

# Annual Report

2018 – 19





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# Annual Report

## 2018 – 19





## *From the Director's Desk*

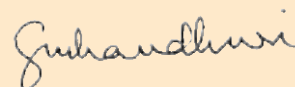
The past one year, April 2018 to March 2019 has recorded significant growth for CINI in terms of breaking new ground in Assam and Odisha, apart from increasing our presence in West Bengal and Jharkhand. With support from USAID, facilitated by DASRA, we have launched the adolescent programme in Assam, reaching out to Goalpara and Dhubri districts. At a recently held meeting of USAID partners in Guwahati, chaired by Mission Director of National Health Mission Assam, CINI's adolescent programme to improve nutrition, health and protection status of vulnerable adolescents was recognised as an exemplary convergence model, based on the CINI Method. In Odisha, CINI is providing support as a technical support agency to the Women and Child Development Department to improve the functioning of Anganwadi workers and Supervisors of ICDS. Efforts are being made to reach out to the North Eastern States following CINI's "look east" policy.

In West Bengal, we have made inroads in the tea gardens of North Bengal working with a vulnerable population, helping them to access existing government services of ICDS and ICPS, preventing malnutrition in both children and women and preventing early marriage. We have also strengthened the local village/ward level child protection committees to prevent trafficking. There has been a synergy established with Govt. of West Bengal flagship programme, "Kannyashree" and Rashtriya Kishor Swasthya Karyakram (RKSK) programme of the Health Department, where CINI facilitates both in school and out of school girls to access iron and folic acid supplementation programme to prevent anemia which affects almost 70 percent of adolescent girls among other issues

affecting them. The toll-free "Teenline" number (1800-121-5323) has gained popularity and adolescents who need counseling for emotional and sexual problems not only receive tele-counseling but also may access face to face counseling if required for themselves as well as their parents. In a few districts of WB, CINI's intervention to improve birth weights by ensuring maternal weight gain, supported with the grant received from the HCL Award, has shown remarkable results.

In Jharkhand, CINI has supported the state government to design alternative care for vulnerable boys and girls which has reduced the need to institutionalise these children in Child Care Institutions (CCI) under the Juvenile Justice (JJ) Act.

Apart from support received from respective state governments in WB, Jharkhand, Odisha and Assam, our friends from the corporate sector have extended their generous support to help us reach out to more vulnerable children and women with Corporate Social Responsibility (CSR) funding. Despite the economic crisis in western countries, our generous donors both individuals, trusts/foundations continue to support us. I am grateful to the Governing Body of CINI, my colleagues and the child and woman in need in allowing me to give one more year of my life to help them to help themselves.



Dr. Samir Chaudhuri





# *CINI Vision, Mission and Values*



## **OUR VISION**

A friendly and responsive community where children and adolescents achieve their full potential.



## **OUR MISSION**

To ensure child and adolescent achieve their rights to health, education, nutrition and protection by making duty bearer and community responsive to their wellbeing.



## **OUR VALUES**

**Accountability:** We take responsibility for using resources effectively & efficiently and being accountable to partners, communities and, above all, children.

**Collaboration:** We seek to collaborate with children, parents, women, communities, governments and partners to empower children to develop into active citizens and access basic services and opportunities as a matter of right.

**Caring:** We believe in respecting each other and supporting caregivers in caring for children and preventing all forms of harm in the communities that we serve.

**Integrity:** We aspire to live to the highest standards of personal and organisational integrity and always act in the best interests of the child.







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# *Introduction*





**Spread:**

CINI is an India based organization having presence in 8 states which include: West Bengal, Jharkhand, Odisha, Assam, Tripura, Arunachal Pradesh, Nagaland and Manipur.



# Introduction

Child in Need Institute (CINI) is a registered non-government organisation (NGO) under the Societies Registration Act and Foreign Contribution Regulation Act in India. We work with over 1000 Indian professional colleagues and are guided by a Governing Body composed of experienced Indian practitioners, academics and administrators. Founded in 1974 in Kolkata (former Calcutta), West Bengal, CINI now has operations in the states of West Bengal, Jharkhand, Assam and Odisha and it reaches out to more than 7 million rural and urban population of poor communities. We have been a recipient of numerous prestigious awards and recognitions in India and around the world, during our journey in the last four and a half decades.

CINI's overarching aim is to enable poor people, women and children to take control of their lives and have a share in sustainable development. CINI is active in deprived communities, both in villages and low-income urban settlements. It seeks to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence, affecting in particular, children and women. CINI's initial focus on health and nutrition has grown further in the areas of education and child protection. CINI's method is to converge sectoral interventions at the level of the family and the community and to adopt a human rights-based approach in strengthening local governance actors, such as Rural Panchayat Institutions and Urban Local Bodies, service providers, such as health personnel and teachers, and adult and child community representatives, to use available resources and identify local solutions. CINI's programmes span project development and implementation, technical assistance, system strengthening,

network building, training and capacity development, to serve marginalised communities and contribute to government policies and programmes. CINI works with different stakeholders including government, other NGOs, schools, bilateral agencies, corporates and individuals.

CINI provides technical assistance to State Governments and civil society organisations working in West Bengal, Jharkhand, Odisha, Assam, Nagaland, Tripura, Arunachal Pradesh and Manipur. The programmatic approach of CINI has attracted the attention of policy-makers both at the state and at the national level to adopt or design different schemes and programmes at different points of time. With this success, CINI has always been engaged in strategising 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 forums, as part of its advocacy initiatives, the organisation has contributed to several consultations that take place at multiple levels having a strong implication on human development. CINI's engagement at ICPD is one of such initiatives. We are having linkage with the South Asia Initiative to end Violence against Children (SAIEVAC), under SAARC. In the last few years, CINI has built up a strategic partnership with Governments, and with different Corporate and bilateral agencies for implementing programmes at the ground and to provide technical support and to inform and influence in designing and implementing policies and programmes. CINI has initiated its strategic intervention to promote the family strengthening approach at the community level with a technical assistance element to strengthen the de-institutionalisation processes within the

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current policy framework.

CINI follows a transparent system of organisational management. Our internal governance structure is well-articulated. Accounts of CINI are audited by independent auditor/s. We have various policies to ensure that our employees have a healthy working environment. CINI maintains a Child Safeguarding Policy, Gender Policy, Workplace Policy on HIV related issues and Anti-Corruption and Anti-Bribery Policy. At CINI we also believe in cost-

effectiveness. On average, less than ten percent 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 adolescent, woman and child. To us, every child is unique and we hope to make everyone 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.





*The CINI Method: Creating  
Child Friendly Community (CFC)*



# *The CINI Method: Creating Child Friendly Community (CFC)*

## **Creating Child-Friendly Communities-contributing towards Sustainable Development Goals**

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 organisation has moved to an integrated approach of facilitation and service delivery. While working with the communities and fulfilling their contextual needs, CINI realised that sustainable development is only possible by building partnerships with key stakeholders and adopting an integrated approach across education, protection, health and nutrition sectors. CINI's mission, core values and guiding principles continue to shape all that it does. This constitutes the CINI Method – i.e. CINI's development understanding and practice. Within the implementation role, it is exemplified in the institutional Child-Friendly Communities (CFC) approach- the core approach of CINI that shapes all sectoral and integrated implementation efforts.

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 potential and development.

Service providers are supported and hand held 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.

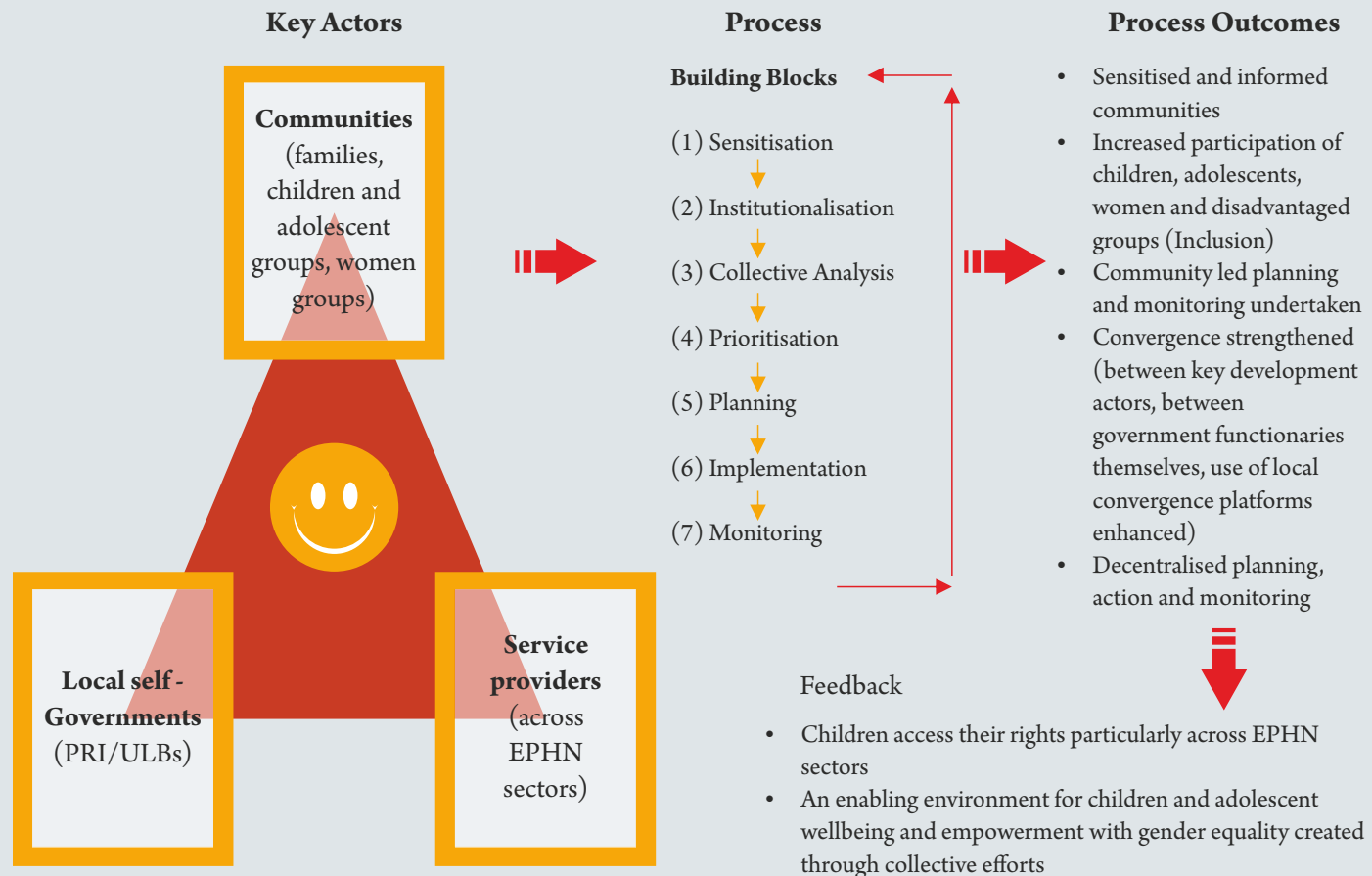
Local elected representatives (Panchayati Raj Institutions in rural areas and Urban Local Bodies in municipal areas) are encouraged to ensure access to basic services and implementation of policies and budgets in the best interests of children and women. The convergence of all services is also ensured by the elected representatives. CINI acts as a facilitator in engaging local development actors – the community, service providers and elected representatives – in a process aimed to ensure convergence and thereby strengthen good governance with and for children and women. Local governance partners are involved in participatory processes leading to increasing awareness on problems affecting the community, identifying issues through social mapping, planning interventions to address shared priorities and monitoring the progressive fulfillment of human rights by all, especially the socially excluded.

These learning of creating Child-Friendly Community helps CINI in strengthening its other role of influencing policies, advocacy, capacity building and system strengthening in different platforms and, networks across various levels.



# How We Work

## Implementation Framework: Creating Child Friendly Communities



*Milestones*





# Milestones

## 1974-1984

- Under 5 clinic started in Balananda Hospital, Behala and St. Vincent School, Thakurpukur, Kolkata
- CINI received the identity of a registered society under the Societies Registration Act
- Disaster relief operations in flood affected Moyna and Sunderbans in West Bengal and cyclone-hit areas of Andhra Pradesh and support for Kampuchea refugees.
- Maternal and Child Health (MCH) project initiated in Moyna and Baikunthapur of West Bengal

## 1985-1995

- Health programmes initiated in Tollygunje slums in Kolkata
- CINI Urban Unit set up for implementing urban health programme focusing on street children in Kolkata
- Adopt a Mother programme initiated with support from Amici di CINI, Italy
- Relief work for victims of communal violence in Tangra, Kolkata
- Regional centre for counseling on HIV & AIDS set up with support from the National AIDS Control Organisation (NACO), Govt. of India
- Adolescents' programme started
- Setting up of Fund Raising Unit in Kolkata
- Recognition as Regional Resource Centre by the Ministry of Health & Family Welfare (MOHFW) for Eastern Region, Govt. of India

## 1996-2006

- Conferred with Collaborative Training Institute (CTI) status for seven North-Eastern states by MOHFW, Govt. of India.
- Operations of Adolescent Resource Centre and CINI Jharkhand unit was initiated
- Relief operation for earthquake victims of Bhuj in Gujarat
- Beginning of Life Cycle Approach (LCA) Cell
- New CINI logo launched with a new branding strategy

## 2007-2017-19

- Recognised as State nodal agency for rolling out Accredited Social Health Activist (ASHA) Training Programme under National Rural Health Mission, West Bengal
- CINI's core method of work of creating Child-Friendly Communities (CFC) initiated
- CINI Jharkhand unit recognised as State Nodal Agency for underprivileged children
- 12 weeks' certificate course on Reproductive and Child Health started in collaboration with Jadavpur University
- Community Health Care Management Initiative (CHCMI) launched with support from the Dept. Of Health & Family Welfare and Dept. of Panchayats & Rural Development, Govt. of West Bengal
- State Technical Resource Centre for conducting HIV & AIDS training in partnership with the National AIDS Control Organisation (NACO), India.
- Community College established in partnership with Indira Gandhi National Open University (IGNOU)

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- Awarded World Bank-supported Development Marketplace project for income generation of women's groups by marketing low-cost nutritious supplement, “Nutrimix”
- Initiated Kolkata CHILDLINE, a 24-hour emergency service for children in distress, under the Ministry of Social Justice & Empowerment, Govt of India.
- Shelter home for homeless women and girls in Kolkata started with support from Govt. Of West Bengal
- Residential short stay services for boys and girls initiated in CINI Kolkata unit
- CINI reached the 40th year landmark of its operation
- CINI's new website launched
- Compilation of CINI's policies, strategies, operations, programmes and communication into a guide book called THE CINI METHOD
- The new social business initiative of CINI-CINCOMM launched
- Web-enabled project planning and monitoring system, CINI Management System (CMS) launched
- Department of Health and Family Welfare, Government of Jharkhand recognized CINI as a nodal agency to strengthen the community mobilization cell under NHM, Govt of Jharkhand.
- CINI was appreciated for its support to the Department of Social Welfare and Women and Child Development, Government of Jharkhand in piloting social audits to strengthen the services under ICDS.
- 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.
- CINI launched Bachelor in Vocational Education courses in collaboration with Tata Institute of Social Sciences (TISS), Mumbai
- CINI ARC started contributing to the National policies and programs for adolescent health and development, like Rashtriya Kishor Swasthya Karyakram [RKSK], SABLA, SAG, Rashtriya Madhyamik Shiksha Abhiyaan, Adolescent Education programme etc.
- Identified as National Training Partner for Rashtriya Kishor Swasthya Karyakram [RKSK], the National adolescent health programme, for West Bengal and 8 North Eastern States to train medical officers from the Department of Health and Family Welfare on peer education strategy
- Technical support partner for the Department of Women and Child Development and Social Welfare for the SABLA - Kanyashree Prakalpa Convergence initiative in the state of West Bengal
- Recognised and awarded as the “Best NGO” in the health category by HCL foundation
- Department of Health and Family Welfare, Government of Jharkhand recognized CINI as a nodal agency to strengthen the community mobilization cell under NHM, Govt of Jharkhand.
- SA new FXB Center for Health and Human Rights at Harvard University (FXB Center) selected CINI's innovative work on harm prevention following the Child

Friendly Community under the research project titled “Understanding Prevention : An analysis of three Community –Based Herm Prevention Strategies in India to Build Child Rights and Protection”.

- Strategies in India to Build Child Rights and Protection
- CINI became part of DASRA collaborative Initiative for the adolescent programme

**Network and accreditation: CINI as a member of various committees/Alliances at Global, Regional, National, State and District level:**

**Global and Regional Level:**

- CINI is a Member of ICPD global network and participated in the 47th Commission on Population and Development in New York
- CINI as a member of White Ribbon Alliance, participated in the United Nations General Assembly on Sustainable Development Goals with a woman community change maker
- CINI is a member of National Action Coordination Group of SAIEVAC [South Asian Initiative to End Violence Against Children]
- CINI is a member of Girls Not Bride Alliance to end child marriage
- CINI is a member of ECPAT network working to end sexual exploitation of children

**National Level:**

- Member of National Consortium on RMNCH+A,

Member of the Working Group on Adolescent Health & Well Being and the SRHR [Sexual and Reproductive Health and Rights] Alliance in India

- CINI is the Governing Body member of the Indian Association for Life Skills Education [IALSE]
- CINI is a member of the National Action & Coordination Group (NACG) supported by SAIEVAC, SAARC & GOI.
- Indian Alliance for Child Rights (IACR) – A national network of NGOs, donors and academics of which CINI is a member, through which we contribute towards the alternate report to UN on child rights
- CINI is the founder Member of Action against Trafficking and Sexual Exploitation of children (ATSEC).
- Member, Working Group in Child Protection for the 12th Five Year Plan
- CINI was the part of the National Adolescent Resource Team (NART), in Rajib Gandhi National Institute for Youth Development (RGNIYD), Government of India.
- Member of National Advisory Committee on Child Labour.
- CINI is a member of Voluntary Action Network of India (VANI)
- Member, India Alternative Care Network [IACN]
- CINI is the member of ‘Core Group on Children’ constituted by the NHRC (National Human Rights Commission)

**State-Level [West Bengal and Jharkhand]**

CINI in West Bengal is a Member of: -

- State Resource Group on Early Childhood Care &



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- Education, Govt. of West Bengal
- State Secretariat of White Ribbon Alliance in WB
- State Nodal Agency for ASHA in WB
- State Technical agency to support SABLA/Scheme for Adolescent Girls [SAG]-Kanyashree Prakalpa [KP] convergence programme for the empowerment of adolescent girls in West Bengal

CINI in Jharkhand is a Member of: -

- Sahiyya Mentoring Committee (State Level)
- Member of RMNCH+A working group (State level)
- Member of Adolescent Health Advisory Committee (State level)
- As Secretariat of Civil Society Network of Child Rights (CSNCR), CINI also support NHM for observing any campaign across the state through the NGO network
- CINI is a member of the Working Committee on Child Rights

### **District/Panchayat level of West Bengal:**

- CINI is a member of the PCPNDT committee at the district level
- CINI is a member of District Child Protection Society (DCPS) in the districts of Murshidabad, Darjeeling, Kolkata & South 24 Parganas
- CINI is a member of Anti Human Trafficking Unit (AHTU) in Murshidabad
- District Health & Family Welfare Samity
- District Advisory Committee and District Inspection & Monitoring Committee (USG Centre)
- RSBY Planning Committee

- District Inspection Committee of Homes under the JJ Act, under WCD & SW Department, GOWB
- HIV-TB Coordination Committee.
- Children Committee at Government Homes.
- The advisory committee of Neheru Yuva Kendra
- Sexual Harassment Committee of BSF, Roshanbag, MSD
- Member Secretary, District NGO Network (A forum of NGOs)
- Member of Rogi Kalyan Samities
- Sthayee Samity, Jana Swasthya at ZillaParishads in different districts

### Awards & Recognitions:

Over the years, CINI has been officially recognised, both in India and abroad, as a leading NGO contributing to the development sector in India. Some of the major accolades CINI is proud to receive includes:

**2019** – Dr. Samir Chaudhuri, the Founder member of CINI, has been awarded The Parivartan Inspire Award 2019, by BRITWORLDWIDE (BWW) in the category of Women and Child Welfare

**2019** – Awarded as the Achiever of the Year 2019 ( vertical Hub: Child Care ) by the Tata Institute of Social Science: School of Vocational Education

**2017** - Received the “Best NGO” Award in Health category by HCL Foundation

**2015** - CINI won the Mobile for Good Award for GPower from the Vodafone Foundation

**2015** - Nari Suraksha Sanman Award given to CINI in recognition of it's contribution in the field of Protection of underprivileged children's and women's rights by B Sirkar Johuree Nari Sanman

**2013** - ABP Ananda Sera Bangali Award given to Dr. Samir Chaudhuri in the category of Public Life

**2013** - SPJIMR Harvard US - India Initiative (HUII) NGOs Excellence Award

**2013** - Certificate of accreditation for adherence to the desirable norms prescribed for the good governance of voluntary organisations from 2013-2018, by Credibility Alliance

**2011** - ICICI Lombard and CNBC TV18 'India Health Care Award

**2011** - WHO award for excellence in Primary Health Care at India

**2008** - Annual Rotary India Award for most significant contribution in reducing child mortality by Rotary Club

**2008** - Ellis Island Medal of Honour, USA to CINI's Director and founder, Dr. Samir Chaudhuri

**2007** - World of Children Award to CINI's Director and founder, Dr. Samir Chaudhuri

**2005** - Premio Parlamentare per l'Infanzia (Children's Award by the Italian Parliament / Parliamentary Commission for Children) to CINI's Director and founder, Dr. Samir Chaudhuri

**2004 & 1985** – **National Award in the field of Child Welfare** (CINI is the only NGO to have won this award, twice)



सत्यमेव जयते

भारत सरकार

मानव संसाधन विकास मंत्रालय  
महिला एवं बाल विकास विभाग

राष्ट्रीय बाल कल्याण पुरस्कार,  
2004

यह राष्ट्रीय पुरस्कार

चाइल्ड इन नीड इंस्टीट्यूट

24 परगना, पश्चिम बंगाल

को बाल कल्याण के क्षेत्र में समुदाय के प्रति मूल्यवान सेवाओं  
की राजकीय मान्यता में दिया जाता है।

नई दिल्ली

दिनांक : 14 नवम्बर, 2005

श्री न. मन्जर

सचिव

भारत सरकार

Government of India

Ministry of Human Resource Development

Department of Women and Child Development

National Award for Child Welfare,  
2004

This National Award is given to

**CHILD IN NEED INSTITUTE**

24 Parganas, West Bengal

in public recognition of the valuable services  
to the community rendered in the field of  
Child Welfare

New Delhi

Dated : 14th November, 2005.

*N. Manjari*

Secretary to

Government of India



*Adolescents*



# Adolescents

CINI Adolescent Resource Centre (ARC) was established in 2000, dedicated to work on Adolescent issues. Apart from being a reflection of diverse adolescent related activities that CINI undertakes, the setting up of the Centre was also in part, a response to the increasing national and international policy attention on adolescent people as a group to work with.

## Strategic Priorities and Focus

- Developing, strengthening and scaling up adolescent led empowerment programme models
- Influencing parents to create a family-based safety net (physical and virtual) and building capacity of key community stakeholders, including the service providers and local self-government
- Enhancing evidence-based documentation and strengthening local, state and national level networks and alliances
- Enhancing technical assistance to the government, especially at the local, district, state and national level
- Promoting evidence-based advocacy for investment, replication and scaling up of adolescent empowerment model through Government systems and structures

## REACH

- Direct: 5,21,093
- Indirect: 1,459,908

## Major Highlights:

- CINI provides technical support for Scheme for

Adolescent Girls – Kanyashree Prakalpa convergence to the Department of Women and Child Development & Social Welfare in West Bengal;

- Implementation support RKSK, GoI to the NHM of West Bengal, Jharkhand & Assam
- The frontline workers like ASHA, ANM, Anganwadi workers including teacher, counsellors for adolescents are trained on different adolescent issues
- Convergence among the different Government programmes and schemes for the adolescents are brought in and also strengthened the referral services
- A media meet was organised with all the leading regional print media and electronic media for the widespread awareness of early marriage.
- Kitchen garden are being made by adolescents with the support of community and Panchayat. The adolescents raised the issue in the 4th Saturday meeting and convinced the panchayat for it. The initiative has been started and those are used in the preparation of Supplementary Nutrition at Anganwadi Centre (AWC).
- An exposure visit was undertaken to understand the modalities of the RKSK programme in Madhya Pradesh (MP). MP presents a typical example where the programme is implemented through NGOs.
- 22 Adolescents were trained as Community Reporters by the West Bengal Small Newspaper Editors Welfare Association (WBNEWA), Murshidabad Branch on the method of reporting.



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### Impact:

- Sensitisation of Block & Panchayat level service providers: 1360
- 561 school drop-outs were enrolled back to schools (many of whom were child labourers)
- 8881 parents were reached
- Significant Days observed: 1,67,654
- 1411 Peer Educators were trained at the community level and 1635 Peer Educators were trained at the school level in West Bengal and Jharkhand, and in Assam, it is 79
- CINI TEENLINE received 826 calls which are double the number of calls received during last year, 63% (521) calls

- were from boys and 37% (305) were from girls.
- Adolescents referred to Adolescent Friendly Health Clinics (AFHC): 5820
- No of Adolescents got referred and visited in Anwasha Clinic: 78272
- Number of adolescents consumed IFA and Albendazole (for De-worming): 3857
- No of Adolescents participated and attended meeting at the safe spaces: 34923
- Number of eve-teasings reported are (8) Trafficking cases followed up and prevented are (4), and child marriages prevented are (521)



### **Case studies**

#### **Seema wrestled the darkness around (West Bengal):**

Seema (name changed) of Falta block, South 24 Parganas district in West Bengal, is a student of class 10 in a government school. She is a part of the adolescent girls' group in her school. She attended CINI's session in school on Gender-Based Violence where child sexual abuse was discussed. After the session, Seema realised that what her brother-in-law was doing to her for many years is abusive. So she came to the CINI coordinator and shared that she is being sexually harassed in her own home and she also shared that her brother in law threatened her not to tell anyone about this. The CINI coordinator advised her to talk to her mother. And accordingly, she told her mother about this, including the fact that she had told this to the CINI coordinator as well. Seema then directly confronted her brother-in-law that what he was doing is wrong and if he does anything like this in the future, she will take steps against him. Hearing Seema and knowing that other family members also know about it, her brother-in-law dared not to approach her again. Seema's mother is now supportive, and she is now part of an SHG. She is interested in her daughter's education and wants her daughter to marry later.

#### **Four girls got motivated to visit Police Station (Jharkhand):**

Shila Tudu, Sajni Marandi, Susanti Hembrom and Shilvanti Hembrom, residents of Madhuban Village, Bhairabpur

Panchayat of Jama block, Jharkhand, can't stop talking about the most unusual day of their life. The girls were a part of the Kishori Samooh (adolescent group) at the Madhuban Anganwadi Centre. Sajni Marandi functioned as the peer educator for the group.

November 27, 2018 - The day they went to the police station. CINI Field Animator had asked them to visit a police station to ensure that they are fearless enough to approach the police if ever needed. Ms. Lilmuni Kisku (Anganwadi Worker) had also insisted them to go for the visit. They were very excited because it was a great opportunity for them. They had seen police stations only in films and wanted a first-hand experience all by themselves. Meanwhile, the CINI Field Animator and the Anganwadi Worker spoke to their parents to explain the purpose of the visit and secured their permission. Parents of the four girls agreed instantly.

Finally, the four, along with 16 other girls from Madhuban Anganwadi Centres, visited the Jama Police Station. The Inspector-in-Charge, Kundan Vimal, addressed the group. He greeted the girls and took them around the station. He explained the difference between General Diary (GD) and the First Information Report (FIR). He shared the contact details of the responsible police officer with adolescent girls and assured of all necessary support and action needed to prevent the early marriage from the part of the Jama police station. Shila, Sajni, Susanti and Shilvanti found the discussion interesting. "Sir was very good", they declared. "If needed, we can go to the police station ourselves now" they stated. It was an interesting experience for the police personnel as well.

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### Tale of a Peer Educator (Assam):

Ganesh Chandra Nath, a 17-year-old peer educator from Raniganj Block, Dhubri, Assam, joined the CINI team and started working towards building an awareness network to make all the adolescents of his villages conscious about different issues like substance misuse, child marriage, nutrition, health, etc.

But a day came when he had to prove his when he was informed of a probable child marriage to be taking place in a

nearby area. Eventually he was able to call off the wedding. Soon, he became a renowned name as he was also successful in stopping of illicit liquor production at some households of his village. He together with the village elders and health service providers stopped the illicit liquor production, selling and consumption. A rally of 500 people was taken out to spread awareness on illicit liquor production that turned out to be very successful. Eventually, with the help of the local administration, he was able to vandalize some local liquor production units and spread much more awareness regarding the issue.





*Education*



# Education

## Strategic Priorities and Focus

The main objective of CINI's education initiatives is to ensure the educational rights of socio-economically excluded children through a continuum of support starting from 2 years to 18 years.

For the ground implementation of the objectives, strategies and programmes have been designed. One of the main strategies is to strengthen the education and ICDS systems to enhance enrolment, retention and quality education for vulnerable children, especially girls, through the involvement of duty-bearers and children. Another strategy is to develop evidence-based models for improving education outcomes and the protection of vulnerable children and adolescents, especially girls. The third strategy is to utilise CINI's learning and experience to strengthen government policy, programmes and systems in enhancing access to education by vulnerable children.

## REACH (April 2018- March 2019)

### Direct:

**Total 19544 children of 2 to 18 years have been reached directly through the various education programme of CINI.**

### Indirect:

- A total of 13369 children of 2 to 5 years have been

benefited indirectly by CINI's initiative of ensuring Early Childhood Stimulation/ Early Childhood Care and Education services.

- A total of 31397 children of 6 to 14 years have been benefited indirectly by CINI's initiative of facilitating the process of transforming schools into a child-friendly space for children.
- A total of 12890 children of 15 to 18 years have been benefited indirectly by CINI's initiative of linking children with various educational entitlements of government, meant for them.
- CINI's strategy of inclusion has fulfilled the educational rights indirectly for 65 children with special need.

### Major Highlights 2018-19:

- 10434 children have been provided with remedial education support to reach age-appropriate academic competency and 100% of them have been retained in school.
- CINI has provided ECS/ECCE support to 1864 ICDS going children of 2 to 5 years and has retained 100% of them in the ICDS centres.
- CINI has started the educational initiative in the entire block of Rajnagar, Birbhum, where children of 6 to 10 years from 107 primary schools are getting educational support for enhancing their academic outcomes.
- An initiative for the formation of the School Development Committee and preparation of the School Development Plan has been taken in 45 primary schools of Rajnagar block.
- Total 90 govt. school teachers have been trained on Joyful



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Teaching Methodology and Life Skill Education in the Rajnagar block of Birbhum.

- Six Learning centres, reaching out to 190 children have been set up in the remote tea gardens of Jalpaiguri district with support from Sarva Siksha Mission, Jalpaiguri.
- In Uttar Dinajpur, the School Development Committees have been successful in mobilising resources from Panchayat Samiti, Block Development Offices for kitchen gardening in school, beautification of school play-ground and arrangement of running water in school.
- Based on the guideline of Jharkhand Sikhya Pariyojana, Ranchi, CINI in coordination with District Education Office of Simdega organised 2 days' orientation in 30 schools in which more than 362 SMC members participated.

### Case studies

Name of Student: **Rani Khatun** (Name Changed); Age: 8+ Yrs.; Class: I (Level-4); Village: Panchasata (Diamond Harbour II Block, South 24 Parganas); Father: Anowar Mondal; Mother: Jorina Bibi; Total Number of Family Members: 5 members (2 brothers)

Rani is a student of Panchasata Girls' Learning Centre. She got enrolled in the centre in 2017. She is studying in class 1 (level 4) and is continuing to study in the centre with the hope of becoming a school teacher when she grows up.

Rani is a regular student of the GLC. But suddenly she stopped coming to the centre. The teacher immediately visited her home and came to know that Rani's father was sick and

there was no one to care for the income flow of the family. So Rani was sent to one of her relative's house to continue her studies. The teacher was doubtful and continued to visit Rani's home. At last, she came to know that Rani was sent to Kolkata for work as a domestic help in her relative's house. The teacher then went to the members of the Gram Panchayet and local club members and discussed with them about this. Then all of them together went to visit Rani's parents to make them understand the importance of education and also made them aware of The Child Labour Rules and Regulation Act. Finally, the teacher along with her parents went to Kolkata to bring back Rani. Now she is continuing her studies as before, in her own village.

### Nasrin Khatun (student)

Baruipara is a village under the Aurangabad I Gram Panchayat of Suti II block in the Murshidabad district. Most of the males of this village are involved with masonry and females are involved in bidi rolling, doing household chores or taking care of the siblings. Girl children are pressurised so hard by their families that they couldn't avoid doing these. The economic condition is not well in most of the families. In such a situation, girl children are deprived of education which is a great loss for their future life. One such story is of Nasrin Khatun.

Imam Shek lives in Baruipara, he has three sons and two daughters. His youngest child's name is Nasrin Khatun who is 11 years old. Nasrin was enrolled in the "Girl Child Education Programme", implemented by CINI and supported by Titan

(IIMPACT). Suddenly, Nasrin became irregular in the center and so the teacher went to meet her parents to find out the reason behind Nasrin's irregularity. Nasrin's mother was unwilling to send her child in Learning Centre and school as Nasrin helped her family through bidi rolling. Then the teacher tried to make the mother aware of the importance of education and requested Nasrin's mother to send Nasrin back to the learning centre. But there was no positive reply from her parents. So the teacher took help from the VLCPC members and Panchayat Pradhan. The Panchayat Pradhan, VLCPC members and the teacher met Nasrin's parents. They came to

know that the family income is so low that they could not afford to send Nasrin to school but to send her to work. So the Pradhan asked if Imam has the opportunity to earn more, then would he send Nasrin to school? And Imam said 'yes'. So the Pradhan assured Imam Shek to enhance his livelihood security through MGNREGA. Finally, Imam Shek realised the situation and was convinced to send Nasrin to the learning centre.

Now, Nasrin regularly comes to the learning centre, again.

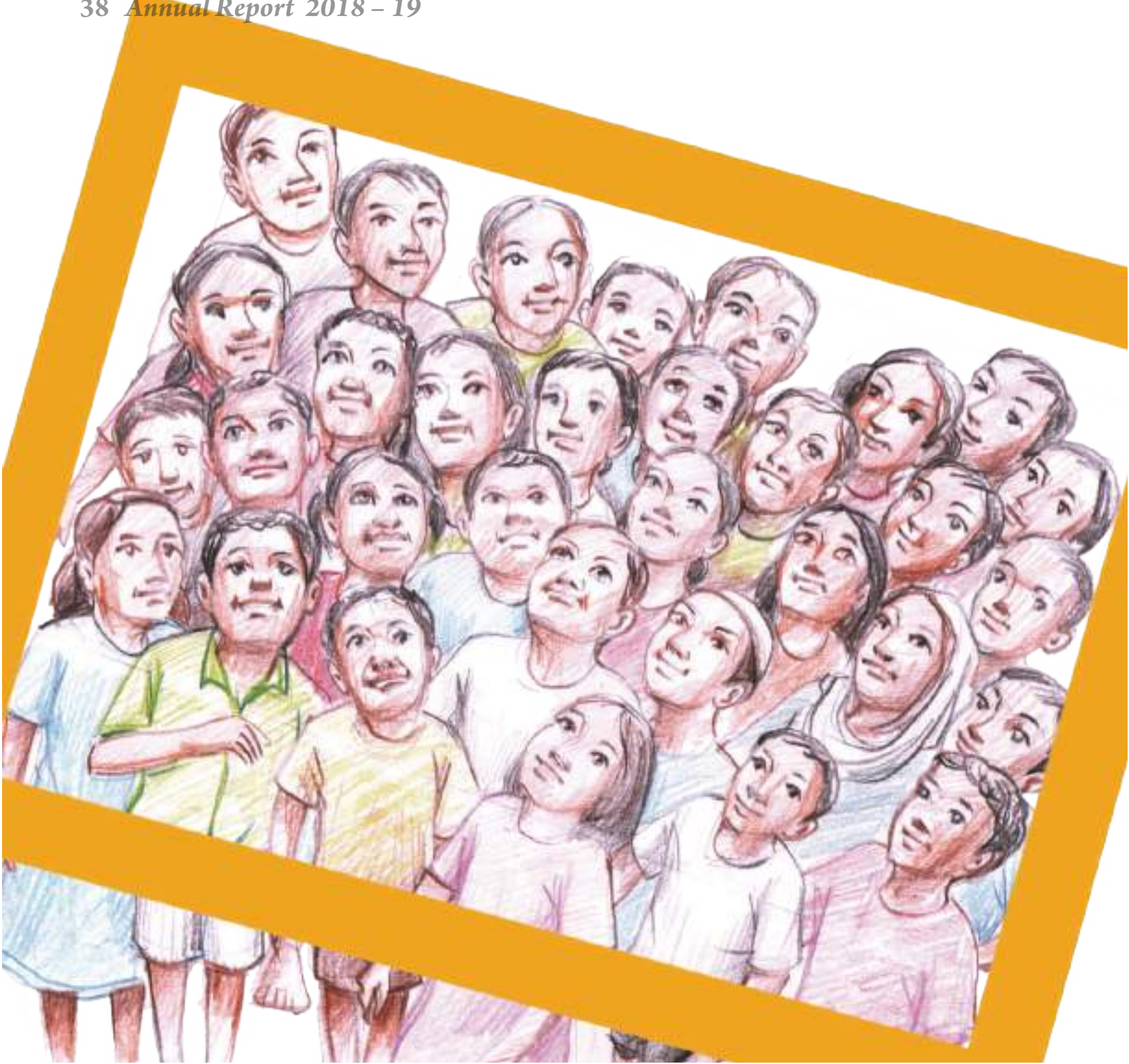






## *Child Protection*





# Child Protection

## Strategic Priorities

As India marks its commitment towards the realisation of the UN Declaration of Human Rights, the UN Convention on the Rights of the Child (UN - CRC), and the Sustainable Development Goals in its 72nd year of Independence, CINI has also reconfirmed its commitment towards the realisation of these international conventions and declarations in the year 2018-2019. At the regional SAARC level, the institute has continued its pledge towards ending all forms of violence against children as recognised by SAIVVEC. CINI has also contributed by extending technical support towards strengthening both the existing and evolving child protection mechanisms within the given framework of the National

Policy for Children 2013, the National Plan of Action 2016, the Juvenile Justice (Care and Protection of Children) Act 2015 and other related laws and standard operating procedures at the national level.

## Major Highlights

At the international level, being a member of the Consortium of Street Children, CINI submitted the SDG report on street-connected children to Office of the United Nations High Commission for Human Rights (OHCHR) and also extended inputs to the UN Global Study on Children Deprived of Liberty. CINI's members also got selected to attend the Street Child World Cup held at Moscow in 2018, which served as a



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global platform for street-connected children to voice their rights and issues. The institute's membership in the Girls Not Brides aided in elevating our commitment towards ending child early and forced marriages at the global level.

At the national level, CINI has continued to voice opinions and realise commitments towards ensuring the rights of the children through membership in the National Action and Coordination Group for Ending Violence Against Children (NACG EVAC) India, which is the civil society platform in India of the South Asia Initiative to End Violence Against Children (SAIEVAC) which is the apex body of the South Asian Association for Regional Cooperation (SAARC). CINI's membership in the India Alternative Care Network at the national level has reconfirmed the commitment towards promoting the very concept of Alternative Care through prevention.

During 2018-2019, prevention was prioritised and programmes focusing on preventing children from gravitating away from home and becoming both at-risk and victims were incubated in the institutional preventive model. CINI also incubated the component of child and adolescent participation by forming Kanyashree Yodhas, a value-added component to the Kanyashree scheme of the West Bengal Government and also Balika Badhus, the group of teenage brides acting as role models and strongly advocating against child, early and forced marriage.

### **Reach**

During 2018-2019, 53,812 children were protected from all forms of abuse, exploitation and violence, across 12 districts and 54 blocks in the states of West Bengal and Jharkhand.

### **Impact**

The institute capacitated 6894 key duty bearers at the community level and within the framework of the Juvenile Justice System and the Integrated Child Protection Scheme for rendering care and protection to the children and adolescents and develop a conducive ecosystem at the community level across the states of Jharkhand and West Bengal. Besides being the nodal agency for rolling out CPCs in Murshidabad, the Government of West Bengal has yet again selected CINI to function as nodal in Uttar Dinajpur. CINI has strengthened 1211 community-based protection committees at the village, ward/block levels.

Promoting Inter-departmental convergence at the district levels have been crucial towards speeding up the restoration process of 1928 children and rescuing 1672, who were at risk of child marriage/child labour/child trafficking and sexual exploitation, improving inter-departmental coordination, improving the quality of care within CINI's 5 childcare institutions and extending localised solutions. CINI has also significantly contributed to impart life skill education training across 5 districts of West Bengal in 7 government-run childcare institutions as per the directive of the Directorate of Child Rights and Trafficking, West Bengal.



### Case studies

#### Localised Convergent effort prevents Child, Early and Forced Marriage

16-year-old Shabnam (name changed) was unaware of the fact that her father was secretly arranging her marriage with a local mason. Meanwhile, she was busy preparing for her boards. She lived in the remote rural pocket of Bajitpur Gram Panchayat under Suti-II block, which was nominated by the District Administration for transforming it into a Child Marriage Free Gram Panchayat.

Balika Badhu Group and Kanyashree Club coordinated with CINI facilitators, Gram Pradhan, who is the Chairperson of the Village Level Child Protection Committee and the Block Administration and visited the family. They had a detailed conversation and the family was oriented about the legal constraints of child marriage. At length, the family seemed to understand the adverse impact of child marriage and agreed not to get their daughter married. A similar initiative was taken by the convergent action group to visit the groom's family and they too agreed to call off the marriage.

Presently Shabnam is continuing her preparation for the boards and she is under the close vigilance of the Village Level Child Protection Committee.

#### Tracking and Responding- CINI Darjeeling CHILDLINE calls for Action

15-year-old Phulmoni belonged to the remote Adivasi area of Naxalbari of Darjeeling. She was studying in the seventh standard in a local school. Phulmoni lived with her mother and stepfather, who sexually abused her regularly in the absence of her mother.



Phulmoni was too scared and traumatised and kept the abuse a secret to herself until she suffered from frequent stomach pains. Her mother got worried and took her to the nearby hospital, where she was diagnosed with seven months of pregnancy. It was a piece of devastating news for her mother when she came to know after much cajoling that her husband was the culprit. One of the community members upon witnessing Phulmoni's traumatic condition informed the Village level Child Protection Committee, who involved Darjeeling CHILDLINE. During the investigation, it was revealed that Phulmoni had started getting threatening calls from the stepfather and she was abused by her uncle's and aunties' sons as well. Darjeeling CHILDLINE reported this to Police and got the criminals arrested.

Sadly, Phulmoni is too traumatized to resume school post the delivery of her dead child. She is presently receiving counselling support and effort is being made to ensure victim



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compensation with the support of the Para Legal Volunteers.

### **Diversion from Institutionalization**

10-year-old Navjyoti of Hotwar slum of Ranchi is a circumstantial orphan after she was abandoned by her father and stepmother. She started living with her grandparents, who were daily wage earners. Economic compulsions forced Navjyoti to discontinue her studies and work as domestic help. In the meantime, she also frequented the adolescents' group settled at the Anandshala Safe Space of Hotwar slum. She shared the problems she was facing. Her case was taken up in the convergent meeting of the Child Protection Committee (CPC) and Mahila Arogya Samittee (MAS). She was enrolled

in the 'ANANDSHALA' bridge course programme and took a keen interest in her studies. However, she was once again forced to quit her studies by her drunkard uncle, who verbally abused her and employed her in a local residential complex as a housemaid. CINI along with the support of the District Child Protection Unit, rescued her and visited Navjyoti's home. Witnessing the situation, they decided not to offer institutionalisation as the ultimate solution but sought to admit her in standard four in Kasturba Gandhi, a nearby residential school from where she could go and meet her grandparents during holidays.



*Health and Nutrition*



# Health and Nutrition

## Strategic Priorities

The transformative agenda of Sustainable Development Goals (SDGs) recognized the intricate inter-linkages between health and nutrition and education, employment, women's empowerment, reduction of poverty and inequality. The health & nutrition agenda was interwoven across multiple SDGs and related targets. This includes an unambiguous focus on improving maternal and child health and nutrition as well as stepping up actions on adolescent health & nutrition. Sexual & reproductive health rights were mentioned across multiple goals and targets. Non-communicable diseases featured as a specific target under SDG-3.

The National Health Policy 2017 in line with SDGs, aimed to progressively achieve universal health coverage. It prioritised the availability of free, comprehensive primary health care services related to RMNCH+A and the most prevalent communicable, non-communicable and occupational diseases in the population. It has been acknowledged that, in order to bring about greater impact on the lives of women and children, it is essential to understand that reproductive, maternal, child, and adolescent health and nutrition issues cannot be addressed in isolation as these are interwoven through various stages of life cycle.

Over 45 years of activity CINI has experienced that household and community-level health and nutrition education is a powerful means to prevent health & nutrition problems. By working with adolescents, children and mothers to improve their health and nutrition status at home, community and

system levels, CINI was able to develop its own “Theory of Change” aimed to promote a continuum of care approach in a holistic manner. The organization has crystalized its learning to address intergeneration cycle of malnutrition, issues of sexual reproductive health & rights and communicable diseases by strategic engagement with the family first and the community at large, including community members, service providers and elected representatives, thereby creating a local level accountability framework to promote the rights of children, adolescents and mothers in a holistic manner. Considering these needs, CINI's primary focus of intervention in the year 2018-19 was Maternal Child Health & Nutrition, Adolescent Health & Nutrition, HIV AIDS and Tuberculosis.

## Maternal and Child Health and Nutrition

**CINI's programme priority with focus on first 1,000 days of life**





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The care during first 1,000 days of life (from conception till the second birthday of her child) is most important to ensure “safe motherhood, child survival, and school readiness”. During this period, the both the mother and the child need appropriate essential health and nutrition care to be healthy. The most common outcome of inadequate nutrition from mother's womb is poor foetal brain development and stunting of children which are irreversible. Proper care reduces the risk of developing chronic non-communicable diseases such as diabetes and heart diseases in later life.

Since inception, CINI has been relentlessly putting efforts to break the vicious cycle of malnutrition through its community based integrated approaches. The primary impetus has been thrust on mobilizing the community around their rights and entitlement to access and utilize the government services for safe motherhood and child survival.

### Key Highlights of 1000 Days programme across states



- In concurrence with the mandates of National Health Mission (NHM), services are strengthened in 12 UPHCs in Kolkata for hard to reach urban populace, by integrating populations settled in slums and streets to the NUHM systems and services, and also extending CINI's handholding support to borough and ward level officials through community mobilisation, HRA mapping, capacity building of front-line officials and service activation process.
- In 144 wards of Kolkata, 7166 street-connected children have been linked with routine immunization initiatives
- Joint training of Health and ICDS functionaries was conducted on new Mother and Child Protection (MCP) card in the urban areas of Kolkata.
- With the initiative of State Rural Livelihoods Mission (Ananda hara), Govt. of West Bengal 250 SHG representatives were trained on 6 modules of maternal and child health & nutrition who in turn reached to 480 SHGs in two blocks of Bankura district, West Bengal with health messages to improve household based health behaviors.
- 8000 (direct and indirect reach) pregnant women were followed up for pregnancy weight gain and anemia reduction in 3 districts of West Bengal as part of community based care and management of maternal malnutrition.
- Technical support was provided to Department of Women & Child Development and Mission Shakti (DWCD & MS), Govt. Odisha to improve Infant and Young Child Feeding (IYCF) practices during first two years of life in four high burden districts of Odisha. 431 Health and ICDS Supervisors were oriented by 68 trained tutors of

ICDS training centres who attended the state level TOT on improving IYCF practices organized jointly by CINI and UNICEF. The supervisors trained 10,219 Anganwadi workers and 7017 ASHAs on improving infant and young child feeding practices through demonstration and counselling to reach out to 4, 35,000 under-2 children and 95,000 pregnant and lactating women in 10,689 AWCs.

- CINI also played the role of a Technical Resource Agency

1000 days of care for ICT based training of 468 AWWs in two pilot blocks.

- In concurrence with the initiatives of Poshan Abhiyan, CINI Jharkhand unit developed convergent plan with DWCD and conducted training of 259 Poshan Sakhis in Chhatra district of Jharkhand. CINI supported in rolling out the incremental learning approach (ILA) module for Poshan Sakhis in the district
- Technical support was provided to Govt. of Jharkhand to strengthen the interventions of first 1000 days of care in 4 districts of Jharkhand. Pool of master trainers was formed in these 4 districts to strengthen VHSNDs. IEC package was developed for first 1,000 days of care.
- Two new delivery points were created in Pakur district of Jharkhand to develop 1050 birth preparedness plans for all pregnant women in 135 villages.

**Reach through different programmes**

Categories	Numbers Reached					
	South 24 Pgs	Murshidabad	North Bengal	Kolkata Urban	Jharkhand	Others
No. of Pregnant Women	1948	4520	5521	3625	51670	1411
No of Lactating Women	1338	4286	4622	9085		1591
No of eligible Couples	7308	4520	12460	8161		3342
No children (0-2 years)	4103	4280	13794	10058	26439	2311
No of children (3-6 years)	5008	4620	18036	7700	27154	3627
<b>TOTAL</b>	<b>19705</b>	<b>22226</b>	<b>54433</b>	<b>38629</b>	<b>105263</b>	<b>12282</b>

to DWCD and MS, Govt. of Odisha for establishment of a State Training Cell, building up a Trainers' Resource Pool & Piloting Information and Communication Technology (ICT) based Capacity Building of AWWs in Odisha. Support was provided to establish the State Training Cell with relevant SOPs, develop 20 video modules on first

**Voices of stakeholders**

“It is only through the spirit of team work that any challenges could be overcome. Three rounds of training through games, helped us to understand the importance of working as a team to make children healthy and happy”

- Debolina Paul, ANM from Jalpaiguri

**Case study**

**Little Priya fights against malnutrition**

In the poverty-stricken village of Haroa in Suti-I block of Murshidabad, people are habituated to see their children thin



and weak and have never felt that they need extra care. In the month of January 2018, a child malnutrition screening camp was held with the engagement of ICDS and Health frontline workers to identify the malnourished children. Priya, a 2-year-old child being one of the cases; she was identified with severe acute malnutrition. Priya's weight was only 4 kilos which is far for a 2-year-old. The child could barely run around or play for a long time.

Immediately after the screening for malnutrition, the CINI team in coordination with ICDS and Health frontline workers visited Priya's family to understand the problem. They found that her parents had no idea about age-appropriate feeding, and care of a two-year-old. Moreover, burdened with two other elder children, her parents could not manage time to take care of Priya. Her father didn't agree to admit Priya with mother to NRC (Nutrition Rehabilitation Centre), few kilometres away from the village. He did not want her wife to be away from home. He was worried that there would be no one to take care of his other two children at home. A month passed by but Priya's father was firm in his decision not to send his daughter to NRC. Meanwhile, Priya's health was deteriorating day by day that made her mother worried. The frontline workers with support of CINI field team convinced one of their relatives to take care of other two children. Finally, Priya was admitted to NRC. During her stay at NRC, the nutrition counsellor taught her mother how to prepare locally available low cost nutritious diet, maintain hygiene while feeding, check consistency and ensure that the child eats adequate amount of food. Priya gained 850 grams before she was discharged from NRC. Her mother also learned about

how to take care of Priya at home. CINI's intervention however did not end here. CINI field staff ensured that ICDS and Health frontline workers do follow-up visits to track Priya's weight gain and home based care regularly. In April 2018 Priya weighed a kilo more and graduated from severely under-weight to normal weight. Her parents are now confident to fight against malnutrition at home.

### **Adolescent Health and Nutrition**

Around 25 crores of Adolescents in the age group of 10-19 years in India face the challenges in access to health &

#### **Voices of stakeholders**

“Although WIFS programme has been getting implemented since 2013 but the compliance of IFA was very poor. Now it has been regularized in the schools with joint efforts of Government and CINI. My daughters take IFA tablets regularly in school”

- One of the School Management Committee Members  
(Malda Districts, West Bengal)



*Mr. Avik Das, SDM, Kandi administering IFA to adolescents in Murshidabad district.*



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nutrition services, education, legal and social rights, and economic assets. They face diminished economic opportunities; high rates of illiteracy; unsafe sex leading to STI/HIV/AIDS; anemia, under-nutrition, obesity, sexual reproductive health problems, early and forced marriage; early and unintended pregnancies and other forms of discrimination, and domestic violence. Government of India has recognized the importance of health seeking behaviors of adolescents through RKSK, WIFS, and SAG programmes. Over the decades, the health and nutrition intervention for adolescents is another critical programme priority of CINI. CINI is currently prioritising the needs during adolescent period by strengthening RKSK and WIFS programmes in West Bengal, Jharkhand, and Assam. The major programme interventions are strengthening Weekly Iron Folic Acid supplementation (WIFS), awareness on improving consumption of balanced diet, iron-rich foods, safe healthy and hygienic practices and access to sexual and reproductive health services through sectoral convergence. The organization has also adopted strategies of forming adolescent groups and identifying peer leaders as its interventional approaches for adolescent empowerment. In this connection, CINI provides handholding support to the Government for successful functioning of various adolescent centric schemes such as SAG, RKSK etc., for combating gender-based violence, child marriage and trafficking in various districts of its operating states.

### Key Highlights

- CINI has been providing technical support to Govt. of West Bengal in strengthening WIFS (Weekly Iron Folic Acid Supplementation) programme across the state of West Bengal. A situational assessment was undertaken in West Bengal to identify the barriers, challenges, good practices and key opportunities for increasing compliance of WIFS among adolescents. The report was shared at a state level dissemination meet.
- The awareness drive was undertaken across the state in coordination with the Departments of H&FW, WCD, and Education to improve the compliance of WIFS among in-school and out-of-school adolescents. The platform of Meena Manch and Kanyashree Club was used for sensitization of adolescent girls in different schools on importance of WIFS through plays, group interactions, and peer group education.
- Training of all Nodal teachers of middle schools under Kasturba Gandhi Balika Vidyalaya on WIFS programme was done in Chhatra district of Jharkhand

### Case study

#### **'Meena Manch' played significant role in initiating WIFS programme in Madrasah Schools in North 24 Parganas district, West Bengal**

A 17 year old girl named Rukshar proudly claims, “Now all of us (the students) never skip our breakfast before coming to school so that we can have the IFA tablets.”

Another girl, Fatima (17-year-old) added, “All the junior students are also following us and consuming the IFA tablets regularly.”

In North 24 Parganas, in April 2019, CINI visited six Madrasah schools in Deganga and Barasat-II blocks; nowhere WIFS programme is being implemented. While discussing about the programme, the headmaster from Aminpur KMC High Madrasah school of Barasat-II block, said, “Our religion does not encourage taking such medicine”. The after effects can be bad for the children”. In another school, Hadipur Saha Anwarul Islamiya Senior Madrasah from Deganga block, the nodal teacher claimed that, “Students are not interested. We cannot force them. Guardians are also against this programme.”

In such circumstances, the CINI District Coordinator managed to arrange a few group discussions with the adolescents. These sessions gradually lead to unfolded various aspects behind the non-functionality of the WIFS programme. Rukshar from Eajpur High Madrasah told, “We have been told that this medicine is not good for health. Bismil (14 years old) from Purba Changdanga Quadriya High Madrasah from Deganga block, told, “Teachers do not give us the tablets. Are they really bad?” These sessions eventually became awareness sessions for the students. One of the girls, Fatima proposed, “We have a students' group, 'Meena Manch'. Although this platform is not very active now but we can use this platform to raise our voices.” The members of Meena Manch wrote a letter to the Headmaster requesting initiation of WIFS programme in the school. The Meena Manch is a forum of school girls,

inspired by the animation series 'Meena', to promote the value and rights of the girl child.

From the very next week, distribution of IFA tablets among the students was started by the nodal teachers. One of the nodal teachers said, “Now we will sincerely administer the IFA tablets among students. We provide water so that they can consume IFA tablets in front of us.”

### **Communicable Diseases (HIV AIDS and Tuberculosis)**

CINI has been working in the HIV/AIDS sector since 1995 with the basic objective to “prevent, halt and begin the reversal of impact of HIV/AIDS in the intervention areas”. CINI's four key strategies of working with HIV/AIDS are

- Reducing the vulnerability of HIV infection amongst High Risk Groups (HRGs) and Most At Risk population (MARP)
- Improvement of the Quality of Life of PLHAs (People Living with HIV & AIDS) through a community based care and support model
- Enhancing the capacity of human resources for prevention, care and support of HIV cases at district and state level
- Mainstreaming HIV/AIDS by capacity building and engaging different stakeholders at different levels.

Concurrently, CINI has been working for prevention and management of Tuberculosis for a long time and advocating for community based management of tuberculosis. Though THALI project supported by World Health Partner (WHP), CINI has engaged the communities with involvement of 12

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local NGOs to rollout TB elimination campaign. Local level organizations working for CSWs, PLHIVs, and LGBTH were involved in the project. The project is implemented through a collaborative approach of Tuberculosis and HIV/AIDS programmes in 262 wards of Baruipur, Rajpur, Sonarpur, Howrah and Kolkata Municipal Corporations with direct intervention and in 16 blocks across 8 health districts of West Bengal through system strengthening. CINI aims to eliminate the social stigma of HIV/AIDS and TB in the community and discrimination and denial of access to health services to the infected patients through extensive advocacy, network linkages and capacity building programmes.

### Key highlights

- Community based initiatives towards creating an enabling environment for the people infected and affected by HIV/AIDS were undertaken in 3 districts of West Bengal. 58% of infected families were linked with Govt. schemes.
- In order to prevent parent to child transmission of HIV, screening of HIV has been made mandatory during ANC registration of pregnant women at sub-centres. CINI supported this initiative in Jharkhand state. As a result, HIV screening during ANC increased from 4% to 94%
- Directive was issued by Govt. of Jharkhand with advocacy of CINI for free transportation of infants for DNA PCR (HIV testing) to the hospitals under JSSK programme.
- The GO-NGO collaboration for TB got strengthened and became impetus for the TB control programme in Kolkata and other RNTCP districts. 262 TOUCH Agents (TAs)

from 262 wards of Kolkata and Howrah Municipal Corporation, Baruipur & Rajpur-Sonarpur worked for prevention of TB using the platform of RNTCP.

- Vulnerability Indexing followed by household visits in the most vulnerable wards/areas of KMC & HMC conducted by TOUCH Agents in an extended active case finding mode which enabled identification more than 9% of TB Cases as compared to 4% at the national level.
- 258 out of 268 Councillors of Kolkata & Howrah Municipal Corporations were sensitized on TB in the Borough Meetings.
- Under community engagement initiative led by CINI, remarkable achievement was made on leveraging local level resources from Corporates, Urban Local Bodies and crowd funding to support TB eradication initiative.



*CINI in Press*





Guests release the WB's programme assessment report at the CIM and Nutrition International event

## Truant tablets fail to check anaemia

CHANDREYEE GHOSH

Calcutta: More than 60 per cent adolescent girls in the state suffer from iron deficiency and anaemia, a survey conducted on behalf of the Union health and family welfare ministry has revealed.

The 2015-16 National Family Health Survey report puts the figure at 62.2 per cent, up from 62 per cent in 2005-06 despite government schools and ICDS (Integrated Child Development Services) centres distributing iron tablets among adolescents for the past seven years.

The state had processed around 3 crore folic acid (FA) tablets for distribution in September last year, a state health officer said. All students of government schools are supposed to get 21 tablets each in a year. But many 16 to 19-year-olds in Bengal do not get the tablets, a study conducted by NGOs Child in Need Institute (CINI) and Nutrition International has found out.

The report by the NGOs blames lack of awareness,

early marriage and pregnancy and the lullback attitude of schools for irregular distribution of folic acid tablets.

"Anaemia leads to difficult pregnancies, health issues and maternal mortality. Instances of early pregnancy are high in the state. It is essential for adolescent girls to take iron supplements, that often the tablets lie in the block offices and schools either don't pick them up or fail to distribute them among students," Samir Chaudhuri, the founder-director of CINI, said at a workshop on Friday.

An assistant director, school health, in the state health and family welfare department, said teachers have been asked to monitor the distribution of tablets while recording attendance. "It's not that tablets are not available. Only the target group does not know how important it is for their health and don't ask for it," he said.

The programme identified ways to strengthen the Weekly Iron and Folic Acid Supplementation

(WIFAS) Programme initiated by the Centre in 2013. "Government schools should make parents aware of the importance of parent-teacher meetings," said Nishi Varshney, national programme manager, Nutrition International.

A situation analysis report, prepared on the basis of a study conducted in 10 districts, was released on the occasion. "The problem is particularly acute in Murshidabad, South 24 Parganas and Purulia where schools don't keep track of folic acid distribution. The dropout also don't collect their quota from the ICDS centres," Chaudhuri said.

Despite the irregularities, instances of anaemia among girls has dropped from 46.1 per cent in 2005-06 to 21.7 per cent in 2015-16. "More girls are being enrolled in schools than boys. Their dropout rate has also dipped in the past five years. But most don't get proper nutrition at home because of gender bias," said Supan Bhattacharya, the project director of CINI.

## Memoir

■ **CALCUTTA:** A memoir celebrating the journey of Child in Need Institute — Help the Mother, Help the Child: The story of CINI in 45 years of Learning and Caring — was launched by the NGO's founder-director Samir Chaudhuri on its 45th anniversary at Uttam Mancha on Friday. Experts discussed various adolescent issues in a panel discussion at the event.

The Telegraph

## আজকাল

সংস্করণ বুধবার ১০ মে,

২০১৬

http://www.azkalin.in

http://www.cini.org.in



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## বয়ঃসন্ধিকালীন রক্তাঙ্গিতা রুখতে রাজ্য জুড়ে উদ্যোগ

আজকালের প্রতিবেদন

কলকাতা: বয়ঃসন্ধিকালীন রক্তাঙ্গিতা রোধে রাজ্য জুড়ে উদ্যোগ চালিয়ে যাচ্ছে সরকার। বয়ঃসন্ধিকালীন রক্তাঙ্গিতা রোধে রাজ্য জুড়ে উদ্যোগ চালিয়ে যাচ্ছে সরকার।

বয়ঃসন্ধিকালীন রক্তাঙ্গিতা রোধে রাজ্য জুড়ে উদ্যোগ চালিয়ে যাচ্ছে সরকার।

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8/2019

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# শিশু নিগ্রহকারীকে শাস্তি দিতে লড়াই দুর্গার

মৈত্রী তত্ত্বাধার

মুন্সেফির নাম দুর্গা। পরিচয়ের সঙ্গে লড়াই লেগে থাকে নিজে। সম্প্রতি সে না। কিন্তু অসুস্থমনী বটে। এক শিশু যৌন নিগ্রহকারীকে শাস্তি দিতে অসমর্থ লড়াই চালাচ্ছেন শিবসেনার ছাউনীর এক হয়ে ঠাট্টা তরুণী দুর্গা। সে। পশুশিকারের পুত্র মৌসুম দেওয়ার লড়াইয়ে সন্নিহিত তিনি।

চার পাঁচ দিনের মধ্যে সে শিশু নিগ্রহকারীদের ১-৩ বছর ছাউনীর শিশুদের নানা বিষয়ে সচেতন করার কাজ করছিলেন দুর্গা। গ্রাম আটিকে যা এক শিশুকে লেগে। বছর চারেকের শিশুটি অকৃত করে বলে ছিল দু'শ হুড়িয়ে। কেমন যেন অর্থহীন। সঙ্গে পড়ে এক মারবাক ব্যক্তি। কয়েক এক মহিলা, উপস্থিতিকে ত্রেয়ে। সবেম্ব পিতা সৌভাগ্য হওয়ায় এখানে যান বলে। মননে লেগেছে মাথার কার্যকর এক পড়ে তার সচেতন, অর্থহীন বৈশিষ্ট্য।

পাশে আছে মাঝে মোকদ্দম এই শিশুর পাশে খুসে খোঁসাকে হার নিজে। সেবে নিংকর করে উঠি।

এতে আশঙ্কায়ের মর্মেণ্ডা জেহা হলেও সোমীর শাস্তি নিশ্চিত করতে কেউ উদ্যোগী হয়নি সে দিন। কিন্তু, দুর্গা তারও পাশেই করেছিল। নিপুণীত শিককে কোম্পে তুলে এলাই দুটে মনে সৌশনের চাইক লাইন

## এই শহর

কর্মসিদ্ধে। সিমেন্টেরি ক উদ্যোগে করা পড়ে অধিযুক্ত। দুর্গা মননে, 'ব্যাঙটা করে কাপড়িল। সে খুশ সেবা করে না।' সে দিন থেকে থেকে একমাত্র সন্ধ্যা হিসেবে আকর্ষণ সৌরীকে পুত্রি লেওয়ার লড়াই চালিয়ে যাচ্ছেন দুর্গা।

দুর্গার জন্ম শিবসেনার সৌশনের কাছে। সিনমন্ত্রে মাতের রেখলাটে দু'বেলা সবার মুখে উঠত তার আর তার মাসা দিলিদের। মন্যপ লায়র



ছাউনীরে লড়াই শিশুদের ভাল নিতে ব্যর্থ দুর্গা

— এই শহর

অভ্যন্তরে থেকে বাজবে শিবসেনার সৌশনেই লিখ কাটিতে শুরু করেছিল তারা। এর ফেরাসেবী সংস্থার উদ্যোগে শিবসেনার ছাউনীরে ১লা ভগ্নে মূল পড়াশোনার হাটেরখনি জায়গার বেধে থেকে ফেরাসেবী সংস্থা 'মিনি'র মাইট সেন্টার হোমে গঠি হয় দুর্গার। সেখানেই শিবসেনারে গঠি হয়ে শুরু হয় প্রাথমিক শিক্ষা। কিন্তু

সংসারে উন্নতি। এই মঠম স্ট্রেনির পড়ে এই ফেরাসেবী সংস্থার হয়ে পশুশিকারের সচেতন করার কাজ শুরু করেন দুর্গা। কিন্তু যখন ছোটবেলার 'মুতি' হুড়িয়ে খেলা সেই শিবসেনার সৌশনেই। তার কথা, 'ছোটবেলার সৌখনি শিশুদের অধিকার কী হাংবে লজ্জিত হয় সেখানে। এই এই সৌশনে কাজ করি অর্থি। শিবসেনা

শিশু যৌন নিগ্রহ টেকসো, ছাউনীরে শিশুদের পড়াশোনা সৌখনির দিন শুরু করে। ২০১৮-১৯ সালের হয়ে প্রসিদ্ধার পথ শিশুদের বিকাশে যোগ দিয়েছেন দুর্গা।

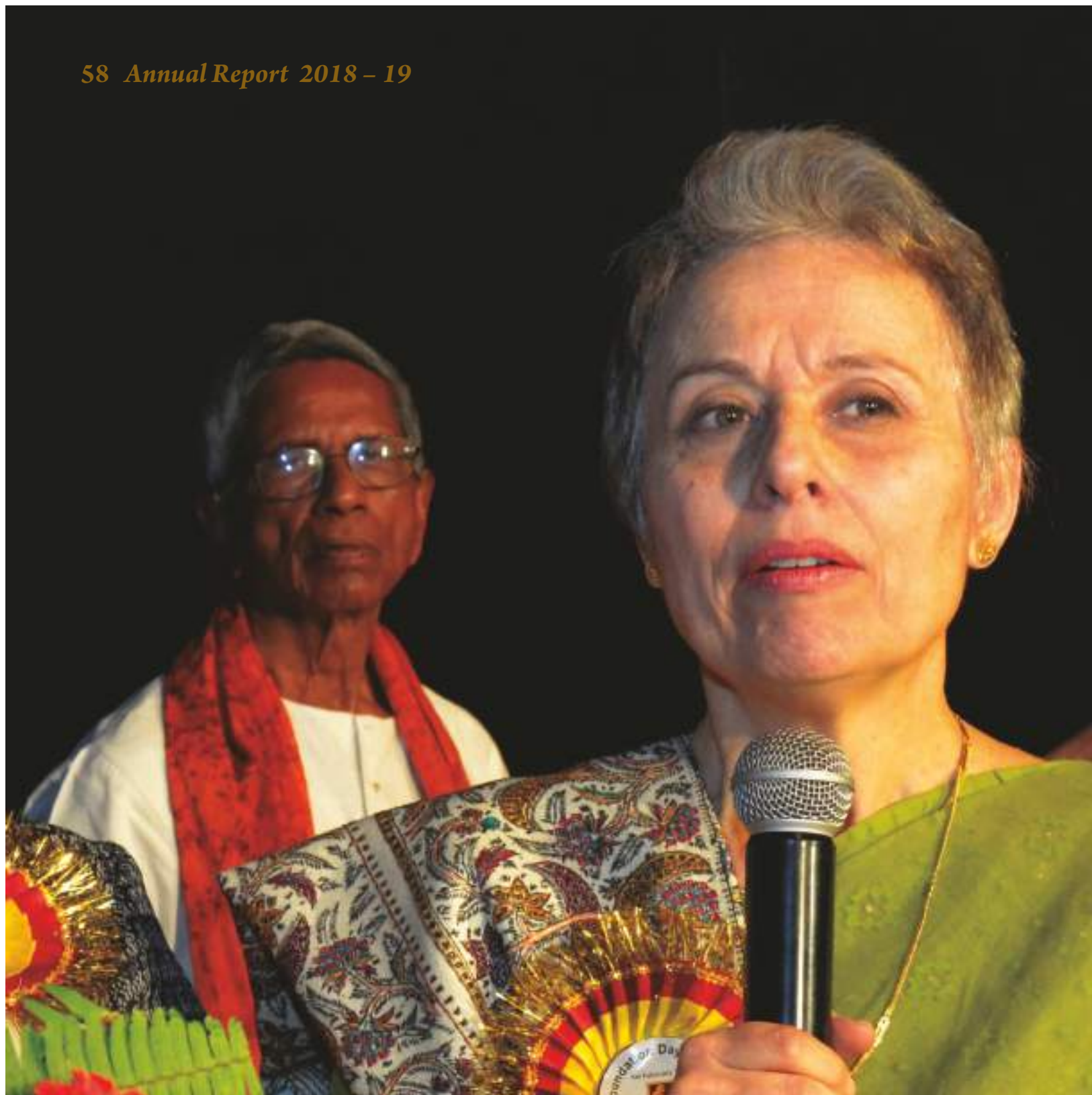
'মিনি'র পক্ষে '৩৪ এসেপি' হিসেবে তুলে করা হয়েছে। সবেম্ব সহ-অধিকারী কার্যসি সে-র কথা, 'পড়ের হাটে শিশুর অসুখ বিপদের মধ্যে লিখ অর্থি। আমরা চাই, হাজার হাটে কোমল শিশুকে যৌন নিগ্রহের শিকার হতে সেখানে কী করা উচিত, সে কথা মানুষকে জানান দুর্গা।' আর দুর্গা কী জানে। তার কথা, 'পড়ে, ছাউনীরে বহু হেডার কাটা। অর্থি অর্থি। অর্থি চাই এই শিশুদের অধিকার সুরক্ষিত করতে। এদের বাক মাতের সচেতন করতে, তবে কেমন দুর্গা হুড়ি অর্থি এই সব শিশুর উপরে মনসের হাংবে কয়েক না পড়ে। এই এই মনসের উন্নতি। শিবসেনা'।





*Foundation Day Celebration*





*Foundation Day Celebration 59*







# *Training*





# Training

CINI Training Unit specialises 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 and Protection of Children, Gender and Women Empowerment issues, WASH, Life Skills (WHO recommended) vocational training and other Soft skills (self, values, motivation, goal setting, team building, leadership, effective communication and counselling skill).

## Strategic priority in Training

CINI Training Unit sets its strategy on key spheres such as,

- Capacity building
- Networking with CBOs and NGOs
- Partnership with Government
- The training unit is building capacity through the range of 'Training need assessment', 'Training design', 'Development of curriculum, module and manual', 'Conducting training courses', 'Evaluation of training programmes', 'Extending handholding support at field level', 'Development of IEC materials' and 'Generating reports & process documentation'. Thus, the training wing of CINI provides a whole set of training packages starting from training need assessment, community needs assessment to training evaluation and handholding support.
- The primary recipient 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 from community and institutes

- Strengthening network with different CBOs and NGOs is one more significant strategy of the training unit. CINI established this network through close collaboration with NGO Division Govt. of India 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 scenarios with the ultimate objective of creating a child-friendly communities

CINI Training Unit extends its partnering arm to 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 an intent to strengthen local governance processes that give marginalised and poor communities a voice and influence national policy through partnership mode. CINI Training Unit is working in close collaboration with the Ministry of Health and Family Welfare, Department of Woman & Child Development and Social Welfare, Department of Panchayats and Rural Development, Govt. of West Bengal 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 setting as well as in the field. The resource pool of CINI Training Unit comprises of 24 full-time faculty members and 60-part time faculty members with vast and



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varied experiences. This vast pool of trainers is well versed with development programmes and travel across West Bengal and India based on need.

### Major Highlights (2018-2019)

- A counselling tool (shishur pushti O jotner poramorsher niyombidhi) has been developed for use of Anganwadi Workers to support her during home visits and also at centre level towards counselling for reduction of malnutrition among children aged between 0 to 6 years. This tool has been prepared with support from UNICEF.
- TOT on Home-Based Care for Young Child (HBYC) has been initiated at CINI STC under the ASHA programme which percolated to the district level also.
- Some new IEC materials are developed for training on Adolescent Health like a comic book, menstrual calendar, etc.



### Total number of trainees reached through training in 2018-2019

Major Programmes	No. of Participants
<b>Anganwadi Training Centre and Middle Level Training Centre</b>	
Refresher Training of Anganwadi Workers	758
<b>Total</b>	<b>758</b>
<b>Training of Trainers on ASHA 6th and 7th Module</b>	
Round I (participants consisting of Health Supervisors and NGO)	30
Round II	23
Round III	28
Refresher Training	20
Block ASHA Facilitator	81
Refresher Training for Block ASHA Facilitator	72
Training on VHSNC Module	194
ToT on Non Communicable Diseases	152
<b>Total</b>	<b>600</b>
<b>District Level</b>	
Training of ASHA-South 24 Parganas (includes all the rounds)	2388
Training of ASHA-Howrah (includes all the rounds)	2341
<b>Total</b>	<b>4729</b>
Nursing Training	450
Other Trainings	1475
<b>All Total</b>	<b>8,012</b>

Each ASHA covers around 800-1200 population and each Anganwadi worker (AWW) covers 800 population in the field. Through these trained frontline workers we reach indirectly to the population which are being covered by ASHAs and AWWs.

*CSR*





# CSR

In the context of the sector, CSR and Philanthropy have always been misconstrued as synonymous and one has been used often in exchange for the other. However, there is a significant difference between the two. Philanthropy is defined as promoting and attempting to bring about social change by majorly making generous financial contributions. A philanthropist is someone who decides to invest in a social sector a portion of their wealth, time or knowledge for a cause that they believe in. And, the majority of times, the philanthropists are happy to support the cause from an arm's length. CSR, on the contrary, goes beyond that. CSR is about making the core business functions of a company more sustainable. A CSR programme does not only benefit the community, but also the business in form of improved morale, increased staff retention, status as an employer of choice, attracting new businesses, and differentiation from competitors. This is because, a CSR program requires involvement from all the stakeholders including employees as well as the community. Philanthropic work done by a company does not require to change its business practice. However, a CSR programme might need to change certain important business practices to transform it into a responsible business.

In India's CSR scenario, The Companies Act, 2013, a successor to The Companies Act, 1956, made CSR a compulsory business for the corporates. Under the notification dated 27.2.2014, under Section 135 of the new Act, CSR is compulsory for all companies (2% of their net profit) – government or private or otherwise, provided they meet any one or more of the following fiscal criteria:

- The net worth of the company should be Rupees 500 crores or more, or,
- The annual turnover of the company should be Rupees 1000 crores or more, or,
- Annual net profits of the company should be at least Rupees 5 crores over three years.

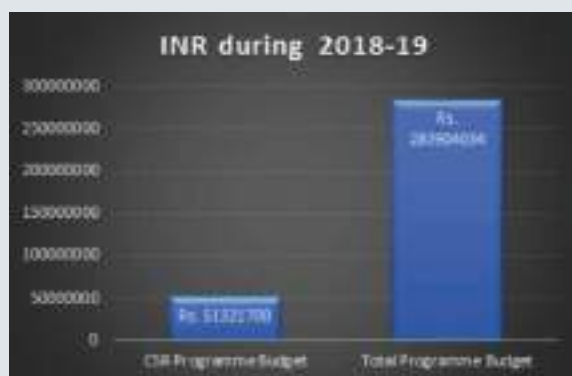
With the mandatory applicability of the famous 2% Bill, CSR spending by corporate India has increased significantly. In 2018, companies spent 47% higher as compared to the amount in 2014-15, contributing INR 7,536 crores to CSR initiatives in the country, according to a survey. The cumulative spending from FY15 – FY18 has topped Rs 50,000 crores, and includes Rs 34,000 crores by listed entities, according to a Crisil report. The same report also said that a third of the 1,913 listed companies which qualify for CSR spend did not spend the money due to multiple reasons; and during the same period (2015-18), the total unspent amount is Rs. 60 thousand crores. Sector-wise, Education and Skill Development, followed by Healthcare and Sanitation topped the areas where most of the spending had taken place.

The total Budget Outlay of all the CSR Projects of CINI during the year (2018-19) was around 18% of total Programme Budget of the Institute.

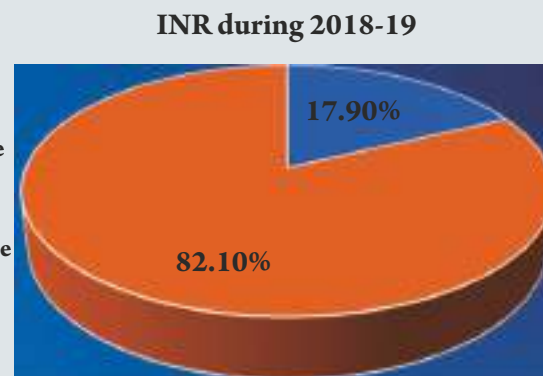
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**During the year CINI has also received generous support of the following CSR partners:**

CSR Partner	Sector
National Stock Exchange Foundation	Education
TIL India	Education
Exide Industries Pvt Ltd.	Education
CESC Limited	Education and Healthcare
HCL Foundation	Healthcare and Nutrition
Apeejay Trust	Education
Larsen & Toubro	Education and Disability
Oracle	Healthcare
Johnson & Johnson and Give 2 Asia	Healthcare
IBM India Pvt Ltd	Education
DEWAN HOUSING AND FINANCE LIMITED (DHFL)	Early Childhood Development
Mannion Daniels (Amplify Change)	Adolescent Reproductive and Sexual Health



■ CSR Programme Budget  
■ Total Programme Budget



*HR and Governance*



## Best Performer

Every year, selected employees are awarded the BEST PERFORMER in recognition of their contribution to the organisation. During 2018-19, they were:



**Jakiron Begum**

Community Facilitator,  
SABLA (Murshidabad Unit)



**Mili Mondal**

Supervisor, AAMSC, 1000  
Days (Diamond Harbour Unit)



**Sharda Devi**

Community Mobiliser  
Plan funded CCCD  
(Jharkhand Unit)



**Tapas Kumar Naskar**

Office Assistant – ARC  
(Head Office)



**Swapna Shil**

House Mother – Sky Children  
Tavolavaldase (Kolkata Urban Unit)

# HR and Governance

## 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

**Reporting period (April 2018 to March 2019)**

SL No.	Event	Status
A	Number of complaints of Sexual Harassment received in the year	0
B	Number of complaints disposed within the year	0
C	No of cases pending for more than ninety days	0
D	No of workshops or awareness programs against Sexual Harassment carried out	26
E	Nature of action taken by the employer	0

## The institutionalisation of Governance and HR are the Quality Brands of CINI.

Governance is the need of the hour in the development sector to ensure and promote the application of best management practices, compliance of law and adherence to best possible ethical standards. Good governance is about the process of making and implementing decisions. It's not only about making 'correct' decisions, but also about establishing the best possible processes 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 outcomes. The entire

management processes and practices of CINI complies with the principles of 'Good Governance'. The Institute always follows credibility norms for ensuring good governance in the organisation. CINI works on a delegated work environment and policies and decisions are made through a four-tier system. Through various forums like staff meetings, core group, finance committee, a unique understanding is created for a transparent decision-making process.

The Governing Body sets the broad guidelines for the institute and ensures good governance. The Board holds meeting 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 decisions are given by the Board for the smooth functioning of the institute. The Board is not involved in the day to day operation of the institute.

## Governing Body

Name	Designation	Profession	Name	Designation	Profession
Prof. Sunit Mukherjee 18-A Nafar Chandra Das Road Kolkata-34	President	Professor (retired)	Mr. Diptendra Prasad Sinha 18/50 Dover lane, Kolkata- 700029	Member	Business
Dr. Samir Narayan Chaudhuri CINI Main Campus, Vill: Daulatpur , PO: Pailan via Joka, Pin- 700104	Secretary	Director CINI	Dr. M. N. Roy Flat-5, Plot No-KB -2 Sector-III, Salt lake Pin- 700098	Member	Retired IAS & Director SIGMA Foundation
Prof. Kalyan Sankar Mandal Modal 83, Newman's Park, PO Pailan Haat via Joka , Pailan, Kol- 700104	Member	Retired Professor	Prof Sougata Ray NF-3/16,IIM, Kolkata, P.O-Joka Pin-700 104	Member	Professor IIMC
Sri Amit Kr Dasgupta “Srijani”, PO Joka, Thakurpukur, South 24 Parganas, Pin- 700104	Treasurer	Social Service	Sm. Sunanda Bose 3C Asoka Road, Kolkata-700 027	Member	Social Activist
Ms Saswati Banerjee Flat-E 7/3 Purba Abasan DF Block, 1582/1 Rajdanga Main Road, Kol- 700107	Member	Retired IAS Officer	Dr. Charulata Banerjee Flat 3B, Sindhu Appartment, 25A Sarat Bose Road, Kolkata -700 020	Member	Nutritionist

*Finance*





## Salarpuria & Partners

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e-mail : salarpuria.jajodia@rediffmail.com  
office@salarpuriajajodia.com  
Branches at New Delhi & Bangalore

### INDEPENDENT AUDITOR'S REPORT

#### To CHILD IN NEED INSTITUTE

#### Opinion

We have audited the financial statements of **CHILD IN NEED INSTITUTE**, which comprise the balance sheet as at March 31, 2019, and the Income and Expenditure Account and Receipt and Payment Account for the year then ended, and notes to the financial statements including a summary of significant accounting policies.

In our opinion, the accompanying financial statements of the entity are prepared, in all material respects, in accordance with the West Bengal Societies Registration Act, 1961, in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

- a. In the case of the Balance Sheet as at 31st March, 2019.
- b. In the case of the Statement of Income and Expenditure of the Surplus for the year ended on that date.
- c. In the case of the Receipt and Payment Account for the year ended on that date.

#### Basis for Opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) issued by ICAI. Our responsibilities under those Standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the entity in accordance with the Code of Ethics issued by ICAI and we have fulfilled our other ethical responsibilities in accordance with Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation of the financial statements in accordance with the West Bengal Societies Registration Act, 1961 and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the entity's financial reporting process.





## **Salarpuria & Partners**

CHARTERED ACCOUNTANTS  
7, C. R. AVENUE, KOLKATA - 700 072  
Phone : 2237 5400 / 5401, 4014 5400 - 5410  
website : www.salarpuriajajodia.com  
e-mail : salarpuria.jajodia@rediffmail.com  
office@salarpuriajajodia.com  
Branches at New Delhi & Bangalore

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Financial Statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the Financial Statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.





## Salarpuria & Partners

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Branches at New Delhi & Bangalore

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

FOR SALARPURIA & PARTNERS

CHARTERED ACCOUNTANTS

Firm ICAI Reg. No.302113E

(Palash Kumar Dey)

M.No.053991

UDIN: 19053991AAAAA6823

Place : Kolkata

Date : 7th September, 2019



## CHILD IN NEED INSTITUTE

## Consolidated Balance Sheet as at 31st March 2019

SOURCES OF FUNDS	Sch	Amount in Rupees	
		Current Year	Previous Year
General Fund	1	17,73,66,654	15,28,50,895
Specific Funds	2	11,65,34,782	11,20,45,228
Current Liabilities	3	49,92,746	57,01,319
		<b>29,88,94,182</b>	<b>27,05,97,442</b>
<b>APPLICATIONS OF FUNDS</b>			
Fixed Assets	4	4,86,50,980	5,39,70,888
Investments	5	9,10,66,677	8,94,45,764
Current Assets	6	15,37,28,673	12,09,09,319
Loans & Advances	7	54,47,852	42,71,671
		<b>29,88,94,182</b>	<b>27,05,97,442</b>
Significant Accounting Policies & Notes to Accounts	17		

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


For Sarapuzia & Partners  
Chartered Accountants

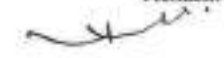
  
(Palash Kumar Dey)  
M.No:053991  
Partner  
Firm Registration No.: 302113E



On Behalf of Governing Body,



  
Prof. Sanir Mukherjee  
President

  
Anir Kumar Dasgupta  
Treasurer

  
Dr S N Chaudhuri  
Secretary

Place: Kolkata  
Date: 7th September 2019.



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### CHILD IN NEED INSTITUTE

Consolidated Income & Expenditure Account for the year ended 31st March 2019


INCOME	Sch	Amount in Rupees	
		Current Year	Previous Year
Grant & Donations	8	32,11,10,543	29,65,39,295
Investment Income	9	1,05,57,879	93,01,110
Income from Own Resources	10	1,28,93,029	1,42,01,997
Training, Counseling, Activities	11	-	8,500
Other Sources	12	1,50,28,430	39,95,768
		<b>35,95,90,281</b>	<b>32,40,37,630</b>
<b>EXPENDITURE</b>			
Programme Cost	13	31,47,17,463	29,02,45,845
Personnel Cost	14	62,74,944	73,41,808
Administrative Expenses	15	98,61,343	30,96,512
Financial Expenses	16	1,11,599	49,007
		<b>33,09,85,349</b>	<b>30,07,33,172</b>
<b>Excess of Income over Expenditure (Before Depreciation)</b>		<b>2,86,04,932</b>	<b>2,33,04,457</b>
Depreciation		40,89,173	35,27,892
<b>Excess of Income over Expenditure (After Depreciation)</b>		<b>2,45,15,759</b>	<b>1,97,76,565</b>
<b>Appropriation</b>			
Corpus Fund		-	-
General Fund		2,45,15,759	1,97,76,565
		<b>2,45,15,759</b>	<b>1,97,76,565</b>
Significant Accounting Policies & Notes to Accounts	17		


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

For Salarpara & Partners  
Chartered Accountants  
  
(Palash Kumar Dey)  
M.N.055991  
Partner  
Firm Registration No. 302133E



On Behalf of Governing Body

  
Prof. Sarit Midherjee  
President

  
Amit Kumar Dasgupta  
Treasurer

  
Dr. S. N. Chaudhuri  
Secretary

Place: Kolkata  
Date: 7th September 2019

**CHILD IN NEED INSTITUTE**  
**CONSOLIDATED RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2019**

RECEIPTS			PAYMENTS		
Particulars	Amount (Rs.)	Amount (Rs.)	Particulars	Amount (Rs.)	Amount (Rs.)
<b>Opening Balance</b>			Project Expenses		29,96,89,053
(a) Cash in Hand	4,33,944		Specific Fund Expenses		41,402
(b) Cash at Bank	7,20,33,893	7,24,67,837	<b>Institutional Overhead</b>		
<b>Grant Received during the year</b>			(a) Personnel	54,52,572	
(a) Project Grant	33,09,11,880		(b) Administration	90,48,909	
(b) Interest on Project Grant	6,95,282		(c) Financial	1,11,379	
(c) Specific Fund	-		(d) Others	-	1,46,53,080
(d) Free & Unrestricted Donations	63,93,480		Investment made during the year		16,20,913
(e) Corpus Grant	-		Purchase of Fixed Assets		19,25,317
(f) Grant Unallocated	-	33,80,00,642	Payment to Creditors		13,19,421
Income from Own Resources		1,14,20,313	Security deposit		2,79,996
<b>Investment and Other Interest</b>			Tax Deducted at source		13,99,672
Income from Fixed Deposit	59,34,341	-	<b>Closing Balance</b>		
Income from Govt Securities	4,37,640		(a) Cash in Hand	4,68,575	
Income from Bank Interest	36,52,593	1,09,70,469	(b) Cash at Bank	11,11,66,249	
Income from others Interest	51,895	1,81,597			11,16,34,824
Programme Advance (Refund)		16,400	<b>TOTAL</b>		<b>43,25,63,858</b>
Staff Advance (Refund)					
<b>TOTAL</b>		<b>43,25,63,858</b>	<b>TOTAL</b>		<b>43,25,63,858</b>

For Salarpuria & Partners  
Chartered Accountants  
Salarpuria  
(Pabali Kumar Das) -  
M.No.053991  
Partner  
Firm Registration No.: 302115E



On Behalf of Governing Body

*(Signature)*

Prof. Sunit Mukherjee  
President

*(Signature)*  
Anil Kumar Dasgupta  
Treasurer

*(Signature)*  
Dr S N Chaudhuri  
Secretary

Place: Kolkata  
Date: The 7th September 2019



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## Way Forward

The last two years have set in motion a process of system strengthening, involving many of us, to ensure that systems are in place to take CINI forwards on its future growth path. This effort has been spearheaded by the CINI Resource Centre (CRC) as an integral part of the “CINI Method”. Chiefs of the Programme, Operation, Finance, Quality Assurance and the HR Manager have all closely worked with CRC team members. As I am scheduled to hand over to a Chief Executive Officer (CEO) from 1st October 2019, the legacy of robust management of CINI, ensuring that the “Child in Need” is served with quality services which have been going on over the last 45 years, continues to remain in place.

CINI Method is the consolidation of 45 years of learning - a methodology based on rights including participation, convergence and prevention. As CINI make inroads to the North East, following its “look east” policy, the methodology will foster the growth of Child-Friendly Communities (CFC), thereby improving access and utilisation of the various government programmes which are already available to prevent malnutrition, ill-health, illiteracy and various forms of abuse in children, by empowering families and caregivers. A tripartite partnership between front line workers such as Anganwadi workers, ASHA workers, ANMs, Panchayat/Urban Local Bodies and Women Self Help Group (SHG) members, will ensure both access and utilisation of all services at the village/ward to all families in need.

Malnutrition has been significantly reduced, but it is still rampant in the form of stunting during early childhood. Obesity is also a form of malnutrition increasingly seen in

urban areas and peri-urban areas. Such children are prone to non-communicable diseases (NCD) such as diabetes and cardiovascular diseases in later life. So in some vulnerable pockets, such as slum areas, both the effects of malnutrition and obesity have to be tackled simultaneously. School dropouts, early marriage, child labour, trafficking, sexual and physical abuse, anemia and low BMI are being encountered during adolescence. Over the years, CINI's adolescent programmes have increased in size where nutrition, health, education and protection issues are addressed simultaneously through the CINI Method in rural or urban areas.

One of the most successful interventions has been the Kannyashree Prakalpa by the Government of West Bengal which has improved school retention, particularly during the adolescent period. Therefore, addressing the needs of adolescents seems to be a priority in all future programmes of CINI.

Adding value to ongoing government programmes, working as a facilitator rather than a direct implementer has also been welcomed by many state governments and local communities. The space for implementing NGOs is gradually shrinking as our governments takeover care of the vulnerable segment of the population. NGOs with technical expertise are however welcome to advise on how well to utilise resources to reach out to the poor. CINI will continue to use the facilitation strategy in CFC, to work closely with elected representatives to make inroads to other states.

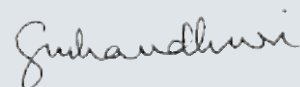
The North East, with its kaleidoscope of culture, physical



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features, terrain, religion and food habits offer an immense opportunity to CINI to spread its wings. We can learn from some states in NE, with their low infant mortality rates, a matriarchal society, and a strong sense of tribal culture, challenges however are also many such as poor service delivery in hard to reach areas, where CINI may be able to bring its learning of adding value to ongoing government programmes and improve their reach, access as well as utilisation. We look forward to facing these challenges and

hopefully, we shall find the resources to serve the children and women in need in this beautiful and scenic part of our country.

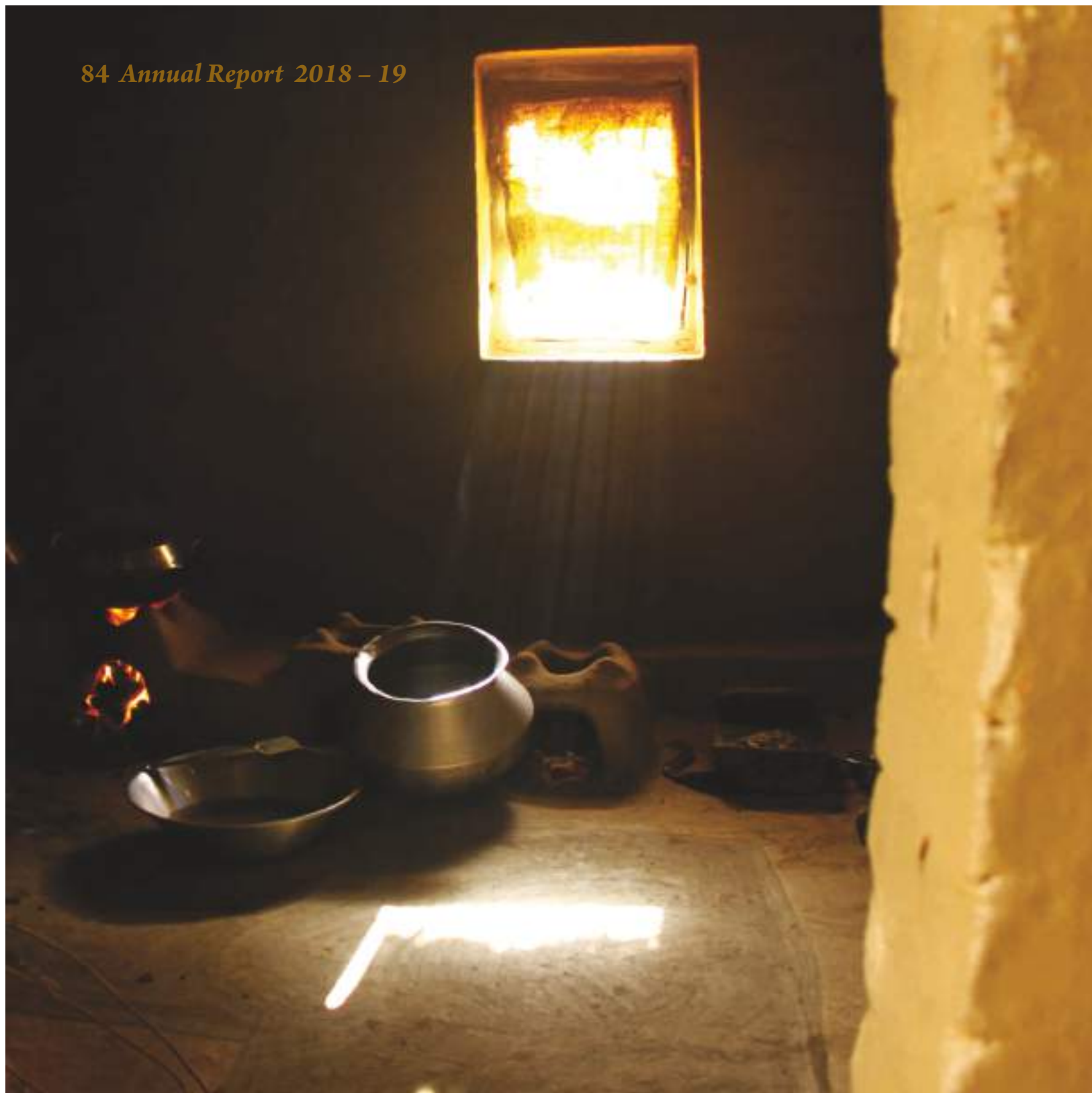


Dr Samir Chaudhuri



## *CINI Resource Mobilization*

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# CINI Resource Mobilization

## CINI International

CINI International is a registered body based in Italy, which coordinates the activities of CINI support groups, who are independently registered as charities in their respective countries around the world. The first such group came into being in Glasgow, UK in the early nineties, known as CINI UK, followed by CINI Italy, based in Verona in mid-nineties, and over the years other groups registered themselves as CINI USA, CINI Holland and CINI Australia. The sole objective of these support groups is to promote the humanitarian activities of CINI India in their respective countries and raise funds for CINI India. The office bearers of these groups are volunteers who visit CINI regularly, to the projects they support and interact throughout the year with CINI project managers to remain fully updated.

CINI India is grateful to each of the support groups for the vital funding they provide to implement India activities for deprived children and women in various parts of the country. The CINI International Unit aims to assist CINI International ONLUS. The unit works as a liaison office between CINI around the world and CINI India, tracking international fund flow and allocations. It facilitates self-funded exposure, internship and research work in CINI project areas among international college students and scholars. The unit also assists donors and individuals who wish to visit CINI in its various field projects. It provides information to individuals and organisations about CINI and handle enquiries from supporters who may be interested in promoting CINI's work in India and abroad. It finally seeks to establish relationships

with Indian communities worldwide and secure international donations to CINI India. The unit also does sponsor relations maintaining the database of flagship programmes like Adopt a Mother, Save Her Child and Educate a Child sponsorship. It ensures timely reporting to sponsors in India and abroad, as well.

### Highlights of CINI International Activities:

CINI Italia O.N.L.U.S between December 2018 - January 2019 did a campaign in favour of the 'Project SABLA: Girls Not



Brides'. They were successful in raising 16,838 Euros to support about 1000 Indian adolescent girls in their daily struggle in preventing early marriage.

CINI Australia held its 6th Annual Mother's Day afternoon tea to tell about 200 gathered guests about CINI's work. They were successful in raising \$24000 for CINI's Child Friendly



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Communities project in Uttar Dinajpur and IICCHAA Project with the help of 30 volunteer cooks and 30 adolescent helpers.

### **CINI Fundraising:**

The Fund-Raising Unit seeks to maintain relationships with local business houses, individuals and schools to strengthen resource mobilization for Sponsorship and other projects. It tracks fund flow and allocations relating to sponsorship programmes.

The unit organises brand building and fund-raising events throughout the year.

### **Pictures at a Glance:**



Durga Puja Parkrama of CINI children sponsored by Tractors India Limited



Cake mixing ceremony at Vedic Village



Christmas Celebration sponsored by Star India

# Acronyms

<b>AHTU</b> – Anti Human Trafficking Unit	<b>CSNCR</b> – Civil Society Network of Child Rights
<b>AIDS</b> – Acquired Immuno Deficiency Syndrome	<b>CSO</b> – Civil Society Organization
<b>ANC</b> – Ante Natal Care	<b>CSR</b> – Corporate Social Responsibility
<b>ANM</b> – Auxiliary Nurse Midwifery	<b>CTI</b> – Collaborative Training Institute
<b>ARC</b> – Adolescent Resource Centre	<b>CWC</b> – Child Welfare Committee
<b>ARI</b> – Acute Respiratory Infection	<b>CWIN</b> – Child Workers In Nepal
<b>ARSH</b> – Adolescent Reproductive Sexual Health	<b>DCPS</b> – District Child Protection Society
<b>ART</b> – Anti Retroviral Therapy	<b>DCPU</b> – District Child Protection Unit
<b>ASHA</b> – Accredited Social Health Activist	<b>DFID</b> – Department for International Development
<b>ATSEC</b> – Action against Trafficking and Sexual Exploitation of children	<b>DoHFW</b> - Department of Health and Family Welfare
<b>AWC</b> – Anganwadi Centre	<b>DIC</b> – Drop In Centre
<b>AWWs</b> – Anganwadi Workers	<b>DPO</b> – District Programme Officer
<b>BDO</b> – Block Development Officer	<b>DSP</b> – Deputy Superintendent of Police
<b>BFM</b> – Beneficiary Feedback Mechanism	<b>DWCD</b> – Department of Women and Child Development
<b>BMI</b> – Body mass index	<b>DWCD &amp; MS</b> – Department of Women & Child Development and Mission Shakti
<b>BSF</b> – Boarder Security Force	<b>ECCE</b> – Early Childhood Care and Education
<b>CBO</b> – Community Based Organization	<b>ECPAT</b> – End Child Prostitution and Trafficking
<b>CCRC</b> – CINI Chetana Resource Centre	<b>ECS</b> – Early Childhood Stimulation
<b>CDPO</b> – Child Development Project Officer	<b>ENT</b> – Ear Nose Throat
<b>CESC</b> – Calcutta Electric Supply Corporation	<b>EPHN</b> – Education Protection Health and Nutrition
<b>CFC</b> – Child Friendly Communities	<b>ERC</b> – Education Resource Centre
<b>CG</b> – Community Group	<b>ESI</b> – Employees' State Insurance
<b>CHCMI</b> – Community Health Care Management Initiative	<b>FIR</b> – First Information Report
<b>CINCOMM</b> – CINI Community Initiatives	<b>CSW</b> – Commercial Sex Worker
<b>CINI</b> – Child in Need Institute	<b>FCRA</b> – Foreign Contribution Regulation Act
<b>CLRRA</b> – The Child Labour Rules and Regulation Act	<b>FRU</b> – Fund Raising Unit
<b>CMS</b> – CINI Management System	<b>GD</b> – General Diary
<b>CPC</b> – Child Protection Committee	<b>GP</b> – Gram Panchayat
<b>CPRC</b> – Child Protection Resource Centre	<b>HBYC</b> - Home-Based Care for Young Child

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<b>HIV</b> – Human Immunodeficiency Virus	<b>MCH</b> – Mother and Child Health
<b>HR</b> – Human Resources	<b>MCP</b> – Mother and Child Protection
<b>HRG</b> – High Risk Groups	<b>MCPC</b> – Mother and Child Protection Card
<b>HUII</b> – Harvard US India Initiative	<b>MGNREGA</b> – Mahatma Gandhi National Rural Employment Guarantee Act
<b>IACN</b> – India Alternative Care Network	<b>MLA</b> – Member of Legislative Assembly
<b>IACR</b> – Indian Alliance for Child Rights	<b>MOHFW</b> – Ministry of Health & Family Welfare
<b>IALSE</b> – Indian Association for Life Skills Education	<b>MTC</b> – Malnutrition Treatment Centre
<b>IAY</b> – Indira Awas Yojna	<b>NACG</b> – National Action & Coordination Group
<b>ICDS</b> – Integrated Child Development Services	<b>NACGEVAC</b> – National Action and Coordination Group for Ending Violence Against Children
<b>ICPD</b> – International Conference on Population and Development	<b>NACO</b> – National Aids Control Organization
<b>ICPS</b> – Integrated Child Protection Scheme	<b>NART</b> – National Adolescent Resource Team
<b>ICT</b> – Information and Communication Technology	<b>NCCS</b> – Nutrition Counselling and Child Care Session
<b>ICTC</b> – Integrated Counselling and Testing Centre	<b>NCD</b> – Non-communicable diseases
<b>IEC</b> – Information Education Communication	<b>NCERT</b> – National Council for Education Research and Training
<b>IFA</b> – Iron Folic acid Tablet	<b>NGO</b> – Non Government Organization
<b>IGNOU</b> – Indira Gandhi National Open University	<b>NHM</b> – National Health Mission
<b>IICHA</b> – Indian Initiative for Child Centred and HIV/AIDS Approach	<b>NRC</b> – Nutrition Rehabilitation Centre
<b>IIHMR</b> – Indian Institute of Health Management and Research	<b>NRHM</b> – National Rural Health Mission
<b>ILA</b> – incremental learning approach	<b>NTP</b> – National Training Partner
<b>ITPA</b> – Immoral Traffic Prevention Act	<b>NUHM</b> – National Urban Health Mission
<b>IYCF</b> – Infant and Young Child Feeding	<b>NYK</b> – Neheru Yuva Kendra
<b>JJ Act</b> – Juvenile Justice (Care and Protection of Children) Act	<b>OHCRC</b> – Office of the United Nations High Commission for Human Rights
<b>JSSK</b> – Janani Shishu Suraksha Karyakaram	<b>ORWs</b> – Outreach Workers
<b>JSY</b> – Janani Suraksha Yojana	<b>PCPNDT</b> – Pre-Conception and Pre-Natal Diagnostic Techniques
<b>KMC</b> – Kolkata Municipality Corporation	<b>PRA</b> – Participatory Learning and Action
<b>KP</b> – Kanyashree Prakalpa	<b>PLHAs</b> - People Living with HIV & AIDS
<b>LCA</b> – Life Cycle Approach	<b>PNC</b> – Post Natal Care
<b>MAM</b> – Moderately Acute Malnutrition	<b>PNC Kit</b> – Post Natal Care Kit
<b>MARP</b> – Most At Risk population	<b>POSCO</b> – Protection of Children from Sexual Offences
<b>MAS</b> – Mahila Arogya Samity	

**PPTCT** – Prevention of Parents to Child Transmission  
**PRA** – Participatory Rural Appraisal  
**PRI** – Panchayati Raj Institution  
**RCH** – Reproductive and Child Health  
**RGNIYD** – Rajib Gandhi National Institute for Youth Development  
**RKS** – Rogi Kalyan Samities  
**RKSK** – Rashtriya Kishor Swasthya Karyakram  
**RLM** – Rural Livelihoods Mission  
**RMNCH+A** – Reproductive Maternal Newborn and Child Health and Adolescent Health  
**RMSA** – Rashtriya Madhyamik Shiksha Abhiyaan  
**RNTCP** – National Tuberculosis Control Program (Now Renamed as National Tuberculosis Elimination Program)  
**RRC** – Regional Resource Centre  
**RSBY** – Rashtriya Swasthya Bima Yojana  
**RTE** – Right to Education  
**SAARC** – South Asian Association for Regional Cooperation  
**SABLA** – Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)  
**SACS** – State AIDS Prevention and Control Societies  
**SAG** – Scheme for Adolescent Girls  
**SAIEVAC** – South Asia Initiative to end Violence against Children  
**SAM** – Severely Acute Malnutrition  
**SBI** – State Bank of India  
**SDC** – School Development Committee  
**SDG** – Sustainable Development Goals  
**SDP** – School Development Plan  
**SHG** – Self Help Group  
**SNP** – Supplementary Nutrition Programme  
**SPJIMR** – S P Jain Institute of Management and Research  
**SRHR** – Sexual and Reproductive Health and Rights  
**SRH** – Sexual Reproductive Health

**STC** – State Training Centre  
**STI** – Sexually Transmitted Infection  
**STRC** – State Resource Training Centre  
**SW** – Social Welfare  
**TB** – Tuberculosis  
**THR** – Take Home Ration  
**TISS** – Tata Institute of Social Sciences  
**TOUCH** – Targeted Outreach for Upliftment of Community Health  
**TT** – Tetanus Toxoid  
**ULB** – Urban Local Bodies  
**UNCRC** – United Nations Convention on the Rights of the Child  
**UNFPA** – United Nations Population Fund  
**UPHC** – Urban Primary Health Centre  
**VANI** – Voluntary Action Network of India  
**VHA** – Voluntary Health Association  
**VHND** – Village Health and Nutrition Day  
**VHRC** – Village Health Resource Centre  
**VHSNC** – Village Health Sanitation and Nutrition Committee  
**VLCP** – Village Level Child Protection Committee  
**WASH** – Water Sanitation and Hygiene  
**WBNEWA** – West Bengal Small Newspaper Editors Welfare Association  
**WBSACS** – West Bengal State AIDS Control Society  
**WCCR** – Working Committee on Child Rights  
**WCD** – Women and Child Development  
**WHP** – World Health Partner  
**WHO** – World Health Organization  
**WIFS** – Weekly Iron and Folic Acid Supplementation  
**WLCP** – Ward Level Child Protection Committee  
**WRA** – White Ribbon Alliance



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# Acknowledgements

## Corporate, Government, Individual and Others

- ACC Limited, Regional Office –East
- Accenture
- Alexander Associates
- All Block Administrations and Block Officials of CINI Intervention Areas
- All District Civil, Development and Police Administrations and District Officials in CINI Intervention Areas
- All Media Partners
- Amplify Change
- Anand Paul Foundation
- Anirban Dutta
- Anita Dutta
- APCC- Asian Pacific Contributions Committee
- ASML Foundation
- Azim Premji Philanthropic Initiatives
- Banerjee Foundation
- Bihar Voluntary Health Association (BVHA)
- Bill & Melinda Gates Foundation
- Biva Chakma
- Bose Legacy Foundation
- Brian Mc-Mohan
- CARITAS India
- Centre for Catalyzing Change (C3) (Formerly CEDPA India)
- Ceratizit India Pvt. Ltd.
- CESC Limited
- Charities Aid Foundation-India
- Chiesa Valdese, Italia
- Child Fund India
- Child Nutrition Foundation
- Childhope UK
- CHILDLINE India Foundation
- Children International
- Chirstian Medical Association of India
- Chloride Power Systems & Solutions Limited
- CINI Australia
- CINI Holland
- CINI Italia Onlus
- CINI UK
- CINI USA Inc
- City Level Programme of Action
- Clay Brendish
- Coal India Limited
- Columbia Group for Children in Adversity INC.
- Comic Relief
- Compassionate East India
- Consortium for Street Children
- Controller of Vagrancy, Govt. of WB
- Cordaid
- Debjani Sanyal
- Dept of Education, Govt. of WB
- Dept of Health and Family Welfare, Govt. of WB, Jharkhand, Odisha and Assam
- Dept of Women & Child Development and Social Welfare, Govt. of WB, Jharkhand, Odisha and Assam
- Dewan Housing Finance Ltd. – Changing Lives Foundation
- Directorate of Child Rights & Trafficking, Govt. of WB, Jharkhand and Odisha

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- Directorate of ICDS, Govt. of WB, Jharkhand and Odisha
- Directorate of Social Welfare, Govt. of WB, Jharkhand and Odisha
- Dr. Sisir Chattopadhyay
- Dulal Bhattacharyya
- Dulal Mitra
- Exide Industries LIMITED
- FCI (RO) Women's cell
- FFD, Italy
- Fondazione Blu Onlus
- Fondazione San Zeno
- Food and Nutrition Board, Govt of India
- Ford Foundation
- Fr. Dacruz Nicholas
- Friends of CINI
- Girls Not Brides
- Give Foundation Inc
- Give to Asia
- Harsh & Payel Hada Foundation
- HCL Foundation
- Hope and Homes for Children
- Hummingbird Foundation
- IBM INDIA PVT LTD
- ICRW
- IIMPACT
- IL&FS
- Impact Foundation India (DASRA)
- Impulsis
- Indian Institute of Foreign Trade
- International Labour Organization
- Jal Seva Charitable Foundation
- Jharkhand Education Project Council
- Jharkhand SAPCS
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- Johnson & Johnson-FC
- Jyoti Aggarwal
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- KPMG
- Krupa Rohit Choksy
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- Mannion Daniels
- Martha Farrell Foundation
- MARZOTTO Investment House
- Maya Parikh
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- Ministry of Health and Family Welfare, Govt. of India
- Ministry of Women & Child Development, Govt. of India
- Mundo Cooperante
- NASSCOM Foundation (Vodafone Foundation)
- National AIDS Control Organisation
- National Deaf Children's Society
- National Foundation of India
- National Human Rights Commission
- National Institute of Health and Family Welfare (NIHFW), Govt. of India
- National Institute of Public Cooperation and Child Development (NIPCCD), Govt. of India
- National Stock Exchange Foundation
- Nikhil Johri
- Nutrition International (NI)

## Acknowledgments 93

- OAK PHILANTHROPY LTD
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- Oxfam India
- Panchayati Raj Institutions and Urban Local Bodies of CINI Intervention Areas
- Paola Segato
- Participatory Research in Asia (PRIA)
- Paul Hamlyn Foundation
- Plan India
- Population Action International
- Population Foundation of India (PFI)
- Power Grid Corporation of India Ltd.
- Prerna Choksy
- Price Waterhouse and Coopers (PWC)
- Public Health Foundation of India (PHFI)
- PYARI ONLUS
- Quality Assurance Cell – Department of Health and Family Welfare, Govt. of WB
- Railway Children
- Ranchi Catholic Archdiocese
- Rohit Choksy
- Sabyasachi Chakraborty
- Samhita Social Ventures
- Sangita Johri
- Sashastra Seema Bal
- Save the Children - Bal Raksha Bharat
- SBI, Siliguri Zonal Office
- Sewa Bharat
- Sharmila Prabhu
- Shree Shree Lakshmi Narain Deo Trust
- SIMAVI
- Sky Children
- Soumen Choudhury
- St. Michael's Parish, South Dakota, USA
- State Commission for the Protection of Child Rights (India)
- Stichting Simavi
- Street Invest
- Sulochan Vision Foundation
- TATA Chemicals
- Tata Trusts
- Tavola Valdese
- The Bengal Obstetric & Gynaecological Society
- The George Institute for Global Health
- The Hans Foundation
- The National Deaf Children Worldwide
- The Parish of St. Michael
- TM International Logistics Limited
- Tractors India Ltd. (TIL)
- Transforming Rural India (TRI)
- Trent India Limited
- TSMT, Odisha
- UNICEF, Chattisgarh, Jharkhand, Odisha and West Bengal State Offices
- Upkar Foundation
- US AID
- Vital Foundation
- Volkart Foundation
- Water Aid India
- WB AIDS Prevention & Control Society



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- West Bengal State Rural Livelihoods Mission (Anandadhara)
- White Ribbon Alliance for Safe Motherhood
- World Health Partners
- World Vision India
- World Vision UK

### Schools and Colleges

- Aditya Academy (Sr. Secondary)
- AMRI School of Nursing
- Asia Heart Foundation Nursing School
- Belvedere College
- Bengal Institute of Business Studies
- Bharat Sevashram Sangha Hospital, School of Nursing
- Bishop's School Bahu Bazar
- Burdwan University
- Calcutta Nursing Training Institute (CNTI)
- DAV Public School, Bishnupur
- Delhi Public School, Dhanbad
- Delhi Public School, Durgapur
- Delhi Public School, Howrah
- Delhi Public World School, Kalyani
- Dumdum Bodhi Bhawan Collegiate School
- ESI Nursing School, Sealdah
- G S S Girls School
- Ganges Gurukul, Chandannagar
- Glenhill Public School, Kurseong
- Godwin Modern School, Siliguri
- Goethals Memorial School, Kurseong
- Gokhale Memorial Girls College

- Gokhale Memorial Girls' School
- Gospel Home School
- Green Lawn School Mirik
- Hariyana Vidya Mandir
- Hartley Public School
- Harvard University - FXB Centre for Health & Human Rights
- Herambra Chandra College
- Ideal Public School, Howrah
- Immanuel Kingston Educational Institute
- International Academy Siliguri
- Islamia School of Nursing
- Jogesh Chandra College
- Kolkata Model School
- Lincolns High School
- Mount Litera Zee School, Howrah
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- Newton Day School
- North Point Residential School- Siliguri
- Nursing Training Centre, ESI Hospital Maniktala
- Purushttam Bhagchandka Academic School
- Royal Academy, Siliguri
- S S M Academy
- Silver Point School Kolkata
- South City International School
- St. Augustine's School Kurseong
- St. Michael's Academy
- St. Paul's School Darjeeling
- St. Thomas Girls School, Khidirpore
- Tata Institute of Social sciences, School of Vocation

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### Education

- The Newtown School
- The University of Queensland
- Victoria Boys' School, Kurseong
- West Point School Siliguri
- Young Horizon School





## *Sponsorships*



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**help the mother  
help the child ...**



# Sponsorships

## **Adopt a Mother and Save Her Child**

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

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

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

to a new mother or you can continue on to the Educate a Child programme.

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





### **Educate a Child**

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

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

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

### **Feed a Child**

You can help us rescue children from various abuses and vulnerable situations, as young as 6 years old. They stay at our short stay home for a few months. They are lost, helpless but still

have a hope, hope that one day; they will be united with their families. You can provide them with healthy nutritious food four times a day. On an average there are around 40 children living in our home. For a donation of 3000 rupees, you can support a child with healthy food for a month.

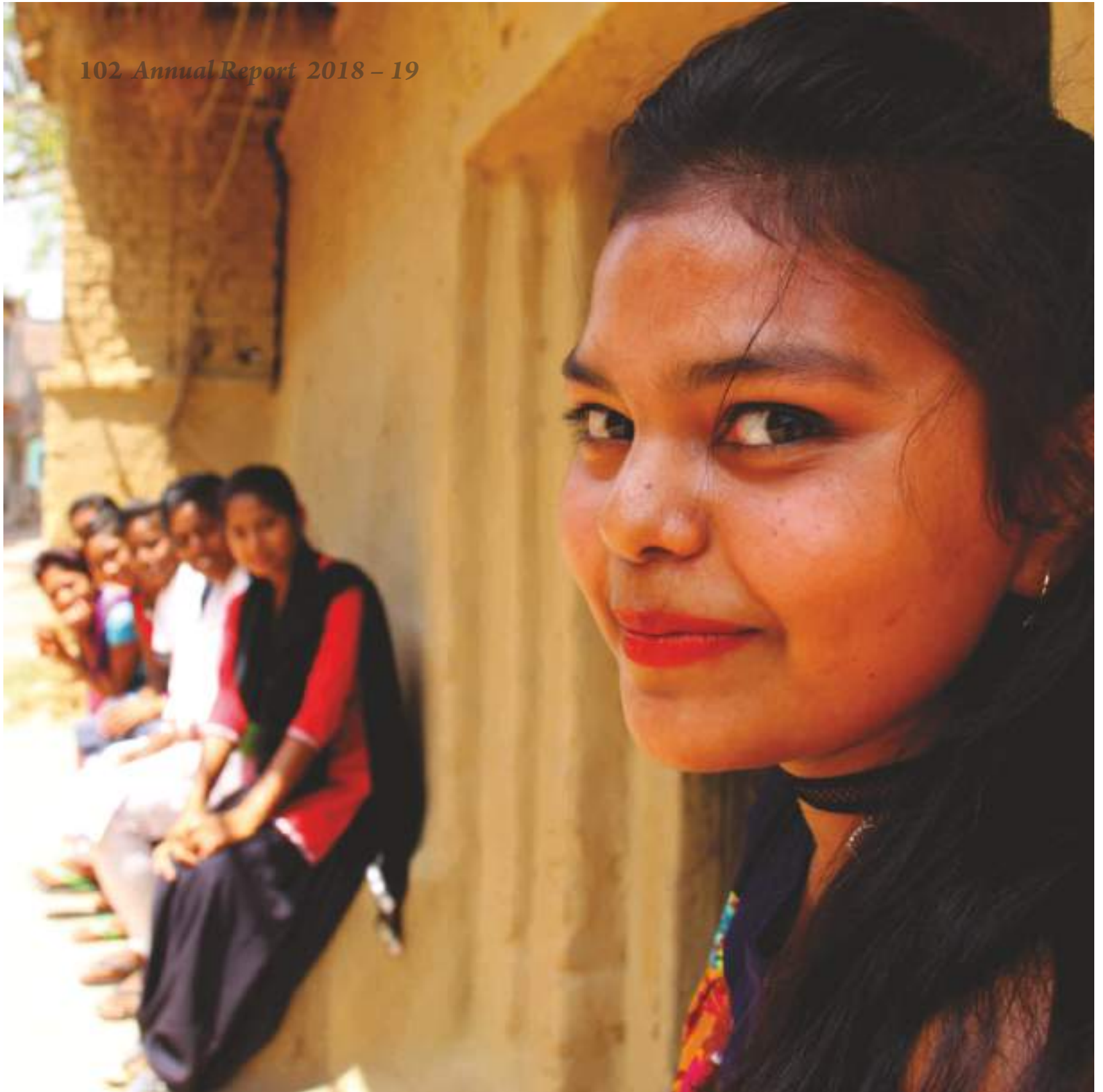
### **General Fund**

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

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

**Contact [cinifr@cinindia](mailto:cinifr@cinindia) or 9830159393 to support us!**





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