Looking back

2017 – 18
help the mother
help the child

Annual Report
The year 2018-19 marks the completion of 44 years of our service to the community. During this year, CINI established an office in Guwahati, capital of the eastern state of Assam, to serve adolescent children. We are grateful to USAID and DASRA who have supported us to reach out to Assam. Partnerships with governments and NGOs with countries on our eastern border, Bangladesh and Nepal have helped us to have an impact on cross border trafficking.

The toll free Teenline services to address the emotional problems of adolescent children have now been extended to a face to face counselling services, available at the Gol Park premises of CINI in South Kolkata. Furthermore in WB, we have entered into a new partnership with National Stock Exchange (NSE) to improve primary education in government schools in Birbhum District as a part of their CSR initiative.

In Jharkhand, we are pleased that both UNICEF and ILO have extended their support to our ongoing activities. Support is also continuing from Bill & Melinda Gates Foundation (BMGF) and NFI. Child Fund India (CFI) has become our newest partner early this year to support child sponsorship programme. Corporates such as DHFL through Samhita has also entered into a partnership to support our work in nutrition and early childhood education in the ICDS programme. An alternative to the institutional care model of residential care in children’s home has now taken off in remote tribal villages in Jharkhand supported by Hopes & Homes and The Oak Foundation.

The increased reach of CINI within West Bengal and to other states has been possible with support from donors, networks of NGOs and by striking partnerships with state governments. CINI has walked the extra mile to reach out to the most hard to reach areas in the country and ensure quality of services provided to targeted children and women, living in poverty. We are grateful to the state governments in West Bengal, Jharkhand, Odisha and Assam for giving us the privilege of partnering with them.

On 31st March 2019, I have decided to step aside from my present position as Director/CEO of the organisation I founded in 1974. I am pleased that over the last four decades, CINI has grown in stature and is now synonymous with quality care provided to the “Child in Need”. This has been possible as thousands of young women and men, attracted to the idea that all deprived children and women have a right to survive, grow and contribute to nation building, worked long hours and with meagre salaries to make CINI what it is today. Individuals, donor agencies in India and abroad, along with our own government came forward to extend support to this vision, for which I am very grateful.

Dr Samir Chaudhuri, Director
Inauguration of CINI's New Building at Murshidabad
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We work in local communities.
We are accountable to local communities.


Core Value Statement: A professional non-government development organization, dedicated to work with self-help groups, communities, elected representatives, local service providers, government functionaries and all stakeholders, to build and sustain Child Friendly Communities (CFC).
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 professionals and are guided by a Governing Body composed of experienced Indian practitioners, academics and administrators. Founded in 1974 in Kolkata (former Calcutta), West Bengal, CINI now has operations in the states of West Bengal, Jharkhand, Assam and Odisha, and it reaches out to more than 7 million rural and urban population of poor communities. We have been recipient of prestigious awards and recognitions in India and around the world, during our journey in the last four and half decades.

We work on the thematic sectors of maternal and child and adolescent Health, Education, Nutrition and Child Protection. It is not only implementation but innovation at every step of our work that helps us to work with the policy makers in different capacities and to add value to the existing programmes for its strategic implementation. We believe in building evidences through our work practices. CINI works with different partners like the government (at all levels), other NGOs, schools, bi-lateral agencies, corporates and individuals. These partnerships help us share learnings and thus strengthen the structure to re-position ourselves as a learning organization.

The central focus of all our action is children and women. We work towards value for change. We are active in deprived communities, both in villages and low-income urban settlements, and seek to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence, affecting in particular, children and women. Our initial focus on health and nutrition has grown further in the areas of education and child protection. Our work starts right from the day a child is conceived. For the first 1000 days of the life of the child, we cover it through our 1000 days programme. As the child grows up, we ensure that she/he is having a proper growth, mental as well as physical development through our Early Childhood Care and Development programme. Later through our education and protection programmes we ensure that the child is in school and has a safety net. Hence from day 1 of a child’s life to 18 years of age, CINI encourages to promote the concept of family based safety net around a child. We have devised various tools and technique. CINI has so far been able to demonstrate its community led models to address malnutrition; to promote education and to ensure protection while working with children, adolescents and women in need living in different socio economic situation and in different geographic terrain.

CINI has always believed in working beyond its boundaries. Though we are a primarily eastern region based organisation, we do provide technical assistance to State governments and civil society organizations working in West Bengal, Jharkhand, Odisha, Assam, Nagaland, Tripura, Arunachal Pradesh, Manipur and Uttar Pradesh. CINI has always worked proactively to
promote integration within government systems and has demonstrated Human Rights-based working framework to ensure accountability at different levels with strategic engagement of multiple stakeholders at different administrative layers. 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 strategizing and directing its resources to add value to the existing policies, responding to the needs.

While CINI is linked with different state, national and international level forums, as part of its advocacy initiatives, the organisation has contributed in several consultations that take place at multiple levels having strong implication on human development. CINI’s engagement at ICPD is one of such initiatives. We are having linkage with South Asia Initiative to end Violence against Children (SAIEVAC), under SAARC. In the last few years, CINI has won the confidence of Governments at State and National level, different Corporates and different bilateral agencies to establish working relationship with them either for managing state specific strategic programmes or to act as knowledge management agency to inform and influence in designing and implementing policies and programmes. Through our experiences we have understood that community driven processes to promote the care and protection of children and to facilitate the process of Girls and women empowerment with active engagement of family within the larger community and Panchayat/Urban local governance systems. Our working relationship with different other expert agencies has sharpened the institutional competence to contribute in a professional manner.

We follow a transparent system of organizational 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, Sexual Harassment Policy, Gender Policy, Work place Policy on HIV related issues and Anti-corruption and Anti-bribery Policy. At CINI we also believe in cost effectiveness. On an 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 the child. To us, every child is unique and we hope to make every one believe in the same. We plan to focus our activities on the overall family well-being, because we believe that the family is the best safety net for the child.
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 organization has moved to an integrated approach of facilitation and service delivery. While working with the communities and fulfilling their contextual needs, CINI realized that sustainable development is only possible by building partnerships with key stakeholders and adopting an integrated approach across education, protection, health and nutrition domains. 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 and development.

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

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

**CINI acts as a facilitator** in engaging local development actors—the community, service providers and elected representatives—in a process aimed to ensure **convergence** and thereby **strengthen good governance** with and for children and women. Local governance partners are involved in participatory processes leading to increasing awareness on problems affecting the community, identifying issues through social mapping, planning interventions to address shared priorities and monitoring the progressive fulfilment of human rights by all, especially the socially excluded.

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

Key Actors
- Communities (families, children and adolescent groups, women groups)
- Local self-Governments (PRI/ULBs)
- Service providers (across EPHN sectors)

Process
- Building Blocks
  1. Sensitisation
  2. Institutionalisation
  3. Collective Analysis
  4. Prioritisation
  5. Planning
  6. Implementation
  7. Monitoring

Process Outcomes
- Sensitised and informed communities
- Increased participation of children, adolescents, women and disadvantaged groups (Inclusion)
- Community led planning and monitoring undertaken
- Convergence strengthened (between key development actors, between government functionaries themselves, use of local convergence platforms enhanced)
- Decentralised planning, action and monitoring
- Children access their rights particularly across EPHN sectors
- An enabling environment for children and adolescent wellbeing and empowerment with gender equality created through collective efforts
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 counselling on HIV & AIDS set up with support from 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 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

2007-2017-18

- Recognised as State nodal agency for rolling out Accredited Social Health Activist (ASHA) 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 under privileged 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 Dept. of Health & Family Welfare and Dept. of Panchayats & Rural Development, Govt. of West Bengal
- State Technical Resource Centre for conducting HIV & AIDS trainings in partnership with National AIDS Control Organisation (NACO), India.
- Community College established in partnership with Indira Gandhi National Open University (IGNOU)
- 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 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 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
- New social business initiative of CINI-CINCOMM launched
CINI is an India based organization having presence in 9 states which include: West Bengal, Jharkhand, Orissa, Assam, Tripura, Arunachal Pradesh, Nagaland, Manipur and Uttar Pradesh.

CINI has extensive state level presence in West Bengal through CINI field unit offices in 5 locations (districts) all over WB spread out from Darjeeling to South 24 Parganas.

In Tripura, Arunachal Pradesh, Nagaland, Manipur and Uttar Pradesh its presence is found as Technical Assistance Agency only.
- Web enabled project planning and monitoring system CINI Management System (CMS) launched
- Department of Health and Family Welfare, Government of Jharkhand recognized CINI as nodal agency to strengthen the community mobilization cell under NHM, Govt of Jharkhand.
- CINI was appreciated for its support to Department of Social Welfare and Women and Child Development, Government of Jharkhand in piloting social audit to strengthen the services under 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 contributing to the National policies and programs for adolescent health and development, like Rashtriya Kishor Swasthya Karyakram [RKS], SABLA, Rashtriya Madhyamik Shiksha Abhiyaan, Adolescent Education program
- Identified as National Training Partner for Rashtriya Kishor Swasthya Karyakram [RKS], 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 as a “Best NGO” in health category by HCL foundation
- Harvard T.H. Chan School of Public Health selected CINI’s innovative work of harm prevention following the Child Friendly Community approach under the research project titled Understanding Prevention: An Analysis of Three Community-Based Harm Prevention Strategies in India to Build Child Rights and Protection
- CINI became part of DASRA collaborative Initiative for 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]
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

Secretary to
Government of India
• CINI is a member of Girls Not Bride Alliance
• CINI is a member of ECPAT network

National level:

• CINI is part of the National Adolescent Resource Team [NART], in Rajib Gandhi National Institute for Youth Development [RGNIYD], Government of India
• CINI is the member of National ASHA Mentoring Group, as well as State ASHA Mentoring Group of West Bengal and Tripura.
• CINI is part of the National Adolescent Resource Team [NART], in Rajib Gandhi National Institute for Youth Development [RGNIYD], Government of India
• CINI is the Governing Body member of the Indian Association for Life Skills Education [IALSE]
• CINI is a member of National Action & Coordination Group (NACG) supported by SAIEVAC, SAARC & GOL
• Indian Alliance for Child Rights (IACR) - A national network of NGOs, donors and academicians of which CINI is a member, through which we contribute towards the alternate report to UN on child rights
• Member, Working Group on Child Protection for the 12th Five Year Plan
• CINI is the founder Member of Action against Trafficking and sexual exploitation of children (ATSEC).
• Member of National Advisory Committee on Child Labour.
• CINI is a member of Voluntary Health Association of India, a member of Voluntary Action Network of India

State level:

• State Resource Group on Early Childhood Care & Education Govt. of West Bengal
• State Secretariat of White Ribbon Alliance in India
• State Nodal Agency for ASHA in WB
• CINI at Jharkhand is Member of:-
  a) Sahiyya Mentoring Committee (State Level)
  b) Member of RMNCH+A working group (State level)
  c) Member of Adolescent Health Advisory Committee (state level)
  d) 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
  e) CINI is a member of the Working Committee on Child Rights

District/Panchayat level of West Bengal:

• CINI is a member of PCPNDT committee at 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 (ATU) 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 JJ Act, WCD & SW Department
• HIV-TB Coordination Committee.
• Children Committee at Government Homes.  
• Advisory committee of Neheru Yuba 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 Zilla Parishads in the districts

Awards & Recognitions

Over the years, CINI has been officially recognized, both in India and abroad, as a leading authority on mother and child nutrition and healthcare. Some of the major accolades CINI is proud to receive, includes:
• 2017 - Identified as “Best NGO” in Health category by HCL Foundation
• 2015- CINI won the Mobile for Good Award for GPower from the Vodafone Foundation
• 2015- NariSurakhaSanman Award given to CINI in recognition of our contribution in the field of Protection and Prevention of underprivileged children 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
• 2011- ICICI Lombard and CNBC TV18 ‘India Health Care Award
• 2011- WHO award for excellence in Primary Health Care at India Healthcare Award 2011 by ICICI LOMBARD & CNBC TV18
• 2008- Annual Rotary India Award for most significant contribution in reducing child mortality by Rotary Club
• 2008- Ellis Island Medal of Honor, 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- PremioParlamentare 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 The National Award in the field of Child Welfare (CINI is the only NGO to have won this award twice)
CINI started working on Adolescents Sexual Reproductive Health & Rights in 2000 and its partnerships with the Government to strengthen adolescent programs began in 2010. There was an emphasis on enhancing the capacity of adolescents to grow as advocates for change. CINI initiated working with parents and other community members, stakeholders, local self-government bodies and service providers to create an adolescent friendly environment that prioritises their participation. It also began working on system strengthening more closely with key Government Departments to increase adolescent friendly services. CINI began to undertake programming as well as networking and advocacy efforts aimed at addressing the needs of adolescents, particularly girls, holistically during this period.

The vision for the next five years’ adolescent strategy of CINI is ‘Ensuring ALL adolescents have a successful transition from childhood to the adulthood’. The strategy aims for the fulfilment of rights of adolescent girls and boys, which are central to CINI’s Child-Friendly Community framework. CINI also recognizes that adolescents are not simply recipients of development efforts. They have the potential to respond positively to life challenges and be positive agents of transformational change, as collaborators and as leaders. Thrust areas for adolescent programmes are:

- Develop, enhance and scale up Adolescent-led Empowerment program models
- Influencing parents to create family-based safety-net – Physical & Virtual and building capacity of key community stakeholders, including the service providers and the local self-government
- Enhancing evidence-based documentation and strengthening local, state and national-level network and alliances
- Enhancing technical assistance to Government especially at the local, state and national levels
- Promoting evidence-based advocacy for investment, replication and scaling up of adolescent empowerment model through

Government system and structure

Reach

Adolescent girls reached through community based interventions – directly: 79039, indirectly: 200000.

Major Highlights of 2017-18:

- The Ministry of Health and Family Welfare (MoHFW), Government of India has set up the Reproductive Maternal New Born Child and Adolescent Health (RMNCAH) Coalition chaired by Additional Secretary & Mission Director, National Health Mission, with Joint Secretary (RCH) as Co-chair and Deputy Commissioner (Child & Adolescent Health) as the Member-Secretary. Four working groups are selected under the coalition, among which CINI has been selected as a member of the group on ‘Adolescent Health & Well-being’ and is working for the publication on RKSK for next PMNCH Global Conference in December 2018.
- CINI shared the experience on Rashtriya Kishor Swasthya Karyakram at National level workshop in Delhi organised by the Technical Support Unit of MoHFW, Government of India
- CINI became member of the ‘Group on Adolescent health of RMNCAH’ coalition MOHFW, Govt. Of India
- The already existing TEENLINE was made toll free and was officially launched in 1st February, 2018. It enables the youth to receive free psychosocial counselling on various issues like sex and sexuality, relationship problems, parental, and mental health counseling.
- CINI has been selected as Implementation Partner under the DASRA Adolescent Collaborative ‘10 to 19’, which is a multi-stakeholder platform uniting funders, government, academics and non-profits.
- CINI’s good practice model on ‘transforming Anganwadi centres into adolescent-friendly resource hub and safe spaces’ has been adopted by the Government and scaled up in all selected SABLA districts in West Bengal.
I will marry when the right time comes!

Bishnu Priya Ravidas, a girl from Suti II block of Murshidabad, lives with her parents and elder brother in her village Hajipur. She has an elder sister who was married at an early age of 15. Her father is a daily labour and mother is homemaker. Her brother discontinued studies before class 10 and currently migrates to different cities for labour work. Priya has recently cleared class 12 and wishes to continue to her graduation. However, an uncertainty to her dreams came in, when she visited her relatives place to attend a marriage ceremony with her parents. One of her paternal aunt approached her mother with a proposal of Priya’s marriage. Her aunt said to her mother that, “The boy will be good for Priya as he earns and its appropriate age for her to get married, as any further delay will fetch you trouble to find a suitable groom”. Parents felt the same way and decided to meet the boy’s family. Meanwhile Priya came to know all about this from her mother. As she is friend with one of CINI’s Amplify Change peer leader and fortunately because of her initiation on the evils of child marriage, she protested the decision of marriage. However, when she felt her concerns were ignored, she decided to seek help from her peer leader. The peer leader reported the issue to the village level child protection committee [VLCPC]. Members of VLCPC visited Priya’s house and counselled her parents to stop this violence. Finally, the team approach had successfully convinced her parents on the ill effects of child marriage and the committee took a written resolution that they will not marry her off without her consent. Today, Priya wants to pursue higher education and to provide financial support to her parents before getting married!
## Impact in Statistics (2017-18)

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<th>SL</th>
<th>Parameter</th>
<th>Data</th>
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<tr>
<td>1</td>
<td>No of child marriages prevented by adolescent groups</td>
<td>523</td>
</tr>
<tr>
<td>2</td>
<td>No of early marriage protection group formed by Kishori Samooh</td>
<td>150</td>
</tr>
<tr>
<td>3</td>
<td>No of adolescent girls enrolled in Kanyashree Scheme</td>
<td>23222</td>
</tr>
<tr>
<td>4</td>
<td>No of government school teachers trained</td>
<td>630</td>
</tr>
<tr>
<td>5</td>
<td>No of adolescent groups formed</td>
<td>511</td>
</tr>
<tr>
<td>6</td>
<td>No of peer educators trained</td>
<td>4533</td>
</tr>
<tr>
<td>7</td>
<td>No of adolescent-friendly safe spaces formed</td>
<td>696</td>
</tr>
<tr>
<td>8</td>
<td>No. of adolescent girls referred to Anwesha clinics for counseling on SRH and other issues</td>
<td>12142</td>
</tr>
<tr>
<td>9</td>
<td>Adolescents planned and participated in anti-child marriage campaigns</td>
<td>1040</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge of anaemia</td>
<td>94%</td>
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<tr>
<td>11</td>
<td>IFA consumption</td>
<td>35%</td>
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<tr>
<td>12</td>
<td>Use of sanitary napkin</td>
<td>88%</td>
</tr>
<tr>
<td>13</td>
<td>Aware of modern contraceptive methods</td>
<td>20%</td>
</tr>
<tr>
<td>14</td>
<td>Knowledge on legal age of marriage for girls</td>
<td>95%</td>
</tr>
<tr>
<td>15</td>
<td>Doing physical exercise on regular basis</td>
<td>6%</td>
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CINI has started its Education initiatives since 1990s. Though started with providing education support to urban deprived children of Kolkata, it gradually extended its education programmes in West Bengal and Jharkhand. At present Education programmes are running in Kolkata, South 24 Parganas, Birbhum, Murshidabad, Jalpaiguri, Siliguri, North Dinajpur and Malda in West Bengal and Ranchi and Khunti in Jharkhand.

It has always been very crucial for CINI to ensure children's right to education to ultimately protect them from other forms of child rights violation. The main focus of CINI's education programmes has been ensuring educational rights of socio-economically excluded children through a continuum of care and support starting from the age of 2 years to 18 years. It includes early childhood stimulation, care & education towards preparing children for school enrolment to ensuring age appropriate academic excellence for completion of elementary education and promoting completion of secondary and higher secondary level of education.

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

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

Reach

19114 children (2-18 years)

Major Highlights of 2017-18:

- 20 projects on Education have been implemented across 8 districts of West Bengal and 2 districts of Jharkhand.
- 5 Anganwadi Centres have been supported for facilitating their transformation to Shishu Aloys in Bishnupur block of South 24 Parganas.
- During 2017-18 academic year 36 boys and 64 girls successfully passed the Class X Board Examination with the support of CINI's community/school based learning support centre approach. Out of these children 2 have achieved more than 75% marks and another 5 children have got more than 60% marks in the examination. All the children have got enrolled in class XI.
- Total 200 children (100 boys & 100 girls) have been reached through the residential school programme in Kolkata with support from Sarva Shiksha Mission, Kolkata. Out of these children total 10 boys and 1 girl successfully passed the Madhyamik. All of them have been enrolled in class XI for further study.
- A Gender Equity Movement has been initiated in Ranchi and Khunti of Jharkhand with almost 10000 children (4000 direct intervention and 6000 through campaigns) of class VI and VII and 400 teachers from 80 government schools to promote gender equality, redefine masculinity and oppose and prevent all forms of violence.
Sabina's struggle to freedom!

Sabina is a student of Sujagolpur Girls' Learning Centre (GLC) run by CINI. She got enrolled in the centre in June 2013. She is studying in class VI in Satal Kalsa High School and continuing study in the GLC with the hope of becoming the bread earner for her family with a respectable job. Sabina, a 13 year old girl from Sujagolpur, is from a very poor family. Her father works as a zari worker at home and mother sells glass bangles. She has one younger sister and one younger brother. The younger sister goes to the ICDS centre but neither Sabina nor her brother was enrolled in school. She was identified by the teacher of the GLC being run in the village by CINI as an out of school child and got enrolled in the GLC. When enrolled, she was in zero level, but after few months effort she was enrolled in school in class II.

One day, suddenly her parents started looking for a groom for her. But Sabina was strongly against marriage at this early age and wanted to continue with her studies. Her parents then started abusing her both mentally and physically. Even the neighbours provoked them to abuse until she agrees to get married.

Immediately, she informed her friends to call the GLC teacher for rescuing her. The teacher immediately went to her house and tried to talk to her parents, but both her parents disagreed to talk. The teacher continued visiting her home daily and after two days the father agreed to talk. The teacher first tried to convince him for not getting Sabina married at this early age, but he was very adamant and reacted adversely. The teacher then informed her seniors at CINI, who immediately visited Sabina's house with the PRI member of the village, the head master of nearest High School and ASHA worker. They met both her parents along with the neighbours and when they denied listening to them, they had to threaten them of informing CHILDLINE and Police, if they keep on abusing Sabina or get her married.

After getting warning from eminent persons of the village, Sabina's parents stopped looking for her marriage, but a new problem came up, as they decided to send her to her uncle's house in Kolkata. Sabina informed the teacher that she has never met this uncle before and doubts are that she may get trafficked, if sent to Kolkata.

The teacher along with the Supervisor and the PRI member again visited her home to stop them from sending Sabina to any other place. At present, the situation is under control. Sabina is regularly attending the centre and the teacher is visiting her home regularly to remind the warnings given to her parents. She is also counselling them regarding the ill effects of early marriage and importance of education for girls.
• CINI in Uttar Dinajpur is providing educational support to 60 children affected by HIV/AIDS. The educational support includes support for academic excellence, training on using information technology in education and some educational materials like books, copies etc.

• During the year, CINI started a new endeavour to enhance academic competency and life skills for children of 6 to 10 years encompassing all government primary schools and SSKs in the entire tribal block of Rajnagar, Birbhum.
The Preventive Model on Child Protection stems from CINI’s institutional core approach—Child Friendly Communities (CFC), a distillation of the primary healthcare/public health experience developed since its foundation in 1974. The model aims to take a shift from a clinical to an epidemiological approach in child protection. It seeks to overcome prevailing curative policy and practice in favour of preventive methodologies. It is further believed that preventing harm before it occurs as opposed to curing its effects afterwards is also an ethical imperative – and a fundamental human right. Preventive measures are also likely to be more cost-effective, thus reaching the universe of children rather than a few. CINI’s Child Protection programme design is conceived at 3 subsequent, logically interlinked levels, aimed at creating child protection processes spanning from the governance, to the programme to the individual sphere. The Child Protective Communities model is best implemented in and contributes to the creation of Child Friendly Communities, at one end of the spectrum, and supports a multi-layered referral mechanism to serve the individual child, at the other end.

During last year, it had focused on:

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

Major Highlights of 2017-18:

The year 2017-2018 witnessed the amalgamation of increased convergent efforts towards building child friendly communities, where 43647 children aged 0 to 18 years were protected from all forms of abuse, exploitation and violence, ensured their survival rights, not denied of their developmental opportunities and were able to participate in the decision making process of their lives, across 12 districts, 54 blocks in West Bengal and Jharkhand.

CINI was also engaged in strengthening the evolving government child protection system, focusing on maximizing preventive approaches and minimizing institutional approaches within the given framework of the Juvenile Justice System, the Integrated Child Protection Scheme, National Plan of Action 2015, and National Policy for Children 2013, respective state plans of action and other related legislations and policies. It embarked upon rolling out the Alternative Care Guidelines in collaboration with the Department of Women and Child Development in Jharkhand. It also contributed towards framing the West Bengal Juvenile Justice Rules 2017, Protection of Children from Sexual Offences (POCSO) Guidelines, West Bengal’s Private Placement Agencies (Regulations) Bill 2017.

Yet another significant initiative has been the effort by CINI to conduct the District Needs Assessment focusing on Child Protection in the districts of Darjeeling, Kalimpong, Birbhum and Dakshin Dinajpur.

Impact in statistics

- 539 Safe Spaces institutionalized in vulnerable slum pockets, red light areas, railway stations and
Strength of a Collective

An incident of child marriage was prevented by the collective of (Children group) of West Kamalpur. The boy Rakibul was from West Kamalpur but due to his occupation he stayed in Gujarat. The girl Sapiya resides in Charyal, Budge Budge, South 24 Parganas. Sapiya received a phone call from Rakibul who was completely unknown to her. Within a short period of time they made friendship with each other which got transformed into love affair at a later stage. After some days they suddenly decided to elope and wanted to get married. On 17th January evening, both the boy and the girl came to Kamalpur village for getting married but both of them were minor and were not eligible for marriage (boy was below 19 years and girl was 16 years). After being informed about the incident the collective decided to take action against the issue. The collective came to know that the marriage was going to happen in the evening. When the family members of the boy was making the arrangement for the marriage, about twenty five collective members jointly protested with the help of some villagers. At the beginning they faced verbal abuse and insulting behaviour from the boy’s friends and family members. They also tried to threaten them but the collective strongly protested to stop the marriage. On that day in the evening the collective informed the concerned Community Facilitator (CF) about the incident though it was not possible for him to go there on that moment. But on the very next morning, the community facilitator along with the Coordinator and Asst. Coordinator went to that village. After reaching the village all the collective members and many community members loudly said that 'If both of them get married then they (collective) would never come for any other session and meeting’ and they (Collective ) also said that ‘If the marriage is not stopped then it has no meaning of collectivization session and meeting’.

After hearing the things, the Coordinator went to the boy’s house along with the team and met the girl. The girl was counselled and she realised about the ill effects of early marriage which took 40 minutes. But the girl disagreed and refused to go back to her own house. Then the Asst. Coordinator contacted her family members over telephone and described the whole incident but they also refused to accept their daughter and informed that they would not complain to police if she got married.

Then a short meeting took place in the village (West Kamalpur) among the villagers, collectives and the project staff (CF along with coordinator and asst. Coordinator) to come to a joint consensus on what could be the next step actions for preventing the marriage.

After that, the Coordinator along with Asst. Coordinator and 2 CFs went to Gram Panchyat and intimated all that were happening there. Realising the whole issue, the Panchayat Pradhan of Mallickpur GP contacted the respective Panchayat in Budge Budge and described the incident. As a result in the next afternoon some community influencers along with the members of the girl’s family came to the village for taking back the girl. The members of the collective became very enthusiastic and confident after preventing the marriage. The Panchayat Pradhan also appreciated the collectives for their success.
vulnerable rural pockets.

- 39466 children engaged and supported with knowledge and awareness on child protection, reporting violation of rights, building resilience, life skill education and after school educational assistance through the safe spaces.
- 3181 children rescued through our Childline and Railway Childline interventions.
- 1066 cases of child marriage prevented.
- 211 cases of child labour prevented.
- 110 cases of child trafficking prevented
- 114 POCSO cases intervened.
- 1975 children reunified with families
- 21 children repatriated.
- 49 children linked with sponsorship under the Alternative Care Arrangements
- 635 served through our open shelters.
- 77 Potential migrant families were saved from unsafe migration.
- 15842 Community based local awareness events witnessed the active participation of children, adolescents in PRI/ULBs.
- 18 district and state level discourses were held in collaboration with various state and district level authorities on Alternative Care and Strengthening both existing and evolving child protection mechanisms.
- 1211 community based child protection mechanisms strengthened at the village, block and ward levels.
- 11694 stakeholders trained on various aspects of child protection, and child related laws and schemes.
Ensuring right to health requires countries to invest in primary health care, including – maternal, reproductive and child health. Improving maternal, reproductive and child health not only helps to secure the right to health, but reduces poverty and stimulates economic growth. Progress in maternal and child health depends on improvements in a range of areas both within and beyond the health sector. Systemic failures may deny the right of women and children to have access to adequate health care services. These may include inequitable distribution of health care facilities, high levels of poverty, absence of quality services as well as issues of discrimination and violence.

The Sustainable Development Goals adopted in 2016, include a range of global targets for mothers and children. Progress towards these targets requires both health, nutrition as well as allied interventions across sectors. Health sector improvements may include immunization, family planning, skilled birth attendance and the provision of antenatal and postnatal care while nutrition interventions involve support for breastfeeding, focus on infant and child feeding practices and nutrition-sensitive interventions across a range of sectors. Improvements outside the health sector include reductions in the total fertility rate, economic inclusion, good governance, participation of women in politics and workforce, strong leadership, poverty reduction, female education and a conducive policy environment.

CINI, since inception, has been working with an array of these issues across its health and nutrition programmes. While working directly with women and children towards increasing their accessibility and availability of basic health care services, over the years CINI has also shifted its priority towards improving system efficacies in delivering services for women and children. Through its pioneer approach of creating child friendly communities (CFC)- along with empowering communities through structured processes of knowledge and skill building; CINI has started working closely with government Departments of health and nutrition, the ICDS centres, sub-health centres as well as frontline workers in building their capacities and forging linkages for better service delivery. Linkages were also established with local self-governments or Panchayats and ULBs in ensuring the rights and entitlements for the mothers and children. Given this, CINIs primary strategic areas of work in the year 2017-18 included Maternal and Child Health, Maternal and Child Malnutrition, Adolescent Health and Nutrition, HIV AIDS and Tuberculosis.

**Maternal and Child Health**

Maternal and child health has been the priority area of work of CINI since inception. CINI works towards strengthening the existing government systems by working in a facilitative approach. CINI’s work in the area 2017-18 has been in strong collaboration with the flagship programmes of National Health Mission - both rural as well as urban. Through the different projects implemented in the year, efforts have been made towards identifying gaps in service delivery, sharing of data with Government, development of joint plans in addressing the same and capacitating the frontline workers towards better service delivery. A range of community sensitization programmes also followed in reaching out to the most vulnerable communities and involving self-help groups towards community mobilization and demand generation.

**Key Highlights**

- CINI with support from HCL Foundation conducted an in-depth baseline study across three blocks from three districts of West Bengal covering a sample of 2400 women to have an understanding of the health and nutrition status in these areas. The data was analysed, published and widely shared with Government and other stakeholders in order to induce policy actions.
Mothers’ meeting paves way for raising voice for demanding entitlements

In Looksan GP of Nagrakata block, conducting mothers’ meetings was always an area of challenge for the CINI team from the very beginning. The AWWs used to blame the mothers for not showing up at the meetings due to their involvement in the tea-gardens. On the other hand, the mothers reported that they were not informed regarding the meetings and that they are also not satisfied with the performance of the AWW. The CINI team was in a fix. However, through regular visits and interaction, the core of the problem could be identified. It was understood that the meetings organized by the AWWs were done at a time when it was not possible for the mothers to come leaving their work at the tea-gardens. Furthermore, many did not even get the information about the meetings. The poor attendance further deterred the AWW from organizing the meetings. This was like a vicious cycle that was going on in this GP. The CINI-team tried to find out a midway and asked for suggestions from the mothers regarding their time of availability. Similarly, the worker was also involved in this discussion. Finally, through mutual discussion and decision it was resolved that mothers’ meetings will now be held either on the days on which the tea-garden has an off or during the lunch break of the work days – which is usually around 2-3 hours long break. This arrangement was agreed by everyone and after continuous pursuance for months, finally the mothers’ meetings are now being conducted following this arrangement. The mothers have been highly excited because of this arrangement and after subsequent meetings at the AWC raised their demand of having a water tap near their area. There is no tap owing to which the women have lot of difficulty in collecting water. The issue got much agreement and the SHG women raised this issue with support from CINI team in the VHSNC meeting. This demand was accepted by the VHSNC and consequently in the last meeting, the issue was incorporated in the micro-plan made for the upcoming quarter.
• CINI conducted 72 health and nutrition screening camps for 3838 children jointly with ICDS and health in three districts of West Bengal. 797 malnourished children were identified from the screening camps who were followed up with a community based approach by ensuring regular weighing and growth.

Maternal and Child Nutrition

Proper nutrition constitutes the right foundation for the child that has its implications much later in life as well. In line with this, CINI has been working on the Life-Cycle-Based Approach (LCA) with special focus on the critical window period of the 1000 days starting from conception till the second year of the child’s life. Thus most of CINI’s interventions are based on ensuring adequate health and nutrition access during this critical period.

In addressing such issues like stunting, wasting, anaemia, focussing on pregnancy weight gain, emphasizing maternal nutrition to address foetal stunting and undertaking a community based management of severe malnutrition in children formed CINI’s key areas of work in 2017-18. Specific emphasis was given on promoting multi sectoral convergence where all stakeholders were brought together to jointly identify systemic gaps and take necessary action in addressing malnutrition. CINI also worked closely with the Department of Social Welfare in augmenting the mandates of the Nutrition Mission unleashed by the Govt of India. Through different projects, CINI facilitated capacity building of ICDS workers in screening malnutrition, doing growth monitoring and promotion and facilitate follow up.CINI further fosters holding Nutrition, Care and Counselling Sessions (NCCS) for the local communities to make them aware about proper cooking methods, dietary diversity, IYCF (Infant and Young Child Feeding) and various other local level solutions for dealing with malnutrition.

Key Highlights

• In the urban slums of Kolkata and Siliguri, CINI with support from ORACLE organized 181 NCCS (Nutrition Care and Counselling Sessions) that provided nutrition and counselling support to 1074 malnourished children under 5 years of age.
Mampi Sahani is a migrant worker and lives with her husband, mother-in-law and a son in Ward 20 of Siliguri Municipality.

Mampi got married at a very early age of 17 and had her first child when she was 18. Her child was born malnourished with a birth weight as low as 1.7 Kg. The child remained weak and could hardly consume mother's milk. When CINI's field workers identified the child he was 1 year of age and was severely underweight weighing just 4.4 Kgs. Mampi and her family was counselled several times on sending the child to NRC or the Nutrition Rehabilitation Centre for her child's well being. The child stayed in NRC for 21 days and gained weight upto 5.6 Kgs. Mampi was taught feeding and caring practices at NRC. Now she knows how to take care of her child and does that with support from AWWs and CINI facilitators. The child currently weighs 5.8 and is under constant vigilance of the CINI team as well as the AWWs so that she doesn't again slip back to the earlier malnourished state.
CINI facilitated the formation and training of 652 Village Health Sanitation & Nutrition Committees in different districts of West Bengal and facilitated development of village micro-plans for utilization of VHSNC budget. In Sadikpur Panchayat of Murshidabad, VHSNC budgets were utilized to provide nutrimix to 620 malnourished children.

In order to strengthen convergence of stakeholders in handling malnutrition at the community level, CINI provided support in 402 Village Health & Nutrition Days, 223 Third Saturday meetings and 229 Fourth Saturday meetings in Jalpaiguri, Alipurduar, Murshidabad and South 24 Parganas of West Bengal.

Adolescent Health & Nutrition:

Adolescence is one of the crucial periods in an individual’s life since the body and mind goes through several unexpected and unknown changes. CINI sensitises the adolescents regarding sexual and reproductive health, nutrition and education for helping them get prepared for the unknown challenges of this age. Prioritising adolescent health and nutrition forms a critical component of the LCA since a healthy girl will develop into a healthy woman and subsequently will deliver a healthy baby. Moreover as the menace of anemia looms large in the state and the country, therefore sensitising them regarding consumption of balanced diet, iron-rich food and safe health and hygienic practices forms crucial components of CINI’s interventions. Focussing on regularising the consumption of IFA tablets by the adolescent girls for combating anaemia is yet another interventional priority of CINI. The organisation has 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 district administrations for successful functioning of various social welfare schemes such as Sabla, RKSK, Kanyasree, etc., for combating gender-based violence, child marriage and trafficking in various districts of the state.

Key Highlights

- CINI provided training to 1015 adolescent girls on the issue of creating “Early Marriage free villages” from 15 villages of Malda district in West Bengal.
- In the districts of South 24 Parganas, Murshidabad and Jalpaiguri, 150 adolescent groups were formed reaching out to 2250 members. 985 peer leaders from these groups were trained on basic issues of health, hygiene and nutrition.

TB and HIV

India was identified as a country for possible break-out of HIV epidemic. But with extensive interventions and concerted efforts of the government, NGOs and civil-society organisations this endemic could be prevented. CINI has been working in the HIV sector since 1995 with the basic objectives to “prevent, halt & to begin the reverse of impact of HIV/AIDS in India”. CINI’s 4 key strategies of working in the sector include:

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

Concurrently, CINI has been fighting against Tuberculosis since a long time and has been vigorously advocating in the community regarding the disease. Through the THALI project supported by USAID, CINI has engaged the communities through involvement of 16 local NGOs to rollout TB elimination campaign. Local level organizations working for CSWs, PLHIV, and LGBTH were included in the NGO led model. Orientation on TB incidences and its care, management has been done for all 262 ward- councillors across 4 Urban Local bodies, namely KMC,HMC, RSM & BM. In accordance to the
CINI Method, CINI has been working in a convergent approach with state and central governments in the HIV/AIDS and tuberculosis sector too. Through extensive advocacy, network linkages, capacity building programmes, CINI aims to eliminate the social stigma, discrimination and denial of access to health services surrounding HIV & TB infections and contribute towards safe motherhood and child survival.

**Key Highlights**

- With advocacy and capacity building support from CINI, HIV screening of pregnant women was initiated in UPHCs of North 24 Parganas. Training on WFPT was imparted to 87 UPHCs and 4 Maternity Homes.
- In order to identify potential stakeholders for elimination of TB at community level, dynamic mapping study was done involving community participants for all 262 wards under 4 Urban Local Bodies, namely Kolkata Municipal Corporation, Howrah Municipal Corporation, Baruipur and Rajpur-Sonarpur Municipality.
- Identification, capacity building and engagement of 262 frontline volunteers (TOUCH Agents) were done to conduct community level activities for TB reduction
- CINI conducted 4616 community level meetings on TB and reached 1,25,720 population, essentially among the slum dwellers and peri-urban people

**Advocacy**

Advocating for the cause of women, children and adolescents form another key component of CINI’s work. CINI as a West Bengal secretariat of White Ribbon Alliance (WRAWB) has pioneered a model for advocacy in maternal health and contributed towards a paradigm shift in maternal health. WRAWB affiliated to the White Ribbon Alliance India, is a multi-state network of maternal health that advocates campaigning for more resources and the right policies to prevent maternal and new-born deaths nationwide. Ensuring safe motherhood requires that maternal health be made a national and a public priority. WRAWB does this by creating a platform for key influencers, such as media, government officials, youths, political leaders and public personalities, to talk about maternal health, seek solutions and become champions for change. The White Ribbon Alliance West Bengal, through its district level partners implement a project for improving the Quality of Care of Pregnant Women and New-borns and to advocate for improvements in HR, infrastructural and budgetary allocation and utilization commitments by state government in their efforts towards Quality of Care (QoC).

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<thead>
<tr>
<th>Categories</th>
<th>Population type</th>
<th>Numbers Reached</th>
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<td>Prevention of Parent to Child Transmission of HIV</td>
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<td>HIV Positive Pregnant Women</td>
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<td>Total HIV exposed infants linked with EID services</td>
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<td>Improve quality of life of PLHIV through IICCHA</td>
<td>AHIV infected Family</td>
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<td>HIV infected or affected children</td>
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<td>Targeted Intervention among urban sex workers</td>
<td>Urban female Sex Worker</td>
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<td>HIV positive female Sex Worker</td>
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<td>TB infected/Affected</td>
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<td>CSW</td>
<td>Commercial Sex Workers</td>
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<tr>
<td>Ward Councillors</td>
<td>Elected Representatives</td>
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CINI in Press

The Telegraph

A young army against abuse

CHANDERNAGAR GROUP

A 10-year-old girl, who has been missing since Dec 16, is likely to be found in the next few days. The girl was last seen in the vicinity of her house in Chandernagor.

The Telegraph

Student helpline goes toll-free

The Telegraph

People’s support must to end child marriage

The Statesman

Champions of all odds

The Statesman

ON INTL WOMEN’S DAY, PRESSING FORWARD FOR PROGRESS

Child in need situation, Singhur
To Be Healthy As A Whole Mental Wellness Plays A Role

TEEN LINE
call us at
1800 121 532
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Also ask for Face to Face Counselling
Timing: Monday to Friday
9:30 A.M. to 5:30 P.M.

Child in Need Institute
Daulatpur, P.O.: Pailan,
Via Joka, Dist: South 24 Parganas,
Pin: 700104
West Bengal, India
www.cini-india.org
Foundation Day Celebration
Demonstrated Experience of CINI as one of the Pioneer Institutes of Training

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

CINI Training Unit sets its strategy on key spheres as, capacity building, networking with CBOs and NGOs and Partnership with Government. Training unit works on 'Training need assessment', 'Training design', 'Development of curriculum, module and manual', 'Conduction of training courses', 'Evaluation of training programmes', 'Extending hand holding support at field level', 'Development of IEC materials' and 'Generating reports & process documentation'. Thus, the training wing provides a whole set of training package starting from training need assessment, community need assessment to training evaluation and handholding support.

The training unit conducts the trainings following participatory training method, focusing on adult learning principle, where learning process will aim at not only 'knowing more' but also 'behaving differently'. The CINI faculties, with multi-sectoral specialization tries to create a conducive learning environment for the participants to provide them scope to increase their knowledge and skills and bring required changes in their attitude. Above all, CINI training unit is well equipped to cater to the needs of various levels of participants and in imparting training in four languages – Bengali, Hindi, English and Oriya, both in the classroom as well as in the field.

CINI Training unit is working in close collaboration with the government as well as international, national and district level NGOs. In doing so, it strives to strengthen the capacity of deprived children and women to improve their health, nutrition, education and protection conditions with the ultimate objective of creating Child Friendly Communities throughout the state. The primary recipients of capacity building support from CINI are Government staffs, NGOs, Frontline service providers, Self Help Groups, PRI members, community representatives, Anganwadi Workers, ICDS Supervisors, ASHA Trainers, ASHAs, academic institutions (different colleges and Universities) including nursing schools and colleges.

Major highlights (2017-2018)

- CINI Training unit as State Training centre (STC) has been certified by National Health System Resource Centre (NHSRC) to continue as State training Centre (STC) for ASHA Training in West Bengal.
- A pilot training on 'Observation of Monthly ECCE Day' has been conducted in Malda district with support from UNICEF
- One day training on First Responder Course (Two batches) was conducted at CINI Training Unit with support from MoHFW during March’2018
- An exposure visit on CINI’s work on ‘Nutrition intervention’ by International Nepal Fellowship (an NGO, based in Nepal) was conducted in the month of March’18
### Total number of trainees trained in 2017-2018

<table>
<thead>
<tr>
<th>Major programmes</th>
<th>No. of participants</th>
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<tbody>
<tr>
<td><strong>Anganwadi Training Centre and Middle Level Training Centre</strong></td>
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<tr>
<td>Job Course Training of Anganwadi Workers</td>
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<td>Refresher Training of Anganwadi Workers</td>
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<td>Refresher training of ICDS Supervisors</td>
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<td>Refresher Training of Anganwadi Helpers</td>
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<td><strong>Total</strong></td>
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<td><strong>Training of Trainers on ASHA 6th and 7th Module</strong></td>
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<td>Round I (participants consisting of Health supervisors and NGO)</td>
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<td>Round II</td>
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<td>Refresher Training</td>
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<td>Block ASHA Facilitator</td>
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<td>Training on VHSNC module</td>
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<td>ToT on Non Communicable Diseases</td>
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<td>TOT on urban ASHA induction1</td>
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<td><strong>Total</strong></td>
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<td><strong>District Level</strong></td>
<td></td>
</tr>
<tr>
<td>Training of ASHA – South 24 Parganas (includes all the rounds)</td>
<td>1484</td>
</tr>
<tr>
<td>Training of ASHA – Howrah (includes all the rounds)</td>
<td>1066</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2550</strong></td>
</tr>
<tr>
<td>Nursing Training</td>
<td>454</td>
</tr>
<tr>
<td>Other Trainings</td>
<td>2874</td>
</tr>
</tbody>
</table>
Corporate Social Responsibility (CSR) in India has over the years been largely confined to the domain of philanthropy. The Companies Act, 2013 redefined and gave structure to the idea of CSR and Schedule VII of the Act, which lists out several probable CSR activities, mandates community’s consent as an important prerequisite. The Act encourages companies to spend at least 2% of their average net profit from the previous three years on CSR activities. CSR in India, is thus slowly in transition from institution building to community development activities.

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

Our CSR partners:

1. The Appejay Trust
2. CESC Limited
3. Exide Industries Limited
4. IBM India Private Limited
5. HCL Foundation
6. Jhonson and Jhonson India Private Limited
7. Koppern Maco Services Private Limited
8. NSE Foundation
9. Tractor India Limited
10. Topsel Toyota
11. TM International Logistics Limited
12. TKM Global Logistics Limited
13. Trent Limited
14. SBI Life Insurance Co Limited
15. Shree Shree Lakshmi Narain Deo Trust
16. Oracle
Best Performer

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

**Anwara Khatoon**  
Outreach worker,  
IICHAA Project,  
HIV AIDS Division

**Lakshmi Naskar**  
Project Coordinator,  
Diamond Harbour Unit

**Mousumi Das**  
Training and Facilitation Officer,  
North Bengal Unit

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 (January to December 2018)

<table>
<thead>
<tr>
<th>SL No.</th>
<th>Event</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Number of complaints of Sexual Harassment received in the year</td>
<td>NIL</td>
</tr>
<tr>
<td>B</td>
<td>Number of complaints disposed within the year</td>
<td>NIL</td>
</tr>
<tr>
<td>C</td>
<td>No of cases pending for more than ninety days</td>
<td>NIL</td>
</tr>
<tr>
<td>D</td>
<td>No of workshops or awareness programs against Sexual Harassment carried out</td>
<td>29</td>
</tr>
<tr>
<td>E</td>
<td>Nature of action taken by the employer</td>
<td>NIL</td>
</tr>
</tbody>
</table>
Institutionalization of Governance and HR are the Quality Brands of CINI.

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

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

CINI works on a delegated work environment and policies and decisions are made through a four tier system. Through various forums like staff meeting, core group, finance committee, a unique understanding is created for a transparent decision making process. The Governing Body sets the broad guidelines for the institute and ensures good governance. The Board holds a meeting in every quarter. Audit reports along with programme reports are discussed in the Governing Body to take suitable and necessary steps if required. Based on the update, various guidances and decisions are given by the Board for smooth functioning of the institute. The Board is not involved in the day to day operation of the institute.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Sunit Mukherjee</td>
<td>President</td>
<td>Professor (retired)</td>
</tr>
<tr>
<td>18-A Nafar Chandra Das Road, Kolkata-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Samir Narayan Chaudhuri</td>
<td>Secretary</td>
<td>Director CINI</td>
</tr>
<tr>
<td>CINI Main Campus, Vill: Daulatpur, PO: Pailan via Joka, Pin- 700104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof. Kalyan Sarkar</td>
<td>Treasurer</td>
<td>Professor IIMC (retired)</td>
</tr>
<tr>
<td>Modal 83, Newman's Park, PO Pailan Haat via Joka, Pailan, Kol- 700104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof. Sougata Ray</td>
<td>Member</td>
<td>Professor IIMC</td>
</tr>
<tr>
<td>NF-3/16, IIM, Kolkata, P.O-Joka Pin-700 104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sm. Sunanda Bose</td>
<td>Member</td>
<td>Social Activist</td>
</tr>
<tr>
<td>3C Asoka Road, Kolkata-700 027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Charulata Banerjee</td>
<td>Member Governing Body</td>
<td>Medical Doctor &amp; Public Health Professional</td>
</tr>
<tr>
<td>Flat 3B, Sindhu Appartment, 25A Sarat Bose Road, Kolkata -700 020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Governing Body:
Independent Auditor’s Report

Report on the Financial Statements:

We have audited the accompanying financial statements of CHILD IN NEED INSTITUTE, which comprises the Balance Sheet as at 31st March 2018, the statement of Income & Expenditure for the period 01-04-2017 to 31-03-2018 and other explanatory information.

Management’s Responsibility for the Financial Statements:

The Institution’s management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance in accordance with the Accounting Standards generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility:

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

An audit involves performing procedures to obtain audit evidence about the amounts and the disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Institute’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of the accounting estimates made by the Management, as well as evaluating the overall presentation of the financial statements.

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

Opinion:

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

(a) In the case of the Balance Sheet of the Institute as at 31st March, 2018.

(b) In the case of the Statement of Income & Expenditure of the Surplus of the Institute for the year ended on that date.

We further report that:

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

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

The Balance Sheet, the statement of Income & Expenditure dealt with by these report are in agreement with the books of accounts.

Place: Kolkata

for Salarpuria & Partners
Chartered Accountants
(Firm Regn. No. 302113E)

(Sarvesh Kumar Singh)
(Membership No. 069367)
CHILD IN NEED INSTITUTE
Consolidated Income & Expenditure Account for the year ended 31st March 2018

SOURCES OF FUNDS

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount in Rs (Current Year)</th>
<th>Amount in Rs (Previous Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>15,30,61,994</td>
<td>13,30,74,538</td>
</tr>
<tr>
<td>Specific Funds</td>
<td>11,76,27,206</td>
<td>10,64,75,984</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>36,08,567</td>
<td>80,20,729</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27,99,27,206</strong></td>
<td><strong>21,99,76,291</strong></td>
</tr>
</tbody>
</table>

APPLICATIONS OF FUNDS

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount in Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>6,13,93,966</td>
</tr>
<tr>
<td>Investments</td>
<td>8,99,43,764</td>
</tr>
<tr>
<td>Current Assets</td>
<td>12,98,66,867</td>
</tr>
<tr>
<td>Lease &amp; Advances</td>
<td>42,14,871</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27,99,27,206</strong></td>
</tr>
</tbody>
</table>

Consolidated Balance Sheet as at 31st March 2018

The schedules referred to above form an integral part of this account.

For Signature:

[Signature]

Dr. S.N. Chandran
Secretary

Date: 18th September 2018.
### Fund Received Details FY 2018

<table>
<thead>
<tr>
<th>Source</th>
<th>Total (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSR/Corporate</td>
<td>3,55,57,437.00</td>
</tr>
<tr>
<td>CINI Group</td>
<td>3,01,18,419.00</td>
</tr>
<tr>
<td>Government of India</td>
<td>1,85,46,051.00</td>
</tr>
<tr>
<td>Government of West Bengal</td>
<td>3,95,30,826.00</td>
</tr>
<tr>
<td>Government of Jharkhand</td>
<td>11,10,346.00</td>
</tr>
<tr>
<td>UN</td>
<td>1,25,63,817.00</td>
</tr>
<tr>
<td>Institutional/Trust</td>
<td>14,40,51,413.00</td>
</tr>
<tr>
<td>Individual</td>
<td>38,72,250.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28,53,50,559.00</strong></td>
</tr>
</tbody>
</table>

### Fund Received during 2017-18

The pie chart illustrates the distribution of funds received during FY 2018. The largest share comes from Institutional/Trust (51%), followed by CSR/Corporate (12%), Government of West Bengal (14%), and CINI Group (11%). Other sources include Government of India (7%), UN (4%), Govt. of Jharkhand (0%), and Individual (1%).
Many parts of our country, particularly South India has progressed well ahead of other parts. This regional disparity is being incrementally addressed by the central government. As far as civil society organisations are concerned, the largest numbers of them are commonly found in the south. CINI has adopted an institutional policy of focussing on eastern India through its “look east” policy. Hence our first inroads to Assam earlier in the year, launching our Adolescent Collaborative. Eastern states offer a myriad of cultures, traditions and beliefs. Inaccessibility and poor infrastructure is a considerable challenge to reach out through recently launched government programmes to benefit children and women. Over the next few years, CINI will incrementally engage with north eastern states to extend services to deprived children and women.

The nutrition and health status of adolescents and women in particular is crucial if we are serious to improve the quality of our future citizens. The recently launched nationwide survey of The Adolescent Girls (TAG) Report by Nandi Foundation highlights that every second adolescent girl in India suffer from anaemia and also has a low Body Mass Index (BMI). So correcting these anomalies before they go on to motherhood is crucial. Once women conceive, it is critical that their weight gain is adequate to ensure a minimum new born birth weight of 2.5 Kg, the WHO cut off point below which intrauterine malnutrition had already kicked in. The critical period of both mental and physical growth is within the “First 1,000 days”, (9 months of pregnancy and the first 2 years of life) which influence later education and skill achievement. So investing in pregnancy care and during early childhood should always remain CINI’s core activities.

During the human life cycle, the family and child face many challenges such as poverty, malnutrition and ill health, potential abuse leading to dropping out of school, ending up as a child labour or being trafficked. All such potential threats to survival and growth can be handled by poor families if the family has a strong safety net and are motivated. The CINI Method developed over almost a decade of experimentation helps to improve such safety net at family and community level with active participation of families. Preventing children from these serious violations of their rights by supporting caring parents should receive CINI’s utmost priority. The nation cannot afford to set up more and more hospitals and institutions to care for children whose rights have already been violated.

Way Forward

Dr Samir Chaudhuri,
Director
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Associated Cement Company</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Ante Natal Care</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>ARSH</td>
<td>Adolescent Reproductive Sexual Health</td>
</tr>
<tr>
<td>ART</td>
<td>Anti Retroviral Therapy</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>AWC</td>
<td>Anganwadi Centre</td>
</tr>
<tr>
<td>AWWs</td>
<td>Anganwadi Workers</td>
</tr>
<tr>
<td>BDO</td>
<td>Block Development Officer</td>
</tr>
<tr>
<td>BFM</td>
<td>Beneficiary Feedback Mechanism</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>CCRC</td>
<td>CINI Chetana Resource Centre</td>
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<tr>
<td>CDPO</td>
<td>Child Development Project Officer</td>
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<tr>
<td>CFC</td>
<td>Child Friendly Communities</td>
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<tr>
<td>CG</td>
<td>Community Group</td>
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<tr>
<td>CHCMI</td>
<td>Community Health Care Management Initiative</td>
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<tr>
<td>CINI</td>
<td>Child in Need Institute</td>
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<tr>
<td>CPRC</td>
<td>Child Protection Resource Centre</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>CTI</td>
<td>Collaborative Training Institute</td>
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<td>CWC</td>
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<td>CWIN</td>
<td>Child Workers In Nepal</td>
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<td>DCPU</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DIC</td>
<td>Drop In Centre</td>
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<td>DPO</td>
<td>District Programme Officer</td>
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<tr>
<td>DSP</td>
<td>Deputy Superintendent of Police</td>
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<tr>
<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<tr>
<td>ECS</td>
<td>Early Childhood Stimulation</td>
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<tr>
<td>ENT</td>
<td>Ear Nose Throat</td>
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<tr>
<td>EPHN</td>
<td>Education Protection Health and Nutrition</td>
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<td>ERC</td>
<td>Education Resource Centre</td>
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<td>ESI</td>
<td>Employees' State Insurance</td>
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<tr>
<td>FSW</td>
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<tr>
<td>GP</td>
<td>Gram Panchayat</td>
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<td>GPAF</td>
<td>Global Poverty Action Fund</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HR</td>
<td>Human Resources</td>
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<tr>
<td>HRG</td>
<td>High Risk Group</td>
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<td>IAY</td>
<td>Indira Awas Yojna</td>
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<tr>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
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<td>ICPS</td>
<td>Integrated Child Protection Scheme</td>
</tr>
<tr>
<td>ICTC</td>
<td>Integrated Counseling and Testing Centre</td>
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<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron Folic acid Tablet</td>
</tr>
<tr>
<td>IGNOU</td>
<td>Indira Gandhi National Open University</td>
</tr>
<tr>
<td>IICHA</td>
<td>Indian Initiative for Child Centred and HIV/ AIDS Approach</td>
</tr>
<tr>
<td>IIHMR</td>
<td>Indian Institute of Health Management and Research</td>
</tr>
<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>ITPA</td>
<td>Immoral Traffic Prevention Act</td>
</tr>
<tr>
<td>JSSK</td>
<td>Janani Shishu Suraksha Karyakaram</td>
</tr>
<tr>
<td>JSY</td>
<td>Janani Suraksha Yojana</td>
</tr>
<tr>
<td>KMC</td>
<td>Kolkata Municipality Corporation</td>
</tr>
<tr>
<td>LCA</td>
<td>Life Cycle Approach</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderately Acute Malnutrition</td>
</tr>
<tr>
<td>MAS</td>
<td>Mahila Arogya Samity</td>
</tr>
<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
</tr>
<tr>
<td>MCP</td>
<td>Mother and Child Protection</td>
</tr>
<tr>
<td>MLA</td>
<td>Member of Legislative Assembly</td>
</tr>
<tr>
<td>MOHFW</td>
<td>Ministry of Health &amp; Family Welfare</td>
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<tr>
<td>MTC</td>
<td>Malnutrition Treatment Centre</td>
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<tr>
<td>NACO</td>
<td>National Aids Control Organization</td>
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<tr>
<td>NCCS</td>
<td>Nutrition Counseling and Child Care Session</td>
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<td>NCERT</td>
<td>National Council for Education Research and Training</td>
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<td>NGO</td>
<td>Non Government Organization</td>
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<td>NHM</td>
<td>National Health Mission</td>
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<td>NRC</td>
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<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>NTP</td>
<td>National Training Partner</td>
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<td>NUHM</td>
<td>National Urban Health Mission</td>
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<td>ORWs</td>
<td>Outreach Workers</td>
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<tr>
<td>PLA</td>
<td>Participatory Learning and Action</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PNC</td>
<td>Post Natal Care</td>
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<td>PNC Kit</td>
<td>Post Natal Care Kit</td>
</tr>
<tr>
<td>POSCO</td>
<td>Protection of Children from Sexual Offences</td>
</tr>
</tbody>
</table>
PPTCT - Prevention of Parents to Child Transmission
PRA – Participatory Rural Appraisal
PRI – Panchayati Raj Institution
RKSK – Rashtriya Kishor Swasthya Karyakram
RMNCH+A – Reproductive Maternal Newborn and Child Health and Adolescent Health
RTE – Right to Education
SAARC – South Asian Association for Regional Cooperation
SABLA – Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)
SACS – State AIDS Prevention and Control Societies
SAIEVAC – South Asia Initiative to end Violence against Children
SAM – Severely Acute Malnutrition
SBI – State Bank of India
SHG – Self Help Group
SNP – Supplementary Nutrition Programme
SRHR – Sexual and Reproductive Health and Rights
SRH – Sexual Reproductive Health
STI – Sexually Transmitted Infection
STRC - State Resource Training Centre
SW – Social Welfare
TB – Tuberculosis
THR – Take Home Ration
TI Areas – Targeted Intervention Areas
TT – Tetanus Toxoid
ULB – Urban Local Bodies
UNFPA – United Nations Population Fund
VHND – Village Health and Nutrition Day
VHRC – Village Health Resource Centre
VHSNC – Village Health Sanitation and Nutrition Committee
VL CPC – Village Level Child Protection Committee
WASH – Water Sanitation and Hygiene
WBSACS – West Bengal State AIDS Control Society
WCD – Women and Child Development
WHO – World Health Organization
WLCPC – Ward Level Child Protection Committee
Aknowledgements

Corporate, Government, Individual and Others

- AMRI School of Nursing
- APCC- Asian Pacific Contributions Committee
- Calcutta Nursing Training Institute (CNTI)
- COLUMBIA GROUP FOR CHILDREN IN ADVERSITY INC
- Community contribution
- Gokhale Memorial Girls College
- Impact Foundation India (DASRA)
- Martha Farell Foundation
- Mundo Cooperante
- National Stock Exchange Foundation
- Nursing Training Centre - ESI Hospital Maniktala
- Nursing Training Centre - ESI Hospital Sealdah
- Population Foundation of India (PFI)
- Ranchi Catholic Archdiocese
- Save the Children - Bal Raksha Bharat
- Tavola Valdese
- TM International Logistics Limited
- Unicef Jharkhand
- UNICEF, West Bengal
- World Vision UK
- ASML Foundation
- Bal Raksha Bharat
- Belvedere College
- Bihar Voluntary Health Association (BVHA)
- Bill & Melinda Gates Foundation
- Brendish
- Brian Mc-Mohan
- CARITAS India
- Centre for Catalyzing Change (C3) (Formerly CEDPA India)
- Child Nutrition Foundation
- Childhope UK
- Children International
- Chloride Power Systems & Solutions Limited
- CHRISTIAN MEDICAL ASSOCIATION OF INDIA
- CINI Australia
- Cini Holland
- CINI Italia
- CINI UK
- Cini USA Inc
- Comic Relief
- Consortium for Street Children & Street Invest
- CORDAID
- Fondazione Blu Onlus
- Ford Foundation
- Friends of CINI
- Give Foundation Inc
- Give to Asia
- Hope and Homes for Children
- Hummingbird Foundation
- HCL Foundation
- IBM INDIA PVT LTD
- ICRW
- IMPACT
- Impulsis
- Interact Worldwide
- Johnson & Johnson-FC
- KPMG
- Kolkata ICDS
- MacArthur Foundation
- Mannion Daniels
- NASSCOM Foundation
- National Deaf Children’s Society
- OAK PHILANTHROPY LTD
- One World Foundation - Diana
- OTIS
- ORACLE
- Oxfam India
- Paul Foundation
- Plan India
- PRIA
- Public Health foundation of India
- PYARI ONLUS
- RAILWAY CHILDREN
- S A H A Y
- San Zeno
- Sky Children
- Stichting Simavi
- Street Invest
- Tavola Valdese
- The Hans Foundation
- The National Deaf Children Worldwide
- The Parish of St. Michael
- The University of Queensland
- Vital Foundation
- Volkart Foundation
- W A M DE LOUW
- WaterAid
- White Ribbon Alliance for Safe Motherhood
- ACC Limited, Regional Office - East
- ADM/AEO Siliguri Mahakuma Parishad
- BDO - Mal Block
- BDO - Rajganj Block
- Bengal Institute of Business Studies
- Birbhum District Administration
- Burdwan University
- CDPO - Dhpuguri
- CESC Limited
- Charities Aid Foundation-India
- CHILDLINE INDIA
FOUNDATION
- CINI Head Office
- CLPOA
- Coal India Limited
- Compassionate East India
- DCPO, DM's Office Darjeeling
- DCPZSSPS
- Department of Child Rights & Trafficking
- Department of Health - UP
- Department of Health and Family Welfare, Govt. of WB.
- Dept of Women, Child Development and Social Welfare, Govt WB
- Director of Social Welfare, Govt. of WB.
- District Administration, Murshidabad
- District Health and Family Welfare Samity, South 24 Parganas
- District Nodal Officer - Social Audit Unit
- DWCD & SW Dept. Jalpaiguri & Coochbihar
- ESI-Sealdah, Calcutta Nursing Training Institute, AMRI.
- Exide
- Food and Nutrition Board, Govt of India
- Friends of CINI - NFC
- Harsh & Payel Hada Foundation
- HCL Foundation
- ICDS, Birbhum
- IL&FS
- Indian Institute of Foreign Trade
- Individual-NFC
- International Labour Organization
- Jal Seva Charitable Foundation
- Jalpaiguri Zilla Parishad, Govt.
- Jamsetji Tata Trust
- JEPC
- Jharkhand Rural Health Mission Society
- Johnson & Johnson
- JSACS
- KPSC- MDM Department
- Labour Department, Darjeeling
- LAKE GARDENS WOMEN & CHILDREN DEVELOPMENT
- MCNALLY BHARAT ENGINEERING CO. LTD.
- Ministry of Health and Family Welfare, Govt. of India.
- Mr. DCRUZ NICHOLAS
- National AIDS Control Organisation
- National Health Mission - West Bengal
- National Mission for Empowerment of Women (NMEW)
- NIHFW
- NRHM (National Rural Health Mission)
- Power Grid Corporation of India Ltd.
- PWC
- RAILWAY CHILDREN
- Quality Assurance Cell – Department of Health and Family Welfare, Govt. of WB
- Save the Children - West Bengal
- Sewa Bharat
- Sir Dorabji Tata Trust & Allied Trusts
- SSM, Kolkata
- TATA Chemicals
- Tata Trusts
- TERI - The Energy Research Institute
- TM International Logistics Ltd.
- Trent India Limited
- TSMT, Odisha
- UNICEF-Kolkata
- UNICEF Chattisgarh
- UNICEF Odisha
- Vagrancy Dept., Govt. of WB.
- WB AIDS Prevention Control Society
- NHM- ASSAM
- World Vision India
- West Bengal State Rural Livelihoods Mission

Schools
- Aditya Academy (Sr. Secondary)
- Dumdum
- Bodhi Bhawan Collegiate School
- DAV Public School Bishnupur
- Delhi Public School- Durgapur
- Delhi Public School- Howrah
- Delhi Public World School- Kalyani
- G S S Girls School
- Ganges Gurukul - Chandannagar
- Godwin Modern School- Siliguri
- Gokhale Memorial Girls' School
- Hariyana Vidya Mandir
- Hartley Public School
- Kolkata Model School
- Mount Litera Zee School - Howrah
- Nandlal Jalan Siksha Sadan
- Newton Day School
- Purushottam Bhagchandka Academic School
- Royal Academy - Siliguri
- Silver Point School
- St. Michael's Academy
- St.Thomas Girls School - Khidirpore
- The Newtown School
- West Point School Siliguri
- Young Horizon School
- Victoria Boys' School- Kurseong
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 her/his 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 trained health workers to make door to door health visits and give talks in their communities. 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 would 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 an educated child is better than a working child.
General Fund

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

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

Contact cinifr@cinindia to support us!
Contact Us

**Head Office:**

Daulatpur, P.O. Pailan via Joka, 24 Parganas (South),
Kolkata - 700 104, West Bengal, India
Tel: +91 33 2497 8192/8206
Fax: +91 33 2497 8241
Email: cini@cinindia.org

<table>
<thead>
<tr>
<th>Contact the following at Head Office:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Resource Center (ARC)</td>
<td><a href="mailto:arc@cinindia.org">arc@cinindia.org</a></td>
</tr>
<tr>
<td>Education Resource Centre (ERC)</td>
<td><a href="mailto:erc@cinindia.org">erc@cinindia.org</a></td>
</tr>
<tr>
<td>Child Protection Resource Centre (CPRC)</td>
<td><a href="mailto:cprc@cinindia.org">cprc@cinindia.org</a></td>
</tr>
<tr>
<td>Division of Woman and Child Health Development (DCHD)</td>
<td><a href="mailto:dchd@cinindia.org">dchd@cinindia.org</a></td>
</tr>
<tr>
<td>HIV/AIDS Division</td>
<td><a href="mailto:cinihivdiv@cinindia.org">cinihivdiv@cinindia.org</a></td>
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### Other State and Unit Offices:

<table>
<thead>
<tr>
<th>CINI Training Unit</th>
<th>Jharkhand State Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vill. &amp; P.O. Amgachia via Joka, 24 Parganas (S), Pin - 700 104, West Bengal, India</td>
<td>Pragati Enclave, 3RD Floor, New Alkapuri, Dibdih, Ranchi, Pin - 834 002 Jharkhand</td>
</tr>
<tr>
<td>Email: <a href="mailto:cinichetana@cinindia.org">cinichetana@cinindia.org</a></td>
<td>Tel: +91 651 224 5370/5831, Fax: +91 651 224 3549, Email: <a href="mailto:cinijhk@cinindia.org">cinijhk@cinindia.org</a></td>
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<tr>
<th>CINI Kolkata Unit</th>
<th>CINI Fund Raising Unit and International Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>37, Pottery Road, Kolkata -700 015, West Bengal, India</td>
<td>37 Pottery Road, Kolkata Pin – 700 015, West Bengal, India</td>
</tr>
<tr>
<td>Tel: +91 33 2329-8041/1098</td>
<td>Tel: +91 (33) 23292066</td>
</tr>
<tr>
<td>Email: <a href="mailto:cinikolkata@cinindia.org">cinikolkata@cinindia.org</a></td>
<td>Email: <a href="mailto:cinifr@cinindia.org">cinifr@cinindia.org</a></td>
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<tr>
<th>Diamond Harbour Unit</th>
<th>Murshidabad Unit</th>
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<tbody>
<tr>
<td>P.O. Rainagar (West), Water Tank Para, Diamond Harbour</td>
<td>Vill- Bairgachhi Mosaharpara, Balarampur Dakshin Colony, PO- Balarampur GP- Haridasmati; PS- Berhampore District- Murshidabad; PIN- 742165 West Bengal, India</td>
</tr>
<tr>
<td>Pin - 743 331, West Bengal, India</td>
<td>Tel: +91 3482 262340/261686</td>
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<tr>
<td>Tel: +91 3174 255395/258217</td>
<td>Email: <a href="mailto:cinimurshidabad@cinindia.org">cinimurshidabad@cinindia.org</a></td>
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<td>Fax: +91 33 2497 8241</td>
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<tr>
<td>Email: <a href="mailto:cinidhu@cinindia.org">cinidhu@cinindia.org</a></td>
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<tr>
<th>North Bengal Unit</th>
<th>Uttar Dinajpur Unit</th>
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<tbody>
<tr>
<td>45 Meghnath Sarani, Hakimpara, P.O. Siliguri; Pin - 734001, Dist. Darjeeling, West Bengal, India</td>
<td>Qtr No.: M – 1, District Magistrate’s Housing Compound, Karnajora, Raiganj, Uttar Dinajpur, Pin – 733 130 West Bengal</td>
</tr>
<tr>
<td>Telefax: +91 353 2523901</td>
<td>Tel: +91 03523-252263</td>
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<tr>
<td>Email: <a href="mailto:cininb@cinindia.org">cininb@cinindia.org</a></td>
<td>Email: <a href="mailto:ciniudp@cinindia.org">ciniudp@cinindia.org</a></td>
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