FOREWORD

We welcome again to our friends and well-wishers to our Annual Report. We shall give you a snapshot of how our over one thousand colleagues in West Bengal and Jharkhand, have made a difference in the lives of deprived children and women during 2016-17. The “CINI Method” which is our strategic intervention in deprived communities harness energy and resources, add value to on-going programmes of the Government and Panchayati Raj Institutions (PRI). Local communities contribute their mite and with donor support we benefit communities living in a specific geographical area, reaping immense benefits. This convergent approach has won CINI the prestigious HCL Award as the best institute in the “Health” category, for 2016.

Keeping our ears to the ground and learning from the field has allowed us to improve and finalize our strategy for the CINI Method, in the next 5 years (2017-22). We are pleased that many of our friends from the corporate world are now helping us to reach out to more remote communities, to improve their status of health, nutrition, education and protection.

CINI Murshidabad team, located in one of the West Bengal districts with poor development indicators has contributed significantly to our learning in developing the CINI Method. A learning hub will be located there, in CINI’s own building, inaugurated in March 2017, funded by generous donors. A TATA Trust funded project has given us the opportunity of working in Government run homes for run away and destitute children in Murshidabad, to help them access improved care and protection under the Juvenile Justice Act.

A partnership was signed with World Health Partners, as a consortium partner along with Global Health Strategies and John Snow India Ltd. to implement Tuberculosis Health Action Learning Initiatives (THAL) project supported by USAID. The goal of the project is to catalyze a dynamic process of identifying, developing, testing, and scaling up successful innovative solutions to improve case detection and treatment rates, especially among the urban poor. CINI is leading the community engagement initiative through NGO-led model to support in early detection and treatment completion.

In March 2017, CINI India had the privilege of hosting the 4th meeting of CINI International support groups. Delegates from Italy, Holland, UK and Australia were present. We take this opportunity of expressing our gratitude to all our donors and supporters in India and abroad, who have helped in reaching out to almost 7 million people in West Bengal and Jharkhand.

Dr Samir Chaudhuri
Director
CONTENTS

Foreword 01
Milestones 03
Introduction 05
CINI's Core Approach : Creating CFCs 08
Empowering Adolescents 10
Foundation Day Celebrations 15
Education 16
Protection 20
Health & Nutrition 29
WASH 39
CINI in Press 41
Multi Sectoral Programme 42
Training 46
CSR Partnerships 49
HR & Governance 51
Financials 55
Way Forward 57
Acknowledgements 59
Acronyms 63
Sponsorship programme 65
Contact Us 66

MILESTONES

1975-1985
1. Under 5 clinic started in Balananda Hospital, Behala and St Vincent School, Thakurpukur, Kolkata
2. Disaster relief operations in flood affected Moyna and Sunderbans in WB and cyclone hit areas of Andhra Pradesh and support for Kampilucha refugees
3. Maternal and Child Health (MCH) project initiated in Moyna and Balinathapur, WB

1986-1995
4. Health programmes initiated in Tollygunj slums, Kolkata
5. CINI starts its work focusing on street children in Kolkata
6. Adopt a Mother and Save her Child programme initiated with support from Amici di CINI, Italy
7. Relief work for victims of communal violence in Tangra, Kolkata
8. Regional centre for counselling on HIV & AIDS was set up with support from National AIDS Control Organisation (NACO), Govt. of India
9. Programme focusing on Adolescents started
10. CINI recognised as Regional Resource Centre by Ministry of Health & Family Welfare (MOHFW), Govt. of India, for Eastern Region

1996-2005
11. Conferred Collaborative Training Institute (CTI) status for seven North Eastern states by MOHFW, Govt. of India
12. Adolescent Resource Centre was set up
13. Another state chapter in Jharkhand was initiated
14. Relief operation for earthquake victims of Bhuj in Gujarat
15. Initiation of Life Cycle Approach (LCA)

2006-2013
16. Recognised as State nodal agency for rolling out Accredited Social Health Activist (ASHA) under National Rural Health Mission, WB
17. Paradigm shift from need based to right based programming through developing and piloting approach of creating Child Friendly Communities (CFC)
18. CINI Jharkhand unit recognised as State Nodal Agency for under privileged and deprived children
19. Community Health Care Management Initiative (CHCMI) launched with support from Dept of Health & Family Welfare and Dept of Panchayats & Rural Development, Govt. of WB
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 1,500 Indian professionals and are guided by a Governing Body composed of experienced Indian practitioners, academics and administrators. Founded in 1974 in Kolkata (former Calcutta), West Bengal, CINI now has operations in West Bengal, Jharkhand and Odisha and reaches out to more than 7 million rural and urban population of poor communities. We have been recipient of prestigious awards and recognitions in India and around the world.

Mission: Sustainable development in health, nutrition, education and protection of child, adolescent and woman in need.

Core Value Statement: A professional non-profit development organization, dedicated to work with self-help groups, communities, elected representatives, local service providers, government functionaries and all stakeholders, to build and sustain Child Friendly Communities (CFC).

We work on the thematic sectors of Health, Education, Nutrition and Protection of child, adolescent and woman. It is not only implementation but innovation at every step of our work that helps us to work with the policy makers in different capacities and to add value to the existing programme for its strategic implementation. Our team believes in acting locally but thinking globally. We believe in building evidences through our work practices. CINI works with different partners like the government, other NGOs, schools, bi-lateral agencies, corporates and individuals. These partnerships help us share learnings and thus strengthen the structure to reposition ourselves as learning organization.

The central focus of all our action is children and women. We work towards value for change. We are active in deprived communities, both in villages and low-income urban settlements, and seek to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence, affecting in particular children and women. Our initial focus on health and nutrition has grown further in the areas of education and child protection. Our work starts right from the day a child is conceived. For ensuring the overall development of most important phase of the lives, we facilitate the first 1,000 days of human lives through our different programmes. As the child grows up, we ensure that she/ he is having a proper growth, mental as well as physical development through our Early Childhood Care and Development Programme. Later through our education and protection programmes we ensure that the child is in school and has a safety net. Hence from day 1 of a child’s life to 18 years of age, CINI encourages to promote the concept of family based safety net around a child. We have devised various tools and technique. CINI has so far been able to demonstrate its community led models to address malnutrition; to promote education and to ensure protection while working with

20. Recognised a State Technical Resource Centre for conducting HIV & AIDS trainings in partnership with National AIDS Control Organisation (NACO), Govt of India
21. Community College established in partnership with Indira Gandhi National Open University (IGNOU)
22. New CINI logo launched with new branding strategy
23. Awarded World Bank supported Development Marketplace project for income generation of women’s groups by marketing low cost nutritious supplement, ‘Nutrimix’
24. Initiated Kolkata CHILDLINE, a 24 hour emergency service for children in distress, under Ministry of Social Justice & Empowerment, Govt of India
25. Setting up of Education Resource Centre in Kolkata
26. Shelter home for homeless women and girls in Kolkata started with support from Govt. of WB

2013-2017
27. CINI reaches 40th year
28. CINI’s new website launched
29. Compilation of CINI’s policies, strategies, operations, programmes and communication into a guide book called CINI Method
30. CineComm-New social business initiative of CINI launched
31. CISS-Web enabled project planning and monitoring system launched
32. Launch of Missing Child Alert project addressing cross border child trafficking with support from Plan India
33. Relief operation for earthquake victims of Nepal
34. Department of Health and Family Welfare, Govt of Jharkhand recognized CINI as nodal agency to strengthen the community mobilization cell under NHM, Govt. of Jharkhand
35. CINI was appreciated for its support to Department of Social Welfare and Women and Child Development, Govt of Jharkhand
36. 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
37. 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), Mumbai
38. CINI has been recognized as “National Training Partner” for Rashtriya Kishor Swasthya Karyakram [RKSK], the National adolescent health programme, for WB and 8 North Eastern States to train medical officers from the Department of Health and Family Welfare on peer education strategy
39. CINI became the technical support partner for the Department of Women and Child Development and Social Welfare for the SABLA-Kanyakshree Prakala-a convergence initiative in WB
children, adolescents and women in need living in different socio-economic situation and in different geographic terrain.

CINI has always believed in working beyond its boundaries. Though we are primarily an eastern region based organization, we do provide technical assistance to other State Governments and civil society organizations working in Odisha, Nagaland, Manipur, Tripura and Arunachal Pradesh. With our Missing Child Alert programmes and Work in Freedom programme (regional programme on cross-border trafficking), we have collaborative linkages with Bangladesh and Nepal. CINI has been entrusted by different State Governments especially in WB and Jharkhand to provide technical support to strengthen the existing government services through the relevant Government Departments and to promote the inter-departmental convergence. CINI has always worked actively to promote integration within government systems and has demonstrated working frameworks to promote accountability at different levels engaging different stakeholders in a strategic manner. The right based approach of different programmes 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 this success CINI has always been engaged in strategizing and directing its resources to add value to the existing policies responding to the needs.

While CINI is linked with different state, national and international level fora, as part of its advocacy initiatives, the organization has contributed in several consultations that take place at multiple levels having strong implication on human development. CINI’s engagement at ICPO is one of such initiatives. We are having linkage with South Asia Initiative to end Violence against Children (SAIEVC), a SAARC apex body. We have always responded to emergency situations wherever we could. Presently, we are working with a Nepal based organization CWIN to prevent trafficking in Nepal. We also have a few independently registered charities across the world that helps us raise funds for our operations.

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

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

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 integrated 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 integrated approach across education, protection, health and nutrition domains. These learnings have resulted in the evolution of model Child Friendly Communities (CFC) that ensure access to the rights and entitlements of every woman and child in the society.

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

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

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

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 fulfilment of human rights by all, especially the socially excluded.

Children and women are leaders in transforming their communities to make them inclusive for the most marginalised and poor sections. Child Friendly Communities are being implemented since 2007 in various sites of CINI in rural as well as urban settings in Kolkata, South 24 Parganas, Murshidabad, Jalpaiguri and Uttar Dinajpur in WB and in Khunti in Jharkhand.

IMPACT:

- 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 fora, such as the Village-level Health and Nutrition Committee, 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 of child-friendly corners, child-friendly schools, child-friendly police stations and community-wide safety nets have 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

Ministry of Health and Family Welfare, Govt of India organized 3rd National Summit on ‘Good and Replicable Practices and Innovations in Public Healthcare System’ in Tirupati, Andhra Pradesh from 29th to 31st August 2016. The Ministry selected CINI’s Strengthening Rashtriya Kishor Swasthya Program through Government-NGO Partnership in WB as a best practice. The summit was attended by more than 240 participants from all over India, including the Union Minister for Health & Family Welfare, Minister of State for Health & Family Welfare, Govt. of Andhra Pradesh, and other dignitaries. In the Pic: Dr.Indranil Bhattacharya, Assistant Director, CINI along with State Govt Officials.

STRATEGIC FOCUS:

CINI’s adolescent programmes are addressing the holistic need of adolescents through convergence of education, protection, health and nutrition issues within the broader framework of sexual reproductive health rights. Thruat areas include:

- Ensuring Secondary Education for adolescents - especially secondary schools.
- Ensuring adolescent leadership and participation in different fora through sharing of knowledge, information and skill building.
- Gender-Based Violence (GBV) - strengthening adolescent leadership to combat social evils like child marriage, teen pregnancy, and trafficking and other rights violation through adolescent-led advocacy.
- Dowry-related violence and deaths are neglected public health issues in India. CINI will focus on the girls’ empowerment and boys’ sensitization on this issue to prevent in future.
- Strengthening/ensuring provision of adolescent-friendly services through the principles of equity and inclusion of Malnutrition and Anemia –. This is the most emerging area among other adolescent issues.
- 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.

- Capacitating peer educators from amongst the adolescents to lead the process of change and to serve as community watch dogs against child marriages.
- Influencing legal and policy framework on child marriage so that enforcement mechanisms can be strengthened.
- The idea is to work at the community level to mobilise both adolescent girls and boys so that they can be organised in groups and are able to demand for their rights and entitlements.
- Creating safe spaces for adolescents at family, community and institutional level and addressing adolescent developmental issues through comprehensive community-based prevention mechanism.

A sensitization programme on Adolescent issues organized by CINI.

Training of Kanyasree Girls at Malda.

A CINI colleague explaining the G/Power girl learning software in tablet to one of the peer leaders.

- Use of mobile, internet and social media – This is also an important area for intervention among adolescents through awareness, capacity building, etc, as per learning from adolescent programs in CINI. We will also focus on the education of parents on these issues to keep their children safe through physical safety net and virtual safety net. It will emphasise leveraging digital technology for better adolescent related outcomes in future.
- Networking and Advocacy for strategic partnerships and convergence of policies and programs for risk and vulnerabilities reduction and improved case-seeking behaviour of adolescents.

REACH:

- Adolescent girls reached through community based intervention – direct: 36,078, indirect: 89,461.
- Adolescent boys reached through intervention - 2,171.
- Adolescent reached in schools - 35,730.
- 2,092 out of school adolescents reached.
- 236 out of school adolescent girls have been enrolled in formal schools.
From being shy to fighting for child rights – the journey of Shilawanti Hembum

It was in early January 2017, that CINI decided to start early marriage prevention interventions in Madhuwan, a tribal dominated village in Jharkhand. The initial days were not easy. Our colleagues were questioned about their intentions and the need of the intervention. After they heard us out, the community became convinced and was ready to attend the meetings. At the first meeting, an adolescent group was formed with the objective to empower the adolescents. In the meeting the village head (traditional leader called Pradhan) along with Sahiya, AWW, Poshan Sahi, member of PRI was present.

After the formation of the group, we regularly facilitated their meetings and discussed on topics like Life Skill & Sexual Reproductive Health Rights, Child Rights, Government programme on adolescent empowerment. Not only the adolescents, but their family members were also counselled on the importance of Girls’ education, negative effects of child marriage etc. Attending these meetings was one such girl, Shilawanti. A very shy person, she was often found to be sitting at one corner of the room. Though she participated in the meetings she seemed to be a silent spectator.

But slowly a change was noticed in her. With time, she started communicating with other group members. She showed a lot of excitement whenever discussions were done on child rights and child protection. She also started to take initiatives to sensitize other group members about child rights. The shy girl gradually became vocal and self-confident. When the time came to form the Child cabinet, it was not a surprise at all when Shilawanti was elected as the Social Justice and Child Protection Minister. It is no mean feat for a girl who was too shy to talk to her friends. “I am grateful to CINI for guiding me through the journey and making me confident. I am keen to become a teacher and spread the message against child marriage so that more girls can be saved and can lead a happy and healthy life,” said Shilawanti.

**MAJOR HIGHLIGHTS:**
- 950 adolescent groups have been formed this year.
- 2,426 adolescents have been trained as Peer Leaders.
- Trafficking of Adolescent Girls in many of the tea gardens is an emerging issue and many activities were organized around that. Video shows were organized for the stakeholders with the help of Block Development Officer and the Police administration. Special initiative has been taken by District Administration for Exposure Visit of adolescent girls to all Government Offices.
- An origami workshop and a puppet show on women empowerment was organised for the Adolescent Girls under SABLA Scheme, in Kolkata.
- Adolescent Girls took part in Ward Level Child Protection Committee (WLCP) meetings.
- CINI celebrated global hand washing day in 20 schools of 20 villages. Approx 2,000 students participated in the event where importance of hand wash has been reinforced.
- To support greater opportunities for girls on International Girls Child Day, football tournament was organized for girls where 3 teams of 2 villages participated. School teachers, PRI members and community people also participated in it.
- AGs participated in an Interface meeting to initiate a state level adolescent friendly consortium – “Amader Katha”, where hundreds of adolescent girls from different parts of WB participated. This forum helps to identify the good practices and challenges that adolescents face in their everyday life. The forum will be linked with the State level Child Protection Committee for Child Rights (SCPCR).
- The peer leaders from AG groups have participated and presented the daily challenges they face using “reporting as a tool” in front of the U.S consulate.

**IMPACT:**

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Parameters</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No of child marriages prevented by adolescent group</td>
<td>277</td>
</tr>
<tr>
<td>2</td>
<td>No of early marriage protection groups formed by Kishori Sameoh</td>
<td>146</td>
</tr>
<tr>
<td>3</td>
<td>No of adolescent girls enrolled in Kanyashree Scheme</td>
<td>51,436</td>
</tr>
<tr>
<td>4</td>
<td>No of government school teachers trained</td>
<td>109</td>
</tr>
<tr>
<td>5</td>
<td>No. of adolescent girls referred to Anwesha clinics for counselling on SRH and other issues</td>
<td>3,318</td>
</tr>
<tr>
<td>6</td>
<td>Increase in knowledge of anaemia</td>
<td>37%</td>
</tr>
<tr>
<td>7</td>
<td>Increase in IFA consumption</td>
<td>34%</td>
</tr>
<tr>
<td>8</td>
<td>Increase in use of sanitary napkin</td>
<td>34%</td>
</tr>
<tr>
<td>9</td>
<td>Increased no. of adolescents aware of modern contraceptive methods</td>
<td>23%</td>
</tr>
<tr>
<td>10</td>
<td>Increased no of adolescents with knowledge on legal age of marriage for girls</td>
<td>42%</td>
</tr>
<tr>
<td>11</td>
<td>Increased no. of adolescents doing physical exercise on regular basis</td>
<td>5%</td>
</tr>
</tbody>
</table>

An origami workshop organized for our adolescent girls at Kolkata
Jahanara fights back

Along with the several good effects of SABLA-KANYASHREE Prakalpa, one of the most significant outcomes of the program has been preventing Child Marriages. The best examples can be seen in Karimpur 2 block, Dhubadaha-2 gram panchayat in Nadia, West Bengal. The village Dugachi Sabijpara is a minority population dominated village with a total population of 726. Majority here are daily laborers and one of them is Jahanara Khatun’s father.

“Ami nije paye dariye amar poribarer sahajko korte chai” (I want to stand on my own feet & support my family)

When the only earning member of her family died, she & her sibling had to drop out of school. Jahanara feared that she might become a victim of early child marriage. Her sister had already been married off at 14 years! But soon after, Jahanara joined Kishori Samooh Group, which prevented her from staying in the house and also earn something in that time.

Watching very closely her sisters getting married so early and facing lots of problems mentally as well as physically, helped her to relate what was said in the sessions of SABLA-KP. After that one thing was for sure that she will not get married before 18 and will study well to support her family.

With the help of the Anganwadi worker and other stakeholders like the head master of the upper primary school and the Panchayat member, she was re-admitted in 9th class.

But, the story did not end here. An unexpected turn of events destroyed Jahanara’s dreams. Her family fixed her marriage without her consent and she was unable to make her family understand about the decision. She retaliated and the Kishori Samooh Group went to the BDO and requested to prevent the marriage. The panchayat member was also unable to do anything about it. The BDO and the police cooperated and threatened the bride’s side to never to get involved in any child marriage.

This was a very strong eye opener for all the villagers because earlier never did the local authority and the BDO and police got involved. We cannot say that it has become a early child marriage free village but certainly had much impact in the minds of the villagers.
EDUCATION

Street to school
Biswaajit comes from a very poor family of Ghutiyari Sharif. Both his parents have to struggle to survive. They never had the time to think about sending their children to school. As a result, both Biswaajit and his sister used to spend their time loitering in the railway station. During 2012, Biswaajit ran away from his home and came down to Sealdah station, where CINI team identified him and brought him to CINI’s Drop in Centre (DIC) adjacent to the railway station. However, he ran away from the centre and started living in the station premises.

It was in 2013 again, when we could finally convince him to come and stay at our DIC. We got him enrolled in Ranibhabani Residential School for Boys in class VII. He was provided with supplementary education support to enhance his coping mechanism with the school environment. Biswaajit being a restless free bird tried to runaway a couple of times but didn’t succeed. To channelize his restlessness he was put in to karate class. Also several counseling sessions were conducted to bring a positive change in his behaviour and concentration. He was provided with life skills education training. Gradually he started taking interest in studies, made friends and participated in various events organised in his school and hostel.

Biswaajit came out to be a fast learner and good in studies. He passed in all the school exams without any hassle and cleared his 10th Board examination. He has been enrolled in class XI in a neighbouring school. More over his sister has also been brought to Kolkata from Ghutiyari Sharif. She has been enrolled in the Residential School for Girls at Behala, Kolkata. Biswaajit now wants to become a teacher so that he can support his family.

STRATEGIC FOCUS:

CINI has started its Education initiatives since 1990s. It started with providing education support to urban deprived children of Kolkata and gradually expanded its education programmes in other districts of West Bengal and Jharkhand. At present it is running in Kolkata, South 24 Parganas, Murshidabad, Jalpaiguri, Darjeeling(Siliguri), Uttar Dinajpur and Malda in WB and in Ranchi, Khunti and Gumla in Jharkhand.

CINI’s education programme is focused in ensuring children’s right to education and protective environment for children in schools. The strategy for implementing educational programmes has been seen as a continuum of care starting from the age of 2 years by providing Early Childhood Stimulation (ECS) and then from 3 to 6 years, provide Early Childhood Care and Education (ECCE) to the children to facilitate their physical, cognitive, psycho-social and language skills towards preparing them for school enrolment. In the same line, children of 6 to 14 years age group are entitled to get supplementary education support to enhance their academic excellence and remain in school till the completion of elementary education in light of Right to Education Act 2009. The main objectives of CINI’s education interventions are to ensure holistic development of children and enrolment in school at age appropriate class and retaining them till the completion of elementary education at the age of 14 years.

Education has not been seen in isolation, rather it has been considered essential for raising awareness among children regarding their entitlements and empowering them towards leading a well informed and responsible life. To ensure this, CINI has encompassed other facets of education like: life skills education, knowledge on the rights of children and causes, consequences and means of preventing social evils like: child marriage, child labour, trafficking, child abuse etc. under its education interventions.

Apart from providing direct education support, another strategy of CINI is to facilitate preparation and implementation of School Development Plans for better management and development of the schools. This aims to transform schools into child friendly places for encouraging children towards increased attendance and enhanced academic performance, motivating teachers to create an enjoyable and engaging environment while teaching and engaging children along with the community people in managing the school.

During this year, 24 projects on Education have been implemented across 6 districts of WB and 3 districts of Jharkhand.

REACH:
Direct: 20,526, Indirect: 6,747
## IMPACT:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Parameters as per CEC</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Early childhood stimulation by parents and AWWs for children aged below 3 years</td>
<td>- Direct home/community based ECS/ECCE support has been provided to 280 children - 4,983 children have been facilitated to get ECS/ECCE services</td>
</tr>
<tr>
<td>2</td>
<td>Enrolment of all eligible children in AWC at the age of 3 years</td>
<td>Total 5,368 children identified in WB and Jharkhand project area have been enrolled in AWCS</td>
</tr>
<tr>
<td>3</td>
<td>Retention of all eligible children in AWC among children aged between 3 to 6 years</td>
<td>All 5,368 children have been retained and are attending the centres regularly</td>
</tr>
<tr>
<td>4</td>
<td>Enrolment of all eligible children in school in age-appropriate classes for children within the age group of 7 to 14 years</td>
<td>- Total 3,328 children have been enrolled in government schools at age-appropriate classes in light of RTE Act 2009 - 14,680 children are receiving supplementary education support through the learning centres and DDCs - 200 children are getting education support through 2 residential schools in Kolkata</td>
</tr>
<tr>
<td>5</td>
<td>Retention of all eligible children in school and promotion to the next class among children within the age group of 7 to 14 years</td>
<td>All the 14,880 (100%) children are retained in school</td>
</tr>
</tbody>
</table>

## Regaining self-reliance through education

Twelve year old Sandhya stays with her parents and 3 other siblings in a village in South 24 Parganas. Though her parents enrolled her in school at the age of 6 years, she dropped out after a few months. Being an extremely shy and introvert kid, Sandhya did not prefer to go out of home until and when it was urgent. Her parents tried a lot to send her back to school, but she showed no interest.

CINI runs a Girls Learning Centre (GLC) for 6 to 14 years old girls in her village to provide supplementary education support to make the girls cope up with formal school environment and enhance their academic performance. The teacher of the centre found her during a visit to the village and talked to her parents. Though her parents were very eager to send Sandhya back to school, she firmly denied. The teacher did not lose hope and started visiting her house regularly and kept on counseling her for coming to the GLC in her village. After a few days’ of counseling, she was convinced and started to come to the centre. At the beginning she was not comfortable in the centre, but the other children gave her a warm welcome and tried to make friends with her. Slowly with time, Sandhya became a bit confident and started coming to the center regularly. In January 2017, she got enrolled in Belsingha Girls High School in class V. She is now a regular student in the school and moreover, she has become an active member of the children’s group and plays great role in bringing other children to the GLC regularly. Her parents are very grateful to the GLC teacher and said, “Our daughter has completely transformed. She is now living a normal childhood. Sandhya now plays, talks and even attends school. We are eternally thankful to CINI.”

## MAJOR HIGHLIGHTS:

- 85 AWCs have been supported for facilitating their transformation to Model Anganwadi Centres. Out of these, in 25 Anganwadi centres, observation of Early Childhood Care and Education (ECCE) Day has been regularized in convergence with UNICEF and Midnapore district administration.
- Enrolment drive was conducted in various districts of WB and Jharkhand during 2016-17 academic year. CINI had been able to enrol total 3,528 children in government schools at age appropriate classes.
- An initiative was taken by CINI in collaboration with the Sanva Siksha Mission of Kolkata to raise awareness among school going adolescent girls on child rights and entitlements and the government schemes and services meant for them in three government schools of Kolkata. Total 200 girls have been sensitized on these issues.
- CINI through its intervention with deaf children in Kolkata slum areas have reached total 383 children. Out of these children, 240 have been supported for enhanced communication and academic skill to ensure better coping mechanism in the formal schools. 8 children out these 240 appeared in School Final Examination this year and passed with average results. Another 143 deaf children and youth have been trained on various vocational skills, out of which 24 have been placed with various jobs and 9 have been self-employed.
- Total 120 schools of Malda, WB and Gujira, Jharkhand have been developed as child friendly schools through active participation of school teachers, children and community members and service providers in preparation and implementation of School Development Plan.
- Child Cabinet has been formed in 80 schools and more than 1,300 members have been trained regarding its roles and responsibilities and other related issues.
- CINI in collaboration with Rashtriya Madhyamik Siksha Abhiyan, WB implemented a capacity building programme in 34 higher secondary schools of South 24 Parganas with approx 6,500 girls of class IX to XII for building their capacity of self defence including the practical skill and psycho-social aspects of self defence and few life skills like- self-awareness, effective communication, problem solving, decision making, etc.
- A Gender Equity Movement has been initiated in Ranichi and Khanti of Jharkhand with almost 10,000 children (4,000 direct intervention and 6,000 through campaigns) of class VI and VII and 460 teachers from 80 government schools to promote gender equality, redefine masculinity and oppose and prevent all forms of violence.
PROTECTION

STRATEGIC FOCUS:
The Child-Protective Communities Model stems from CINI’s institutional core approach—Child Friendly Communities (CFC), a distillation of the primary healthcare/public health experience developed since its foundation in 1974. The model aims to take a shift from a clinical to an epidemiological approach in child protection. It seeks to overcome prevailing curative policy and practice in favour of preventive methodologies. It is further believed that preventing harm before it occurs as opposed to curing its effects afterwards is also an ethical imperative—and a fundamental human right. Preventive measures are also likely to be more cost-effective, thus reaching the universe of children rather than a few. CINI’s Child Protection programme design is conceived at 3 subsequent, logically interlinked levels, aimed at creating child protection processes spanning from the governance, to the programme to the individual sphere. The Child Protective Communities model is best implemented in and contributes to the creation of Child Friendly Communities, at one end of the spectrum, and supports a multi-layered referral mechanism to serve the individual child, at the other end.

During last year, it was focused on:

- Ensuring prevention of child marriages through convergent action with other programmes for adolescents.
- Strengthening the community based safety net through strengthening of the VLCP’s & BLCPC’s, formation of Children Group & Children Parliament and strengthening of Vigilance Group, developing child tracking mechanism and working out vulnerability assessment of children.
- Positioning the organization as the Resource Centre on Child Protection of the State in collaboration with key stakeholders and Govt. departments.
- Strengthening community level convergence mechanisms on child protection and linking the same to block and district level convergence mechanisms.
- Contributing to state policies on child protection related issues based on CINI’s learnings.
- Developing platforms for advocacy jointly with the State Govt.

REACH:
Direct: 12,116 children

Teacher rescues student from the clutches of early child marriage
Ms. Rakhi Bhattacharya, the head teacher of Karanjali Girls High School, Diamond Harbour, noticed that a 15 year old student of her school, Runa Mondal, has not been attending school for two months. She did not feel right about this absenteeism. She remembered the awareness session conducted by CINI Childline, where it was discussed that such students are often liable to become a victim of child marriage. Ms. Bhattacharya was aware that the girl belonged to a financially weak background. Without wasting any further time, she sent a para-teacher to the girl’s house. The neighbours informed the teacher that her marriage has been fixed. Ms. Bhattacharya called up CINI Childline who immediately rushed to village and found the information is true. Then the CINI Childline team, Ms.Bhattacharya along with the OC of Kulpi police station jointly visited the girl’s house and spoke to Runa’s parents about the ill-effects of child marriage and the legal implications of the same. After much convincing, Runa’s father eventually agreed to stop the marriage. He also agreed to send his daughter back to school and only get her married after she turns 18. Runa now attends school regularly.

A district level Child Rights Convention was held at Khunti. It was jointly organised by JSCPCR, Khunti district administration, CINI and other partners

A Children’s Parliament in progress at Kolkata
**MAJOR HIGHLIGHTS:**

- CINI provided technical support to police to develop child-friendly corners at Kulpi, Diamond Harbour & Mograhat of Diamond Harbour sub-division police stations and also to develop a child-friendly park within the compound of Uthti police station.
- Reached out to 5,400 girls in 22 schools through awareness generation on trafficking under the ‘Swayamshiddha’ project.
- At the district & block levels of Khunti, under the initiative of CINI, the district level convergence committee meeting on child protection and the block level convergence meeting headed by Deputy Commissioner & jointly by Panchayat Pramukh & BDO respectively were called for the first time to explain the roles and responsibilities of each member of the respective committees.
- 5 child-friendly corners have been set up this year with support from district administration.
- Child-friendly Police Stations have been initiated by CINI in Madarhat Police Station of Alipurduar and Mal Police Station in Mal Block.
- Ward 65 under Kolkata has been declared as ‘child marriage free zone’ by the children’s parliament.
- A Railway Childline Booth has been opened in New Jalpaiguri station.

**Peer Tracking Mechanism:** has been established by CINI and a total of 13,000 children are being covered through this mechanism and their vulnerabilities have been traced out.

- As the Nodal Agency for ICPS roll-out in Murshidabad, CINI has facilitated to form 4,059 VLCPCs & 26 BLPCCs there. Total 363 cases have been intervened by the VLCPC this year.
- Appraised as Best Performance of CHILDIINE by Controller Auditor General in Uttar Dinajpur District.

---

**Getting a second chance in life**

Life has been tough for 16-year-old Prema Gurung (name changed) of Alipurduar. Her mother had died when she was an infant and her father mostly stayed outside for his job. She was raised by relatives and often was moved from one place to another, depending on which relative she was sent to next. In one such instance, her elder sister Seema took her to Nepal. It was during this time Prema made a phone friend named RajibTamang. She fell in love with him and Rajib took this advantage and went to Nepal to meet her. He then took Prema to various places like Darjeeling, Kurseong, etc and stayed there together in many hotels. During this time, Prema had a fight with Rajib and he left her alone at Siliguri Junction Station. There the Railway Children staff found her alone and lost and went and approached her. She narrated her ordeal. She was then handed over to Childline.

CINI Childline produced Prema before the CWC of the district who ordered to place the child at CINI North Bengal Open Shelter for Girls for her care and protection and counseling. Through counseling it was known that she was pregnant. Initially she wanted to keep the child but after she was made to understand the situation and her tender age and health consequences for the pregnancy, she decided to abort the child. Thus, with her permission and proper consultation of doctor she aborted the child. Later with proper planning and recommendations from CINI, the CWC ordered to shift her from CINI Open Shelter to a long term shelter home at WIF, Jalpaiguri. She got enrolled in a Hindi medium school and at present is studying in class VIII.

Prema now says, “I am very happy as I have something to look forward to in life. I am currently studying so that I can stand up on my feet in future. I am thankful to all those who helped me, and guided me so far along my journey.”
## IMPACT:

<table>
<thead>
<tr>
<th>Child Protection activities</th>
<th>Number of children served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institution based care</strong></td>
<td></td>
</tr>
<tr>
<td>Open shelters (Kolkata)</td>
<td>Boys 333, Girls -</td>
</tr>
<tr>
<td>Open Shelter (NB Siliguri)</td>
<td>Boys - , Girls 299</td>
</tr>
<tr>
<td>Open Shelter (MSD)</td>
<td>Boys 118, Girls 77</td>
</tr>
<tr>
<td>Shelter homes for boys (Kolkata)</td>
<td>Boys 762, Girls -</td>
</tr>
<tr>
<td>Shelter home for girls (Kolkata)</td>
<td>Boys - , Girls 568</td>
</tr>
<tr>
<td>Night shelters for girls (Kolkata)</td>
<td>Boys - , Girls 276</td>
</tr>
<tr>
<td>Sick Bay for the children (Kolkata)</td>
<td>Boys 196, Girls 144</td>
</tr>
<tr>
<td><strong>Children in contact with Railways</strong></td>
<td></td>
</tr>
<tr>
<td>Sealdah</td>
<td>Boys 1,494, Girls 134</td>
</tr>
<tr>
<td>Atur (West Bengal)</td>
<td>Boys 193, Girls 19</td>
</tr>
<tr>
<td>Siliguri</td>
<td>Boys 122, Girls 76</td>
</tr>
<tr>
<td>New Jalpaiguri</td>
<td>Boys 244, Girls 135</td>
</tr>
<tr>
<td><strong>Services in red light area</strong></td>
<td></td>
</tr>
<tr>
<td>Ramkrishna (Kolkata)</td>
<td>Boys 313, Girls 198</td>
</tr>
<tr>
<td>Khalpara (Siliguri)</td>
<td>Boys 45, Girls 95</td>
</tr>
</tbody>
</table>

### Strengthening Community based Child Protection mechanisms

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOCs</td>
<td>61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WLOCs</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VLOCs</td>
<td>1,814</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHILDLINE Intervention

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolkata</td>
<td>1,042</td>
<td>997</td>
<td>2,039</td>
</tr>
<tr>
<td>Railway CHILDLINE at Sealdah</td>
<td>325</td>
<td>265</td>
<td>590</td>
</tr>
<tr>
<td>Darjeeling</td>
<td>339</td>
<td>317</td>
<td>656</td>
</tr>
<tr>
<td>Murshidabad</td>
<td>620</td>
<td>829</td>
<td>1,449</td>
</tr>
<tr>
<td>Uttar Dinajpur</td>
<td>202</td>
<td>339</td>
<td>54</td>
</tr>
<tr>
<td>Diamond Harbour</td>
<td>171</td>
<td>357</td>
<td>528</td>
</tr>
<tr>
<td>Railway CHILDLINE at NIP</td>
<td>244</td>
<td>135</td>
<td>379</td>
</tr>
</tbody>
</table>

### Repatriation Cases

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total children repatriated</td>
<td>12</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Total children repatriated (NB)</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total children repatriated from Government CCIs (DDP)</td>
<td>30</td>
<td>-</td>
<td>30</td>
</tr>
<tr>
<td>Total number of children repatriated from Govt. CCI (MSD)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Total Number of Children reunified /restored in families

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolkata</td>
<td>684</td>
<td>422</td>
<td>1,106</td>
</tr>
<tr>
<td>North Bengal</td>
<td>585</td>
<td>730</td>
<td>1,315</td>
</tr>
<tr>
<td>Murshidabad</td>
<td>193</td>
<td>19</td>
<td>212</td>
</tr>
<tr>
<td>Uttar Dinajpur</td>
<td>82</td>
<td>71</td>
<td>153</td>
</tr>
<tr>
<td>Diamond Harbour</td>
<td>38</td>
<td>71</td>
<td>109</td>
</tr>
</tbody>
</table>

### Specific cases intervened and saved

<table>
<thead>
<tr>
<th></th>
<th>Child Marriage</th>
<th>Child Labour</th>
<th>Child Trafficking</th>
<th>POCSO cases</th>
<th>Rescued runaway children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolkata</td>
<td>117</td>
<td>64</td>
<td>24</td>
<td>71</td>
<td>1,216</td>
</tr>
<tr>
<td>North Bengal</td>
<td>289</td>
<td>51</td>
<td>110</td>
<td>22</td>
<td>530</td>
</tr>
<tr>
<td>Murshidabad</td>
<td>151</td>
<td>17</td>
<td>0</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Uttar Dinajpur</td>
<td>138</td>
<td>5</td>
<td>15</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>Diamond Harbour</td>
<td>85</td>
<td>8</td>
<td>16</td>
<td>10</td>
<td>45</td>
</tr>
<tr>
<td>Malda</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Capacitating children and stakeholders within the ICPS and JJ framework and at the community level

<table>
<thead>
<tr>
<th></th>
<th>AWNs</th>
<th>SHGs</th>
<th>CPC members</th>
<th>Child Welfare Police Officers</th>
<th>Care givers of CCs</th>
<th>Parents</th>
<th>Other community members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolkata</td>
<td>38</td>
<td>50</td>
<td>80</td>
<td>24</td>
<td>0</td>
<td>110</td>
<td>200</td>
</tr>
<tr>
<td>North Bengal</td>
<td>300</td>
<td>100</td>
<td>200</td>
<td>100</td>
<td>0</td>
<td>1,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Murshidabad</td>
<td>214</td>
<td>214</td>
<td>576</td>
<td>27</td>
<td>0</td>
<td>404</td>
<td>22</td>
</tr>
<tr>
<td>Uttar Dinajpur</td>
<td>590</td>
<td>300</td>
<td>200</td>
<td>10</td>
<td>100</td>
<td>541</td>
<td>14,999</td>
</tr>
<tr>
<td>Diamond Harbour</td>
<td>830</td>
<td>322</td>
<td>250</td>
<td>11</td>
<td>12</td>
<td>900</td>
<td>350</td>
</tr>
<tr>
<td>Malda</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>186</td>
<td>180</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>120</td>
</tr>
</tbody>
</table>

### CNCP linked with Sponsorship programme

<table>
<thead>
<tr>
<th>Category of CNCP linked</th>
<th>Total number of children linked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single parent</td>
<td>20</td>
</tr>
<tr>
<td>Parent in jail</td>
<td>-</td>
</tr>
<tr>
<td>Incapacitated</td>
<td>4</td>
</tr>
<tr>
<td>Parents/families economically poor</td>
<td>7</td>
</tr>
<tr>
<td>Migrant</td>
<td>-</td>
</tr>
<tr>
<td>Orphan</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>11 (HIV affected)</td>
</tr>
<tr>
<td>Families linked with different Govt. schemes: (NHB+UDP+DHU)</td>
<td>94 (42+12+40)</td>
</tr>
</tbody>
</table>
THE STORY OF SHAHRUKH

“I am lost… I am trying to find my mother… I am Shahrukh… Shahrukh Mondal”. The first few words uttered by the seven year old, when he was rescued by the RPF and CINI from Sealdah railway Station.

HEALTH & NUTRITION

Over the years, India has come a long way in its public health scenario. There have been promising advancements in maternal and child health indicators and successes in the fight against HIV/AIDS and polio. Enhancement in institutional delivery rates have led to better care for mothers and increased child survival. Immunization results show a jump of approximately 20 percentage points in the last decade (NFHS 3 & NFHS 4). But despite the successes, India account for 17% of women-deaths globally who die due to causes related to child-birth every year (World Health Statistics 2016). And, in 2017, India still has a staggering 37.5% of underweight children (NFHS 4). Hence, even with visible milestones, India still has a long road to traverse to meet the desired SDG goals and ensuring a healthy future for its children.

CINI as an organisation has continually been committed to the primal goal of sustainable development by ensuring and enabling the poor, marginalised and the deprived take a steady control over their lives. Across this vision, CINI has been primarily working on the following strategic directions to break the vicious cycle of poverty, malnutrition, illiteracy and ill-health.

- Maternal and Child Health: CINI has been emphasising and working on maternal and child health issues for the past 43 years. Its primary impetus has been on ensuring timely registration of pregnancies, complete ante-natal check-ups, institutional delivery, proper post-natal care of mother and child and finally, routine immunization. CINI does not aim to develop a parallel structure. Rather, CINI visions to strengthen the existing government systems by providing handholding support and working in a convergent approach for developing Child-Friendly Communities. Keeping with this approach CINI has been working, evaluating, monitoring and implementing various interventions with the cooperation and support of the local level governance, health centres, district administrations and community members.

- Maternal and Child Nutrition: Breaking the cycle of malnutrition and poverty is an important intervention area of CINI. And in line with this vision, CINI has been working on the Life-Cycle-Based Approach (LCA) for ensuring healthy mother and a healthy baby. The critical window period of LCA is the 1,000 day period and thus many of CINI’s interventions are based on ensuring adequate health and nutrition access during this time. CINI facilitates partnering with the health and nutrition departments for developing Nutrition Rehabilitation Centres where SAM and MAM children can be admitted and treated. CINI further fosters holding Nutrition, Care and Counselling Sessions (NCSS) for the local communities to make them aware about proper cooking methods, dietary diversity, IYCF (Infant and Young Child Feeding) rules and various other local level solutions for dealing with the fight against malnutrition.

- Adolescent Health: Adolescence is one of the crucial periods of an individual’s life since the body and mind goes through several unexpected and unknown changes. CINI imparts education to the adolescents regarding sexual and reproductive health, education and various other adolescent issues – thus contributing towards developing an empowered society for tomorrow. Prioritising adolescent health also forms a critical component of the LCA since a healthy girl will develop into a healthy woman and subsequently will deliver a healthy baby. Thus, the organization has been working extensively on adolescent empowerment through formation of adolescent groups, identifying peer leaders as change agents, community mobilization and sensitization programmes. CINI provides handholding support to districts
administrations for successful functioning of various social welfare schemes such as Sabla, RKSJ etc., for combating gender-based violence, child marriage and trafficking in various districts of WB.

- **HIV/AIDS**: CINI also works towards elimination of paediatric HIV and improving maternal, new born and child health and survival in the context of HIV infections. Through extensive advocacy, network linkages, capacity building programmes, CINI aims to eliminate the social stigma, discrimination and denial of access to health services surrounding HIV infection and contribute towards safe motherhood and child survival.

- **Tuberculosis**: CINI has been fighting against Tuberculosis since a long time and has been vigorously advocating in the community regarding the disease. It also works towards identifying the local level private healers, training them adequately for reducing the harm inflicted by their random medication and making them aware about the government’s guidelines regarding treatment of Tuberculosis. Thus, through extensive engagement with community and private healers, CINI intervenes in the field of Tuberculosis.

**MATERNAL & CHILD HEALTH & NUTRITION**

A healthy population is an indispensable component for development of any nation. Maternal and child health form the crux of the public health priority for the simple reason being, that only a healthy mother can give birth to a healthy baby and not otherwise. There remains several pockets of deprived and marginal populace who are hard to be reached and CINI seeks to intervene here to ensure their access to the service-delivery points of the health system. CINI also works towards strengthening the community through the tools of continuous sensitization and capacity development. CINI has always believed in upholding the state health system and thereby works in convergence with all its stakeholders for creating Child-Friendly Communities or CFCs. The organization directly reaches out to the communities both in rural & urban locations to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence affecting particularly the children and women by applying its unique CINI method in its interventions.

**MAJOR HIGHLIGHTS**:

- In line with Govt. guidelines to conduct Snehा Sibir or NCCS in ICDS centres, 69 such sessions were organized in the urban slums of Kolkata. The sessions reached out to 183 pregnant women, 191 lactating women and 582 underweight children. The camps have helped to raise community awareness regarding adequate nutritional requirements especially among pregnant and lactating women. They also introduced the mothers to the concept of timely complementary feeding for their children.

- CINI has been entrusted by the State Government for developing and executing the Development Plans for 40 Gram Panchayats (GPs) in Murshidabad WB.

- In order to strengthen the community processes as per mandates of the National Health Mission, CINI has been closely engaged with the Health Department in strengthening Village Health and Nutrition Committees (VHSCs) in the operational blocks of South 24 Parganas district. The process entailed detail deliberation with the Govt. functionaries for formation or activation of the committees, advocacy for transfer of funds to VHSCs and development of VHSC based micro plans for utilization of funds.
### IMPACT:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Pregnant Women (PW) registered within 12 weeks</td>
<td>South 24 Pgs</td>
</tr>
<tr>
<td>% of PW got 4 ANC visits</td>
<td>Murshidabad</td>
</tr>
<tr>
<td>% of institutional deliveries</td>
<td>North Bengal</td>
</tr>
<tr>
<td>% of women received PNC within 48 hours</td>
<td>Kolkata</td>
</tr>
<tr>
<td>% of women got JSY</td>
<td>Jharkhand</td>
</tr>
<tr>
<td>% of babies breastfed within 1 hour of birth</td>
<td></td>
</tr>
<tr>
<td>% of babies exclusively breastfed</td>
<td></td>
</tr>
<tr>
<td>% of children (12 - 23 months) received complete primary immunization</td>
<td></td>
</tr>
<tr>
<td>% of SAM children brought to normal grade</td>
<td></td>
</tr>
</tbody>
</table>

Enrolment of Pregnant Women in ICDS Centre

20 years Kabita Routh, wife of Akash Routh, resident of Amalnagar Village under Chandrahati-II GP, is a pregnant woman, who was not aware about enrolling in Anganwadi Center and hence did not enrol. The community facilitator of the respective GP came to know about the matter in a Community Sensitization meeting, where Kabita participated. Our CF counselled the woman and motivated her to enrol in Anganwadi. Next day, he also mobilized AWW to talk with Kabita & her family to enrol in her nearby AWC. Kabita & Akash understood the importance of supplementary nutrition and enrolled in AWC No. 044 under Basana Chatterjee, AWW at the earliest. Now, Kabita is taking supplementary nutrition at the AWC, doing regular ANC check-ups and taking other needful precautions during the pregnancy period. She is now very motivated and also participates in various mother’s meetings conducted by the ASHA or AWW.

**COMBATING HIV/AIDS**

India was identified as a country for possible break-out of HIV epidemic. But with extensive interventions and concerted efforts of the government, NGOs and civil-society organisations this endemic could be prevented. CINI has been working in the HIV sector since 1995 with the basic objectives to “prevent, halt & to begin the reversal of impact of HIV/AIDS in India”. In collaboration with NACO, WBSPARCS and JSAPARCS, the program has been scaled up in 18 districts in WB and in 17 districts in Jharkhand. In accordance to the CINI Method, CINI has been working in a convergent approach with state and central governments in the HIV/AIDS sector too. The organisation has primarily focussed its interventions in the following domains:

- Targeted Intervention among female sex workers.
- Prevention of Parent to Child Transmission of HIV.
- Improve Quality of Life of PLHIV.
- Capacity building of health staffs on PPTCT at state, district and block level as well as maternity homes and UPHCs for carrying out the services.
- Mainstreaming effort for PRI/SHG/AWW.

### REACH:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Population Reached</th>
<th>Numbers Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of Parent to Child Transmission of HIV</td>
<td>Pregnant Women</td>
<td>6,00,793</td>
</tr>
<tr>
<td>Prevention of Parent to Child Transmission of HIV</td>
<td>HIV Positive Pregnant Women</td>
<td>198</td>
</tr>
<tr>
<td>Prevention of Parent to Child Transmission of HIV</td>
<td>Live Births of HIV exposed Mothers</td>
<td>193</td>
</tr>
<tr>
<td>Improve quality of life of PLHIV through IICCMAA</td>
<td>HIV Infected Family</td>
<td>134</td>
</tr>
<tr>
<td>Improve quality of life of PLHIV through IICCMAA</td>
<td>HIV infected or affected children</td>
<td>166</td>
</tr>
<tr>
<td>Targeted Intervention among urban sex workers</td>
<td>Urban female Sex Worker</td>
<td>346</td>
</tr>
<tr>
<td>Targeted Intervention among urban sex workers</td>
<td>HIV positive female Sex Worker</td>
<td>5</td>
</tr>
</tbody>
</table>

HIV testing of World AIDS Day
MAJOR HIGHLIGHTS:
- Training to all maternity home staff and UPHC staff on PPTCT and initiation of testing of the pregnant women.
- Training to all data entry operators in 8 districts on SIVS and ensuring 100% reporting in NACO.
- The Jharkhand team has provided training to counsellors of all 24 districts on the new guideline of PPTCT.
- Leadership training was organized for HIV infected & affected women to develop leadership qualities among them.

Demonstrated results on few indicators

<table>
<thead>
<tr>
<th>Categories</th>
<th>Population type</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>West Bengal</td>
</tr>
<tr>
<td>Prevention of Parent to Child Transmission of HIV</td>
<td>No. of Pregnant Women tested</td>
<td>5,84,105 (97%)</td>
</tr>
<tr>
<td></td>
<td>ART linkage of Positive Pregnant Women</td>
<td>193 (97%)</td>
</tr>
<tr>
<td></td>
<td>Early infant diagnosis</td>
<td>193 (100%)</td>
</tr>
<tr>
<td>Psychosocial &amp; nutritional support to HIV infected families through IICChAA</td>
<td>Disclosure to family</td>
<td>98.33%</td>
</tr>
<tr>
<td></td>
<td>Disclosure to community</td>
<td>80.33%</td>
</tr>
<tr>
<td></td>
<td>Linked with ART</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Linked with General Relief Scheme</td>
<td>77%</td>
</tr>
<tr>
<td></td>
<td>Availing benefits of General Relief Scheme</td>
<td>74%</td>
</tr>
<tr>
<td>Prevention of HIV at Red Light Areas among FSW through Targeted Intervention</td>
<td>Regular Medical Check up</td>
<td>91.4%</td>
</tr>
<tr>
<td></td>
<td>Tested for HIV</td>
<td>65.46%</td>
</tr>
<tr>
<td></td>
<td>Tested for Syphilis</td>
<td>68.06%</td>
</tr>
<tr>
<td></td>
<td>Condom distribution through social marketing</td>
<td>Above 100%</td>
</tr>
<tr>
<td>Achievements of ICTC in 2016-2017</td>
<td>Total Client Counselling</td>
<td>1,666</td>
</tr>
<tr>
<td></td>
<td>Total Client Tested</td>
<td>1,666</td>
</tr>
<tr>
<td></td>
<td>In Referral from TB to ICTC</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Out Referral from ICTC - TB</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Total Positives</td>
<td>1</td>
</tr>
</tbody>
</table>

Awareness Rally at Gati Panchayat on Occasion of World AIDS Day Uttor Dinajpur

TUBERCULOSIS

Overview
India is the country with the highest burden of TB and it ranks eighth among the world’s 22 high-burden TB countries, with approximately 1.8 million new cases yearly. Every minute, 1 person dies of TB in India. One-third of the people estimated to have TB are still either not diagnosed or not reported. Even when people suspected with TB are identified, the disease is often diagnosed and treated late.

CINI has been implementing TB control programme through its sister organisation (Santi TB Control society) since the late ’70s by providing institutional services in the peripheral slum areas of southern Kolkata and South 24 Parganas. From January 2016, given the situation of growing trend of TB in WB, especially in urban areas of Bengal, a consortium led project: Tuberculosis Health Action Learning Initiative (THALI) has been initiated. This is a four partners’ consortium, where CINI is leading the community engagement initiative for better TB care and management and World Health Partners is leading the consortium and managing private sector engagement, Global Health Strategies is leading the communication, advocacy, media engagement and CSR initiatives and John Snow India is providing technical support in capacity building, M&E and supply chain mechanism. THALI is currently operational in total 262 urban wards including all 144 wards of Kolkata Municipal Corporation, 66 wards of Howrah Municipal Corporations, 35 wards of Sonarpur- Rajpur Municipality and 17 wards of Baripur Municipality. It is gradually expanding in other districts like East Midnapore, North 24 Parganas and Hooghly.

CINI’s community engagement initiative focuses on working with multiple stakeholders in urban areas through a multi-pronged strategy for creating a local level network with the local key stakeholders through an NGO-led model. CINI has partnered with 16 local NGOs to create a local level network in 262 wards.

REACH:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Number reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>10,080</td>
</tr>
<tr>
<td>Female</td>
<td>6,720</td>
</tr>
</tbody>
</table>

The Nutrition Flag, a tool devised by CINI to explain the various categories of nutritious food.
MAJOR HIGHLIGHTS:

- Created a network of NGOs working on TB in WB by partnering with 16 like-minded organisations
- CINI had successfully rolled out the innovative component of the project by placing 262 TOUCH (Targeted Outreach to Uplift Community Health) AGENTS—a community level volunteer in every urban wards of project area.
- Reached the urban Municipal Bodies (Kolkata, Howrah, Banurpur & Sonarpur-Rajpur)
- Reached and sensitized 28 NGOs, 42 ward councillors, 13 SHGs and 2 club members through one to one or one to group interaction.
- Innovative ways of engaging community were devised to maximize the outreach during the week hosting World TB day. Six kiosks were arranged across six municipal wards. A total of 382 interactions on TB took place with interpersonal communication volunteers who were engaged and 10,500 leaflets containing TB messages were distributed. Mid Media was engaged and 102 events took place across three days.

Saved from Tuberculosis

Mr. Ranjan Das, age 32, is a resident of Kolkata. He was suffering from TB for quite a long time but was never diagnosed. He had blood in sputum. He is a father to a 3 year old girl and works as a labor in the local corporation park. His financial condition is not good.

Few months back, CINI organized a puppet show in ward no.47 to sensitize the community on Tuberculosis (TB). There Mr. Ranjan Das being the community member received the information on TB through the puppet show and other IEC materials and felt the need for testing. So he later contacted TOUCH Agent Ms. Rupa Das with the help of another person and narrated his story and his symptoms to her. After hearing the symptoms, she then took him to the registered private provider of THALI where he was further referred to the registered lab of THALI for testing. He was not willing to go to government hospital. There he was diagnosed as TB positive and put on the regimen. Currently, he is still on medicine supplied by THALI’s registered pharmacy and the medicines are supplied free of cost to him due to his low financial status. The patient is on the regimen and is monitored by TOUCH Agent, Field Officers and ICT of THALI network for his treatment adherence. Ranjan is now recovering from his previous health condition.

One small step, a giant leap for mankind

Aaztaur SK lives in a remote village of Murshidabad with his wife and daughter Hosaynin Khatun. Since her birth, the family showed disinterest towards her immunization which was even recorded in Sub-centre level Child tracking mechanism. CINI facilitators worked in a convergent approach with the government health system for counseling the family regarding immunization benefits. However, the rigidity of the family was difficult to break but with several concerted efforts of the entire CINI and government team, they could be persuaded to participate in the Mothers’ meetings. After participation in various such meetings and sessions together with continuous counselling in home-visits, the family has now understood the importance of immunization in a child’s life. And thereby, on the day of VHNID, the family brought Hosaynin with the cooperation of CINI team, SHGs and AWWs and she was finally given the routine immunizations. This has resulted in mothers’ meetings and other community meetings being conducted and executed regularly in the village with the villagers making active participation.
THE STORY OF SHAHRUKH

Shahrukh began his journey at “CINI Uttaran” with many such kids - Bhola, Krishna, Raihan, Abhijit, Mansoor... he started spending his days with his new group of friends.

WASH

STRATEGIC FOCUS:
The growing problems of environmental pollution, decreasing quality of community health and that of the individuals at the household level as well as in schools are a matter of great concern in rural areas in particular. Inappropriate and inadequate provision for safe drinking water and sanitation are being increasingly attributed to the high incidence of mortality and morbidity, especially among the children. Unsafe drinking water, poor personal hygiene practices, absence of proper liquid and solid waste disposal mechanisms and the resultant degradation in sanitary environment have further compounded the problems of rural sanitation and drinking water.

During last year, CINI prioritised the need to reach the community and make them fully sensitized on WASH (Water, Sanitation and Hygiene) related issues especially on Open Defecation in rural pockets of North Bengal and Jharkhand. Barrier free access to WASH facilities will not only ensure improved health standards but also reduce the number of drop outs from schools. WASH is an inseparable part of education, protection, health and nutrition. The components linked to water, sanitation and hygiene are entwined within CINI’s overall work to create child friendly community. Community must be capacitated to a point where internalization of the importance of WASH is amalgamated with their daily lifestyle. This would be achieved by working in a collaborative way with community, stakeholders and service providers.

Keeping the community as the focal point of intervention, awareness programme with support from the District level Administration were planned with the following objectives:

1. To raise visibility of the importance of good sanitation and hygiene behaviors. Increase awareness on the risks and implications of open defecation.
2. To provide influencers and decision makers with the information they need, encourage them to speak up & take action for positive change. Get support & create an enabling environment for change.
3. To empower individuals and families to make decisions based on correct information, stigmatize risky practices, promote healthy norms and practices.
4. To ensure demonstration of WASH in Schools and Community, to ensure quality construction of Individual Household Latrine (IHL) and use of the same.
MAJOR HIGHLIGHTS:

- In WB, 10 Gram Panchayats have been declared as Open Defecation Free (ODF) Gram Panchayats, where CINI had been the partner in ensuring that.
- CINI had been the technical partner in ensuring the sustainability of 5 ODF Gram Panchayats in Siliguri Mahakuma Parishad, in WB.
- CINI has been identified by the department as an external agency for verifying the status of ODF in WB and third party evaluator for monitoring construction of INNL under SBM in Jharkhand. CINI has given technical support in developing IECs on WASH for use in schools like: 1) WASH flipbook for Class I to XI and 2) School WASH Monitoring Tool.
- In Jharkhand CINI has supported in developing the system of Community Based Assessment through the Community Monitoring Tool. The tool has been developed by CINI and institutionalized by the Jharkhand Education Project Council.
MULTI SECTORAL PROGRAMMES

STRATEGIC FOCUS:
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 fulfil their rights to survive and be healthy, develop to their full potential, be protected and cared for and participate in decision-making processes shaping their lives. In a CFC, children participate actively in achieving their rights to Education, Protection, Health and Nutrition (EPHN) – and take the responsibility that comes with such entitlements. Each of these do find specific references within UN CRC.

Children, therefore, are not mere recipient of services, but also important social actors. Contributing as knowledgeable and entitled citizens, they express opinions and help identify child friendly solutions. They are equal participants in the local governance system along with adult partners, who support them in achieving their goals. A child-centred process facilitates convergent action through different sectors in achieving the well-being of children. During 2016-17, 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. The role of adolescents in creation of the safety net by partnering with adults was prioritised. Empowerment of adolescents to access and practice their rights has been promoted to create a safe community for them.

REACH:
Covering 168 villages and 2 municipal wards across WB and Jharkhand.
Total population: 4,29,715,
0-18 years children: 89,202,

MAJOR HIGHLIGHTS:
- CINI has become the main partner of PRI to execute the Gram Panchayat Development Plan in 40 GPs in Murshidabad
- Total 15 Primary Schools turned as ‘Child Friendly Schools’ (as per the RTE Norms) through facilitation support in Murshidabad.
- CINI has provided handholding support to 100 VLCPGs to address the Child Protection Violation cases.
- Budget for children has been ensured across all 113 sansads, where children and community plans have been prepared and accordingly budget has been allocated by panchayat for children.
- Community Resource Centre in Simulbari Tea Garden with support from Tea Garden management has been set up in Jhalpaiguri.
- VHND in the Tea Garden with support from Government and Tea Garden Management has been regularised in Simulbari of Jalpaiguri
- In five villages of south 24 pargns, VLCPGs have been made functional and they are addressing the issues as per the action plan prepared by the committee themselves in Mallickpur GP of Falta
- VLCP and children group with facilitation support from CINI have been able to mobilise Rs. 25,000 (1,000/- per child for 25 children) from Mallickpur Panchayat for admission fees in class XI.
- In both wards 65 & 66 of Kolkata, CINI has provided technical and handholding support in formation and strengthening of Ward Level Child Protection Committee (WLCPCs).
- A Child Friendly Corner has been set up at Karaya Police Station in collaboration with Kolkata Police.
- The honourable District Magistrate have accorded CINI the joint responsibility for initiating the process of establishing “Child Friendly Police Station” across all the police stations of Uttar Dinajpur.
- Members of adolescent group was entrusted with the responsibility in conducting study on “CHILD Inspectorate” in Uttar Dinajpur.
- Participation of children and adolescents has emerged as an important achievement in Jharkhand as children had been able to place demand for toilets and ample water facilities for them. 320 children have submitted their demand in written form to the higher authority.
- 3 Sanitation champions in schools and 3 community champions were also selected based on the change they have made towards toilet use, operation and maintenance of toilets, motivating peers, families on usage of toilets in Jharkhand.

Convergence meeting with stakeholders of health dept at North Bengal organised by CINI
Folk Media Campaign at Chainagar Gram Panchayat, Uttar Dinajpur. In context of the government objective to achieve 100% institutional delivery - "Mission Matrika" was launched by Uttar Dinajpur District administration in January. Keeping in perspective with the objective of the programme a folk media campaign was launched by CINI in Collaboration with Panchayat and Block Level Health administration - which was conducted in various parts of Chainagar Gram Panchayat.
THE STORY OF SHAHRUKH

In his heart of hearts, Shahrukh used to yearn for his mother, especially on days when it rained. He used to sit in a corner and remember his mother.

Story continued on page no. ...50
TRAINING

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

CINI Training Unit specializes in imparting training to the Government and Non-Government functionaries as one of the pioneering training institutes in India since 1975. The training wing of CINI covers several key areas such as Health, Nutrition, Education, Protection, Gender and Women Empowerment issues, WASH, Life Skills (WHO recommended) and other Soft skills (like, self, values, motivation, goal setting, team building, leadership, effective communication and counseling skill).

STRATEGIC FOCUS:

- CINI Training Unit sets it’s strategy on key spheres as,
  - Capacity building
  - Networking with CBOs and NGOs
  - Partnership with Government


- Capacity building - As a training institute, the unit stresses on implementation of capacity building through the process starting with task analysis of individual or group of individuals, followed by Training Need Assessment (TNA) and conducting of formal training sessions. This whole process is guided by extending handholding support at fields. This method may bring out the need of Refresher training on specific knowledge and skill based contents. Moreover, the said process or cycle needs to be continued considering the performance of an individual.

  CINI focuses on Training of Trainers (TOT) and handholding (HH) support in cascading mode with the aim to retain the knowledge and skill of the trainers. CINI capacitates development professionals on developing IEC /MISC materials, modules, manuals, facilitation and other different technical issues. It seeks to adapt international and national experiences and knowledge to improve the capacity.

  The primary recipients of capacity building support from CINI are Government staffs, NGOs, Frontline service providers, Self Help Groups, PRI members, community representatives, Anganwadi Workers, ICDS Supervisors, ASHA Trainers, ASHAs, Nursing students and children. CINI has a pool of knowledge resources in the form of IEC materials, reports, training modules, manuals, etc.

- Networking with CBOs and NGOs - Strengthening network with different CBOs and NGOs is one more significant strategy of CINI training unit. CINI established this network through close collaboration with NGO Division as well as international, national and district level NGOs. In doing so, it strives to strengthen the capacity of deprived children and women to improve their health, nutrition, education and protection conditions with the ultimate objective of creating child friendly community throughout the state.

  - Partnership with Government - CINI Training Unit extends it’s partnering with Government of India and state governments to strengthen the capacity of deprived children and women to improve their health, nutrition, education and protection conditions. It provides technical support with the aim at strengthening local governance processes that give marginalized and poor communities a voice and influence national policy through partnership mode. We have fostered and built partnerships for local development which is core to our way of working with women and children and contribute to government policy and programmes. CINI Training Unit is working in close collaboration with the Ministry of Health and Family Welfare, Department of Women and Child development and Social Welfare, Department of Panchayats and Rural Development to serve the poor women and children.

Above all, CINI training unit is well equipped to cater to the needs of various levels of participants and in imparting training in four languages – Bengali, Hindi, English and Oriya both in the classroom as well as in the field. The intra mural resource pool of CINI Training Unit comprises of 24 full time faculty members and 60 part time faculty members with vast and varied experience. This vast pool of trainers is well versed with development programmes and can travel across West Bengal and India based on the requirements.

<table>
<thead>
<tr>
<th>Key Training Programmes conducted by CINI in 2016 - 2017</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major programmes</td>
<td></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>1,458</td>
</tr>
<tr>
<td>Refresher training of ICDS supervisor</td>
<td>385</td>
</tr>
<tr>
<td>Orientation training of AWH</td>
<td>346</td>
</tr>
<tr>
<td>Total</td>
<td>2,216</td>
</tr>
<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>38</td>
</tr>
<tr>
<td>Round II</td>
<td>18</td>
</tr>
<tr>
<td>Round III</td>
<td>125</td>
</tr>
<tr>
<td>Refresher Training</td>
<td>25</td>
</tr>
<tr>
<td>Block ASHA facilitator</td>
<td>220</td>
</tr>
<tr>
<td>District ASHA facilitator</td>
<td>19</td>
</tr>
<tr>
<td>Revaluation</td>
<td>2</td>
</tr>
<tr>
<td>District ASHA facilitator - Refresher</td>
<td>21</td>
</tr>
<tr>
<td>Orientation</td>
<td>152</td>
</tr>
<tr>
<td>ToT on Non Communicable Diseases</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>642</td>
</tr>
</tbody>
</table>
MAJOR HIGHLIGHTS:
- CINI training unit has been recognized as State Accredited Vocational Institution of National Institute of Open Schooling for ASHA Certification course.
- Master Trainers’ Training for ANM and MPW on the component of Rastiya Kishore Swasthya Karyakram (RKS) has been conducted in Tripura in March 2017.
- A Manual on ‘Observation of Monthly ECCE Day’ has been prepared with support from UNICEF.

CSR PARTNERSHIPS

Corporate Social Responsibility (CSR) in India has over the years been largely confined to the domain of philanthropy. The Companies Act, 2013 redefined and gave structure to the idea of CSR and Schedule VII of the Act, which lists out several probable CSR activities, mandates community’s consent as an important prerequisite. The Act encourages companies to spend at least 2% of their average net profit from the previous three years on CSR activities. CSR in India, is thus slowly in transition from institution building to community development activities.

Through CSR, companies integrate social and environmental concerns in their business operations and interactions with their stakeholders. CSR is generally understood as being the way through which a company achieves a balance of economic, environmental and social imperatives while at the same time addressing the expectations of shareholders and stakeholders. In this sense CSR can be a strategic business management concept and not just an exercise in charity, sponsorship or philanthropy. Even though the latter can make a valuable contribution to poverty reduction and directly enhance the reputation of a company and strengthen its brand, the concept of CSR clearly goes beyond that.

**Our CSR partners:**

1. The Apnejay Trust
2. Bentley Systems India Pvt. Ltd.
3. CESC Limited
4. Exide Industries Limited
5. IBM India Private Limited
6. ITC Limited
7. HCL Foundation
8. Johnson and Johnson India Private Limited
9. Koppern Maco Services Private Limited
10. Tractor India Limited
11. Topaz Toyota
12. TM International Logistics Limited
13. TKM Global Logistics Limited
14. Trent Limited
15. SBI Life Insurance Co Limited
16. Shree Shree Lakshmi Narain Deo Trust

**Domains in where CINI has worked with CSR partners:**

1. Nutrition
2. Health
3. Education
4. Protection
5. Relief Work
While Shahrukh was spending his days in "Uttaran", CINI was actively involved in trying to find his mother.

THE STORY OF SHAHRUKH

HR & GOVERNANCE

Institutionalization of Governance and HR are the Quality of Brand CINI.

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.

The entire management process and practices of CINI are in compliance with the principles of ‘Good Governance’. The Institute always follows Credibility norms for ensuring good governance in the organization.

CINI works in a delegated work environment and making of 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 CINI 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 CINI. The Board is not involved in the day to day operations of CINI.

Governing Body:

<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 Naiyar Chandra Das Road Kolkata-700 034.</td>
<td>President</td>
<td>Professor (Retired)</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Samir Narayan Chaudhuri, CINI Main Campus, VIII: Daudapur PO: Pallian via Joka, Pin- 700 104.</td>
<td>Secretary</td>
<td>Director, CINI</td>
</tr>
<tr>
<td>3</td>
<td>Prof. Kalyan Sarkar Modal, 83, Newhall's Park, PO Pallian Haat via Joka, Pallian, Kolkata - 700 104.</td>
<td>Treasurer</td>
<td>Professor IIMC (Retired)</td>
</tr>
<tr>
<td>4</td>
<td>Sri Amit Kr Dasgupta, &quot;Srijani&quot;, PO Joka, Thakurpukur, South 24 Parganas, Pin - 700 104</td>
<td>Member</td>
<td>Social Service</td>
</tr>
<tr>
<td>5</td>
<td>Mr. Dipendra Prasad Sinha, 1950 Dover Lane, Kolkata- 700 029</td>
<td>Member</td>
<td>Business</td>
</tr>
<tr>
<td>6</td>
<td>Dr. M. N. Roy, Flat-5, Pilot No KB - 2 Sector-III, Salt lake</td>
<td>Member</td>
<td>IAS (Retired)</td>
</tr>
<tr>
<td>7</td>
<td>Prof Sougata Ray, NF-5/16, IIM, Kolkata, PO-Joka, Pin-700 164</td>
<td>Member</td>
<td>Professor IIMC</td>
</tr>
<tr>
<td>8</td>
<td>Smt. Sunanda Bose, 3C Asoka Road, Kolkata-700 027</td>
<td>Member</td>
<td>Social Activist</td>
</tr>
</tbody>
</table>

On the basis of need, impact and outcome of various programmes of CINI, we are evaluated by Donor agencies and external evaluation agencies.
Best Performer

Every year, employees are awarded the BEST PERFORMER in recognition of their contributions to the organisation. This year, they were:

Name | Anuara Bibi | Name | Rajesh Mishra
---|---|---|---
Unit | CINI-Diamond Harbour | Unit | CINI - Jharkhand
Date of Joining | 12 June 2005 | Date of Joining | 1st December 2015
Years of service | 11 years | Years of service | 1 year
Current Designation | Teacher | Current Designation | District Officer - Deoghar, Dumka, Jamtara
Category | Community Initiative | Category | Leadership & Core Qualities

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

Meet our colleague Lakshmi Naskar:

“Since 2003 I have been working with CINI. I joined CINI as field staff under ‘Couple to Couple’ project in a block of South 24 Parganas. There, I had successfully formed 50 groups with young couples and adolescent girls and had built their capacity on family planning and adolescent health issues. After this project, I became a resource person for formation and capacity building of adolescents. From 2005, I worked at community level, towards the empowerment of adolescent boys and girls by formation of groups, their capacity building on issues related to their rights and entitlements, adolescent health & hygiene management and other related issues. During the seven years from 2005 to 2012, I formed more than 250 adolescents groups and with my own initiative built their capacity and maintained the functionality of the groups even after completion of the project. Besides I created good linkages between the adolescent groups and the service providers. Many of these adolescents attended various national and international level seminars and workshops in Kolkata, Delhi, Kathmandu and Ireland. Many of these adolescents are right now working in CINI at supervisory level and in other NGOs. Some of them have got government jobs. During 2012, I joined the School Health programme as District Coordinator for South 24 Parganas. There I was responsible for implementing the programme in 104 schools. Under my supervision 191 teachers from these schools have become master trainers for providing training on Reproductive & Sexual Health and life skills at their school and 15 schools have incorporated Life Skills Education as a part of school syllabus and have been taking examination on the subject. At present I am working as District Coordinator in an adolescent health project [Rashtriya Kishor Srawastiya Kanyakram] run by CINI.

Due to the poor economic condition my family members were not supportive of continuing my education. As early marriage among the girls is prevalent in our community, my family members also tried to marry me off at an early age. My books were also destroyed. But even after repeated opposition I didn’t discontinue my study and continued it with my own earnings from giving private tuitions. Then I tried to convince my family members about the importance of education and getting a job for supporting the family. I was also able to make them understand about my aspiration & dream. With active support from my colleagues and seniors at CINI, I completed my Masters Degree. After getting job, I used to return home at night due to my nature of work (field activities) and distance of workplace from home. Various comments were made by the neighbours who made my family members turn hostile against me. Working with CINI has given me the confidence and courage to fight against evils. I know that I am not doing anything wrong and I have to achieve something in my life!”
THE STORY OF SHAHRUKH

After 7 months of tiring efforts made by our team, Shahrukh's prayers were finally answered. We found his mother, Shyamlal Mondal. The mother and son finally met each other.
WAY FORWARD

1. Stay focussed on CINI Method - CINI being a “learning organisation” we kept our ears to the ground and learnt valuable lessons, listening and observing how the poor manage to keep their families together, providing timely sustenance, care and love. Proper nutrition and health in children often take a back seat in their daily lives of perennial struggle. Feeding the men gets priority, depriving children and women. Pulling out girls and boys from school and sending them off to work; to generate resources to feed the family, perpetuate the vicious cycle of malnutrition, poor access and utilisation of existing government services, illiteracy and disenempowerment.

The CINI Method is based upon bringing critical awareness among deprived communities on how they can improve their lives to improve their present situation, working simultaneously on all the four issues of malnutrition, ill health, illiteracy and strengthening protection networks within and outside the family. Support can be garnered from elected representatives, to bring about the desired changes that they have been dreaming of. It is therefore necessary for all of us to remain focussed on the CINI Method and persuade more of our donors to subscribe to our philosophy.

2. Focus on adolescents - As most of the vital life changing/shaking events take place in a child’s life between the ages of 10 to 18, such as dropping out of school, changes in mental and physical stature, forced and early marriage, we should remain focussed on adolescents, both boys and girls.

3. Prevention rather than cure - We are all aware that as the family’s safety net is weakened by drunken fathers, domestic violence and single parenthood, the child tends to slip through the safety net to land up in situations of physical and sexual exploitation, leaving the child in trauma and shock. Is it not better and more cost effective to prevent this at the family level, rather than rescue children after being trafficked? CINI’s focus in future will be on prevention rather than opening up more homes, rehab centres for such traumatised and damaged children. The main focus in the CINI Method will be on prevention, working closely with families who are vulnerable, with local self help groups, elected representatives such as Panchayat and local councils and grass root service providers such as AWW and ASHA workers.

4. Look East - Apart from West Bengal and Jharkhand, CINI should also have a “look East” policy. Extending our work incrementally to reach out to our sister states in Odisha and North East.

Hope we don’t get lost on the way!

Dr Samir Chaudhuri
Director
THE STORY OF SHAHRUKH

Shahrukh is now attending school and leading a happy life with his parents.

ACKNOWLEDGEMENT

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
Fondazione Cariverona, Italy
Future Group, India
Family Planning Association of India (FPAI), Mumbai
IMPACT, India
Impulsus, Netherlands
MacArthur Foundation, New Delhi, India
National Deaf Children's Society
Plan India
PRIA (Society for Participatory Research in Asia)

Oak Foundation
Oxfam India
Population Foundation of India, New Delhi
PIARI ONLUS ITALIA
Railway Children, UK
SAHAY affiliated to Children International, Kansas City, USA
Save the Children
The Centre for Development and Population Activities (CEDPA), India
United Nations Development programme (UNDP)
UNICEF West Bengal State Office, India
UNICEF Odisha State Office, India
United Way, Delhi, India
US Agency for International Development (USAID)
White Ribbon Alliance, India
Vitamin Angels-India

B. Corporate Partners

Bentley Systems India Pvt. Ltd.
CESC Limited
Gide Industries Limited
HCL Foundation
IBM India Private Limited
ITC Limited
Johnson and Johnson India Private Limited
Koppens-Maco Services Private Limited
McNally Bharat Engineering Co. Ltd.
NASSCOM Foundation (Vodafone Foundation)

SBI Life Insurance Co Limited
Shree Shree Lakshmi Narain Deo Trust
TATA Chemicals
The Apnay Tryst
TKM Global Logistics Limited
TM International Logistics Limited
Topps Dai
Tractor India Limited
Trent India Limited

C. Academic Institutions

Abhinav Bharati High School, Kolkata
ANIRI School of Nursing, Kolkata

Delhi Public School, Ruby Park, Kolkata
Dept of Social Work, Silchar University, Assam
D. Corporate and Private Foundations and Trusts

- Anand Paul Foundation
- ASML Foundation, Netherlands
- Fondazione Blue, Italy
- Fondazioni San Zeno, Italy
- Give to Asia
- Harsh and Payal Hada Foundation, Kolkata, India
- Hummingbird Foundation

E. Partners from Government (Ministry, Departments, Bodies, Institutions)

Block Development Officer, Mal Block, Jalpaiguri District
Development Officer, Mal Block, Jalpaiguri District
Block Development Officer, Rajganj Block
Board of Secondary Education, Govt. of West Bengal
Child Development Project Officer, Durgapur Block
Child Welfare Committee, Coochbehar, Darjeeling, Jalpaiguri, Kolkata, and Murshidabad, North Dinajpur, North and South 24 Pgs, WB
Dept. of Development and Planning, Govt. of West Bengal
Dept. of Health and Family Welfare, Govt. of West Bengal, Mijoram, Manipur, Meghalaya, Nagaland, Tripura, Sikkim & Arunachal Pradesh

- Dept. of Health, Govt. of West Bengal, India
- Dept. of Labour, Darjeeling District
- Dept. of Panchayat & Rural Development, Govt. of West Bengal, India
- Dept. of Women and Child Development, Govt. of West Bengal, India
- Directorate of Social Welfare, Govt. of West Bengal, India
- District Administration South 24 Parganas, Murshidabad, Birbhum, Nadia, Malda, Uttar Dinajpur, Darjeeling, Jalpaiguri, Coochbehar, Allipurduar, 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 Health & Family Welfare Samity, South 24 Parganas
- District Health & Family Welfare Samity, Howrah
- District Magistrate, South 24 Parganas
- District Nodal Officer Social Audit Unit
- Eastern Railway, Ministry of Railways, Govt. of West Bengal, India
- Government Railway Police, West Bengal, India
- Food & Nutrition Board, Govt. of West Bengal
- Health & Family Welfare Samity Darjeeling, Jalpaiguri, North Dinajpur, West Bengal, India
- Jalpaiguri Zilla Parishad, Govt. of West Bengal
- Jharkhand Education Project Council, Ranchi
- Jharkhand Rural Health Mission, 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

Dept. of Social Work, Silchar University, Assam
Dept. of Social Work, Visva Bharati University, WB
Glen Hill Public School, Kurseong
Godwin Modern School, Kurseong
Goethals Memorial School, Kurseong
Gokhale Memorial Girls’ College, Kolkata
Gospel Home School, Pishra
Harijyana Vidya Mandir, Kolkata
Hartley Public School, Kolkata
Hidayatullah National Law University Ruijpur, Chattisgarh
Hirendra Leela Patranavis School, Kolkata
Hoi Trinity Public School, Asansol
St. Michaels Public School, Pundi Ranchi
St. Michael’s Public School, Asok Nagar, Ranchi
St. Paul’s School, Darjeeling, Junior section
St. Thomas School, Ranchi
Sunshine High School, Kurseong
SVKM’s Narsee Monjee Institute of Management Studies, Mumbai
Symbiosis Institute of Media & Communication, Pune
Tata Institute of Social Sciences, Guwahati
Tata Institute of Social Sciences, Mumbai
Temple of Wisdom, Mirik
The Foundation Secondary School, Kolkata
The Good Shepherd Mission School, Kolkata
The Newtown School, Kolkata
The University of Queensland
University of Calcutta, WB, India
Viharal College of Home & Social Science, Kolkata, India
West Bengal National University of Judicial Sciences

MannionDaniels
Nanda Foundation, Andhra Pradesh, India
Tata Trusts
Sparsh, Mumbai, India
The Hans Foundation
Vital Foundation, UK
Volkart Foundation, UK
ACRONYMS

AIDS - Acquired Immuno Deficiency Syndrome
ANC - Ante Natal Care
ANM - Auxiliary Nurse Midwife
ARI - Acute Respiratory Infection
ARSH - Adolescent Reproductive Sexual Health
ART - Anti Retroviral Therapy
ASHA - Accredited Social Health Activist
AWC - Anganwadi Centre
AWWs - Anganwadi Workers
BDO - Block Development Officer
BFM - Beneficiary Feedback Mechanism
CBO - Community Based Organization
CCRC - CINTA Chetana Resource Centre
CPDO - Child Development Project Officer
CFC - Child Friendly Communities
CG - Community Group
CHCMI - Community Health Care Management Initiative
CINI - Child in Need Institute
CPRC - Child Protection Resource Centre
CSO - Civil Society Organization
CSR - Corporate Social Responsibility
CTI - Collaborative Training Institute
CWC - Child Welfare Committee
CWFC - Child and Woman Friendly Communities
CWN - Child Workers in Nepal
DCPU - District Child Protection Unit
DFID - Department for International Development
DNC - Drop in Centre
DFO - District Programme Officer
DSP - Deputy Superintendent of Police
ECCE - Early Childhood Care and Education
ECS - Early Childhood Stimulation
ENT - Ear Nose Throat
EPHN - Education Protection Health and Nutrition
ERC - Education Resource Centre
ESI - Employees’ State Insurance
FSW - Female Sex Worker
GP - Gram Panchayat
GPAF - Global Poverty Action Fund
HIV - Human Immunodeficiency Virus
HIV/LWS - HIV Link Worker Scheme
HR - Human Resources
HRG - High Risk Group
HRGS - High Risk Groups
IAP - Indira Awas Yojna
ICDS - Integrated Child Development Services
ICPS - Integrated Child Protection Scheme
ICTC - Integrated Counseling and Testing Centre
IEC - Information Education Communication
IGNOU - Indira Gandhi National Open University
ICHAA - Indian Initiative for Child Centred and HIV/ AIDS Approach
IHRM - Indian Institute of Health Management and Research
IPPF - International Planned Parenthood Federation
ISSNIP - ICDS System Strengthening and Nutrition Improvement Project
ITPA - Immoral Traffic Prevention Act
JSSK - Janani Shishu Suraksha Karyalayam
JSY - Janani Suraksha Yojna
KMC - Kolkata Municipal Corporation
LCA - Life Cycle Approach
MAM - Moderate Acute Malnutrition
MAS - Mahila Arogya Samiti

E. CINI International Support Groups

CINI Australia
CINI USA
CINI Holland
CINI UK
CINI Italy

G. Others

Ananda Mandir Club, Kolkata
Iain Harrison, UK
Mohanbagi Artistic Club, Kolkata
Murshidabad Press Club
Mr. Sirish Chattopadhyaya
Poorer Areas Civil Society (PACS), DFID
Siliguri Journalist’s Club

State Bank of India
State Bank of India, Kolkata Branch
State Central Government and Local Bodies
Tavola Valdese, Italy
Web Development Co. Ltd. (Harsh Hada)
State Bank of India, ADB Branch
MCH - Mother and Child Health
MCP - Mother and Child Protection
MDG - Millennium Development Goal
MLA - Member of Legislative Assembly
MOHFW - Ministry of Health & Family Welfare
MTC - Malnutrition Treatment Centre
NACO - National AIDS Control Organization
NCCS - Nutrition Counseling and Child Care Session
NCERT - National Council for Education Research and Training
NGO - Non Government Organization
NHM - National Health Mission
NRC - Nutrition Rehabilitation Centr
NRHM - National Rural Health Mission
NTP - National Training Partner
NUHM - National Urban Health Mission
ORWs - Out Reach Workers
PACS - Poorest Area Civil Society
PLA - Participatory Learning and Action
PLHIV - People Living with HIV
PNC - Post Natal Care
PNC Kit - Post Natal Care Kit
POSCO - Protection of Children from Sexual Offences
PPTCT - Prevention of Parents to Child Transmission
PRA - Participatory Rural Appraisal
PRI - Panchayati Raj Institution
RKS - Rashtriya Kishor Swasthya Karyakram
RMNCH+A - Reproductive Maternal Newborn and Child Health and Adolescent Health
RTE - Right to Education
SABLA - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)
SAARC - South Asian Association for Regional Cooperation
SACS - State AIDS Prevention and Control Societies
SAEAVC - South Asia Initiative to end Violence against Children
SAM - Severe Acute Malnutrition
SBI - State Bank of India
SHG - Self Help Group
SNP - Supplementary Nutrition Programme
SRHR - Sexual and Reproductive Health and Rights
SRH - Sexual Reproductive Health
STI - Sexually Transmitted Infection
STRC - State Resource Training Centrre Resource Training Centre
SW - Social Welfare
TB - Tuberculosis
TERI - The Energy Research Institute
THR - Take Home Ration
TI areas - Targeted Intervention Areas
TT - Tetanus Toxoid
ULB - Urban Local Body
UNCRC - United Nations Convention on the Rights of the Child
UNFPA - United Nations Population Fund
VCT - Voluntary Counselling and Testing
VHNDO - Village Health and Nutrition Day
VHRIC - Village Health Resource Centre
VSNHSC - Village Health Sanitation and Nutrition Committee
VLPC - Village Level Child Protection Committee
WASH - Water Sanitation and Hygiene
WBACS - West Bengal State Aids Control Society
WCD - Women and Child Development
WHO - World Health Organization
WLDCP - Ward Level Child Protection Committee

SPONSORSHIP PROGRAMME

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.

This project concentrates on the first 1000 days 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. Your donation can help provide support in the form of nutritional advice, ante and postnatal 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.

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

Educate a Child

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

Street children, children without parents, children of sex workers and children from the slums need to have an environment conducive to learning. The money you give will be used for school fees, uniforms and educational materials on seed basis. 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 ciniinfo@cindiia.org to support us!
CONTACT US

Head Office:
Daulatpur, P.O. Pallan via Joka,
24 Parganas (South),
Kolkata - 700 104, WB, India
Tel: +91 33 2497 8192/206
Fax: +91 33 2407 8241
Email: cini@cินindia.org

Contact the following at Head Office:
Adolescent Resource Center (ARC)
Education Resource Centre (ERC)
Child Protection Resource Centre (CPRC)
Division of Woman and Child
Health Development (DCHD)
HIV/AIDS Division
Email: arc@cินindia.org
Email: cincf@cินindia.org
Email: cpc@cินindia.org
Email: cwhdh@cินindia.org
Email: cihiv@cินindia.org

Other State and Unit Offices:

Jharkhand State Unit
441/A Ashok Nagar, Road No 5,
Ranchi - 834 002, Jharkhand,
Tel: +91 651 224 5370/5831,
Fax: +91 651 224 3549,
Email: cjhccj@cินindia.org

Training Unit
Vill. & P.O. Amgachia via Joka, 24 Parganas (S)
Jharkhand State Unit,
Pin - 700 104, WB, India
Email: cinichetana@cินindia.org

Kolkata Unit
37 Pottery Road, Kolkata -17, Pin – 700 015, WB,
India Tel: +91 33 2329-8041/1098
Email: cinkolkat@cินindia.org

Fund Raising Unit and International Unit
37 Pottery Road, Kolkata – 700 015, WB, India
Tel: +91 (33) 23292066 / 9073671990
Email: cinifi@cินindia.org

Diamond Harbour Unit
P.O. Rainagar (West), Water Tank Para,
Diamond Harbour,
Pin - 743 311, WB, India
Tel: +91 3174 255335/258217
Fax: +91 33 2497 8241
Email: cinidh@cินindia.org

Murshidabad Unit
Flat no –D-4, Golden Valley Apartment
13621 Rabindranath Thakur Road, Lalbighi
P.O. Berhampur, District-Murshidabad,
Pin - 742 102, WB, India,
Tel: +91 3402 262340/261686
Email: cinimurshidabad@cินindia.org

North Bengal Unit
45 Meghnath Sarani, Hakimpura, P.O. Siliguri
Pin - 734001, Dist. Darjeeling, WB, India
Telefax: +91 353 2529301
Email: cinnb@cินindia.org

Uttar Dinajpur Unit
Qtr No.: M – 1, District Magistrate’s
Housing Compound,
Karnapara, Raisan, Uttar Dinajpur, Pin- 733 130, WB India
Tel: +91 33529-252263 Email: cinnudp@cินindia.org

For donations, contact us at 033-2329-2066
For internships, write to us at crc@cินindia.org