child Friendly Communities together.

“Children learn to be responsible citizens by emulating their parents and their peers. We at South City International School strongly believe in this and train our students from a very young age to be involved with social causes in society. CINI is an excellent institution dealing with Children in Need, and we are proud to be associated with CINI. We do find that a little goes a long way towards the future of a deserving child. CINI is definitely doing a great job.”

Mr. John Bagul, Principal, South City International School, Kolkata.
Inspirations

“We believe the world is a big family where we need to help each other especially the marginalized section of the society and CINI is the right channel which helps us to realize one of the points of our School Vision S.A.C.H, where H stands for - Humility, Unity and Brotherhood. Commendable job done by CINI is praiseworthy.”

Ms. Sunita Arora, Principal, DPS, Howrah.

“During my work experience with CINI, I was fortunate enough to come in contact in services for underprivileged children and mothers. I forward my sincere thanks to CINI for reminding me that a good quality organization is one that values children. I convey my best wishes to the CINI Team.”

Ms. Ruma Rakshit, Principal, National Public School, Alipore.

CINI’s Rights-based Approach to Development: Creating Child Friendly Communities

Strategic Priorities

In the recent past, CINI 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 integrative approach of facilitation and service delivery. While working with the communities and fulfilling their contextual needs, CINI realized that sustainable development is only possible by building partnerships with key stakeholders and adopting an integrative 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 society.

Major Highlights

Communities are mobilized 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 (Panchayat 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.

CINI 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 fulfillment of human rights by all, especially the socially excluded.

Achievements at a glance

Child Friendly Communities are being implemented since 2007 in various sites of CINI in rural as well as urban settings in the districts of Kolkata, South 24 Parganas, Murshidabad, Jalpaiguri and Uttar Dinajpur in West Bengal and Khunti District in Jharkhand. Few achievements have been:

- People’s empowerment has helped them internalise fundamental rights and demand services as entitled citizens.
- Women’s self-help groups have become members of several government forums, such as the Gram Ummayan/Saniti, the Village Education Committee, the Village-level Child Protection Committee, the Village Health 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 CINI, closely monitored by elected representatives has maximized impact with existing inputs.
Empowering Adolescents

Strategic Priorities

- Ensuring adolescent leadership and participation in different forums through sharing of knowledge, information and skill building
- Ensuring rights and entitlements of adolescents on reproductive sexual health, nutrition and healthy living, including psycho-social health, substance misuse, non-communicable diseases, education, preventing violence against children, through capacity building and engagement of adult stakeholders in the development process
- 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 and addressing adolescent developmental issues through comprehensive community-based prevention mechanisms.
- Strengthening adolescent leadership to combat social evils like child marriage, teen pregnancy, trafficking and other rights violation through adolescent-led advocacy.
- To expand on the digital innovations - Tracking of Adolescents' vulnerabilities and increased access to Friendly Services as their entitlements for Successful Transition from Childhood to Adulthood.
- 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.
- Networking and Advocacy for strategic partnerships and convergence of policies and programs for risk and vulnerabilities reduction and improved care-seeking behaviour of adolescents

Changing lives of others - Bobita Khatoon, Age: 14 years

Bobita, resides in Kantipur II block with her parents and a little brother. She comes from a poor economic background as her father is a van-rickshaw-puller and mother works as a maid. At the age of 13, she got involved in SABLA programme and started participating in various sessions and meetings regularly. In course of being with SABLA, she established good and meaningful rapport with other adolescent girls in the community. While attending the sessions, she came to know about the legal aspects as well as severe consequences of child marriage. The situation changed while she was in Class – VIII. She fell in love with a boy, eloped and married. But life was not smooth for her as her husband turned abusive. He also demanded dowry. Bobita refused to place such demands to her parents, against which she was physically tortured and attacked with a sharpen weapon resulting to miscarriage during the sixth month of pregnancy. She was admitted to hospital and with support her father she was able to get divorce.

Presently, Bobita has resumed her studies and staying with her parents. In course of being at school, she has engaged herself as one of the Peer Leaders in SABLA programme. Apart from studies she continues to aware her friends and neighbors on continuation of studies and ill effects of early marriage. She reiterates her own story as example and requests others “Ami ja bhal korechhi seta jai korechhi – (one should make the same mistake that did I)”

Impact in Statistics

<table>
<thead>
<tr>
<th>S</th>
<th>Parameter</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No of adolescent groups formed</td>
<td>6231</td>
</tr>
<tr>
<td>2</td>
<td>No of peer leaders trained</td>
<td>17891</td>
</tr>
<tr>
<td>3</td>
<td>No of adolescent girls reached through intervention (total)</td>
<td>226263</td>
</tr>
<tr>
<td>4</td>
<td>No of adolescent boys reached through intervention (total)</td>
<td>194205</td>
</tr>
<tr>
<td>5</td>
<td>No of adolescent reached in schools</td>
<td>426036</td>
</tr>
<tr>
<td>6</td>
<td>No of out of school adolescent girls reached</td>
<td>2046</td>
</tr>
<tr>
<td>7</td>
<td>No of out of school adolescent girls enrolled in formal schools</td>
<td>317</td>
</tr>
<tr>
<td>8</td>
<td>No of ICHD marriages prevented</td>
<td>130</td>
</tr>
<tr>
<td>9</td>
<td>No of early marriage protection group formed by Kishori Samooh</td>
<td>70</td>
</tr>
<tr>
<td>10</td>
<td>No of adolescent girls enrolled in Kangarhi Scheme</td>
<td>56638</td>
</tr>
<tr>
<td>11</td>
<td>No of government school teachers trained</td>
<td>2542</td>
</tr>
<tr>
<td>12</td>
<td>No. of adolescent girls referred to Anwesha clinics for counseling on SRH and other issues</td>
<td>13291</td>
</tr>
<tr>
<td>13</td>
<td>Increase in knowledge of anaemia</td>
<td>30% (40%—76%)</td>
</tr>
<tr>
<td>14</td>
<td>Increase in IFA consumption</td>
<td>16% (23%—85%)</td>
</tr>
<tr>
<td>15</td>
<td>Increase in use of sanitary napkin</td>
<td>24% (35%—80%)</td>
</tr>
<tr>
<td>16</td>
<td>Increased no. of adolescents aware of modern contraceptive methods</td>
<td>19.5% (32%—71.5%)</td>
</tr>
<tr>
<td>17</td>
<td>Increased no.of adolescents with knowledge on legal age of marriage for girls</td>
<td>60% (39%—96%)</td>
</tr>
<tr>
<td>18</td>
<td>Increased no. of adolescents doing physical exercise on regular basis</td>
<td>20% (61%—81%)</td>
</tr>
</tbody>
</table>

Major Highlights

- Selected as National Training Partner for the Peer Education Strategy under the RSKK.
- CINI organised Kishori Diwas in the refugee camp in Coochbehar for the adolescent girls who received Indian citizenship recently (after an agreement between India and Bangladesh) to make them aware about the schemes and services of the Government.
- CINI was a part of the endeavor in which IEC material was developed to serve all the levels of the ICDS, including the Anganwadi workers and adolescent girls. CINI provided support in the development of module to be used by 10 lakhs adolescent girls.
- Diamond Harbour-II block celebrated a Health Fair focusing on locally available home based diet. An amount of Rs. 26,245 was allocated from the School funds in organizing the fair. The school teachers placed their concerns over raising awareness on Health & Nutrition issues and regular consumption of IFA tablets among their students and caregivers. Community facilitators from CINI were involved to disseminate the information among adolescents.
- The School Management of Diamond Harbour-II block organised the Youth Day celebration with about one-fourth contribution from them, while the remaining amount was spent from the District Administration. There was an impact observed among school management and school students in celebration of a Youth day on life cycle issues, adolescent schemes and health & nutrition. Strong ownership was observed among teachers and students to make the event successful. Two School Management Committees in Diamond Harbour – II block introduced Health, Nutrition and RASHI related messages in the daily diaries of the students with the purpose to make the students aware and internalize the information.
- We are contributing to the National policies and programs for adolescent health and development, like RSKK, SABLA, Rashtriya Madhyamik Shiksha Abhiyana, Adolescent Education program and others through the following strategies:
  - Pilot interventions to develop sustainable and scalable models through government system and structure

Bobita Khatoon, Age: 14 years
CHAPTER 3

Empowering Adolescents

I am back at school! "I got married at 14 and divorced after 11 months. Life had no meaning thereafter!!"

- Papiya Khatoon, 15 years.

Three children, a husband that rarely visited and a monthly income of less than Rs.4,500! With so many burdens on her, all that Papiya’s mother could think of was to get her daughters married off at the earliest opportunity. In spite of being brilliant in school, the same fate awaited Papiya. She was married off much too young and against her wishes. The trade-off was that she would be allowed to take her Madhyamik Exams before being shipped off to her new in-laws.

Destiny had other less-than-savoury plans. Within two months of her marriage, physical abuse, sexual harassment and mental degradation became a daily routine for her in her in-laws home. After many failed attempts to escape their clutches, she finally managed to return to home. The chaos and problems created by her in-laws only made Papiya more determined. Around this time CINI’s field team members came to know about her case and started intervening into the matter. She was facilitated in filing a separation case that helped in restraining from her husband. Presently she is continuing in school at Class IX and receiving training under SABLA programme to become another Peer Leader. In her own words – "I am thankful to CINI for bringing me back to school and letting me to become a Peer Leader. I wish that I would become a self-made and successful women and lead a life with dignity."
CINI’s interventions in HIV sector started from 1995 with the basic goal to “prevent, halt & to begin the reversal of impact of HIV/AIDS in India”. In collaboration with NACO and WBSAP&CS, the program has been scaled up in 17 districts in West Bengal and Jharkhand each.

**Strategic Priorities**
- Reducing the vulnerability of HIV infection amongst High Risk Groups (HRGs) and Most At Risk Population (MARP)
- Improvement of the Quality of Life of PLHAs through a community based Care and Support model
- Enhancing the capacity of human resources in case of prevention, care, support, at district as well as state level
- Mainstreaming HIV/AIDS by involving & capacity building of different stakeholders at different level

**Impact in Statistics**
**Prevention of Parents to Child Transmission AHANA**: (October 2015 – till date):
We are the Sub-recipient partner of Plan International India for 8 districts (Kolkata, North 24 Parganas, South 24 Parganas, Bankura, Birbhum, Paschim Medinipur, Malda and Coochbehar) in West Bengal and 17 districts of Jharkhand to implement AHANA PPTCT Project.

The main objective of the program includes ensuring that all pregnant women are tested for HIV and the result known, positive women should be identified with ARV prophylaxis for prevention of vertical transmission of HIV and infants of HIV exposed mother should get first DBS test within 2 months of birth.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Parameter</th>
<th>Achievement</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Area of Operation</td>
<td>8 Districts (mentioned above)</td>
</tr>
<tr>
<td>2</td>
<td>Total Pregnant women registered</td>
<td>181317</td>
</tr>
<tr>
<td>3</td>
<td>Indicator I: Percentage of Pregnant Women who know their HIV status</td>
<td>146664 (81%)</td>
</tr>
<tr>
<td>4</td>
<td>Indicator II: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</td>
<td>Identified 72 Positive Pregnant Women (71%)</td>
</tr>
<tr>
<td>5</td>
<td>Indicator III: Percentage of infants born to HIV positive women receiving a virological test for HIV within 2 months of birth</td>
<td>Live birth - 20 (100%)</td>
</tr>
</tbody>
</table>

**Community Level Activity:**
- Target: 115
- Achievement: 115

**Targeted Intervention among 350 female Sex workers (1995 Till date):**
Three red-light areas (Bagirhat, Budge budge, Baruipur)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Parameter</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>1</td>
<td>Area of Operation</td>
<td>South 24 Parganas</td>
</tr>
<tr>
<td>2</td>
<td>Urban Female Sex Workers</td>
<td>350</td>
</tr>
<tr>
<td>3</td>
<td>High Risk Group reached and contacted regularly</td>
<td>100% (as per target)</td>
</tr>
<tr>
<td>4</td>
<td>Total Condoms distributed through Social Marketing</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>Urban Female Sex Workers tested for ICTC</td>
<td>78%</td>
</tr>
<tr>
<td>6</td>
<td>Urban Female Sex Workers screened for STI</td>
<td>96%</td>
</tr>
</tbody>
</table>

IICCHAA makes use of a child-centered approach in communities infected & affected by HIV and AIDS to reduce stigma and discrimination, strengthen coping strategies for children, and build the ability of families to communicate about HIV and AIDS. We are working in South 24 Pgs., Murshidabad & Uttar Dinajpur.

<table>
<thead>
<tr>
<th>Sl. 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>330</td>
</tr>
<tr>
<td>3</td>
<td>Parents who have disclosed their HIV status to their children</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>Parents who have disclosed their HIV status to the community</td>
<td>68%</td>
</tr>
<tr>
<td>5</td>
<td>Families who have linked up with government scheme</td>
<td>60%</td>
</tr>
<tr>
<td>6</td>
<td>Families registered with Pre Anti Retroviral Therapy</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Link Worker Scheme (LWS):**
(2008-April’2016 in 11 Districts of West Bengal & 3 districts of Jharkhand)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Parameter</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No. of Target Districts</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>% of implementing districts</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>No. of VCs</td>
<td>1043</td>
</tr>
<tr>
<td>4</td>
<td>RRC</td>
<td>1016</td>
</tr>
<tr>
<td>5</td>
<td>HRG mapping/SNA</td>
<td>23274</td>
</tr>
<tr>
<td>6</td>
<td>% of HRG covered</td>
<td>95%</td>
</tr>
<tr>
<td>7</td>
<td>% of BP covered</td>
<td>63%</td>
</tr>
<tr>
<td>8</td>
<td>% of testing ICTC</td>
<td>67%</td>
</tr>
<tr>
<td>9</td>
<td>% of STI referred</td>
<td>48%</td>
</tr>
<tr>
<td>10</td>
<td>% of HRG Referred</td>
<td>86%</td>
</tr>
<tr>
<td>11</td>
<td>% of Vulnerable covered</td>
<td>44%</td>
</tr>
<tr>
<td>12</td>
<td>PLHIV Coverage</td>
<td>2047</td>
</tr>
<tr>
<td>13</td>
<td>PLHIV Mapping</td>
<td>1845</td>
</tr>
</tbody>
</table>
CHAPTER 4

PPTCT program and WBFPT process.

sensitization training to their below cascade level to decentralize the concepts and knowledge regarding mobilization process, BCC and basics of HIV/AIDS. It is proposed that DRT will be conduct such created in the district level. DRT will be trained on the issues of PPTCT technical aspects, community

District Resource Team (DRT): As part of AHANA interventions a resource pool called the DRT would be

Major Highlights

- This year CINI HIV Division celebrated World AIDS Day on 1st & 2nd December 2015 in association
  with West Bengal State AIDS Prevention and Control Society with an outstanding success.

- For the People Living With HIV/AIDS, some adolescent girls & mothers of IICCHAA program who
  studied at least class V-XII received a Leadership Training Programe.

Taking a positive turn

Manju Bibi (changed name) lives with her two children. After death of her husband, her economic condition and her health condition started deteriorating. She was frequently suffering from fever, stomach problem etc. Post a blood test; she came to know that she was HIV infected. She started to come at the Memory Work Session. At first she was very much absent minded & did not want to talk. After continuous counselling, one day she broke down & told about her family condition and her anxiety regarding her children to our counsellor. With the help of CINI’s Outreach Worker she opened her bank account & got the benefit of Indira Awas Yojna. Through our IICCHAA session, she gradually disclosed her status to her community. Now Manjula’s is working as our positive speaker in motivating others to take part in the session.

Taking the right step at the right time

Rakeya Bibi is an Anganwadi Worker (AWW) by profession. Her husband is a migrant worker in Gujarat. During her pregnancy she was tested & reported as reactive. She delivered a girl child at the District Hospital. Her respective AHANA ORW counseled them (Rakeya & her husband) about HIV & motivated them to go to the ART center. Anti retroviral Therapy (ART) has been started with the support of ORW along with instigation of Nevirapine for her child. Though Rakeya is an AWW but she also had some myth & misconception about HIV/AIDS. Our ORW helped her to let go of the misconceptions and motivated her to generate awareness among other community mothers about HIV/AIDS. Now Rakeya is living a healthy life & enjoying her work more.

CHAPTER 5

Fighting HIV AIDS

- Maternal and Child Health

Strategic Priorities

As the global community sets new goals with the Sustainable Development Goals (SDGs), CINI looks back its path to see how we could contribute to the achievement of Millennium Development Goals (MDGs) linked to improved maternal health and reduced child mortality by facilitating creation of a Child Friendly Community characterized by rights based, participatory governance processes. Inclusive development where ‘no one is left behind’ has been prioritized by CINI. Despite some progress, gender vulnerabilities continue to persist as well. Various national policy documents and frameworks aim at enabling disadvantaged communities gain greater access to health services. More recently, the National Urban Health Mission (Nurm) explicitly stated its emphasis on ‘Urban Poor Population living in listed and unlisted slums. The situation is complicated further by a growing number of unlisted/non notified slums that remain out of official records and service delivery systems.

CINI’s health initiatives have always been characterised by their responsiveness to local contexts and strong community level engagement in both urban and rural. These aspects have enhanced organisational understanding of the underlying determinants that influence health related behaviours and outcomes. Accordingly, interventions now aim at a more comprehensive Life Cycle Approach (LCA) based framework. This framework provides opportunities for addressing multiple health and nutrition outcomes by targeting 3 critical stages of the life cycle – pregnancy, early childhood and adolescence. The emphasis on community based interventions continues where CINI acts as a facilitator bringing the key stakeholders together for collective action.

1. Improving Reproductive and Child Health through Multi-stakeholder Partnerships (Rural and Urban) through
   a. Trained women’s groups promoting health with peers and caregivers in the community to change behaviours of mother and caregivers
   b. Service providers engaging in improving knowledge and awareness of pregnant women and young mothers’ on maternal, child health and social welfare schemes to bring about better decision making, health seeking behaviour and optimal utilization of existing health services
   c. Advocacy with government and local bodies at all levels and service providers to ensure increase outreach and coverage of services and social welfare schemes

2. Strengthening Response to Childhood Acute Malnutrition – The Facility based Nutrition Rehabilitation Centre Model

Strategic Priorities

- Maternal and Child Health

Taking the right step at the right time

Rakeya Bibi is an Anganwadi Worker (AWW) by profession. Her husband is a migrant worker in Gujarat. During her pregnancy she was tested & reported as reactive. She delivered a girl child at the District Hospital. Her respective AHANA ORW counseled them (Rakeya & her husband) about HIV & motivated them to go to the ART center. Anti retroviral Therapy (ART) has been started with the support of ORW along with instigation of Nevirapine for her child. Though Rakeya is an AWW but she also had some myth & misconception about HIV/AIDS. Our ORW helped her to let go of the misconceptions and motivated her to generate awareness among other community mothers about HIV/AIDS. Now Rakeya is living a healthy life & enjoying her work more.
CHAPTER 5

Maternal and Child Health

Impact in Statistics
Community Based Action to address Maternal and Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Level of achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women (pregnant and lactating)</td>
<td></td>
</tr>
<tr>
<td>% of pregnant women registered within 1st trimester</td>
<td>Diamond Harbour II, South 24 Parganas: increase from 88.3% to 95.9%, Dhupguri, Jalpaiguri: increase from 19.9% to 85.7% Ward 5B, Kolkata: increase from 30.0% to 62.5% Borough VI, Kolkata (status as on March 2016): 72.2%</td>
</tr>
<tr>
<td>% of pregnant women received at least 3 ANC</td>
<td>Diamond Harbour II, South 24 Parganas: increase from 75.8% to 77.1%, Dhupguri, Jalpaiguri: increase from 25.3% to 30.0% Goalpokhar I, Uttar Dinajpur: 55.0% to 82.3% Ward 5B, Kolkata: increase from 90.6% to 94.1% Borough VI, Kolkata: 69.0% to 98.4%</td>
</tr>
<tr>
<td>% institutional delivery</td>
<td>Diamond Harbour II, South 24 Parganas: increase from 83.8% to 90.7%, Dhupguri, Jalpaiguri: increase from 46.2% to 78.5% Chandrahati I, Hooghly (status as on March 2016): 90% Beldhubi, Howrah (status as on March 2016): 83% Dhulagori, Howrah (status as on March 2016): 87% Ward 5B, Kolkata: increase from 96.8% to 99.7% Borough VI, Kolkata (status as on March 2016): 96.0% Ward 79 &amp; 80, Borough IX, Kolkata (status as on March 2016): 89%</td>
</tr>
<tr>
<td>% eligible women received JSY</td>
<td>Chandrahati I, Hooghly (status as on March 2016): 51% Beldhubi, Howrah (status as on March 2016): 52% Dhulagori, Howrah (status as on March 2016): 47% Borough VI, Kolkata: increase from 69.0% to 98.4% Borough VI, Kolkata (status as on March 2016): 17.0% Ward 79 &amp; 80, Borough IX, Kolkata (status as on March 2016): 41%</td>
</tr>
<tr>
<td>% of women received at least 4 PNC after delivery</td>
<td>Diamond Harbour II, South 24 Parganas: increase from 50.0% to 52.1%, Chandrahati I, Hooghly (status as on March 2016): 28% Beldhubi, Howrah (status as on March 2016): 41% Dhulagori, Howrah (status as on March 2016): 25% Ward 5B, Kolkata: increase from 8.5% to 10.3% Ward 79 &amp; 80, Borough IX, Kolkata (status as on March 2016): 17%</td>
</tr>
</tbody>
</table>

Children (0-2 years)

| % of children received age appropriate immunization (complete immunization) | Diamond Harbour II, South 24 Parganas: increase from 95.6% to 96.0%, Dhupguri, Jalpaiguri: increase from 36.7% to 21.1% Ward 5B, Kolkata: increase from 90.6% to 94.1% Borough VI, Kolkata (status as on March 2016): 88.0% |
| % Children with birth certificates | Ward 5B, Kolkata: increase from 96.6% to 94.1% Borough VI, Kolkata (status as on March 2016): 75.0% |

Institution Based Action at CINI’s Under Five Children’s Clinic to address Child Health

The institution based health services include daily OPD, Thursday Under-Five clinic and Day care nutrition counselling centre.

Daily Out Patient Clinic (OPD):
The OPD is held 4 days (Monday to Wednesday and Friday) a week from 9.30 am to 1 pm. The objective is to provide low cost curative care to children under 5. The activities include growth monitoring, curative care, health and nutrition education and referral. The clinic also provides temporary renutrition to children with bronchospasm. Minor surgical interventions and dressing are also undertaken. CINI nutritmix low cost fortified wheat, gram mix is provided to willing mothers of malnourished children.

Table 1: Attendance at OPD clinic

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>1515</td>
<td>3509</td>
</tr>
</tbody>
</table>

Thursday Under-Five Clinic:
This clinic is run with the objective of providing preventive, promotive and curative services. The activities include growth monitoring, health and nutrition education, health check up and immunization. Severely ill children and children with complications requiring specialized medical services are referred to appropriate government medical institutions.

Table 2: Attendance at Day care centre

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>509</td>
<td>432</td>
<td>941</td>
</tr>
</tbody>
</table>

Day Care Nutrition Rehabilitation Centre:
Mild and moderately malnourished children with and children with feeding problems are referred to the Day care nutrition rehabilitation centre for proper counseling of the mother as well as demonstration on preparation of low cost foods from locally available food raw food stuffs. Mothers are asked to attend for follow up to assess for improvement in the nutritional status of children.

Table 3: Attendance at Thursday clinic

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4230</td>
<td>3623</td>
<td>7853</td>
</tr>
</tbody>
</table>

No of Under Five years Children Visiting CINI for Treatment in 2015-16

<table>
<thead>
<tr>
<th>Mini Clinic</th>
<th>Day Care NRC</th>
<th>Thursday Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1515</td>
<td>1584</td>
<td>3509</td>
</tr>
<tr>
<td>432</td>
<td>509</td>
<td>941</td>
</tr>
<tr>
<td>3623</td>
<td>4230</td>
<td>7853</td>
</tr>
</tbody>
</table>
When I was only 15 years old, my father got married to a 26 year old man. My husband is a painter by profession. Within a month I got pregnant and within one year of marriage I delivered a girl child at home assisted by a Dali (untrained birth attendant). My husband and his family wanted a boy child and very soon I got pregnant again. Since I am the only daughter in law of the house, I had to do the entire cooking for the five family members. I also had the burden of all household chores and the responsibility of taking care of the elder child. In addition to all this, I had the extra workload of walking 20 minutes every day to collect drinking water for the family. With all this burden of work I never used to get time to rest for even a little while in the day. I felt very weak most of the times and I started having dizziness and sometimes even black outs when I would become unconscious.

When I was in the fourth month of pregnancy, didi from CINI, who works for mother and children in our village heard from someone about my pregnancy and came home to visit. I told her about my health condition and she said that I should visit the Anganwadi Center the very next day. She even came home and took me along with her to the center. My weight was measured and didi said it was only 40 kg which was very less. Over the next few weeks didi visited me frequently at home and explained many things to me. She said my weakness was because of marrying at an early age and repeated pregnancies.

Didi also met each of my family members and explained about the kind of diet I should be having and the rest I should be doing in the afternoon. She also convinced my family members to take me to the hospital for the delivery. As suggested by her I went for checkups to the sub-center, took all the medicines they gave as well as the injections. My weight has now increased to 49 kg and I feel a lot healthier than before. The dizziness and blackouts have stopped and I have more energy for work. I dream of delivering a healthy baby in the hospital.

Didi also met each of my family members and explained about the kind of diet I should be having and the rest I should be doing in the afternoon. She also convinced my family members to take me to the hospital for the delivery. As suggested by her I went for checkups to the sub-center, took all the medicines they gave as well as the injections. My weight has now increased to 49 kg and I feel a lot healthier than before. The dizziness and blackouts have stopped and I have more energy for work. I dream of delivering a healthy baby in the hospital.

"I have learnt to take care of my own health" - Rina Bibi

Major Highlights

- CINI participated in the national consultation on the "Role of Civil Society Organizations in Advocating for Child Health & Nutrition as a Right", organized by Indian Institute of Public Health-Gandhinagar & Global Health Strategies and highlighted the need to look at immunization in convergence with other health and nutrition services for child.
- CINI participated in learning and sharing event for partners receiving grant from DFID organized by World Vision funded by DFID in London, UK. The best practices of the beneficiary feedback mechanism was shared and appreciated by the partners.
- Routine Immunization and District Task Force Meeting held regularly to improve reach and coverage of services in urban slums of Kolkata.
- CINI oriented about 4100 stakeholders regarding PCPNDT Act in urban Kolkata.
- Women groups and Adolescents groups formed in urban wards as well as rural villages to promote discussion and sharing on adolescent health issues.
- Play Material Development through Mothers Workshop: From the experience gathered through working in the community it was realized that the parents needed play materials at home to stimulate their child in the absence of Sishusathi. The Sishusathi visit the children once a week for providing stimulation, it is the parents who stay with the child throughout and provide regular stimulation. This need lead to conduction of workshops with mothers to make low cost play materials. The animators demonstrated the preparation of low cost play materials in the workshop. All the mothers present prepared play materials for their own child in the workshop. They used low cost, old or thrown away materials from their house to prepare these materials. In this quarter the mothers had prepared beanbags (a small cloth pouch filled with dry beans or rice seeds used for throwing and catching games). The mothers were very happy to carry back home play materials for their children.
- CINI developed a Health Resource Pack for the frontline field level workers.
- Information communication tools developed on government schemes-services on Janani Suraksha Yojana (JSY), Rashtriya Swasthya Bima Yojana (RSBY) and others for adolescents, self help group women and change agents in the community.
- CINI supported government’s ‘Mission Indradhanush’ by identifying pockets where immunization drive required and mobilizing local communities to ensure immunization of children who were missed.
CHAPTER 6

Educating Urban and Rural Deprived Children

Strategic Priorities

CINI’s education programme in West Bengal covers Kolkata, South 24 Parganas, Murshidabad, Jalpaiguri, North Dinajpur and Malda. Over 10000 deprived children in Kolkata are reached out through our education interventions. Another 9000 children in difficult circumstances are reached out in Murshidabad, South 24 Parganas, Jalpaiguri and North Dinajpur.

The Jharkhand Education Project Council (JEPC) has also engaged CINI in the state for the purpose of addressing the children in difficult circumstances in Ranchi, Gumla, Khunti and Dhanbad. With direct financial support from JEPC, CINI has implemented a school centric motivational centre commonly known as ‘Uporer Kendri’ in Ranchi & Gumla.

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 Care and Education and thereafter Elementary Education. It has concentrated on four broad aspects:

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

Major Highlights

- During 2003, CINI had introduced the Child Tracking system in the schools of Kolkata in collaboration with Sarva Shiksha Abhiyan of Kolkata. The resultant effect of tracking children in schools showed that retention rate increased to almost 90% compared with 55% at the beginning. Later on the School Education Department adopted parts of this tracking mechanism and initiated its own mechanism commonly known as ‘Project Dipankar’.
- CINI has been working closely with government departments like School Education and Women & Child Development and Social Welfare. CINI has been the first Project Management Unit of ‘Shikhalaya Prakalpa’ in Kolkata and also continued implementing the scheme in the slums of Kolkata city till it was discontinued from Sarva Shiksha Mission in 2012.
- CINI has also developed an accelerated teaching package for the dropped out and first time learners, for them to get enrolled in schools at age appropriate classes. This package has been effectively applied across West Bengal for both urban and rural children. During last 25 years, CINI has trained over 1000 community teachers through this accelerated teaching methodology which has helped in reaching out to 23,000 children across West Bengal and Jharkhand.
- CINI has developed a conceptual framework of involving communities, parents, and school teachers and overall the children in the process of creating school as a Child- Friendly Space. This process has been started in the intervention areas of CINI and with direct support from the local self government, schools, other government service providers, parents and children.

Impact in Statistics

- Among the 11478 children found to be out of school, 72.5% (8317) children have been covered so far during this year through various projects.
- 5% children (424) with special needs among 8317 children have been supported through special teaching support at par with Rights to Education. This has taken place in Kolkata among deaf children.
- 8 districts have been covered through this intervention of Special Training support across 5 districts in West Bengal and 3 in Jharkhand.
- 168 schools have been developed as model schools under the Child Friendly School framework along with the school authorities and communities.
- During the 2015-16 academic sessions 5441 children in the 6 to 14 years age group have been enrolled in government schools in age appropriate classes in spirit of RTE. Among them 3141 children are from West Bengal and remaining 2300 children are from Jharkhand.
- 13840 children have received supplementary remedial education support beyond school hours as against the special training input referred in RTE. Among them 8640 children are from West Bengal and remaining 5200 from Jharkhand. The overall support extended to 74% girls.
- 1437 children have completed primary level education during this year and have been promoted to upper primary classes, of which 64.3% is girls, across our intervention areas in West Bengal and Jharkhand.
- 1996 children have completed elementary level of education of which 55.2% is girls across our intervention areas in West Bengal and Jharkhand.
- 160 children (100 boys & 60 girls) have been reached through the residential school programme in Kolkata with support from Sarva Shiksha Mission, Kolkata.
- 54 children from Kolkata have successfully passed out school final examination of which 57% are girls.

Capacity building initiatives

- Training on life skill education had been organized for 227 children coming to the Special Guidance Centres on adolescent health focusing on sex & sexuality and menstrual health & hygiene in Kolkata. Another 268 children with special needs, particularly deaf children have also received the same training.
- 56 adolescent children attending Special Guidance Centres participated in a career counseling training organized in March in Kolkata. This has been the first of its kind for them to get ideas about career opportunities after completion of secondary and higher secondary and also graduation level.
- A special initiative of 5 days has been organized in Kolkata Urban Programme for 668 slow learners in the age group of 8-14 years from all education centres during their summer vacation. The main objective of the summer camp was to deal with those children who have reading and writing problems and were not scoring well in examinations.
- 853 girls and 634 boys took part in capacity building of children group members on six issues of RSSK in Diamond Harbour.

Educating Urban and Rural Deprived Children
CHAPTER 6

Educati ng Urban and Rural Deprived Children

- 1,302 children in Jharkhand received capacity building support on Gender Equity issue.
- 126 children in Murshidabad received training on child protection, CHILDLINE, health & hygiene, feedback response mechanism and discipline issues.
- Periodic training for community teachers have been organized across all field locations on pedagogy, classroom management, multi-grade: multi-level teaching methods.
- Capacity building on Indian Sign Language (ISL) has been organized together with Sarva Shiksha Mission - Kolkata to address the deaf children. These sessions have been attended by both CINI and SSM Kolkata persons.
- Teacher's training of Integrated Approach to Technology in Education (ITE) has been organized in Uttar Dinajpur followed by an interactive workshop with school teachers to integrate the ITE process within schools for all children.

Let her speak!

Smiling, Farzana holds up a drawing and signs to her teacher that it's finished—she looks like any other happy, carefree 11-year-old schoolgirl. But just one year ago, it was a very different story. She is by birth deaf and didn't smile. She didn't know how to hold a pencil, and couldn't communicate with even her closest family as she had not learnt the sign language.

The little girl had a traumatic past. Her mother abandoned her at the age of 3, as soon as Farzana was diagnosed to be deaf. It was her grandmother, Amina Bibi, who came forward to take care of the child. Presently, Farzana, lives with her grandmother, father, aunts, uncles and cousins in Kolkata.

While her two siblings were sent to school, Farzana remained at home because she was deaf. Her family thought that there was no point sending her to school. One fine morning she went missing at the age of 10 yrs and the family thought that she was kidnapped. After about 10 months she was spotted in a car by her uncle and with the help of police she was rescued. Unfortunately, she could not reveal about the happenings during those 10 months. As a result, the family had lost their hope on her future. She remained alone in the family and continued to live a life with extreme depression.

Her life took a new turn, at the age of 11 years when the CINI Special Training Centre opened its doors in January 2014. On the first day her family took her along to get help. Initially she refused to stay without her grandmother, so the centre began home schooling Farzana twice weekly.

With the help of CINI community volunteers, field supervisor, Indian Sign Language interpreter and of course her family members, some of the major changes that took place with her include:

- She received counselling, and was taught how to draw and began learning Indian Sign Language (ISL), along with her cousin so she could help her back at home. Over the months the volunteers taught her basic life skills, including hygiene and good behaviour.
- She has been put to a general school where she is studying with other children. The school run by MMC initially was not ready to take her. MMC - Education has been kind enough to listen to the problem and extended all necessary support for her study.
- School teachers have also received continuous training on ISL, lesson adaptation for deaf children and TLM preparation to teach her in the classroom.

Presently she is attending the deaf friendly CINI learning centre located in Rajabazar. Centre volunteer, supervisor and ISL interpreter provide her with all necessary guidance. Gradually Farzana has been able to overcome the trauma and has developed interest in drawing and crafts, and began to mix with other children in her community. She can now identify shapes and letters, match words with pictures and write her own name and address. Her cousin, school teachers and classmates received regular training in ISL and other ways to help communicate with her and support her in lessons.

Her family members are satisfied with her gradual improvement in behavior and education. Her relatives and peers can now communicate with her and can share feelings and emotions with her. She is now in class III and can now lip read very well.

Farzana deserves every happiness and she will be provided education, communication, counseling support to help her socialize in a better way. Support to her peers and family members would also be provided to create an enabling and fearless environment for her overall development.
## Ensuring Child Participation and Child Rights

### Strategic Priorities
- Strengthening the community-based child protection mechanism like the village and ward-level child protection committees.
- Building child safe spaces for children at the police station, railway station, etc.
- Ensuring child participation at every level so that the children are able to express themselves as responsible citizens and provide their views about the existing systems.

### Impact in Statistics

<table>
<thead>
<tr>
<th>Child Protection</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional based care</td>
<td></td>
</tr>
<tr>
<td>Open shelters</td>
<td>536</td>
</tr>
<tr>
<td>Shelter homes for boys</td>
<td>1963</td>
</tr>
<tr>
<td>Shelter home for girls</td>
<td>1269</td>
</tr>
<tr>
<td>Night shelters for girls</td>
<td>1390</td>
</tr>
<tr>
<td>Sick Bay for the children</td>
<td>274</td>
</tr>
</tbody>
</table>

#### Children in contact with Railways
- Sealdah: 1084
- Asansol: 430
- Siliguri: 688

#### Services in red light area
- Rambagan (Kolkata): 465
- Khulpa (Siliguri): 90 children of Ward 6 and 7 of that area. 8 mothers are doing tailoring training there

#### Community based CP mechanism – Village Level Child Protection Committees
- North Bengal: 10 BLCPC, 2 WLCPC and 54 VLCPC.
- Uttar Dinajpur: Urban 18 WLCPCs
- Jharkhand: 23 VLCPC

#### CHILDLINE Intervention:
- Urban: 1695
- Railway CHILDLINE at Sealdah: 771
- Darjeeling: 488
- Murshidabad: 469
- Uttar Dinajpur: 432
- Diamond Harbour: 549
- Railway CHILDLINE at AJP: 149

### Child Protection Number

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open shelters</td>
<td>536</td>
</tr>
<tr>
<td>Shelter homes for boys</td>
<td>1963</td>
</tr>
<tr>
<td>Shelter home for girls</td>
<td>1269</td>
</tr>
<tr>
<td>Night shelters for girls</td>
<td>1390</td>
</tr>
<tr>
<td>Sick Bay for the children</td>
<td>274</td>
</tr>
</tbody>
</table>

### Child Friendly Police Stations:
- Kolkata: Tollyganj
- Murshidabad: Berhampore, Lalbag, Domkal, Kandi, Suti, Samsingganj, Ranital, Jalangi
- Diamond Harbour: Diamond Harbour, Kulpi, Magrahat & Ushti
- North Bengal: Siliguri

### Repatriation Cases:
- Repatriated directly through CHILDLINE: 21 children in Murshidabad, Siliguri, and Kolkata
- No of cases we have referred to other shelter homes where CINI facilitated the repatriation process: 8

### Total Number of beneficiaries trained in Child Protection:
- 45000

### Total Number of Children reunified/restored in families:
- Urban: 2094
- North Bengal: 301
- Uttar Dinajpur: 176
- Diamond Harbour: 130

### Children in Need of Care and Protection (CNCP) linked with Sponsorship programme:
- 77 children

<table>
<thead>
<tr>
<th>Category of CNCP</th>
<th>Total No of Children Linked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single parent</td>
<td>35</td>
</tr>
<tr>
<td>Parent in Jail</td>
<td>2</td>
</tr>
<tr>
<td>Incapacitated Parents/ economically poor families</td>
<td>20</td>
</tr>
<tr>
<td>Returnee Migrant</td>
<td>11</td>
</tr>
<tr>
<td>Orphan</td>
<td>11</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
</tr>
</tbody>
</table>

### Families linked with different government Scheme:
- 1012

### Reached through Child Protection services as referred in Integrated Child Protection Scheme (ICPS):
- 2025
CHAPTER 7

Major Highlights

1. CINI has been selected as a nodal NGO for conducting situational analysis for the children in need of care and protection along with the district administration in Murshidabad.

2. The State Commission on the Protection of Child Rights (SCPCR) has selected CINI in Murshidabad district as the nodal NGO for anchoring the process of child inspectorate.

3. The child inspectorate in Murshidabad visited the primary school and Anganwadi centre of two different villages. They filled the form by asking the questions to the school teachers, Anganwadi.

4. Village Level Children Protection Committees have been set up in Murshidabad which have started to do the Social Resource Mapping exercise.

5. A Child Help Desk (CHD) at Sealdah was inaugurated by the Hon’ble Minister of State, Independent Charge, Department of Women & Child Development & Social Welfare, Government of West Bengal.

6. Child Friendly Policemen have been formed in Murshidabad, Sealdah and North Bengal.

7. In Siliguri, the Government has officially notified the formation of Ward Level Child Protection Committee (WLPC). In Ward no 1 and 18 of the Siliguri Municipality the first WLPC has been formed. CINI Urban Unit has formed 18 WLPCs.

8. Child Friendly Police Station has been formed and functional in Siliguri, Murshidabad, Kolkata and Diamond Harbour.

9. Child Labour Free Tea gardens in Shikarpur and Jalpaiguri was declared in North Bengal as a result of the initiatives by CINI. Enumeration of Child Labour free logo in trade licenses was issued by the Siliguri Municipal Corporation.

10. Awareness programmes are organised in Sealdah, Azimganj and Siliguri junction for safeguarding the rights of the children in contact with railways.

11. Kiosks are being set up in Murshidabad, Sealdah and North Bengal for catering to the children in contact with railways and announcements are being made in the railway stations.

12. CINI has prepared the training manual of Para-legal Volunteers in collaboration with West Bengal State Legal Services Authority. This was formally launched in the presence of Hon’ble Justice of High Court.

13. CINI is presently piloting the Reintegration Information Management System (RIMS). This is a web enabled real time tracking mechanism for tracking the children who are survivors of cross-border trafficking between India, Nepal and Bangladesh.

14. Child Labour Free Tea gardens in Shikarpur and Jalpaiguri was declared in North Bengal as a result of the initiatives by CINI. Enumeration of Child Labour free logo in trade licenses was issued by the Siliguri Municipal Corporation.

15. A ‘Child Help Desk (CHD)’ at Sealdah was inaugurated by the Hon’ble Minister of State, Independent Charge, Department of Women & Child Development & Social Welfare, Government of West Bengal. Dr. Shashi Panja in the presence of UNICEF West Bengal, State Commission for Protection of Child Rights – West Bengal (SCPCR), Railway Divisional Railway Manager and other officials. The key goal of this desk is to reduce the risk of abuse and make the environment at Sealdah station, supportive for the rehabilitation and reunification of children.

16. Dr. Shashi Panja declared the station as Child Friendly in the state in the presence of UNICEF, SCPCR, Railway DRM and other officials. Two books, namely ‘Touching Hearts, Changing Lives’, regarding the journey of twenty-five years of CINI’s work at Sealdah—which depicts the initial growth and learning to a real time tracking mechanism for tracking the children who are survivors of cross-border trafficking between India, Nepal and Bangladesh.

17. After the enormous success of Operation Smile where around 3000 children were rescued and rehabilitated throughout India, Operation Muskan was launched. The duration was for one month - from 1st July 2015 to 31st July 2015 and January 2016. During this operation all children residing in shelter homes, platforms, bus stands, roads, religious places, etc. were rehabilitated.

18. The Childline, a 24x7 helpline for children, was set up in the presence of Hon’ble Minister of State, Independent Charge, Department of Women & Child Development & Social Welfare, Government of West Bengal. Dr. Shashi Panja in the presence of UNICEF West Bengal, State Commission for Protection of Child Rights – West Bengal (SCPCR), Railway Divisional Railway Manager and other officials. The key goal of this desk is to reduce the risk of abuse and make the environment at Sealdah station, supportive for the rehabilitation and reunification of children.

Ensuring Child Participation and Child Rights

Where there is a will, there is a way!

16 year old Milan Show, presently lives in CINI’s Drop in centre, at Sealdah. He is originally from Patna, Bihar (neighbouring state of West Bengal). Two years ago he was reunified by CINI with his family but he chose to leave his home and come back to Sealdah. The reason why he chose to be on the street was his willpower towards his education. He did not face abject poverty in his life but his grandfather was ruthless enough to send him to work. He used to get beaten by his father whenever he wanted to go to school.

Last time when he got back to his family he was assured that he would get all the opportunities to study but after a few days he realized that his father was planning to employ him once more. After a interaction with him he said “Mujhe pata tha ke mujhe kahna ana hai, idstei main Sealdah Station par hi ya. Mujhe padhai kare ki ilaye CINI ki madat kar sakta hai” (I knew where should I come to full fill my hopes and aspirations...that why I choose to come in Sealdah, only CINI can do that).

After a few days of living in the Drop-in Centre, he was admitted in a local school. Last year he passed seventh standard with his own merit. This year he has been admitted in a coaching centre which is also run by CINI.

As Milan is able to articulate his thoughts well and is vocal and can easily relate with his life on the street, he was selected to participate in an International consultation on General Comment on Children in street situation organised by Plan International and supported by Consortium for Street Children from 4th to 6th April 2016 in New Delhi with 3 more street connected children from CINI’s various intervention sites across West Bengal.
Sealdah and Dum Dum. Through this process, a total of 56 children have been identified and successfully restored back home during this process.

18. CINI's children are Resilience Champions in their own way. Despite adversities they have been much focused and have excelled in their academics. A total of 27 children had appeared for the Madhyamik (School Education Completion Examination) from our intervention programme in the red light area of Rambagan, out of which 25 passed out successfully. One amongst them secured 74% marks. 23 children from the same intervention area had appeared for the Higher Secondary examinations, out of which 21 passed out successfully. Three amongst them secured 74% marks. All of them are now preparing to go to college. Priyanka, one of the active members of Children’s Parliament secured 75% marks. Priyanka wants to pursue her career with Sociology Honours, while two others who secured 80% marks want to take up Accountancy.

19. Panchayat-level Linkages camp: Panchayat-level Government Scheme Linkages camp was organised in the 8 Panchayats of Khunti District. The Linkages camp basically targeted the villagers of the project intervention areas, linking the families of the children in different circumstances with various schemes converging with 3 different schemes in different departments at block level – Child Development Project Office, Block Development Office, Labour Department and Health Department. A total of 8 Panchayats with 55 villages were targeted to be covered through the linkage camp. The camp brought in linkages to 12 different schemes in convergence with 3 different departments at block level – Child Development Project Office, Block Development Office, Labour Department and Health Department.

20. CINI has been entrusted for anchoring a consultative process of working with Children in Difficult Circumstances in 8 states in the Eastern Region. Blocks of Diamond Harbour & Alipur Sub-division. In Uttar Dinajpur, a district level consultation on the status and roll-out of Child Protection Committees at Block, Village and Ward Level was facilitated by CINI in collaboration with District Administration.

Jama Kadamtala is one of the backward villages of Kashimnagar Gram Panchayat under Suti II-block in Murshidabad. The literacy rate is very poor. Most of the families are involved in bidi rolling. The average family size is very high. B. Das (name changed) is one of the inhabitants of this village. He is a bidi labour by profession. His daughter, 15-year-old Sampa Das, studies in class VIII. CINI started intervention in this village since 2008. In this village, we have some very strong & vibrant Child Friendly Groups. The CGF members work like a watch dog in this village. Village Level Child Protection Committee is also in place according to the latest revised guideline of ICPS.

One ill fated night, Sampa was raped by her own father, when her mother was not at home. The incident traumatized her so much that she stopped talking. The CGF members soon identified that Sampa was not behaving naturally. On repeated interventions, they uncovered the whole case. The CGF members immediately informed the local VLCPC, and went to the Suti Police Station with an adult VLCPC member. The girl lodged a complaint against B. Das. The girl’s name changed on the recommendations of the child’s right organization. Implementation of this guideline is very important. Communities in which children are living are very important. Implementation of this guideline is very important.

Relief at last!

Ensuring Child Participation and Child Rights

Maternal and Child Nutrition

**Strategic Priorities**

The 1,000 days between a woman’s pregnancy (270 days) and her child’s 2nd birthday (730 days) are most critical and crucial period of the child’s life. This period provides the base for a child’s mental and physical development in later life. Up to 80 per cent of brain growth takes place during this critical period of the human life cycle. Malnutrition and disease during this time can play havoc and may lead to impairment of physical and mental growth. Children who are malnourished in the womb have a higher risk of dying in infancy and are more likely to face lifelong cognitive and physical deficits and chronic health problems.

The 1,000 days between a woman’s pregnancy (270 days) and her child’s 2nd birthday (730 days) are most critical and crucial period of the child’s life. This period provides the base for a child’s mental and physical development in later life. Proper health and nutrition from conception of the child (mother’s nutrition) up to the child’s two years of age have a profound impact on a child’s stability to grow, learn and rise out of poverty. This period is the biggest “Window of Opportunity” to shape healthier and prosperous futures and break the inter-generational cycle of malnutrition. It can also shape a society’s long-term health, stability and prosperity.

Strategic Priorities

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

CINI strategically focused on micro planning for First 1,000 Days to reduce maternal and child nutrition by ensuring accessibility and quality of essential government nutrition services during this period among those most vulnerable and excluded like those living in poorest tea garden areas of Jalpaiguri, Bid workers of Murshidabad, urban slum dwellers in Kolkata, tribal pockets of Jharkhand etc. All programs focused on the ‘Continuum of Care’ throughout the life cycle including adolescents with women and child nutrition outcomes.

Priority focus areas include

- Ensuring community participation through sharing of information and knowledge to highlight the importance of identification and addressing malnutrition.
- Improving adolescent participation, for school-going/out-of-school girls, to improve their nutrition through dietary practices and iron-folic acid supplementation.
- Capacity building of Anganwadi workers and ICDS functionaries to improve service delivery at Anganwadi centers, both quantity and quality.
- Identification and tracking of pregnant women, using modern telephonic technology, to help immediate action to reduce malnutrition amongst children below two years of age.
Impact in Statistics

<table>
<thead>
<tr>
<th>Indicator Level of achievement</th>
<th>% of children breast feeding initiated within 1 hour of birth</th>
<th>% of children exclusively breast fed till 6 months</th>
<th>% of children timely (after 6 months of age) initiation of complementary feeding</th>
<th>% of children who continued breastfeeding upto 1 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamond Harbour II, South 24 Parganas</td>
<td>increase from 80.6% to 82.23%, Ward S8, Kolkata</td>
<td>increase from 84% to 91%, Dhpuguri Block, Jalpaiguri</td>
<td>decrease from 34.5% to 24.92%</td>
<td>increase from 85.71% to 91.73%, Ward S8, Kolkata</td>
</tr>
<tr>
<td>Dhupguri Block, Jalpaiguri</td>
<td>reduced from 17.5% to 14.25%</td>
<td>increase from 89.57% to 93.11%, Ward S8, Kolkata</td>
<td></td>
<td>increase from 90.66% to 96.12%, Dhpuguri Block, Jalpaiguri</td>
</tr>
</tbody>
</table>

No. of Severe Acute Malnourished (SAM) children and MAM children screened and identified by frontline health workers using MUAC

<table>
<thead>
<tr>
<th>No. of SAM children identified Ward S8, Kolkata</th>
<th>71 children identified</th>
<th>163 children identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamond Harbour II, South 24 Parganas</td>
<td>287 children identified</td>
<td></td>
</tr>
</tbody>
</table>

No. of Nutrition Counselling and Child care sessions held at the anganwadi centres

<table>
<thead>
<tr>
<th>No. of sessions held reaching 500 children approx.</th>
<th>157 sessions held reaching 1800 children approx.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamond Harbour II, South 24 Parganas</td>
<td>405 sessions held reaching 800 children approx. Suti II, Murshidabad</td>
</tr>
</tbody>
</table>

No. of Nutrition Counselling and Child care sessions held at the anganwadi centres

| Change in Nutritional Status of Children[6–24 months] in Red Bank Tea Garden, Jalpaiguri |
|-----------------------------------------------|-----------------------------------------------|
| Nov/14 | Jan/16 |
| 71.2 | 63.6 |
| 16.5 | 25.7 |
| 12.3 | 0.7 |

Major Highlights

- CINI's profile was featured in the publication titled, "THREE SQUARE MEALS, A just diet for India’s adolescent girls" by USAID, Khiaw Trust, Piramal Foundation and DASRA. They evaluated over 65 non-profits in the nutrition sector to evaluate their approaches, models and interventions and following a comprehensive diligence process, nine of these organizations were included.
- CINI, with technical and financial support from UNICEF, West Bengal, initiated a multi-sectoral approach program in Malda to support District Administration to accelerate the District Plan of Action.
- A state consultation on “Nutritional Best Practices in district of North Bengal” was organized at Uttarkanya, Siliguri, West Bengal, under the Poorest Areas Civil Society Program funded by DFID. Dr Shashi Panja, graced the occasion and was the Chief Guest for the consultation.
- CINI initiated First 1000 Days intervention in Suti II Block of Murshidabad district where the local families are predominantly involved in Bidi making.
- CINI continued to implement its First 1000 Days intervention in Jalpaiguri tea gardens in West Bengal using Geographic Information System and Mobile technology.
- CINI celebrated “Breast Feeding Week” and “Nutrition Week” to mobilize families and promote continued breast feeding & adequate nutrition, especially up to 2 years of child, in rural and urban communities and CINI’s Day Care Nutrition Rehabilitation Center. In urban Kolkata slums, men from local clubs organized awareness drives with support from trained women change agents.
- CINI mobilised five Gram Panchayats in Diamond Harbour II block to utilise their untied funds for supporting malnourished children. They have utilized their untied funds to purchase 780 kgs of low cost calorie-pot protein dense food (Nutrimix) for 107 severely under-weight children, identified by the Anganwadi workers, in their own villages.
- CINI organized a consultative meeting in Bhutaneshwar, Odisha, to share the finding of the research to understand the factors, barriers and facilitators, for improving infant and young child feeding practices to prevent early childhood malnutrition. This research was a joint initiative of Govt. of ODISHA, UNICEF and CINI, which will be used to plan the way forward to address malnutrition in Odisha.
- CINI, with research paper published in the International Journal Of Food and Nutritional Sciences on “Effect of personalized counselling as a tool for behaviour change communication for improving the nutritional status and IYCF practices of children (0-Six Years) in under 5 clinic and day care centre, South 24 Paraganas, West Bengal”
Father’s involvement can change the nutritional status:

Anandi Barick is a three year old girl living in Haldibari TG, gudam line in Binnaguri GP of Dhupguri Block. For Anandi, her father Jetin Barik is more than a mother. Her mother suffered from TB and died when Anandi was one year old. Her mother used to stay in her maternal house, so the community facilitator could not intervene with her. Community facilitator identified her when she was 1 year and 11 months old with MUAC measurement of 11.3 cms. Since then the community facilitator came in contact with the family and started collecting more information on Anandi’s health. Records indicated that her birth-weight was only 1.6 kg. A doctor recommended admitting the child in the special new born care unit but the family members refused and brought the child home on the same day.

The community facilitators, ASHA worker and the local self-help group member started visiting the family and counselling them on child care. They also referred Anandi to NRC but her father could not stay there as it was a female ward and there were no other female members in her family. Her father decided to ensure better care at home. The ASHA workers and community facilitator maintained close contact, informing about the immunization schedules and other health services. Continuous follow up and counselling gradually motivated her father to take proper care of Anandi, resulting in improvement in the status of her health and nutritional grade.

In August 2014, a joint initiative was taken by ICDS and the health dept. to run a short stay NRC at Dist. Hospital. On 21st August’14 Anandi was admitted at Dist hospital by CINI’s CF and ICDS worker. After 1 week she returned home as her father refused to stay at NRC. He decided that he would take care of her at the community level. After that Community Facilitator had started the NCCS session at nearby AWC and the father participated in the sessions on a regular basis.

Anandi is now quite happy and healthy. She is given at least 3-4 meals a day, including hot rice, khichuri, with dal, vegetables and egg or chicken. Her MUAC measurement has improved to normal (14cm). Her father is now more caring towards her. He feels that learning about correct methods of child feeding and child care guided him in securing the life of Anandi. He took special care in following the advice of the community facilitators on timely feeding and maintaining hygienic practices. Now he is confident, “Now I know that even other family members can ensure healthy growth of a child with proper care, nutritional support and a happy family environment.”

CINI’s process document on “Enhancing Capacities and Opportunities: Reflections on creating inclusive Child Friendly Communities with strengthened community based organisations in West Bengal, India” was released by Dr Shashi Panja at the State level consultative meet organized under the Poorest Areas Civil Society (PACS) Program funded by DFID.

CINI expanded its “Child Friendly Communities approach, with focus on health and nutrition throughout lifecycle, to selected GPs/wards of Howrah, Hooghly and Kolkata Khidirpore area.

CINI developed a Nutrition Resource Pack for the frontline field level workers.

Information & communication tools were developed on government schemes/services on nutrition for adolescents, self help group women and change agents in the community.

Capacities building of CINI nutrition team members or ganised on SPSS data analysis pack age. The training was given by IHMR.
CHAPTER 9

Climate Change

Strategic Priorities

Climate Change is affecting pregnant women, mothers and their children’s health and nutrition outcomes in poor communities of West Bengal. It has severe impact on food production, water availability and ecosystems. Further, manmade hazards like biomass cooking fuel, deforestation and improper garbage disposal, is aggravating the impact. 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 and it should not be considered as standalone but a cross cutting agenda in development planning and actions; and thus needs an integrated approach. Addressing climate change is now central to the work of CINI’s First 1,000 Days Initiative. A research has been initiated by CINI in partnership with The Energy and Resources Institute (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 chulhas to pregnant women to reduce indoor air pollution and understand whether the birth outcomes are better than those using regular smoke Chulhas during pregnancy.

Major Highlights

- CINI involved 223 women under this research project and distributed smokeless chulhas to 66 pregnant women and built the capacities of the family members on its use.
- Pregnant women as well as mothers – are being oriented with support of Anganwadi Workers to make them aware regarding the importance of health, nutrition and care during First 1,000 Days along with the harmful effects of use of smoke chulhas and indoor air pollution.
- Panchayat members oriented on importance of harm effects of indoor air quality especially during first 1,000 days.
- Health and ICDS grassroots service providers, ANMs sensitized and oriented on the importance of improving indoor air quality and ensuring care during pregnancy and first two years of a child.
- Block Medical Officer of Health (BMOH) and Block level government hospitals around Bishnupur 1 & II block have been oriented on this issue.

When Radhika Bibi got confirmed of her pregnancy, she was worried, not for her, but for the unborn baby's health. She lives in an interior village in Dakhin Gouripur Panchayat of Bishnupur-1 Block. Her family comprises of 8 members including her in laws. There are only two rooms in their house. She used to cook in a very narrow space beside her room. The use of dry wood stock and leaves, made the room and the surrounding area very smoky and exhausted. At times, the smoke entered her bedroom also.

At first, she was not interested in our project. She wasn't even present in the mother's meeting organized by project staff. Then the health educator, field worker ASHA of that area together visited her home and discussed about the worries and cleared her confusion about the project. The field worker did not give up hope, and continuously visited her house to aware her about the indoor air pollution and its effect on her and her baby.

The change of her behavior was first noticed after giving her Low Smoke chulhas for cooking. She was very happy to see that it doesn't emit smoke. Another thing that makes her happy that the cooking time is far less than cooking in traditional chulhas.

She regularly visits Sub Centers and has completed four ANC checkups. She sincerely listen all the advices of the field worker of CINI and ANM ASHA, Anganwadi worker of that area. After 9 months and 7 days she delivered a baby girl of 2.7Kg. The baby and the mother both are in good health.

Making the environment safer

Major Highlights

- Declaration of Child Friendly Tea Garden by the Tea Garden Management with a notice that the Garden won’t employ anybody below 18 years.
- Leveraging of funds from the Panchayats for Women’s Day celebration, Breast Feeding and Nutrition Week 2015.
- The Shikarpur Nari Kalyan Samity (Group of SHG formed CBO) was made part of the Rajganj Block Level Child Protection Committee.
- No cases of Child Migration reported from the Tea Garden in the period 2015-2016
- Enumeration of Child Line Logo (1098) in the School Bags of Children in the Dhopar Hat primary School.

Uttar Dinajpur - Backward and bordering villages

The strategic focus of the intervention was on creating a child friendly community— by ensuring proper access to their basic entitlements across • Children group has been invited in various government programmes like SABALA MELA, Kanyashree Divas and other awareness programmes organized by block/district authority to perform drama on various social issues like Child marriage, trafficking etc.

CHAPTER 10

Convergence

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 along with other duty bearers (local self-government, service providers and adult community groups) participate actively in achieving their rights to Education, Protection, Health and Nutrition (EPHN) – and take the responsibility that comes with such entitlements. 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 actions by different sectors in achieving the well being of children. During 2015-16, 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

<table>
<thead>
<tr>
<th>Location &amp; Its Priority</th>
<th>Major Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>South 24 Paraganas - Minority dominated villages</td>
<td>- Panchayat Pradhan of Mallickpur G.P have agreed to provide money from Panchayat fund for making wall paintings in some of the vulnerable villages of Mallickpur G.P.</td>
</tr>
<tr>
<td></td>
<td>- Children group members are tracking down the list of numbers they are getting unknown calls all by themselves. They have now become cautious enough about how children fall victim to human trafficking, sexual exploitation and are also lured into fake marriages.</td>
</tr>
<tr>
<td></td>
<td>- The Panchayat Pradhan has given approval and permission to 40 non-BPL families to access JSY money</td>
</tr>
<tr>
<td>Jhalpaiguri - Tea garden area</td>
<td>- Declaration of Child Friendly Tea Garden by the Tea Garden Management with a notice that the Garden won’t employ anybody below 18 years.</td>
</tr>
<tr>
<td></td>
<td>- Participation of members from adolescent group in conducting study on “CHILD Inspectorate”</td>
</tr>
<tr>
<td></td>
<td>- Selection of children from the CINI created Children’s group at the RSK programme as Peer Educator.</td>
</tr>
<tr>
<td></td>
<td>- Children group has been invited in various government programmes like SABALA MELA, Kanyashree Divas and other awareness programmes organized by block/district authority to perform drama on various social issues like Child marriage, trafficking etc.</td>
</tr>
</tbody>
</table>

Proactive role in protecting the rights of their children and giving them a safe environment.
CHAPTER 10

Convergence

Backward villages
Bhata & Mahula GP of Beldanga II block is being covered to bring convergence with the government intervention. It focuses on strengthening Integrated Child Protection Scheme (ICPS) and NRHM.

- Ten children groups formed at GS level. Children cum adolescents groups have been oriented on child protection and rights components. They are now accessing Anwesha clinic too. They are a vibrant group at the community level.
- Ten VLCPC is functioning at village level. VLCPCs have started addressing cases. VLCPCs are the good support from the adults and are taking institutional shape too.
- Gram Panchayats have allocated money for children in their proposed budget 2016-2017.

Kolkata - urban slums
CINI in urban slums is strategically addressing protection of children from violence by strengthening ward level committees, empowering the children and women’s group from slum community ensuring ownership, strengthening participation and governance at the local level.

- CINI has been successful in formation of Ward Level Child Protection Committee in Ward 65 under Kolkata Municipal Corporation. A team member of CINI has been selected as master trainer of West Bengal.
- Children from Ward 65 presented their charter of demands before WBCPC’s Chairperson and the Child Welfare Committee, where they have been highly appreciated and invited to participate at the National Youth Day celebration to be held at Delhi on 12th August 2016.
- Community people in the ward have taken up the initiative of Vulnerability mapping and preventing six child marriage cases on their own without taking much support from the CINI team.

Jharkhand - tribal villages
The initiative of the project is constituted to establish community based child friendly mechanisms at village level through the Village Level Child Protection Committees (VLCPCs) formed in 40 villages of Khunti District, where community takes up the leading role of addressing the child protection issues of their respective community.

- CINI became a part of National Level working group constituted by the Ministry of Woman and Child Development, Government of India to finalize the National Model Foster Care Guidelines.
- The Aanganwadi workers of Khunti Sadar Block (around 190) were oriented on process of formation of VLCPCs in collaboration with the department of Social Welfare, Khunti. Child Profiling and Child Tracking system were created for CNCP and VLCPC to regularize and update the child tracking/profiling register.
- Swachh Vidyalay Campaign and Vidyalaya Chalen Chalayen Aviyan has been observed in the 40 villages of Khunti.
CHAPTER 10

Stories of Change

Panchayat extends help to villagers during crisis situation

In the remote villages of Malikpur G.P, poor road conditions is a persistent problem. Most of these villages become inaccessible during the monsoon season. Roads in these villages are generally not conducive during emergencies. As a result ‘Matrijan’ service remains unavailable in these villages. The pregnant mothers in these villages, in spite of understanding the importance of institutional delivery, opt for home delivery, as they are left with no other option. They are of the opinion that their poor financial situation does not permit them to bear the transportation cost to take pregnant mothers to the hospital or nursing home for delivery of the baby. This issue was shared with the Panchayat members during the Panchayat meeting. The Panchayat Pradhan as well as the other Panchayat members decided to give the required vehicle to the respective families for taking the pregnant mothers to the hospital in case of emergency situations. The concern of vehicle fare having been solved, the pregnant mothers are now opting for institutional delivery. As a result this has improved the rate of institutional delivery in many of the villages of Malikpur G.P. The members of the SHG as well as the community mothers said that “We are relieved that Panchayat Pradhan have supported us in such needy situation and we are much thankful to CINI for facilitating the same”

Almira’s Journey And Struggle Meets Recognition

Almira Parbia, from Uttar Dinajpur, happened to be one of the adolescent members who resisted successfully against the community and neighborhood pressure, to get married off at an early age. Empowered about her rights through her association with CINI, and support from her parents, she refused to bow down before community pressure. With her single minded devotion and support from her parents, she resisted those factors and carried on with her education. Her journey and struggles were capture in the print media, when she went to represent her Panchayat – at the ‘State Level’ – during the ‘State Panchayat Parishads’

Child protection committees are making genuine effort to save every child in their villages

Hamida’s name changed a 13 year old girl lived with her father, other siblings and step mother in a village in Murshidabad. She used to be tortured by her step mother, leaving her into a very unprotected environment. Hamida was going to school and doing well in her studies. One day Hamida was handed over to Salema Bibi who stays at Bihar. Children group saw that Hamida was going out with someone who is not her family member. They informed the local Village Level Child Protection Committee (VLCPC) members. The VLCPC along with the neighbours and Children group members came to Hamida’s house to enquire about the lady. Hamida’s father informed that Salema is from Bihar who has assured a good domestic work for Hamida in Bihar assuring good package to her family. Hamida would be having a decent life with all comforts of food, clothes and shelter etc.

VLCPC took an immediate action by putting pressure on Hamida’s father to call Salema and bring his daughter back. Hamida’s father was afraid after hearing the similar stories of dismal from VLCPC members. Finally, with continuous follow up calls by Hamida’s father, the fear of police, Hamida was sent back next morning with another person. From the very next minute, Salema’s number became unreachable, which confirmed that this was a case of trafficking.

CHAPTER 11

Capacity Building and Technical Support

Demonstrated Experience of CINI as one of the Pioneer Institute of Training

Capacity building constitutes a key domain of CINI’s work. Since 1975, CINI Chetana Resource Centre (CRC) specialized 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 collaboration with NGO Division, Ministry of Health and Family Welfare, Govt. of India, Department of Woman and Child Development and Social Welfare, Govt. of West Bengal Department of Panchayat and Rural Development, Govt. of West Bengal as well as international, national and district level NGOs and academic institutions like Nursing Colleges and Universities. The Training Unit of CINI covers several key areas such as Health, Nutrition, Education, Child Protection, Life Skills, Gender and Women Empowerment and WASH. The Training Unit of CINI extends technical assistance for developing IEC, BCC materials, modules, manuals, facilitation, coordination, documentation on various issues. CINI Training Unit 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, the Training Unit also provides handholding support to the field level trainings and programme implementation for ensuring learning outcomes and further training needs. The Training Unit is primarily being accessed by CINI’s own staff members, apart from the Government functionaries & service providers, NGO workers, Self Help Group members, Panchayati Raj Institute (PRI) representatives, Anganwadi Workers, RDS Supervisors, ASHA Workers and Trainers, Nursing students and community members. 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 at the field. The pool having a heterogeneous group of trainers from multi-disciplinary 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 PLAs (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.

Key Training Programmes conducted by CINI in 15-16

<table>
<thead>
<tr>
<th>Major programmes</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Level Training of Trainers on Peer Education under Rashtriya Kishor Swasthya Karyakram</td>
<td>1,926</td>
</tr>
<tr>
<td>Workshop on Certification of State Trainers on ASHA Module 6 &amp; 7 (Includes different States across India)</td>
<td>21</td>
</tr>
<tr>
<td>Anganwadi Training Centre and Mid Level Training Centre</td>
<td></td>
</tr>
<tr>
<td>Job Course Training of Anganwadi Workers</td>
<td>380</td>
</tr>
<tr>
<td>Refresher Training of Anganwadi Workers</td>
<td>596</td>
</tr>
<tr>
<td>Orientation Training of Anganwadi Helpers</td>
<td>891</td>
</tr>
<tr>
<td>Total</td>
<td>1,867</td>
</tr>
</tbody>
</table>

The Training Unit of CINI is engaged in training of the following levels:

- Anganwadi Workers:
  - Orientation Training of Anganwadi Helpers
  - Job Course Training of Anganwadi Workers
  - Refresher Training of Anganwadi Workers
- Community Health Workers:
  - Orientation Training of Community Health Workers
- ASHA Workers:
  - Orientation Training of ASHA Workers
- Health Officials:
  - Orientation Training of Health Officials

The Training Unit of CINI has over 6000 training enrolments per year in various courses and programmes.
Major Highlights

- The training unit of CINI has started Vocational Course on Child Protection and Early Child Development in Collaboration with TATA Institute of Social Science (TISS), Mumbai. First Batch on Child Protection with 30 students has already been started.
- 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.

<table>
<thead>
<tr>
<th>Major programmes</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of Trainers on ASHA 6th and 7th Module</td>
<td></td>
</tr>
<tr>
<td>Round I (participants consisting of Health supervisors and NGO)</td>
<td>41</td>
</tr>
<tr>
<td>Round II</td>
<td>30</td>
</tr>
<tr>
<td>Round III</td>
<td>654</td>
</tr>
<tr>
<td>Refresher</td>
<td>278</td>
</tr>
<tr>
<td>Integrated</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>1021</td>
</tr>
</tbody>
</table>

### White Ribbon Alliance

- Capacity building of WRA partners of West Bengal on Advocacy: 26
- Capacity Building of WRA partners of West Bengal on Budget Tracking: 26

### District Level

| Training of ASHA – South 24 Parganas (includes all the rounds) | 5280 |
| Training of ASHA – Howrah (includes all the rounds)            | 3551 |
| **Other Training**                                             |      |
| Training of Trainers of RSBY Mitras supported by PACS          | 25   |
| Training of RSBY Mitras (7 batches)                            | 232  |
| Nursing training at Calcutta Nursing Training Institute        | 234  |
| Nursing Training ESI Sealdah                                    | 80   |
| School of Nursing-Asia Heart Foundation                        | 37   |
| Islamia School of Nursing                                      | 77   |
| Gokhale Memorial Girls College                                 | 24   |

### Young Santana stands tall at the United Nations

The dream to become a teacher was cut short at Class VIII. Education was replaced with marriage. And similar to the fate of child brides, Santana Murmu too got trapped in the vicious cycle of child marriage and early motherhood. She was only 16 when she became the mother of two daughters. Her husband is Gobindo Hembram - a daily wage earner. Santana comes from a remote village called Saharanpur in the district of Dakshin Dinajpur, in West Bengal. Life took a huge turn for this tribal woman, when she had to stand in front of international delegates and give a lecture in her mother tongue (tribal language) at the United Nations General Assembly. In her words, “My misty dream is now becoming clear, thanks to the brightness of knowledge that I am getting from, the United Nation General Assembly”. During this event she even got an opportunity to speak to Nobel Laureate Mr. Kailash Satyarthi. In spite of her struggles & challenges, Santana did not lose hope and self confidence. She said, “So what, I could not study but my two daughters will have to be school teachers” and she kept her daughter’s name as “Brishti” and “Basundhara”, the names, she had once studied in school. In the meantime, Santana came across two women from an NGO and listened about prevention of child marriage and protecting rights of children, accelerated by the NGO. It was a new era of battle for her at the age of 17 years as she got involved in this campaign. Although her native village and neighbouring communities were against her in this endeavour, she did not lose the courage. In fact, she was threatened to death by the Head of the native village. It was only her husband who stood by her and kept on supporting in the battle to prevent child marriage. The maturity level, courage and will power of Santana surprised all including the NGO representatives. In her endeavour to take forward the campaign, she started complaining to the Panchayat and later on the local police station. At the community level she kept on motivating young girls to stand against child marriage and explained them about the negative consequences of child marriage. The process still continues in the community and looking at the acceptance and success of such initiative, White Ribbon Alliance (WRA), West Bengal Chapter captured her community based interventions through a small documentary. She even raised a question in a documentary on prevention of child marriage that “Billions of Rupees is being spent for us through National Health Mission but where are we consulted when policy framing is being framed?”. This documentary opened the door for Santana to represent her work at the UN General Assembly.
CINI’s Emerging Roles

CINI Child Protection Resource Centre (CPRC) 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

While CINI works for creating child friendly safety net at community set up by promoting convergence mechanism, it has also demonstrated the model within the ICPS framework using the prescribed stricture as articulated in the policy. CINI has also been working to demonstrate the family strengthening approach to promote care and protection mechanism within the policy framework. With a view to promote safe migration in Jharkhand, CINI has successfully piloted the preventive models joining hands with ILO in Jharkhand.

CINI Adolescent Resource Centre (ARC) 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.
CINI’s Emerging Roles

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

1. Resource Development & Clearing House
2. Knowledge Management, Dissemination & Advocacy
3. Research & Evaluation
4. Pilot Interventions
5. Capacity Building and Scaling Up

CINI Education Resource Centre (ERC) has been established to guide programme development. 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 Woman 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 in West Bengal and in Jharkhand with the Right to Education Forum and has been identified as the State Secretariat member of the forum.

CINI in Jharkhand has supported the state Government to institutionalize the social audit process under the Right to Education Act, responding the local need.

CINI in Jharkhand has supported the State Government to institutionalize the social audit process under the Right to Education Act, responding the local need.

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, it is only a small part of what CSR can and should be.

Our CSR partners
1. ACC Limited
2. The Apopajay Trust
3. CESC Limited
4. Exide Industries Limited
5. IBM India Private Limited
6. ITC Limited
7. Jonsson and Jonsson India Private Limited
8. Koppern Maco Services Private Limited
9. KTRB India Limited
10. Topsell Toyota
11. TM International Logistics Limited
12. TM Global Logistics Limited
13. East India Pharmaceutical Works Limited
14. Trent Limited
15. SBI Life Insurance Co Limited

Thematic areas of funding
- Nutrition
- Health
- Education
- Protection
- Relief of Work

"CINI has been doing pioneering work in the realm of mother and child health, particularly nutrition, in Eastern India over the last 42 years. We are happy to partner with CINI for the Roshni Project, which seeks to address the health, education and protection needs of vulnerable women and children in urban slums of Kolkata. CINI’s extensive experience, competitive team and transparent operating systems have been some of the high points of our association. I wish the organisation many more milestones in its journey of success.”

Neepa Saha Sharmaa
Head CSR - CESC Limited
Institutionalization of Governance and HR at CINI

Governing Body:
Governance is the need of the hour in the development sector in order to ensure and promote application of best management practices, compliance of law and adherence to best possible ethical standards. Good governance is about the processes for making and implementing decisions. It's not about making 'correct' decisions, but about the best possible process for making those decisions. HR needs to be responsible for establishing an ethical culture within an organization that enables the function to achieve strategic and operational objectives and performance outcome.

CINI works on a delegated work environment and making policy and decision are done through a four tier system. Through various forums like staff meeting, core group, finance committee a unique understanding is created for a transparent decision making process.

The Governing Body sets the broad guidelines for the institute and ensures good governance. The Board holds a meeting in every quarter. Audit reports along with programme reports are discussed in the Governing Body to take suitable and necessary steps if required. Based on the update various guidance and decision are given by the Board for smooth functioning of the institute.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name &amp; Address</th>
<th>Post</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prof. Sunit Mukherjee 18-A Nafar Chandra Das Road Kolkata-34</td>
<td>President</td>
<td>Professor (retired)</td>
</tr>
<tr>
<td>2.</td>
<td>Dr. Samir Naryan Chaudhuri CINI Main Campus, Vll: Dauletpur, PO: Pallan via Joka, Pin: 700104</td>
<td>Secretary</td>
<td>Director, CINI</td>
</tr>
<tr>
<td>3.</td>
<td>Prof. Kalyan Shankar Mandal 83, Newmans Park, PO Pallan Haat via Joka, Pallan, Kol- 700104</td>
<td>Treasurer</td>
<td>Professor (retired)</td>
</tr>
<tr>
<td>4.</td>
<td>Sri Anir Bik Dasgupta “Srijan”, PO Joka, Thakurpukur, South 24 Parganas, Pin- 700104</td>
<td>Member</td>
<td>Social Service</td>
</tr>
<tr>
<td>5.</td>
<td>Mr. Joy Kar Flat no F4, Regent Grove Apartment, 163/1, NSC Bose Road Kolkata-700040</td>
<td>Member</td>
<td>Consultancy Firm</td>
</tr>
<tr>
<td>6.</td>
<td>Mr. Dipendra Prasad Sheh 18/30 Dover lane, Kolkata- 700029</td>
<td>Member</td>
<td>Business</td>
</tr>
<tr>
<td>7.</td>
<td>Dr. M.N. Roy Flat 9, Pict No-KB -25ector-R, Salt Lake Pin- 700098</td>
<td>Member</td>
<td>Retired IAS</td>
</tr>
<tr>
<td>8.</td>
<td>Prof Sougata Ray NF-3/16/JM, Kolkata, PO-Joka Pin-700 104</td>
<td>Member</td>
<td>Professor IIMC</td>
</tr>
<tr>
<td>9.</td>
<td>Smt. Sunanda Bose 3C Asoka Road, Kolkata-700 027</td>
<td>Member</td>
<td>Social Activist</td>
</tr>
</tbody>
</table>

Best Performer
Every year, employees are awarded the BEST PERFORMER in recognition of their contributions to the organisation. This year, they were:
- Ms Tanvi Jha CINI Jharkhand Unit
- Ms Swaralata Shyamal CINI Urban Unit
- Mr Sonu Bahadur Chettri CINI North Bengal Unit
- Ms Sangita Mishra CINI Jharkhand Unit

Distribution of staff according to CTC (2015-16)

<table>
<thead>
<tr>
<th>CTC per annum (including volunteers)</th>
<th>(Male)</th>
<th>(Female)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Rs. 60,000</td>
<td>105</td>
<td>432</td>
<td>537</td>
</tr>
<tr>
<td>Rs. 60,001-1,20,000</td>
<td>312</td>
<td>523</td>
<td>825</td>
</tr>
<tr>
<td>Rs. 1,20,001-3,00,000</td>
<td>101</td>
<td>64</td>
<td>165</td>
</tr>
<tr>
<td>Rs. 3,00,001-6,00,000</td>
<td>32</td>
<td>23</td>
<td>55</td>
</tr>
<tr>
<td>Rs. 6,00,001-12,00,000</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Rs. 12,00,001-18,00,000</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>548</td>
<td>1067</td>
<td>1615</td>
</tr>
</tbody>
</table>

Policy Report
Annual report of Internal Complaints Committee as per the Section 21 of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) 2013

<table>
<thead>
<tr>
<th>Sl #</th>
<th>Event</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Number of complaints of Sexual Harassment received in the year</td>
<td>NIL</td>
</tr>
<tr>
<td>B</td>
<td>Number of complaints disposed within the year</td>
<td>NIL</td>
</tr>
<tr>
<td>C</td>
<td>No of cases pending for more than ninety days</td>
<td>NIL</td>
</tr>
<tr>
<td>D</td>
<td>No of workshops or awareness programs against Sexual Harassment carried out</td>
<td>09</td>
</tr>
<tr>
<td>E</td>
<td>Nature of action taken by the employer</td>
<td>NIL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Unit</th>
<th>No of awareness Programme Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CINI Jharkhand</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>CINI UDP</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>CINI North Bengal</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>CINI Munchsabad</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 Diamondharbour</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>CINI Training Centre</td>
<td>1</td>
</tr>
</tbody>
</table>
Financial Report

Independent Auditor’s Report

We have audited the accompanying financial statements of CHILD IN NEED INSTITUTE which comprises the Balance Sheet as at 31st March 2016, the statement of Income & Expenditure and Statement of Receipts and Payments for the year then ended and other ancillary information.

Management’s Responsibility for the Financial Statements

The Institute’s management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance and cash flows of the Institute. The management is also responsible for maintaining proper records of the transactions of the Institute and safeguarding the assets of the Institute and for preventing and detecting fraud and other irregularities.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and the disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error, and the application of professional judgment in the performance of the audit. See also, includes evaluating the appropriateness of the accounting principles used and the application of general principles of accounting and auditing over the financial statements in order to attain audit objectives that are appropriate in the circumstances. An audit includes evaluating the appropriateness of the accounting principles used and the application of general principles of accounting and auditing over the financial statements in order to attain audit objectives that are appropriate in the circumstances.

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

Opinion

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

(a) In the case of the Balance Sheet as at the date of Balance Sheet as at 31st March, 2016.
(b) In the case of the Statement of Income & Expenditure and Statement of Receipts & Payments for the year ended on that date.
(c) In the case of the Balance Sheet, Statement of Income & Expenditure and Statement of Receipts & Payments for the year ended on that date.
(d) In the case of the Receipts & Payments of the Government fund only for the year ended on that date.

We further report that

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit.

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

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

Place: Kolkata

The 6th Day of August, 2016

T.K. Biswas & Co.
Chartered Accountants

CHIL IN NEED INSTITUTE
Consolidated Balance Sheet as at 31st March 2016

<table>
<thead>
<tr>
<th>SOURCES OF FUNDS</th>
<th>SCH</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>1</td>
<td>58,327,283.31</td>
<td>52,352,975.40</td>
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<tr>
<td>Specific Funds</td>
<td>2</td>
<td>191,829,387.62</td>
<td>180,645,067.66</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>3</td>
<td>17,234,289.89</td>
<td>7,559,181.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>267,390,961.02</strong></td>
<td><strong>240,507,164.11</strong></td>
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APPLICACTIONS OF FUNDS

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<th>SCH</th>
<th>Current Year</th>
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<td><strong>240,507,164.11</strong></td>
</tr>
</tbody>
</table>

Notes to Accounts & Significant Accounting Policies

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

For T.K. Biswas & Co
Chartered Accountants

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

Place: Kolkata
Date: The 8th August 2016

On Behalf of Governing Body

Prof. Sanit Mukherjee
President

Prof. Kalvan S. Mandal
Treasurer

Dr. S R Chaudhuri
Secretary
Way Forward

Mother Teresa will be canonized as a saint in September this year, an event in the Vatican in Rome, to be attended by our Chief Minister of West Bengal and our Prime Minister of India. She gained worldwide fame as she saw God in the poor who are abandoned, unloved and uncared for. Missionaries of Charity, the order she founded in Kolkata in 1948, continue to work for the poor in other parts of India, in war zones and deprived regions of Africa, Europe, Americas, Australia and Asia.

In 1893 Swami Vivekananda gave a rousing speech in Chicago, addressing the ‘brothers and sisters of America’ at the World Congress of Religions. He reminded the audience that India has been blessed with religious traditions over centuries, based on tolerance and respect for all religions. Swamiji reminded us constantly in his writings and speeches that India had a poor record of improving the lives of the poor and particularly women. He told us to dedicate ourselves to 'nishkam karma', i.e. to work without seeking fruit of our action. This has been elaborated in "Karma Yoga", Chapter Three of Bhagavad Gita. He gained his mystical and religious experience from Sri Ramakrishna, both tracing their religious roots from Kolkata. The Ramakrishna Mission in India and abroad has been inspired by Swami Vivekananda, and is now a world-wide institution. It continues to serve the poor in India during natural disasters and through its social service wing the Loksikhya Parishad, bringing about a qualitative improvement in the lives of the poor.

Both Missionaries of Charity and the Ramakrishna Mission are two of the many examples of Indian approaches to help the poor, providing succour when they need it and helping them to enrich their lives spiritually. What lessons can CINI learn from these two movements started in Kolkata? To begin with, focussing our energies and resources to improve the lives of the poor and we further sharpened that focus for women and children over the last few decades. We also learnt that empowering poor communities to take control of their lives takes time, often up to three to five years, sometimes too long for donors to support and difficult to explain the 'triggers' that make it happen. However one doubt constantly keeps nagging me at all times. Do all of us engaged with CINI, being reasonably compensated for our labour, give our best to the poor? If not, what holds us back?

Child labour, early marriage of girls, selective abortions leading to ‘missing girls’ in our communities, rising domestic violence, sexual and physical violence against girls and women is making India notorious among the world community of nations. Using the “CINI Method” where we work closely with women and girls, empowering them to face the perpetrators even in their own families, seeking help from the elected representatives and police if required. There are very bold steps for those who have been regarded as ‘powerless’, serving the rich and powerful in their homes, fields and production units, categorized into low castes, tribal and minority communities.

In one recent visit to a remote corner of Murshidabad District, at a village meeting, the local school headmaster and the Panchayat Pradhan (elected village head), both shared their happiness in observing fewer drop outs and increasing school retention of girls from minority communities compared to a year before, when CINI was not present in the area. Mothers present in the meeting confirmed that CINI workers made the difference with their constant presence in the village. They motivated the girls not to miss out on school and refuse to get married before 18 years. The final testimony came from the girls themselves. They said that they need to remain in school and marriage can wait till they are ready both physically and mentally. This gives me hope and removes my nagging concern that creep in from time to time, that most of my 1,194 colleagues are giving their best to the poor!

Dr. Samir Chaudhuri
Director, CINI

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**Way Forward**

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Dr. Samir Chaudhuri
Director, CINI
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 (DRSC), Kolkata, India
- European Commission
- Exide Industries
- Fondazione Cariverona, Italy
- Future Group, India
- IMPACT, India
- Impulsis, Netherlands
- MacArthur Foundation, New Delhi, India
- National Deaf Children’s Society
- Plan India
- PRIA (Society for Participatory Research in Asia)
- Poorest Areas Civil Society (PACS), DFID
- Family Planning Association of India (FPAI), Mumbai
- Oak Foundation
- Osfam India
- Population Foundation of India, New Delhi
- PYARI ONLUS ITALIA
- Railway Children, UK
- SAHAY affiliated to Children International, Kansas City, USA
- Save the Children, Bal Raksha 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
- The Apeejay Trust
- CESC Limited
- East India Pharmaceutical Works Limited
- Exide Industries Limited
- IBM India Private Limited
- ITC Limited
- Jhonorson and Jhonorson India Private Limited
- Koppern Maco Services Private Limited
- McHally Bharat Engineering Co. Ltd.
- NASSCOM Foundation (Vodafone Foundation)
- Tractor India Limited

C. Academic Institutions
- Abhinav Bharati High School
- Asian International Howrah
- 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
- Carthusa School
- Central Model (Prep) School
- Central Model School
- Darjeeling Public School, Siliguri
- Delhi Public School, Durgapur
- Doon Heritage School
- Dow Hill School, Kurseong
- Future Laureates Academy
- Ganges Gurukul Chandannagar
- Glenhill Public School
- Godwin Modern School, Siliguri
- Goethals Memorial School, Kurseong
- Gokhale Memorial Girls’ School
- Green Lawn School, Sourin Bazaar
- Hartley High School, Salt Lake Bose Road
- Hartley Public School, Garcha Road
- Hariyana Vidya Mandir
- I.P. Memorial School
- Indian Institute of Foreign Trade, Kolkata
- Kalinga Institute of Social Sciences, Bhubaneswar, Odisha, India
- Kids ’n’ Tots, Asansol
- Lewis English School, Mirik
- Lincoln High School
- Ling Liang High School
- Mahbert High School
- Margaret Sister Nivedita High School
- National Public School
- New Oxford High School
- Newton Day School
- Newyork Public School
- Nirmaan Vidya Jyoti School
- Topsel Toyota
- TM International Logistics Limited
- TKM Global Logistics Limited
- TATA Chemicals
- Trent India Limited
- SBI Life Insurance Co Limited
Acknowledgements

- North Point Residential School
- North Point Residential School, Lake Town
- Nursing Training School, ES Hospital Sealdah & Maniktala, Kolkata, India
- North Bengal University
- Our Lady Queen of the Mission School, Salt Lake
- Pragati Education College, Siliguri
- Rose Bud English Academy
- Royal Academy
- S.S. Memorial School
- Salt Lake Indira Gandhi Girls Senior Secondary School (KIND)
- Shri Guru Vidyasagar High School
- Siliguri Boys High School
- South City International School
- St. Thomas Day School
- St. Xavier’s School, Ranchi
- Sunny Prep & High School
- Sushila Birla Girls’ School
- The Assembly of God Church School, Asansol
- The Bishop’s School, Ranchi
- Usha Martin School (Howrah)
- Victoria Boys, Kurseong
- Viharital College of Home & Social Science, Kolkata, India
- United Missionary Girls high School
- University of Calcutta, West Bengal, India
- Vidyanjali International School

D. Foundations and Trusts

- Anand Paul Foundation
- ASML Foundation, Netherlands
- Aviva Foundation
- Essar 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
- The Hans Foundation
- 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, Coocchhia, Darjeeling, Jalpaighuri, 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 & Coocchhia, 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 Sanmity 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 Chhattisgarh, 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
- Superintendence 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
- Friends of CINI, New Delhi
- Mohanbagan Athletic Club, Kolkata
- Murshidabad Press Club
- Mr. Sisir Chattopadhaya
- 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.

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State Bank of India, Kolkata Branch
State Central Government and Local Bodies
Tavola Valdese, Italy
Web Development Co. Ltd.

Acronyms

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
AVC  Anganwadi Centre
AWW  Anganwadi Workers
BDI  Block Development Officer
BFM  Beneficiary Feedback Mechanism
CBBO  Community Based Organization
CCHRC  CINI Chetana Resource Centre
CDPO  Child Development Project Officer
CFCC  Child Friendly Communities
CGB  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
CWFC  Child Welfare Committee
CWFC  Child and Woman Friendly Communities
CWIN  Child Workers In Nepal
DCPU  District Child Protection Unit
DFID  Department for International Development
DIOH  District Officer Health
DPO  District Programme Officer
DSP  Deputy Superintendent of Police
ECHO  Early Childhood Care and Education
ESF  Early Childhood Stimulation
ENT  Ear Nose Throat
EPPHA  Education Protection Health and Nutrition
EREC  Education Resource Centre
EISI  Employees' State Insurance
FSW  Female Sex Worker
GP  Gram Panchayat
GPAF  Global Poverty Action Fund
HIV  Human Immunodeficiency Virus
HIV-UWS  HIV Link Worker Scheme
HR  Human Resources
HRG  High Risk Group
HRG  High Risk Groups
IAY  Indira Awas Yojna
ICDS  Integrated Child Development Services
ICPS  Integrated Child Protection Scheme
ICTC  Integrated Counselling and Testing Centre
IEC  Information Education Communication
IFAT  Iron Folic acid Tablet
IGNOU  Indira Gandhi National Open University
IICPA  Indian Initiative for Child Centred and HIV/AIDS Approach
IIMR  Indian Institute of Health Management Research
IPPF  International Planned Parenthood Federation
ISSNIP  ICDS System Strengthening and Nutrition Improvement Project
ITPA  Immoral Traffic Prevention Act
JSSK  Janani Shishu Suraksha Karyakram
JSY  Janani Suraksha Yojana
KMC  Kolkata Municipal Corporation
LCA  Life Cycle Approach
MAM  Moderate Acute Malnutrition
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. 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.

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!
Thematic divisions

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

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

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

Child Protection Resource Centre (CPRC)
Contact: Nandita Banerjee
Email: cprcn@cinindia.org

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

CINI Training Unit
VIII. & PO, 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: Mitun Bose,
Assistant Director (Training)
Email: mitun@cinindia.org

Jharkhand State Unit
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Ranchi-834 002, Jharkhand
Tel: +91 651 224 5370/5831
Fax: +91 651 224 3549
Contact: Ranjan Kanti Panda,
Assistant Director (Strategic Planning)
Email: ranjan@cinindia.org

CINI Urban Unit
63 Rafi Ahmed Kidwai Road, Kolkata
Pin - 700 016, West Bengal, India
Tel: +91 33 4005 8920
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 4005 8927/99
Fax: +91 33 4005 8900
Contact: Kakoli Dey,
Assistant Director
Email: kakolidey@cinindia.org

Diamond Harbour Unit
P.O. Rainagar (West), Water Tank Para, Diamond Harbour
Pin - 743 331, West Bengal, India
Tel: +91 3174 253395/258217
Fax: +91 33 2497 8241
Contact: Ashutosh Mallick
Email: cinidhju@cinindia.org

Murshidabad Unit
Flat no D-4, Golden Valley Apartment
136/1 Rabindrath Thakur Road, Lalghipore
PO: Berhampur, District-Murshidabad
Pin - 742 102, West Bengal, India
Tel: +91 3482 262340/261686
Contact: Jayanta Choudhury
Email: cinimurshidabad@cinindia.org

North Bengal Unit
45 Meghnath Sarani, Hakimpura, P.O. Siliguri
Pin - 734001, Dist. Darjeeling, West Bengal, India
Telefax: +91 33 2523901
Contact: Shekhar Saha
Email: cininb@cinindia.org

Darjeeling
7, Oak’s Rose Bank, Below Ava Art Gallery,
Dist. Darjeeling, Pin-734101

Field Offices in districts of West Bengal

Howrah
Jadurberia, Near Jadurberia Kalibari.
Ultubera, PS-Ulubera, Dist. Howrah

Coochbehar
West of Jamuna Dighi, Coochbehar.
Pin-736101.

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

Darjeeling
7, Oak’s Rose Bank, Below Ava Art Gallery,
Dist. Darjeeling, Pin-734101

Maldai
Dwijendra Nath Chakdar
Kutubpur, Fulbari, M.K.Road
P.O.+PS- Maldai
Pin-732101
District- Maldai

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