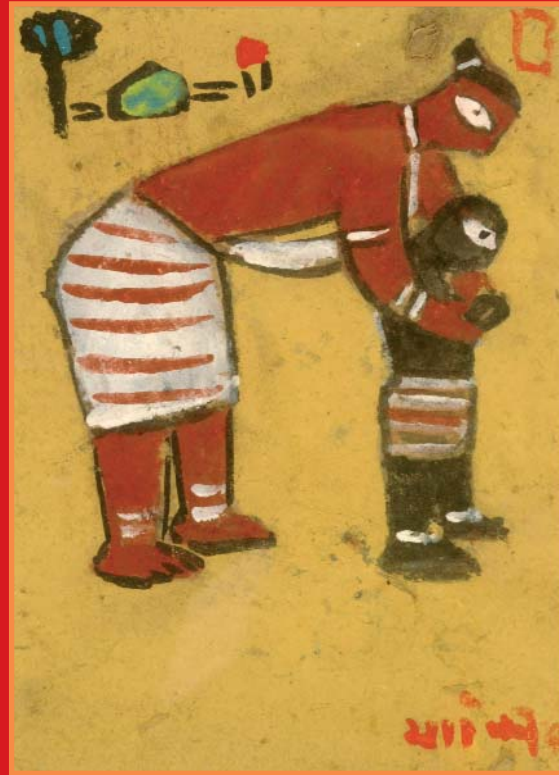


# CINI at 30

*Celebrating 30 years of the founding  
of Child in Need Institute, Kolkata, India*



**CINI**  
FOR CHILDREN'S TOO LIFE

**FEDERICO  
MOTTA  
EDITORE**

**CINI at 30**

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Celebrating 30 years of the founding  
of Child in Need Institute, Kolkata, India



**FEDERICO  
MOTTA  
EDITORE**

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## ✨ Milestones: 1974-2004



Sister Pauline Prince IBVM and Samir Chaudhuri inaugurate the Nutrition Rehabilitation Centre at Cini, 1977



National Award in Child Welfare, Government of India, 1985

**1974:** Dr. Samir Chaudhuri, Sister Pauline Prince IBVM and Rev. Fr. John Henrichs SJ open under five clinics in Behala and Thakurpukur areas of South Calcutta.

**1975:** Expansion to Loreto Child in Need Programme covering 7 centres in slums and villages in south Calcutta. First batch of health workers trained. Child in Need Institute registered under Societies Registration Act in West Bengal, India on 13<sup>th</sup> December. Land purchased for CINI campus in Daulatpur village.

**1976:** Construction begins at Daulatpur village. CINI provides emergency relief during cyclone in Andhra Pradesh. Expansion of nutrition and health education programme in villages and slums, more than 11,000 mothers trained.

**1977 to 1979:** Functional literacy programme initiated for poor families. Project initiated in Raidighi in Sunderbans. Baikunthapur Sishu Seva Kendra registered as an independent NGO in 1978 in Sunderbans. Flood relief work by CINI team in Moyna Medinipur District in West Bengal in 1978. Sishu Kalyani training programme for health workers in flood affected areas in 1979. Initiated income generation activities for rural women at Samali. CINI team goes to Thailand to care for refugees from Kampuchea.

**1980:** First batch of Anganwadi workers trained for ICDS programme. CINI team goes to Karamoja, Uganda, to provide relief to refugees.

**1981 to 1983:** Santi TB Control Society registered. Mahila Mandals (women's groups) organised in villages. Research study on urban feeding practices in children initiated. Relief activities in Sunderbans following cyclone. Training of Supervisors for ICDS programme initiated. Balwadi (pre-school centres) started by women's groups in 1982. Initiated child sponsorship and school welfare programmes.

**1984 to 1988:** Received National Award for Child Welfare in 1985. Child survival programme initiated in Tollygunge slum areas. CINI Helencha project initiated in north 24 Parganas District. Initiated awareness programme on girl child. Initiated the PVOH project for women and children in 1986. Started course on mother and child health in collaboration with Jadavpur University. Appropriate rehabilitation for childhood disability project initiated in 1988.

**1989 to 1992:** Relief work started in Tangra, Calcutta following communal violence. Awarded for outstanding contribution in the field of mother and child care by International Centre for Development of Culture of Peoples, Genoa, Italy. "Adopt a Mother" programme receives support from Amici di CINI, Italy. Initiated CINI Asha urban programmes for street and working children. CCRC, the training wing of CINI, registered as an independent NGO.

**1993 to 1996:** Received Feinsein Hunger Award in 1993 from Brown University, USA.

Multicentric study on Urban Community based Rehabilitation of the disabled initiated. Regional training centre for training on counselling on HIV/AIDS initiated. Village Development Forum initiated in CINI project area.

**1997:** CINI workers develop a mission and vision statement for CINI. Initiated sector offices in Bishnupur I & II and Diamond Harbour.

**1998:** “Mother NGO” status accorded to CINI in reproductive and child health by Government of India. Collaborating training centre for NIHFW in reproductive and child health for six north eastern states. Initiated 24 hour AIDS hotline and Childline telephone services.

**1999:** Initiated interventions in adolescent health in CINI project area.

**2000:** Recognised as Regional Resource Centre for reproductive and child health by Government of India. CINI Asha mainstreams street and working children in Kolkata to primary schools. Fellowships received for CINI staff members from London School of Hygiene and Tropical Medicine and Johns Hopkins School of Public Health, USA. Inauguration of Adolescent Resource Centre. Registration of CINI International ONLUS, Italy.

**2001:** CINI team provides emergency relief for Gujarat earthquake victims. CINI activities reorganised into Divisions of Child Health, Women’s Health, Adolescent Health, Research Monitoring and Evaluation. Life Cycle Approach accepted by CINI for the implementation of its field activities. Initiated action-research projects on Positive Deviance in child nutrition and accelerated reduction of low birth weight research studies. Coordinating Unit for “Adopt a Mother and Save her Child” (AAMSC) programme initiated at Gole Park.

**2002:** Initiates Jharkhand unit of CINI. Provides training support to MNGOs in north eastern states and the state governments in reproductive and child health. CINI Asha initiates Shikshalayas (community based alternate formal schools). AAMSC reports available on internet. Inauguration of North Bengal unit in Siliguri. CINI UK formally launched in London by the Duchess of Gloucester on 8<sup>th</sup> October.

**2003:** Review of CINI activities conducted by an international team of experts. CINI extends its activities to Farukabad District, Uttar Pradesh. Inauguration of CINI Delhi unit. Inauguration of Noel Carroll training centre at CCRC. Inauguration of Voluntary Counselling and Testing Centre on HIV/AIDS. CINI covers over 500,000 people in various parts of India.

**2004:** CINI celebrates 30 years.



Hunger Award, Brown University  
USA, 1993



CINI at 25, 1<sup>st</sup> February 1999



Sister Pauline Prince IBVM and Abinash Gine at a CINI village clinic

## ✦ The Story of CINI

### The Beginnings

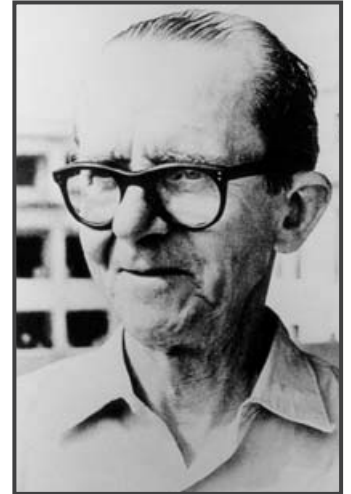
On a rainy August morning in 1974, Father John Henrichs, a Belgian Jesuit, and I were on a scooter, negotiating the narrow and crowded streets of Calcutta (old name for Kolkata), India. We were on our way to meet Sister Pauline Prince, an Australian Loreto nun working in a school for poor children in Thakurpukur, on the southern fringe of the city. The scooter broke down after the first two kilometres and had to be pushed for the next four kilometres. By the time we arrived at the school, we were soaked to the skin.

After we were revived by Pauline with dry towels and hot cups of coffee, Father Henrichs began to talk about why we were there. In an earlier survey, he had come across a high incidence of malnutrition and ill health in the children of the area. He had sent Pauline, a nutritionist by training, to the school to study the problem. A few months later, Pauline had almost thrown up her hands in defeat: she was unable to cope when confronted with the large number of mothers carrying sick children to her doorstep. Pauline then turned to me and said, “I want you to help me treat the children, advise mothers to feed cheap and nutritious food and adopt hygienic practices.” We agreed to work together and I offered to come once a week to assist at the make-shift clinic that Pauline organised after school hours on Saturday afternoons. This is how CINI started 30 years ago.

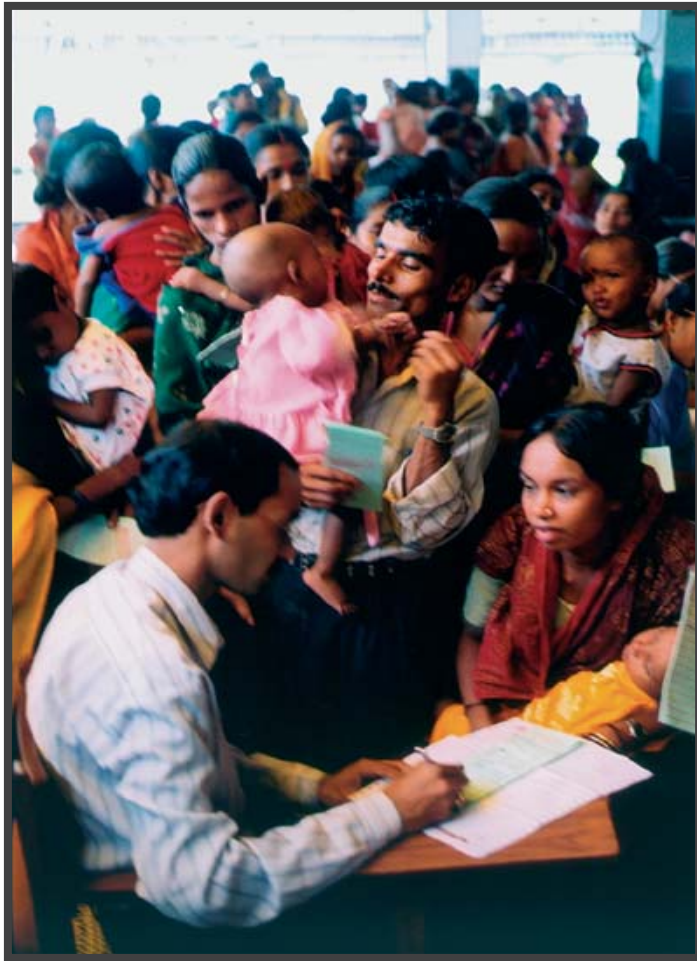
My first introduction to Father Henrichs was in 1973 while showing him around a nutrition programme which I had started in the slums of Jamshedpur, 200 kilometres from Kolkata. He was visiting a management training institute in the city, where I was teaching industrial nutrition. I had taken up a faculty position there after having qualified as M.D. Paediatrics from the All India Institute of Medical Sciences (AIIMS) in New Delhi, one of the finest in the country. In 1967 as part of my three-year residency programme in paediatrics at the institute, I had taken part in a country wide-study of over 15,000 children below 5 years.

I had found extensive malnutrition, repeated bouts of diarrhoea and chest infection among the 3,000 children I surveyed in Haryana, which is considered to be a relatively affluent part of India. Jamshedpur’s slums were no different. So I had started a health and nutrition intervention programme with the help of volunteers which I manned during my leisure hours.

I was so overwhelmed by Father Henrichs’ enthusiasm and joy when he saw how efficiently trained workers could provide health education and services to women and children of poor slum dwellers that I promised him that I would start a similar programme in Calcutta on my return the following year.



Father J. Henrichs SJ,  
founder Governing Body  
member of CINI



Thursday clinic at CINI

The Saturday clinic at the Loreto Convent at Thakurpukur became popular and the mothers started coming in large numbers with their sick children. When we moved to Pailan, the clinic date was changed to Thursday to coincide with the weekly market day. The average attendance on any Thursday is today over 500. At the end of 1974, Catholic Relief Services (CRS), United States Catholic Conference (USCC), Kolkata came to know about the clinic and offered us a one-time grant. We wrote a proposal covering 1,500 children below 5 years living in slum areas and villages close to the city where we would provide Nutrimix (a low cost food which Pauline and I had formulated out of locally available cereals and pulses), nutrition supplementation, health care, immunisation and health education to prevent malnutrition and disease. By the time the Loreto Child in Need Programme (named after the Loreto Sisters in the USA who funded it) came to an end by early 1976, we were attracting other donors who were convinced by what they saw. We adopted the name Child in Need Institute (CINI) in 1975 and registered it as a non-profit body under the Society's Act in India.



Preparing CINI Nutrimix

### **Taking Shape**

The first to join were young women, whom we selected from slums and villages for their leadership qualities, trained them as health workers and put them in charge of a village or slum. They were followed by young men and women from the locality that we trained as supervisors, managers and gradually the team grew. Our salaries were poor and sometimes we even took home wheat and oil that was handed out to us as part of a "food for work" programme! As projects developed in diversity and in numbers, professionals joined the team when we could only offer salaries that were still much lower than what the government paid.

Father Henrichs as the first Financial Controller suggested that salaries should be paid on a fixed day, the 28th of every month which we have done till now. But in early 1976, a piquant situation



developed. Nikhil, our accounts manager at that time told me that we did not have enough money in the bank to cover salaries on the 28th which happened to be a Friday. When Pauline saw the panic on my face, she asked me, “Where is your faith? Pray to your gods as a Hindu and I will pray to Jesus over the weekend.” On Monday, the bank informed us that they could cover the salaries because of a transfer from a donor!

Dr. A.K. Roy, founder Governing Body member of CINI (left) and Amit Dasgupta present Deputy Director (centre) along with community leaders

### **The Face of Malnutrition**

In the first decade, from the mid-seventies to the mid-eighties, our emphasis continued to be on preventing malnutrition, sending out trained health workers to homes to promote locally available nutritious foods, and prevent diarrhoea, chest infections, and worm infestations by adopting hygienic practices. Mothers also started arriving with their sick and severely malnourished children for

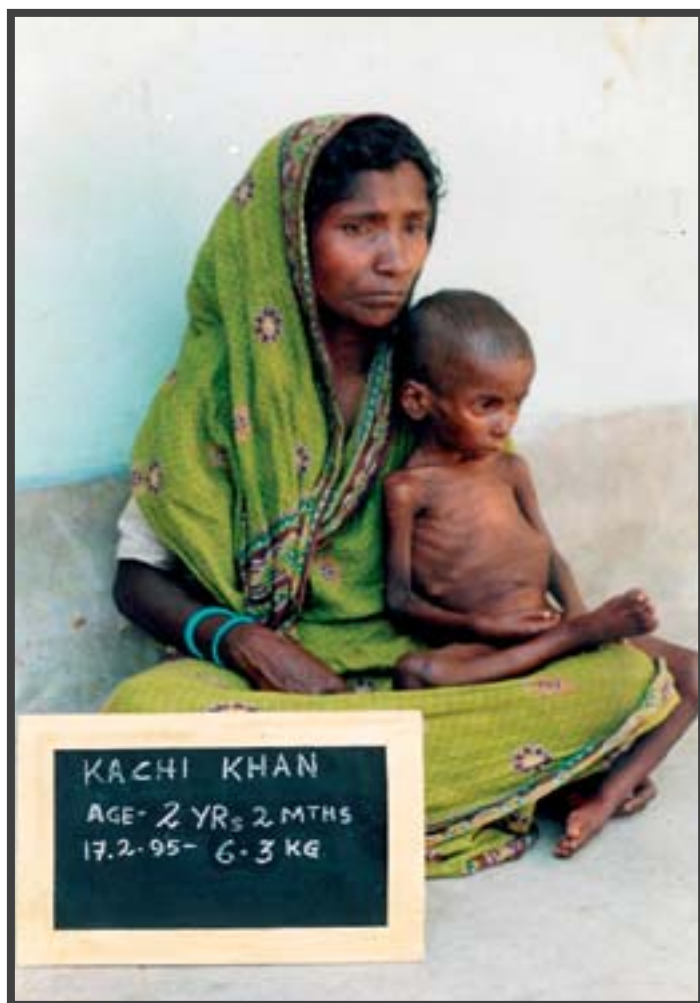


Mother Teresa inaugurating a training centre at CINI

treatment. Since existing paediatric hospitals were all oriented to treating the acute illness rather than treat the acute episode of malnutrition, we opened up the nutrition rehabilitation centre (NRC). Whimpering and crying children, whose bodies had both shrivelled up and swollen due to marasmus and kwashiorkor, started smiling and eating in a matter of days.

We spent a lot of time with the community, often meeting them late into the night explaining why we were not going to build a specialist hospital and buy ambulances. Instead, we tried to persuade them to contribute to the cost of services at our clinics.

Petty politicians and affluent members of the community, who always dominated these discussions, were suspicious of our association with church groups and foreign donors. It was difficult for them to understand why highly trained professionals,



who could earn more, would choose to live and work in villages and urban slums. Over time, the community came to know the most intimate details of our personal life, our salaries and about our participatory management style from their sons and daughters, who worked with us. Acceptance came sooner than we expected. We formed women's groups during the first decade, tried to improve their knowledge and income and extended our assistance during natural calamities like floods and cyclones. Our first experience with child sponsorship, funded from abroad, also took place during the first decade.

### **The Vision Takes Shape**

Our experience in training our own health workers gave us the opportunity to train government health

Kachi Khan, one out of the many thousands malnourished children rehabilitated at CINI



Dr. K. Pappu, Deputy Director,  
at the CINI Thursday clinic

workers in the second decade (the mid-eighties). During this decade CINI initiated various collaborative action research studies with Indian, UN and international agencies and our involvement with government programmes increased. CINI Asha, the urban wing of CINI, took shape during this period from our first encounters with street and working children in and around Kolkata. We received awards and recognition from our own government as well as other countries for our work to prevent malnutrition and ill health in children.

In the early nineties, we realised how diversification had thinned our resources and diverted our focus. Along with the prevention of malnutrition, we were also involved in a whole range of other intervention programmes such as functional literacy, income generation, women's issues, etc. Such activities were mostly "donor driven", beyond our capacity and often distracted us from our primary focus: the improvement of the health and nutrition of women and children. Three years of introspection followed and in 1997 we came up with a mission and vision statement for CINI: "sustainable health and development of women and children." We initiated a process of administrative restructuring and created specialist divisions, in the areas of Women's Health, Child Health and Nutrition, Adolescent Health and Research. Training was already being dealt with by CINI Chetana Research Centre (CCRC) a "sister" organisation. During this third decade, CINI initiated programmes in other parts of West Bengal, in the newly created state of Jharkhand and in Uttar Pradesh. We became conscious of our increasing dependency on international donors. A generous donor helped us to expand our fund raising capability both in India and through support groups called "Friends of CINI" in Italy, UK and USA.

### **Nutrition, Health and Education - Critical Interventions during the Life Cycle**

The signature programmes of CINI over the past three decades have been in the areas of prevention of malnutrition and ill health from pregnancy onwards and ensuring that the child has access to education. We continue to work with deprived communities living in villages and in slum areas. CINI has a reputation of being a "learning organisation" with its ears close to the ground, listening to the voices of women, children and the community. CINI believes in working closely with the government and supplementing existing services funded by taxpayers, which are still inadequate.

CINI has grown in many ways. From serving a target group of around 3,000, the number has swollen to almost half a million. It has evolved from an initial intuition to laying emphasis on knowledge-based



Health and education: the critical link for the girl child



On CINI campus

action. It is staffed with some of the best professionals in their areas of specialisation. But the bottom-line of all CINI interventions remains the child, that child whose basic needs have not been fulfilled and who is without rights. Health workers, doctors and all service personnel are trained and monitored on their capacity to communicate with the poor mother seeking care for her child. And programmes, communication materials, training packages are designed to strengthen communication bridges with the poor.

### **Protecting the Child in Need**

Did we make a difference? And where do we go from here? We know that health is a right of every Indian – young and old. The national and local governments have a duty to fulfil this vital right. Non governmental organisations like CINI can complement efforts by the government to make health accessible to all. Therefore, we want to continue to provide services to the “child in need”, to nourish and educate during the critical period of the life cycle. The child needs to be protected from all types of abuses, physical, mental and environmental under the Convention on the Rights of the child to which India is a signatory. We have to equip ourselves with better skills, create a working environment in CINI where motivated professionals will be attracted to public service. Through our partnerships with the government, we hope to influence policy decisions to improve the health, education and protection of children. Finally, if we can share our experience and learn from others through a South-to-South partnership, CINI would have been able to live up to its promises and objectives.

So, what drives CINI to achieve these goals? What makes the organisation tick? In the thirty years of our growth, there are some things that stand out as long-lasting and durable. Qualities that have made the organisation what it is today and which will keep on inspiring its members to continue the work that it has started. Things like: learning and evolving; building institutions and decentralizing; forging partnerships; changing lives and communities; influencing and improving policies and programmes. This publication is a celebration of these qualities, of these driving forces that have kept CINI on the road that it has chosen for 30 years.

Samir Chaudhuri  
Director  
1<sup>st</sup> February 2004



“EVERY CHILD COMES WITH THE MESSAGE  
THAT GOD IS STILL NOT YET DISCOURAGED OF MEN”

Rabindranath Tagore

## Learning and Evolving

### **A Learning Organisation**

The needs of the child will vary from time to time. The “child in need” will continue to challenge us despite our efforts. His needs will evolve from hunger and survival to development and protection. Physical and sexual abuse, HIV/AIDS and education are likely to be areas of need requiring attention in the future. So those in the organisation have to keep their eyes and ears open to serve the child in need of the future.

Keeping its ears close to the ground is what gives the qualitative edge in the care that CINI provides to the poor. In the process, ordinary people have been motivated to perform extraordinary things. A motivation that springs from the innovation that CINI demands from each of its members. From the time it was a clinic for malnourished children to the present complex and modern institution that it has become, CINI has not imported any model. It has rather striven to develop its own. Its models are the result of constant interaction, back and forth, between the world within and the world without. The community is the driving force that inspires action. The stimulus emerging from the community gets tossed around internally, among the staff at all levels in order to build an intervention, a response, a whole programme. Action is then tested in the field, with the community, the front-line staff and the professionals. Changes are made along the way, until the intervention reaches the quality standards that the organisation has set for itself.

The main elements characterising a learning organisation are flexibility, mutual trust among workers, team work at all levels, the capacity to monitor and evaluate the internal work and make mid-course corrections, involvement of all stake holders and decision making based on consensus. From a management viewpoint, these are the principles that have guided the way CINI has worked over the years, says Professor Madhu S. Mishra of IIM (Indian Institute of Management), Calcutta, and a Governing Body Member of CINI.

What is generated internally is often passed through the filter of national policies, research findings, expert groups, cultural trends, programmes implemented by other agencies.

A continuous process of comparing CINI’s action with the external world takes place as a way to measure the internal work and make corrections. In this tension between being rooted in the local community and dialoguing with the world lies CINI’s learning and evolving process.

As Founder Director Dr. Samir Chaudhuri says, “A quotation from Gandhi has always inspired me and my colleagues and has guided our learning ‘Keep the doors

## *The Life Cycle Approach*



At CINI we target interventions to prevent malnutrition during the period of intense growth and functional maturation. This has now been identified as the critical period of the human lifecycle such as pregnancy, the first two years of life and adolescence. CINI-trained health workers visit families regularly to change behaviour so that husbands, mother in laws and other family members provide support and care to the pregnant woman so that she eats frequent meals, accesses antenatal care regularly and delivers safely with trained birth attendants, thereby ensuring a newborn birth weight of over 2.5 kilograms. Frequent visits further ensure exclusive breast feeding, immunisation, supplementation with home available foods from the sixth month onwards, and monitoring and promoting growth up to 2 years of age. Early access to health care is provided in the community. Adolescent girls and boys are provided health and nutrition education through trained peer educators.

and windows open, but do not let the wind blow you off your feet.”

Arguably, the most important result of this learning and evolving process has been the Life Cycle Approach (LCA). Nothing can really describe the innumerable twists and turns that CINI went through before it reached this invaluable stage. Like a chemical process, the LCA story can almost describe the evolution of the organisation and how CINI has learnt to sharpen and synergise its focus.

The Life Cycle Approach improves the health of women and children; helps break the vicious cycle of illness and poverty; draws on the synergy of intergenerational links; more effectively delivers



Proper nutrition ensures good health



essential services; and engages partners, communities, NGOs, governments and agencies for better use of resources.

Another programme that has grown out of the CINI melting pot is the “Adopt a Mother and Save her Child” programme. Over the years it has been difficult to find donors on a long-term basis for malnutrition programmes on a geographical or area basis. Most of the donors prefer to fund projects lasting 3 to 5 years which from CINI’s experience is too short a period to bring about behaviour change in a community to prevent malnutrition and ill health.



Monitoring pregnancy weight gain



Health worker accompanying a woman for delivery



Weighing a new-born baby

Monitoring new-born care at home



Many individuals who visited the villages and slums where CINI works, expressed their interest in supporting individual cases where they can directly link their donation to specific outputs. Such as care of pregnant women, improved birth weights, care of children during the first two years of life when 80 per cent of brain growth takes place and care during the adolescent period, all based on the Life Cycle Approach. That's how CINI launched the "Adopt a Mother and Save her Child" programme, by getting individuals and organisations to sponsor a mother during the critical time of pregnancy and first two years of life of the child.

It is this learning process that has attracted professionals to CINI. Professionals here



The “Adopt a Mother and Save her Child” programme monitoring the development of a child.  
The same child at birth and 2 years

are encouraged to shed stereotypes attached to their specialisations and experiment on personal ideas and vision. The feedback is rarely of a bureaucratic order. The measure of one’s worth is in the change that he/she can make in the life of the community and the society at large.

## **Voices from CINI**

by Valeria Benatti

If there is one thing that makes CINI so enduring, it is the voice of those whose lives have been touched by its work.

### **CINI's Governing Body Members**

However, the success of CINI lies in one rare quality: the bonding and partnership between its members. As Professor Sunit Mukherjee, Chairman, CINI Governing Body, says,

“The outstanding feature of CINI is the special bonding between its members, which is rarely seen in any other organisation. Whenever I have visited programmes of CINI, I have felt this bond. And it is because of this that CINI's field execution is not mechanical but humane in approach. Which in turn has brought CINI workers and beneficiaries very close together.”

- The main elements characterising a learning organisation are flexibility, mutual trust among workers, team work at all levels, the capacity to monitor and evaluate the internal work and make mid-course corrections, involvement of all stake holders, and decision making based on consensus. From a management viewpoint, these are the principles that have guided the way CINI has worked over the years.”

– Professor Madhu S Mishra, Indian Institute of Management, Calcutta, Financial Controller and Member, CINI Governing Body.

- “Our reference point has always been the simple villagers and slum dwellers. We have learnt to speak their language, being sensitive to their strengths and culture, and all this has taken a long time for us. But it has allowed us to expand our coverage to almost half a million people in different parts of India. We have kept pace with current research findings in health and malnutrition in India and abroad. We have maintained an atmosphere of mutual respect which has facilitated learning and evolving among all my colleagues.”

– Dr. K. Pappu, Deputy Director, and Member, CINI Governing Body.

- “It has been a challenge to expand my skills in administering according to the needs of the initial 15 employees to the present numbers of over 500 employees at CINI. I have been able to do this through a process of decentralisation where the smallest units





of CINI take mature decisions. CINI should be able to promote a spirit of learning in all those who will join our endeavours in the future.”

– Mr. Amit Kumar Dasgupta, Deputy Director and Member, CINI Governing Body.

“We learnt very soon that if we are to bring about a sustainable improvement for the poor, we have to move from providing handouts in a charity mode to the development mode.”

– Mr. Abinash Gine, Assistant Director, CINI.

### **The Staff**

Abinash Gine has an elephantine memory. He remembers easily and has a sense of history.

He treasures every moment because, when he woke up on the morning of 17 April 1974, he had no inkling that his life would have changed completely.

That day, he had joined CINI, and from that moment, his life wasn't the same again. In fact the last thirty years, he has grown up and even married while in CINI. He has been an inseparable part of CINI, of its growth and history. “It is not possible to separate my personal life from my professional one. In the early days of CINI, we were like a family of about 15 staff members. There were no working hours and we used to work day and night to serve the poor. In our type of work we have to remain attentive all the time. We have to put our hearts into our work.

Every small problem that we were able to solve for the poor increased our motivation to continue working day after day, year after year.”

CINI today is a large organization with units in various parts of India. It has about 400 employees and an annual budget of over \$ 3,500,000. Its administrator, Amit, is a short man with a thick moustache, dark hair and clear sharp eyes. He met us in his office where he sits behind an old desk. He had a B/W picture of himself from his early days at CINI.

“Administration is a reality that we have to face. Many problems surface throughout the day, but there is none that we are not able to solve. We have decentralised all our activities and even the smallest of units in CINI has autonomy in decision making. It is true that we have a uniform vision for CINI, but it is important that every person takes responsibility for his actions.”

Guidance comes from two medical doctors who have been instrumental in CINI's growth – Founder

Director Samir Chaudhuri and Deputy Director Pappu. Without the complementary strengths of these men, CINI would not have been able to scale the heights.

“We have changed a lot since we started 30 years ago,” says Dr. Pappu. “We never dreamt that one day we would be sitting in a large room like this with 10 computers. We worked on the streets, with the community and this still remain our reference points, our methods and our language. Now CINI works with professionals who talk the language of setting objectives and measuring impact. From a target population of 60,000, we now cover over 500,000 people in rural and urban areas. We have sometimes taken on more than we can chew and perhaps spread ourselves too thin. But all this has taught us lessons and nowadays, we have concentrated on our focus as never seen before: we have now decided to work only in the areas of health and nutrition of women and children.”

CINI has expanded at a fantastic pace but has also spun off divisions as autonomous units. Its style of management is democratic and it aggressively pursues decentralisation. How has CINI achieved this while managing huge programmes? How was CINI able to find capable professionals when their salaries never compared to those in the private and government sectors?

“The expansion has been intentional, not accidental,” says Dr. Chaudhuri. “It is possible for ordinary people to do extraordinary things if the motivation is right. As a leader I have to allow others to grow. We have to grow together. Usually a leader receives all the accolades for success, but here we try to share this glory because it is teamwork that make things possible.”

“To make this happen, it is important that the right ambience is created,” adds Dr. Pappu. It is necessary to give enough room so that growth takes place within the organization. The ambience can be compared to a laboratory situation where talents emerge naturally.” From the early stumbling steps when charity was the buzzword to behaviour change communication and research, CINI has come a long way. “Look at the credibility we have with our government. We have been influencing national policies for years.



A family on the streets of Kolkata



Dr. Pappu is a consultant with the Ministry of Health in India. Our small experimental projects are now influencing national policies. We have influenced international agencies such as UNICEF and WHO too, with our emphasis on scientific and realistic approaches. Needs change with time. Yesterday and today it is malnutrition. It may be education and HIV/AIDS in the future. We are ready to respond professionally to all the needs, using minimum resources to ensure maximum impact.”

#### **CINI's Friends**

Sister Cyril is an institution by herself. Of Irish origin and a Loreto nun for over 50 years, Sister Cyril has seen the birth and growth of CINI. “The driving force of CINI is its professional approach which is because of Dr. Chaudhuri. From the initial stages they were driven by a scientific approach and not an emotional one. It is an organization with integrity and is one of the best I have seen in my life.”

The male equivalent of Sister Cyril is definitely Father Beckers. He left Belgium in 1954 to come to India, renouncing his nationality, and he is now an Indian citizen, with full faith in the Indian

Government and its people. A Jesuit, he met us in his room in the college where he had taught as Professor of Chemistry. He had the familiar tremors of Parkinson. “At 80, if you don’t have Parkinson’s disease, you have something else... you have to suffer from some kind of disease at the age of 80, and with Parkinson’s one always goes down and down very sweetly ...,” he chuckles.

“My experience of CINI has been a happy one – an organization that truly serves the poor. It has given direction to teachers like us to be able to guide students. Let me explain. The students that you see in this school come from some of Kolkata’s richest families. As Jesuits, we try to give them a social conscience. It is CINI who has helped us in this effort. I have taken many student groups to CINI where they learnt about the poor living conditions in villages. CINI programmes have helped many students understand why they are poor and how they can help themselves to overcome these problems.”

“CINI has delivered what it promised and few have been able to do this in such an environment with such great results. They started with the problem of malnutrition, but soon went into eradicating illiteracy and therefore they have added value to their work. They have educated the poor against the exploitation of multinationals like Nestlé! Without doubt theirs has been a great success story!”

CINI, in its thirty years, have attracted many medical doctors and other professionals. Take for instance Dr. Shova Ghosh, a beautiful woman of 80 years, who moves and speaks like she is twenty years younger. Dressed elegantly in a white sari with a red border, Dr. Ghosh is one of Kolkata’s best gynaecologists. For Dr. Ghosh, it was guilt that brought her to CINI. Guilt that sprang from the fact that she had a successful practice while CINI worked exclusively for the poor. “I felt some guilt and I was very impressed when I saw how they worked to change behaviour among the poor to access cheap food and health care. It is important for young mothers to be able to understand how to effectively take care of their children at costs they can afford. The goal of CINI is very ambitious as it aims to bring about behavior change, unlike the work in hospitals where we only treat disease and are not able to prevent it.”

### **CINI Asha**

Kolkata is home to thousands of street children. Abandoned and miserable, these children slide into drugs and crime as fast as we take to cycling and studying. And they needed help urgently.

Help came in the form of Partha Roy, Asst. Director at CINI Asha, CINI's urban wing. A middle-aged man with salt and pepper hair and a friendly face, Partha knows every sinew of a street child. He started working with them at Sealdah railway station, Kolkata's busiest, trying to understand why they had left home or why were abandoned. CINI Asha now works through 80 centres all over the city with 300 workers helping 8,000 children. Partha, rather than speak about his work, took us around some of the centres. The first stop was at a slum in Ultadanga, one of the city's poorest areas. A new project has just been initiated in a small clean room in the house of Taposhi Chatterji, a smiling, beautiful woman. There were a few children receiving care and attention while their mothers were away at work. This is the Sneh Neer project of CINI Asha.

“Every project serves the most important needs of the community. We are experimenting within this slum of 100 families. The centre not only serves the needs of young children such as food, care and shelter, but also trains adolescents in caring for children at home. The problem, however, is not lack of food, but rather educating the mothers and family members about proper care and hygiene. The centre teaches adolescents how to be responsible parents as well.”

From there we reached Sealdah station. The railway authorities, impressed by CINI Asha's work, have provided space where children between 5 to 15 years are provided shelter and support round-the-clock. Here, children are safe from physical or sexual abuse and can study and paint. Tiny hands reached out to touch us when we entered the centre. Others were sleeping, some were painting. When they saw Partha, they were all over him, talking to him, holding his hands.

“One day my father disappeared. My mother had to look for work and left me here at the station”, said a girl with beautiful dark eyes.





A working girl child in Kolkata

“I do not know much about myself,” said another. “I have been here for the last four years, surviving on the station and in the market. I don’t have a job, but I have many friends who give me money.”

“The man my mother married after my father’s death used to beat me and so I ran away to the station. I do not want to go back home.”

“I also do not want to return home. On the streets we are happy and better off than at home.”

Small voices with poignant stories. Children who have grown up beyond their years. Hardened, embittered and cynical, these children had faced the worst of times, both at home and on the street.

“We do not like the police as they beat us.”

“The people on the street beat us too.”

“I do not like to work as we get beaten there too.”

“It is better that we stay free to steal what we need for our survival.”

And then we understand why they flock to the centre.

“Here nobody beats us,” is a response, strong like a slap in the face.

“We can read, write, paint and learn what we want.”

“We can do what we want.”

“We are treated well and loved here.”

Partha was silent on the way back. Later, he said, “We have been able to do wonderful things with



Children being prepared for school entry at a CINI Asha centre

these kids. With patience my colleagues have transformed many of them into productive citizens.” We met four of them at the CINI Asha headquarters.

Tarak, a handsome young man of 19 years in jeans and a blue T-shirt, arrived at CINI Asha when he was just 9 years old. “When my father died, my mother married again. When my step-father, an alcoholic and a violent man, brought his son home, I left. In the beginning I stole like the others but I was scared to make a living out of stealing. After six months at the centre, I returned to school. Do you see this watch – I got this as a present from CINI Asha when I completed my 10th class.”

Sambhu, 21 years old, dark and dressed in a white shirt and worn out pants, related his moving story: “Today I am a father and a happy husband. I have a beautiful daughter called Supriya and I met my wife thanks to CINI Asha as she was an abandoned street child too. I am now a carpenter and with my earning I am able to afford a room where we all stay together. I wish my mother would move from the Sealdah station platform where she now lives, but she is not willing.”

There were two girls, very shy and it was difficult to get their stories. Parveen, 17, dressed in a yellow salwar kameez, was half in tears. “My mother died of tuberculosis when I was a small child and my father took all three of us daughters to the city. We were often sexually abused while we begged. Once I reached 11 years, my father wanted to marry me off and then I ran away to the CINI Asha centre. I managed to study, go to school, and I want to be trained as a cook.”

Before we returned to Partha’s office we made a quick visit to the sick bay of CINI Asha. There were many children who were recovering from various stages of illness and injuries often caused by the violence of their adult relatives.

“I have received much more than what I have given to CINI Asha,” says Partha Roy. “Before I started working with street children, I thought that they were thieves and had little chance of being mainstreamed. As I worked with them, I came to realize that they were

not different from other children. They only miss out on opportunities, on protection and love. All they need is a little help.”

### **Community**

The great strength of CINI lies in its willingness to learn from the community it serves. This was evident from a group of people who came one morning to tell their story. They said that unlike other organizations, CINI workers came to their homes to talk on all subjects: how to prevent disease, provide education on sexual health and how to improve their lives.

But it was not an easy job, because of initial fierce resistance from the community.

“Now everything seems so easy, but when we started working it was very difficult,” said a CINI health worker. “The old women in the village did not want us to speak to the young ones and often threw us out of the village. Even my family ostracized me for working with CINI, but slowly they saw the changes I brought about among the women and have now accepted me and my work.”

“We face difficulties even now,” said one young woman, “when I discuss sexual health issues in the village. Once, I and my colleague were locked up in a shack by villagers infuriated by our discussions on sex and procreation. We were saved by a woman who pleaded on our behalf and convinced our attackers about our true motive.”

“It takes a long time to convince young girls and educate them about safe sexual practices. But we have continued our efforts despite various difficulties. First we were told by the villagers to give these classes on sex education separately to boys and girls. Gradually the parents became interested. It requires a lot of perseverance on our part.”

But there are successes too. Jayanti, a senior health worker says, “I was thrown out of a village when I proposed the formation of an adolescent group to discuss reproduction. We went to the next village with the same proposal but were thrown out from there too! Finally we went to meet the elders in the village who listened to us with great sympathy and allowed us to form the groups. That was a wonderful moment for all of us.”



Optimism is the buzzword in the corridors of CINI. And with it comes enthusiasm. Take for instance Dr. De, a retired professor of pediatrics who now treats children at the nutrition rehabilitation center. He has been able to transform almost moribund children as they arrive at the gates of CINI, into healthy smiling children. “With proper counseling and education, mothers who were not able to breastfeed earlier could begin breastfeeding their children after admission. Mothers who were dry start lactating as soon as they hold their babies close to themselves. This is not a miracle but a result of the advice that we give to the mother.”

As CINI marches into the new century, the voices of those who have been touched by CINI will always be an inspiration to those who will come to CINI to carry its work forward.



The girl child – gaining self-confidence

## ✦ Building Institutions and Decentralising

Brick-and-mortar organisations have a tendency to expand rather than build, centralise rather than decentralise. CINI's policy has instead been to build human beings and to foster action when it is needed. Its constant growth over the long years of its institutional life has not resulted in the creation of a mega-organisation despite continued pressure from various donors to expand. From the beginning, CINI's policy in this regard has been clearly in favour of decentralised management. From time to time, measures have been taken to avoid excessive growth of the organisation's structure beyond a point of optimal efficiency.

CINI has generated a number of spin-off operations aiming to create entirely new organisations. Legally independent non-profit organisations have emerged from erstwhile-established programmes, or sectors mostly initiated by motivated social entrepreneurs under the CINI umbrella.

As a programme develops and establishes itself with trained staff, assets and solid funding sources, CINI separates it from its own structure, accompanying the first steps of the young management team in the new venture.

SAHAY has emerged from a sponsorship programmes at CINI funded by Children International, USA. SANCHAR carries on the former programme for children with disabilities. JEEVIKA is now responsible for those income generation programmes for women that CINI does no longer run directly. CINI Chetana Resource Centre (CCRC) performs the role of an important training and resource centre for CINI, other NGOs and the Government. Santi TB Control Society has emerged from a joint venture between CINI and Catholic and Protestant church groups to address the problem of tuberculosis, which was rampant in the CINI project area in West Bengal's South 24 Parganas District.

What was at the beginning a post-flood relief project of CINI in a remote area of Midnapur District of West Bengal, is today the CINI Moyna Rural Health and Development Centre which continues to provide health services, income generation opportunities and training in the area. The erstwhile CINI health care project in the very remote Sundarbans region in the Bay of Bengal is now operating as Baikunthapur Shishu Seva Kendra, continuing to assist with child and health care services.

CINI's concern for urban deprived children inspired CINI Asha in 1989. Started with the support of GOAL Ireland, this urban wing of CINI seeks to improve the lot of Kolkata's street children, child labourers, children of sex workers and children in slums.

While all sister organisations are independent legal bodies, there is among them a thread that philosophically ties them with CINI. The institute plays an advisory and support role when required.

## *CINI Asha - Hope for urban children*

Kolkata has thousands of children who live in appalling conditions on streets or railway platforms, or in markets, slums and squatter colonies. Surviving on the edge, these vulnerable children are exposed to physical, economic and sexual exploitation. CINI Asha, the urban wing of CINI, was launched in 1989 with the support of GOAL Ireland in response to the silent cry of these children and concentrates its efforts on child education, health, the basic need for survival, protection, growth and development. It now works in 13 municipal wards of the city covering a population of 240,000 with various services. Volunteers from its education programme reaches out to over 8,000 children everyday.

CINI Asha's education programme comprises community preparatory centres, residential and non-residential educational camps, coaching centres, Shikshalayas, and a prevocational centre. Children are sought to be mainstreamed into formal schools through social mobilisation.

"Adopt a Mother and Save her Child" and "Early Childhood Stimulation" are among the main components of the Urban Health Programme. Through "Adopt a Mother and Save her Child" (for pregnant women and their children under two) and "Early Childhood Stimulation" (infants aged 0-2 years), child survival, optimum growth and development and safe motherhood are sought to be ensured. Adolescents (both in and out of school) are also equipped to strive to complete their elementary education and are provided with the knowledge to be able to make informed choices about health and nutrition.

Education, counselling, therapeutic recreation, and health and nutritional care are extended through Drop-in Centres to children who live alone or with their families. CINI Asha has night shelters for the protection of street children, especially girls. Half-Way Houses offer a home environment to children who do not want to go back to the streets after exposure to a better quality of life. A Sick Bay with a doctor and trained health workers treats sick street children.

CINI Asha, as part of a nationwide network of NGOs specialising in crisis intervention for children, operates "Childline", a national, 24-hour emergency phone outreach service for children in need of care and protection. It has a toll-free AIDS hotline, and provides information through a computerised interactive voice response system in three languages: Bengali, Hindi and English.



## *CINI Chetana Resource Centre: upgrading skills*

With CINI going into overdrive with its programmes, there grew a need for training its employees to cope with the complexities of its work, addressing individual misconceptions and updating information as and when required. A Mother and Child Health programme required its front-line workers to be trained in basic mother and child health issues. Another programme demanded training of women to create a group of health workers within each community. Almost at the same



time, CINI in collaboration with the West Bengal Government and the UNICEF sponsored Integrated Child Development Services (ICDS) programme set out to train mother and child health workers and conduct orientation programmes on community health for senior government health personnel. Then, requests for training came from various government organisations and NGOs. For CINI, the time had come to establish a full-fledged training wing.

In 1980, CINI established the CINI Chetana Resource Centre (CCRC) with the aim of providing appropriate and effective support services to the work of CINI through a range of training activities. In 1989, it was registered as an independent body.

With gradual development in training capability and skill, CCRC was approached by the government to train all categories of workers and from 2003 the Child Development Project Officers of ICDS programme. With time, CCRC was able to expand to encompass various partners in long-term training relationships. Moreover CCRC also started to initiate programmes in capacity building at the field level in various districts and states too. CCRC was also chosen as the HIV/AIDS counselling training centre as Regional Resource Centre for five eastern states.

Meanwhile, the Ministry of Health and Family Welfare identified CINI as a Regional Resource Center (RRC). CCRC was entrusted with the operationalising RRC activities by developing an information directory database of Mother Non Governmental Organisations (MNGOs) all over India and capacity building of MNGOs in Eastern and North Eastern region. The aim of the Resource Centre is to collect, organize and disseminate information in Reproductive and Child Health (RCH) related field.

In the more than two decades of its operation, CCRC has trained 18,000 front-level functionaries from government organizations and NGOs.

New and exciting challenges await CCRC in the coming years with the organizational development process, new training programmes and a material development review by the recently expanded programme team. With the completion of a new training building in October 2003, the Noel Carroll building, CCRC enters a new phase in its journey. The new centre will give the organization the capacity to carry out more training courses and offer conference and workshop facilities to partner organizations.



### **Forging Partnerships**

Solving problems affecting children in a country of the size and complexity of India calls for the collaboration of all agencies having responsibility for social and human development. The last thirty years have witnessed the growth of the Indian non governmental organisations (NGOs) also known as the private voluntary organisation (PVO) sector, which has taken increasing responsibility in influencing child-related policies and in providing direct services to children and communities.

Over the same period, government policies on social development, and on children in particular, have adopted progressive approaches and have become more people-centred, decentralised, and human rights-oriented. India's move towards political decentralisation has further established that social and human development work is the responsibility of local government at the state, district and town/village levels.

The local dimension is the one where NGOs are most effective. Decentralisation of powers from central control to local government has therefore meant that the role of NGOs in delivering services directly as well as on behalf of the government has increased.

## *Built on trust - John O'Shea of GOAL looks back on a 25-year relationship with CINI*

A chance meeting on my second day in Calcutta back in 1978 with Dr. Samir Chaudhuri had important ramifications not only for a Dublin sports journalist but for the fledgling Child in Need Institute.

The hugely impressive Dr. Chaudhuri convinced the “new boy” on the Third World block of the importance of Mother and Child Health care. It did not take him long to have me sign on the dotted line to provide the funds for a training centre at Daulatpur. The rest is history. That centre has turned out 20,000 community trained health practitioners who have spread the gospel of Mother and Child Health care to every corner of the continent of India and in neighbouring Bangladesh.

On 16 October this year, we opened the state-of-the-art Noel Carroll building (named after former Irish Olympic athlete, GOAL Chairman and close personal friend, the late Noel Carroll) that will increase the programmes capacity to training 50,000 community health practitioners in the next five years.

Throughout the past 25 years GOAL has supported CINI financially and has encouraged and helped them to develop as an organisation. GOAL, helped them to become involved with the care and support of street children in Calcutta and we've been helping them and working alongside them ever since. This relationship has developed steadily because both CINI and GOAL have the same

basic ethos of helping the poor and the vulnerable. Like all good relationships the GOAL/CINI partnership is built on trust and GOAL allows CINI to identify projects for us - not only in the slums of Calcutta but out in the villages and further away. On their advice GOAL has invested in many other organisations with a similar ethos and as a result our influence has spread but the centre has always been at CINI.

Before GOAL makes a move in India we look to CINI for guidance and advice - they are our Godfathers on whom we depend for local knowledge and judgement. If there is a famine or a drought or cyclone anywhere in India we always consult with CINI before we decide to respond and the nature of that response.

This co-operative approach has meant that in the course of our 25-year relationship we have achieved a remarkable amount and reached hundreds of thousands of people which are a source of great pride.

GOAL has expanded greatly since those early days and today we are widely considered as one of the big hitters of international humanitarian assistance with an annual budget last year in the region of 45 million Euro. GOAL is now an admired partner of the WFP, USAID, ECHO, UN, EU



Noel Carroll training centre

and many other major donors. CINI too has developed hugely and has earned a justly deserved reputation as world authorities on the implementation of street children programmes.

The work that GOAL has done over the years has drawn some warm praise. The former President of Ireland and United Nations High Commissioner for Human Rights, Mary Robinson said: "I am so proud of the GOAL members I have met in places such as Kosovo or Sierra Leone, and that I know I will go on meeting in the future where the humanitarian need is the greatest."

Speaking at a recent rock music award ceremony, U2 singer and humanitarian campaigner Bono said, "... these people are real heroes. Much more than actors, much more than rock n'roll singers. These are real heroes out on the street ..."

It is always nice to receive praise for ones endeavours but this type of reputation building has the more important result of opening up new funding avenues which means that we will hopefully go from strength to strength into the future, being able to help more and more people and partner organisations as we go.

On a personal note, my close personal friendship with Dr. Pappu and Dr. Chaudhuri has been a source of great inspiration to me and I have tried to put the things they have taught me into practice wherever GOAL has worked throughout the developing world. The influence of these two visionary men is therefore felt in 18 countries today and in fifty others that GOAL has implemented programmes since its foundation.

Three decades have given CINI enough experience and credibility to forge a pro-active relationship with the government at central and local levels, as well as with non-government agencies.

It is in the areas of health care, child nutrition and holistic approaches in service delivery that CINI has mainly contributed participating in joint policy and programme development efforts with the Government, NGOs, the UN, bilateral and other agencies. A few of CINI's core staff have been involved as members of many policy making bodies at all levels such as the Planning Commission, the Ministry of Health and Family Welfare and the Indian Council of Medical Research. They have also worked with many bilateral and UN agencies at the policy level.

In particular, CINI views its replication role as a non-government agency in fostering pilot, innovative, low-cost approaches that, if tested positively in the field, can be adopted by the government as good practices and replicated in the broader systems.

An additional strength that NGOs like CINI have is the relative advantage they enjoy in reaching out to the unreached, to the poorest of the poor. CINI has treaded this path in its health

programmes as well as in projects for abused, abandoned and neglected children. The lessons CINI has learned in the area of child protection have been promoted in the government service delivery systems.

In its immediate project area, CINI works closely with the government-run Primary Health Centres, schools and ICDS centres. With a view to integrate, rather than substitute the government, CINI refers service users to government facilities and tries to offer the additional inputs that such facilities presently lack.

CINI Chetana Resource Centre (CCRC), the training wing of CINI also provides training to personnel of the State of West Bengal's Integrated Child Development Services (ICDS) programme. ICDS training is also provided as part of a collaborative effort by a consortium of NGOs named Shishu Vikash Pracesta (SVP) of which CINI is a founding member. Many government workers including administrators and policy makers from many parts of India have been trained at the CINI Nutrition and Rehabilitation Centre, the women and child health clinics to sharpen their focus on priority areas of health and nutrition.

In the capacity conferred to it by the Ministry of Health and Family Welfare, Government of India as Regional Resource Centre (RRC) responsible for the implementation of the national Reproductive and Child Health (RCH) programme in eastern India, CINI guides field NGO's and Mother NGOs within the states, helps build their capacity in the health sector and disseminates the experience that has been jointly accumulated in the process.

At a national level, CINI has played a leading role in promoting the non-government sector with the government, the development agencies, the service users and the public at large. As one of the oldest and nationally established non-government agencies in India, CINI has lobbied with other NGOs for broadening the capacity and increasing the credibility of the non-profit sector in a country that, like India, has historically adopted a welfare state approach and identifies in the government the primary sector responsible for service.

CINI actively co-operates with NGOs operating in its project area or working in other parts of India and the world. With local NGOs, CINI establishes partnerships for better reach. The collaboration with NGOs, in India and abroad, instead aims at sharing experiences, compare learning, and strengthen each other's capacity.

CINI has taken an active role in supporting the growth of national NGOs, such as Voluntary Health

Association of India (VHAI), a national network of NGOs working in the area of health; and the Voluntary Action Network India (VANI), a national forum of development NGOs. CINI has collaborated closely with national and international NGOs such as Ashoka Foundation, Society for Rural Urban and Tribal Initiatives (SRUTI) and MacArthur Foundation.

Over time, CINI has invested heavily on training and research. This was felt at the beginning as a need to train health and development workers from the locality and later to respond to the needs of other NGOs and the government.

Areas covered by training and research activities are child health, nutrition, various aspects of primary health care, programme management, monitoring, HIV/AIDS and reproductive health. Many undergraduate and post graduate students from Universities in India and abroad carry out short-term research and documentation studies at the CINI research unit on placement.

They originate from prestigious institutes such as Harvard Medical School, Columbia University, Brown University, UCLA, Institute of Child Health, London and centres of excellence in India, such as the Tata Institute of Social Sciences.

## ✦ Changing Lives and Communities

- Purnima Halder was happily expecting her third child though doctors had told her that this would be a difficult pregnancy. She and her husband Palan lived on a meagre income earned from a small grocery shop that they owned. Although her first child was stillborn, she had not experienced any difficulty with her second pregnancy and delivered a male child, now aged 8 years. However, a CINI health worker advised her and her husband to take due care of both the mother and the child to be born. She was counselled on the need to register herself at the local government health centre so as to avail of its subsidized services at cost. The couple was motivated to come to community meetings organised by male as well female CINI supervisors to sensitize antenatal and post-natal couples and their family members on the issues. Throughout her pregnancy, she was under the constant supervision of CINI health workers and supervisors who counselled the couple on low-cost nutritious food, sharing of the workload at home and adequate rest. She told a health worker that her husband had shown more concern for her health this time compared to her previous pregnancy and that this was due to the intensive counselling sessions and community meetings held in their village. Purnima gave birth to a baby girl. The mother was advised on the merits of exclusive breast-feeding and childcare practices including hygiene and primary immunisation along with advice on delaying the next child for at least 5 years. Says her husband: “Prior to attending the meetings conducted by CINI supervisors, I had little knowledge about proper antenatal and child care practices. Our first-born died because of lack of guidance. So, this time we listened to the advice of the CINI health worker and supervisor to ensure safe delivery.”
- Ms. Pratima Bhakat, a nurse working at the CINI Emergency Ward at Daulatpur, observes that the area surrounding the centre now rarely witnesses outbreaks of kwashiorkor, marasmus and very severe forms of diarrhoea – all common features of the cases brought to the clinic when it first started. Community awareness and women empowerment, she says, have probably played a more definitive role in bringing about such changes than any clinical approach could ever have dreamt about achieving.
- Meena (not her real name), aged 20, was suffering from early symptoms of gonorrhoea but refused to go to the sexually transmitted disease (STD) clinic in the project area. She and her husband even accused peer outreach workers of spreading rumours about her illness. The peer educators, after discussing Meena’s case among them, tried to find out the real cause of her not attending the clinic. They came to know from their neighbours that Meena’s husband never allowed



her to seek treatment from anywhere except the local quacks. The peer educators then started visiting her on a regular basis to find out the status of her illness. They counselled her on the need to attend the monthly focus group discussion sessions organised by peer educators with the support of the project staff on transmission and prevention of STD and HIV/AIDS. Through these rapport-building sessions, Meena realised the need for sustained treatment of her disease. Gradually Meena confided in the peer educators that her husband was suffering from a similar problem. The male peer educators counselled her companion to seek early treatment of his disease, saying that the disease, if left untreated for a long time, could have dangerous consequences. After a few counselling sessions, both started going to the clinic for treatment and are now completely cured.

At CINI, the individual and the community are inseparable. Understanding the community, working with the community and even building bridges between communities mean understanding the

Family life in a Bengali village



individual. CINI's work has deeply touched the lives of individuals and changed the way communities – from the city of Kolkata, to the South 24 Parganas District of West Bengal, North Bengal, Murshidabad, to the neighbouring state of Jharkhand and the Farukkabad District of Uttar Pradesh – behave.

CINI has been able to inspire thousands of ordinary villagers to become peer educators and health workers, giving them a new meaning in life. Take the case of Jahangir. He has been a Male Peer Educator for the last two and a half years in the two villages of Kamarpole and Lakhapara area in Diamond Harbour, South 24 Parganas. The major issues that he discusses with the men in the community are about the importance of sharing the workload during pregnancy, maintaining

personal health and hygiene, adoption of child spacing methods, making the men aware of RTI/STI problems, their symptoms and the ways to prevent them and also the importance of male participation in child care. Although initially Jahangir faced resistance from villagers, intensive counselling and advocacy has brought about significant changes.

CINI experience in building sustainable participatory processes at the village or community level has brought about one major change. It has empowered women to take decisions at all levels. Not only were women organised to tackle their health problems and issues pertaining to growth and development of their children, but they were also enabled to interpret the development of their community according to their sensitivity and culture, and passing it on to their daughters, sons and grandchildren.

Women who did not perceive themselves as decision makers in their own lives, in their marriages, in choices relating to reproduction, education and family economics were encouraged and supported to take charge of their own and their family's health, to consider independent income opportunities, to intervene in the education of their children and to tackle family conflicts and gender discrimination.

CINI's growth has a lot to do with the change it has wrought on the community and the individual. It has learnt to draw sustenance and inspiration from the many success stories that it has spawned. It has been able to make communities and individuals recognise the existence of local resources and use them with great effectiveness. It has been able to give poor people and their children a chance to live a life of dignity, free from the crushing burden of ignorance and deprivation.



Mothers leaving the village to seek health care



Child rearing and making a living: a woman's double burden

## **Influencing Policies and Programmes**

The role of non governmental organisations (NGOs) in policy development is difficult to delineate with precision – in part, because so many other factors come into play as policy horizons are extended. Nonetheless, NGOs must serve two very crucial purposes: changing the climate of opinion on particular issues, and building the social and intellectual capacity needed to ensure that policy change endures. This is the only way that NGOs can help close the gap between word and deed.

CINI has done this and more. It has worked to bring together three spheres of action and influence: the Government, that is the policy level; the academic, the research level; and service, the programme level. This approach has helped build a strong and sustainable foundation for CINI activities and the translation of these to public policy and programmes.

CINI's advocacy effort begins at the grassroots by trying to understand people's health and development problems and actively engaging in finding solutions to critical problems. This experience-based learning at the community level gives both credibility and conviction to talk about critical health issues. This effort is backed up by research in collaboration with professionals and academics on the various dimensions of health policy and programme.

The studies with Johns Hopkins School of Public Health on local level strategies to reduce the proportion of low birth weight babies in Jharkhand; formative research on young people's reproductive and sexual health in collaboration with the London School of Hygiene and Tropical Medicine; district-level upscaling of accelerated reduction of malnutrition in 0-3 children with UNICEF and the Government of West Bengal in Murshidabad district; reproductive health morbidities in rural areas with the Indian Council of Medical Research; and mental health in reproductive and sexual health of adolescents with Sangath Society, all point to this commitment.

Further, CINI, through participation in coalitions and networking, advocates for policies and programmes that improve the lives of women and young people. Through its membership of Healthwatch, a national level advocacy body on population and reproductive health in India, it contributes to mainstreaming a rights-based approach into reproductive health, gender, adolescents and development policies and programmes.

At the regional and state level, CINI has facilitated a network of more than 30 organizations working on the issues of young peoples reproductive and sexual health which contributed to



“AdolescentSpeak -- Voices from the Ground”, an instrument of advocacy based on workshops with adolescents and stakeholders in West Bengal first and then in the neighbouring states of Jharkhand, Bihar and Orissa. This was effective in breaking the silence related to adolescent issues, particularly their sexual and reproductive health and make their voices heard. It brought into public discourse the urgent need for the larger NGO community, government and donors to respond to the needs of adolescents in these states.

Little can be accomplished in public health when individuals and agencies work alone. Partnerships offer the chance to work together to achieve common goals with each partner contributing their unique strengths and the partnership itself assuring maximum complementarity. The National Population

Policy 2000 lists partnership with NGOs as one of the strategic themes. The Indian government’s Department of Family Welfare envisages collaboration with NGOs through the Mother NGO scheme which provides both an institutional framework and funds to address the gaps in the National Reproductive and Child Health Programme. CINI as one of the four national NGOs and the Eastern Regional Resource Centre has been nurturing and building capacities of more than 40 nodal NGOs in East and North eastern India by providing technical support for capacity enhancement, documentation of best practices, induction and in-service training, liaison with the state government, updating data base on reproductive and child health (RCH) issues and development of management information systems.

CINI actively facilitates and participates in forums for dialogue and consensus building among key decision makers, issue experts, and programme specialists. One such unique effort has been the formation of the Sishu Vikas Prachesta (Child Development Initiative) at the State level to influence and improve policy and programme performance of the Integrated Child Development Scheme (ICDS). This platform brings together all the training centres of ICDS’ key peripheral functionaries, the State government and UNICEF and has substantially contributed to the curriculum development, standardization of information, education

and communication support to the programme. CINI, being the only supervisory and senior official level training centre in the State of West Bengal, has substantially contributed to UDISHA, the remodelled World Bank-funded ICDS training and programme at the state level. More specifically, the training incorporates among other inputs the learning from CINI's Positive Deviance programme, which seeks to identify and optimize existing resources and solutions within the community to solve community problems and to reduce prevalence of malnutrition among the children below 3 years, a programme funded and collaborated by UNICEF.

Empowering street and slum-dwelling children through education by CINI Asha, the urban wing of CINI, forcefully demonstrates and argues that unless the full-time work of children at the cost of education is recognized by policy makers and some immediate action to getting children out of work and into school is done, universalising elementary education will remain a distant dream. A rights-based approach to development needs to emphasise empowerment, participation and non-discrimination, and address vulnerability, marginalization and exclusion. CINI Asha, through its own experience, example and participation in both the Kolkata Resource Group for Education of the Deprived Urban Children and Sarva Siksha Abhiyan (a Government of India mission mode drive for universalising elementary education) has been continuing to contribute to the understanding of the conceptual and operational issues relating to the education of deprived urban children.

Through its membership in various Indian expert committees like the Technical Advisory Committee of the Ministry of Health and Family Welfare, Member of the core team of National Aids Control Society, State and District level Reproductive and Child Health Committees of various eastern Indian states, Core Group on Education of Deprived Urban Child, Government of India, CINI continues its pursuit of influencing outcomes, including public policy and resource allocation decisions within the government system.

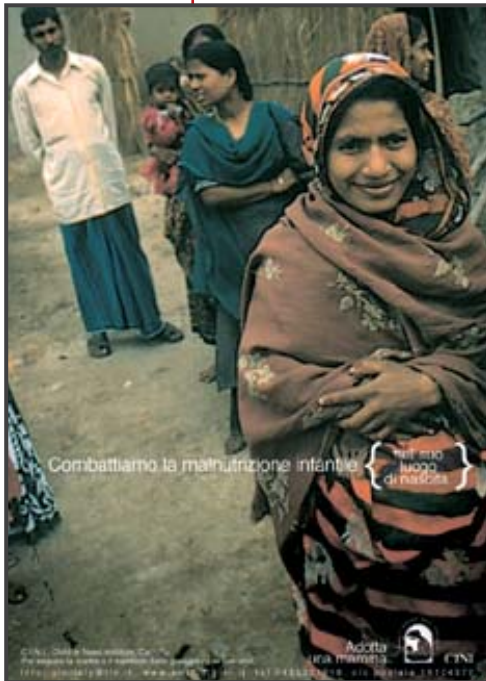
In spite of the well-accepted principle of egalitarianism and social justice, very often the concerns of the minorities and under-privileged go unattended in the health and educational policies of India. It needs a constant effort and action aimed at highlighting critical issues that have been ignored and submerged, to influence public attitudes, and to enact and implement public policies so that CINI's vision in a just, inclusive society becomes a reality.





## *CINI goes international*

NGOs are continuously faced with the problem of funding their human development activities. The lack of consistency in donors' funding priorities, problems with donor restrictions and funds drying up even before a programme makes any visible impact has forced CINI adopt new strategies to keep the flow of funds consistent.



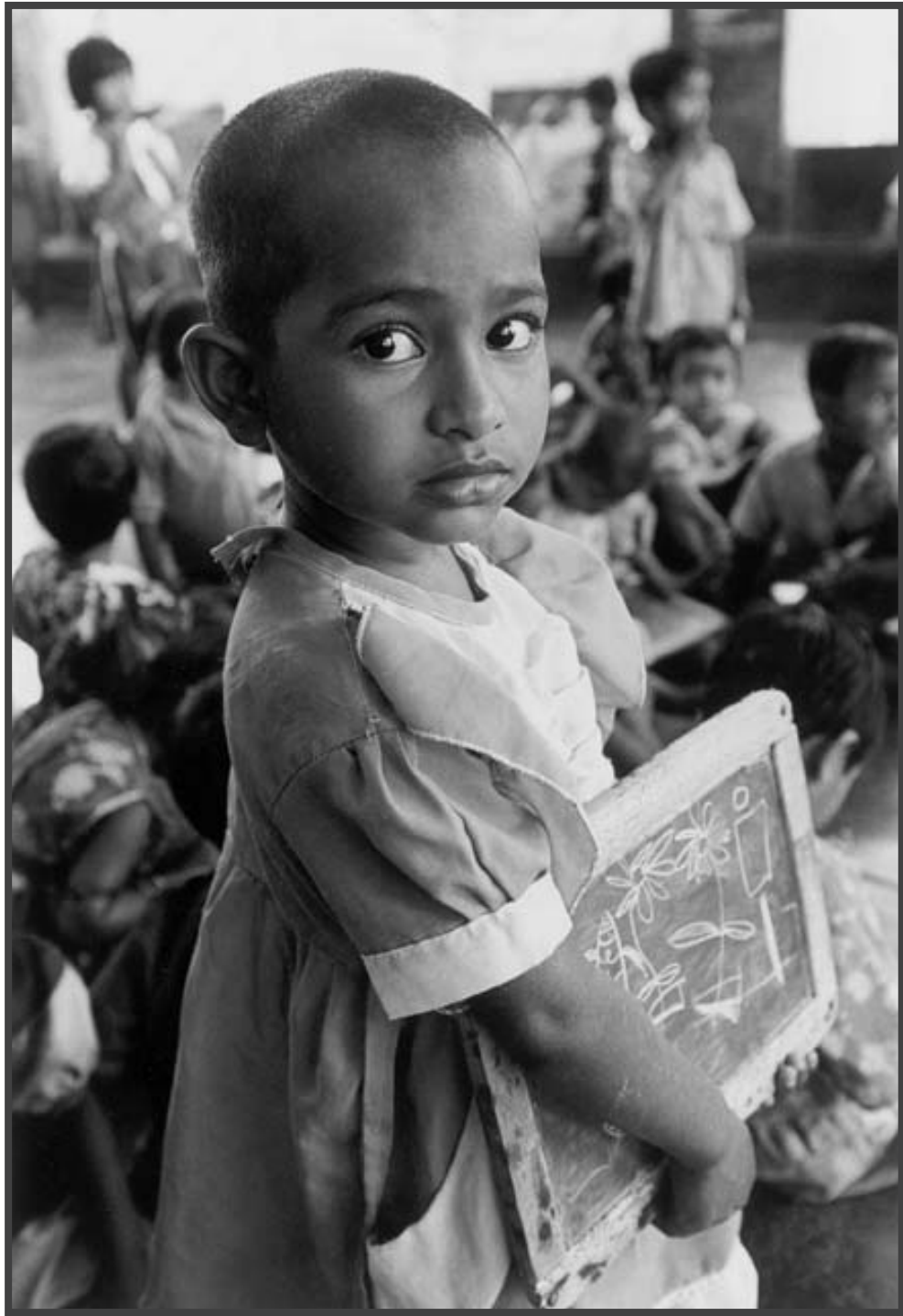
CINI, in an audacious step, went international. Many called the move foolish while others said CINI was overreaching, spreading its resources too thin. But it worked solely because of the tremendous credibility that it enjoyed worldwide. Its many visitors and friends who over the years had watched the growth of CINI and its work now came together to assist in executing an ambitious plan.

CINI International - a globally focused NGO - was set up on 1 February 2000 in Italy, as the northern arm of the Child In Need Institute (CINI), a south based NGO from Kolkata. An international office was set up in Italy in 2001 and received generous support from a donor in UK, facilitating its fund raising activities and sharing of expertise with other NGOs in neighbouring countries.

CINI International also works to establish North-South and South-South linkages to facilitate sharing and learning among partners working for children, adolescents and women in different parts of the world. Experience sharing relates to sustainable programmes particularly in the areas of prevention and rehabilitation of malnourished children; community and preventive health, especially to ensure child survival and development; adolescent and women's health; mainstreaming street children, especially through education; and HIV/AIDS. Its main objectives are advocacy on hunger and malnutrition, especially affecting children; networking to facilitate information sharing among North-South and South-South partners; accessing funds to support North-South and South-South linkages; and protecting the health

and development of the next generation of children in the world's poorest regions.

Over the years, the many visitors that have come to CINI to see its intervention programmes and returned convinced that we make a change in the lives of the poor, have joined to form fund-raising groups called "Friends of CINI", first in Italy as "Amici di CINI"; "Friends of CINI", Glasgow, UK; CINI UK, London; Child Vikas International, USA; and "Friends of CINI" USA.



## Friends for 30 Years

Abbott Laboratories • ABC India Ltd • Action Medeor • AFPRO • Alessio Panza • Alessandra Garusi • Ashoke Agarwal  
Ameri Care • American Express Bank • Amici di CINI • Anand Agarwal • Anuman-E-Burhani • Anup Kumar Biswas •  
Amit Biswas • Anusandhan Trust • Ann Heard • Asian Community Health Action Network • Australia High Commission •  
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CINI International • CINI UK • City Level Programme of Action • Corriere della Sera • C.J.K. Henry • Dalmia Janakalyan  
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Trust • Dutch Interchurch Aid • Eastern Railway Womens Organisation • Embassy of Ireland • Fabienne Harrison •  
Fabrizio Abrescia • Family Planning International Trust • Ford Foundation • Father Frank Madden • Father G. Beckers •  
Father O'Mahony Memorial Trust • Father T. Mathieson • Finella Spens • Fondazione Blue • Fondazione Cariverona •  
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Tiziana Valpiana • Trocaire • UNESCO • UNDP • UNFPA • UniCredit Banca • UNICEF • USAID • U.S. Embassy • Verien  
Dritte Welt • Vijay and Jayashree Ullal • VSO • Wellcome Foundation • WHO • World Bank

## Financial Review

### **CHILD IN NEED INSTITUTE** Financial Statement for the Years 2003 and 2002

	<b>2 0 0 3</b>		<b>2 0 0 2</b>	
	Value in Indian Rupees	Value in US\$	Value in Indian Rupees	Value in US\$
<b>Grants for programs</b>				
Foreign sources	65,478,713	1,399,118	47,784,622	993,443
U.N. agencies	12,126,546	259,114	9,413,336	195,703
Government	17,202,175	367,568	20,865,448	433,793
Other sources	2,082,247	44,492	2,500,452	51,984
<b>Sub total</b>	96,889,681	2,070,292	80,563,858	1,674,924
Investment income	1,602,749	34,247	1,507,212	31,335
Other income	12,897,377	275,585	8,916,429	185,373
<b>TOTAL RECEIPTS (A)</b>	111,389,807	2,380,124	90,987,499	1,891,632
Programme Expenses	87,014,548	1,859,285	74,393,550	1,546,643
Administrative Expenses	8,802,166	188,080	8,513,900	177,004
Infrastructure support	19,930,125	425,857	3,037,209	63,144
<b>TOTAL EXPENSES (B)</b>	115,746,839	2,473,223	85,944,659	1,786,791
<b>CHANGE IN CASH &amp; CASH EQUIVALENTS: (A) - (B)</b>	- 4,357,032	- 93,099	5,042,840	104,841
<b>CASH &amp; CASH EQUIVALENT AT BEGINNING OF YEAR</b>	9,211,657	191,511	4,168,817	86,670
<b>CASH &amp; CASH EQUIVALENT AT END OF YEAR</b>	4,854,625	98,412	9,211,657	191,511



 **Those at the Helm**  
The CINI Governing Body

Prof. Sunit Mukherjee	Chairman
Dr. Samir Chaudhuri	Director
Prof. Madhu S. Mishra	Financial Controller
Mr. Tushar Kanjilal	Member
Mr. Anand Agarwal	Member
Mrs. Anu Mukherjee	Member
Mr. Supriya Gupta	Member
Dr. Kaliprasad Pappu	Member
Mr. Amit Kumar Dasgupta	Member

**Past Members**

Late Father John Henrichs SJ  
Late Father J. Watteyene SJ  
Late Dr. H.S. Datta  
Late Dr. A.K. Roy  
Father G. Beckers SJ  
Dr. Saroj Gupta  
Mr. Susanta Bandopadhyay  
Mr. Sushil Narayan Chowdhury  
Mr. Gopinath T. Menon  
Mr. Bikram Sarkar

## CINI at a Glance

www.cini-india.org

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**“CINI has a reputation of being a ‘learning organisation’ with our ears close to the ground, listening to the voices of women, children and the community.”**

**“The child needs to be protected from all types of abuses, physical, mental and environmental under the Convention of the Rights of the child to which India is a signatory.”**

**“We have to equip ourselves with better skills, create a working environment in CINI where motivated professionals will be attracted to public service.”**