Annual Report 2019-2020
Dear Friends of CINI,

Welcome to the Annual Report for the year 2019 - 20. Around February/March our country faced the grim reality of COVID 19 pandemic. With the rapid spread of the disease, death rates climbed slowly and the nation was caught up in a frenzy of catering to those needing urgent care. CINI rose to the occasion and mounted one of the largest relief programmes starting from April in the new financial year about which we will report in the next annual report for 2020-21.

In June 2019 we made a significant breakthrough in WB by scaling up the convergence of Scheme for Adolescent Girls (SAG) programme with Kanyashree programme in all the 23 districts, thereby establishing our leadership in adolescent programmes. The HCL funded reduction in low birth weight programme, showed encouraging results and when the study was presented to the Women & Child Development Dept. they agreed to incorporate the intervention methodology adopted by CINI in the ICDS programme in the state. Prevention of non communicable diseases (NCD) in adolescents is a new area of activity in which CINI is now involved thanks to a grant from Arogya World.

In September the Director National Health Mission in Assam agreed to partner with CINI Assam's adolescent programme, giving us access to add value to their ongoing adolescent programmes in the state. This was a landmark achievement for our newly started unit presently working in Goalpara and Dhubri districts.

Among the manifold activities of CINI Jharkhand, preventing further spread in 186 HIV affected newborns was a significant achievement. Part of its success was due to the provision of transport costs by the state government to the affected families to come for treatment and avail free drugs.

The FXB Centre for Health and Human Rights at Harvard University published the report “Before, Not after: An evaluation of CINI's Preventive Approach to Child Protection in India” on 13th January 2020. A press meet held at Kolkata Press Club saw the release of the report to the media on 4th March by Sri Soumitra Chattopadhyay, an eminent film personality in the presence of distinguished panellists. This is the result of almost a decade long effort by the CINI Resource Centre (CRC) team members who worked under the leadership of Dr Eliana Riggio, Advisor to the Governing Body to develop the “CINI Method” which is now the strategy implemented by CINI in all its programme activities.

On 1st February, CINI celebrated the 46th Foundation Day and Dr. Satish Agnihotri a renowned
nutritionist and retired civil servant was recognised with a “Lifetime Achievement Award” for his unique contribution in the field of nutrition.

Professor Sunit Mukherjee, Founder President of CINI, who had been by my side since 1974, left us very much in grief when he passed away on 4th January 2020. He was a renowned food technologist and he helped us with his wisdom and knowledge of applied nutrition to guide us over the last 46 years.

I have decided to relinquish my position as Director and hand over to the CEO from early September 2019. I will continue to support and mentor the CEO as well as my colleagues, having done that for the last 46 years as a Founder. I will remain as Secretary to the Governing Body, in a honorary position, not being involved in the day to day running of the organisation. I am grateful to you all for being with us all along and hope you will continue to do so. Stay safe and protected till we meet again next year.

Dr Samir Chaudhuri,
Founder Secretary.
CINI Vision, Mission and Values

OUR VISION
To create 'a friendly and responsive community where children and adolescents achieve their full potential.'

OUR MISSION
To ensure that children and adolescents achieve their rights to health, nutrition, education, protection and participation by making duty-bearers and communities responsive to their wellbeing.

OUR VALUES

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

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

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

Integrity: We aspire to live to the highest standards of personal and organisational integrity and always act in the best interests of the child.
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Introduction
CINI is an India based organization having presence in 8 states which include: West Bengal, Jharkhand, Odisha, and Assam. CINI is aspiring to work in North Eastern region of the country.
Introduction

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

CINI's overarching aim is to enable poor people, women and children to take control of their lives and have a share in sustainable development. CINI is active in deprived communities, both in villages and low-income urban settlements. It seeks to break the vicious cycle of poverty, malnutrition, ill-health, illiteracy, abuse and violence, affecting in particular, children and women. CINI's initial focus on health and nutrition has grown further in the areas of education and child protection. CINI's method is to bring convergence across sectoral interventions at the level of the family and the community and to adopt a human rights-based approach in strengthening local governance actors, such as Rural Panchayati Raj Institutions and Urban Local Bodies, service providers, such as health personnel and teachers, and adult and child community representatives, to use available resources and identify local solutions. CINI's programmes span project development and implementation, Capacity development, Technical assistance, Networking, Advocacy and Policy influencing and Evidence building, to serve marginalised communities and contribute to government policies and programmes. CINI works with different stakeholders including government, other NGOs, schools, bi-lateral agencies, corporates and individuals.

CINI provides technical assistance to State Governments and civil society organisations working in West Bengal, Jharkhand, Odisha and Assam. 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. In the last few years, CINI has built up a strategic partnership with Governments, and with different Corporate and bilateral agencies for implementing programmes at the ground and to provide technical support and to inform and influence in designing and implementing policies and programmes. CINI has initiated its strategic intervention to promote the
family strengthening approach at the community level with a technical assistance element to strengthen the de-institutionalisation processes within the current policy framework. CINI has established its networking with multiple alliances and CSO networks for the needed policy advocacy at different layers within Government systems.

CINI follows a transparent system of organisational management. Our internal governance structure is well-articulated. Accounts of CINI are audited by independent auditor/s. We have various policies to ensure that our employees have a healthy working environment. CINI maintains a Child Safeguarding Policy, Sexual Harassment Policy, Gender Policy, Workplace Policy on HIV related issues and Anti-Corruption and Anti-Bribery Policy, Anti-fraud Policy, Conflict of Interest Policy, Risk Management Policy and Whistle Blowing Policy. At CINI we also believe in cost-effectiveness. On average, less than ten percent of funds raised, are kept for administrative purposes. As we march forward, we would design our programmes and projects, keeping in mind that we primarily want to invest in the sustainable development of the adolescent, woman and child. To us, every child is unique and we hope to make everyone believe in the same. We plan to focus our activities on the overall family well-being because we believe that the family is the best safety net for the child.
The CINI Method
In the recent past, CINI has undergone a paradigm shift in its policy and implementation by adopting a human rights-based approach. From a service delivery mode of functioning, the organisation has moved to an integrated approach of facilitation and service delivery. While working with the communities and fulfilling their contextual needs, CINI realised that sustainable development is only possible by building partnerships with key stakeholders and adopting an integrated approach across health, nutrition, education and child protection sectors. CINI's vision, 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.

The CINI Method includes a three-tier framework for promoting a rights-based approach leading to

- **Building Child Friendly Communities (CFC)** to bridge the last mile in the implementation of children's rights at the field implementation level
- **Building Child Friendly Systems** responsible for fulfilling children's rights at the community and higher levels
- **Building Child Friendly Organisations** to equip organisational structures and management systems in adopting rights-based approaches in programmes and operations

The first, critical level in the model, the Child Friendly Communities (CFC) approach, seeks to bring rights closer to children, by implementing the CINI Method at the critical level of the local community. CFC has undergone design, field-testing, implementation and progressive corrections for over a decade.

CFC is not a programme but an approach. It provides a step-by-step methodology to influence processes for children from a rights perspective. It is a means to translate children's rights into development practice by the institutions that are duty-bound to be accountable for the child.

The CFC process is designed for a community unit as defined by the local administrative constituency (rural Gram Panchayat or urban Ward). The human rights-based approach (HRBA) to development programming underpinning the CINI Method relies on a system of government that holds the statutory powers to implement rights. The ultimate goal of the CFC process is to turn the local governance system into an effective mechanism for implementing children's rights.

The CFC approach establishes a wide-ranging children's rights-based programmatic process based on the CINI Method on Core Rights-Based Programmatic Principles for children.
To foster participation by children and adults in a child-centric development process

To make duty-bearers accountable to children

To merge multiple sectoral interventions and make them converge holistically on the child

To prioritise prevention over recovery by creating an enabling and protective child-friendly environment

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

These learning of creating Child-Friendly Community help CINI in strengthening its other role of influencing capacity development, technical assistance, evidence building and networking, advocacy and policy influencing across various levels.
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 programme focusing on street and working children in Kolkata
- Adopt a Mother programme initiated with support from Amici di CINI, Italy
- Relief work for victims of communal violence in Tangra, Kolkata
- Regional centre for counseling on HIV & AIDS set up with support from the National AIDS Control Organisation (NACO), Govt. of India
- Adolescents’ programme started within the life-cycle approach framework
- Setting up of Fund Raising Unit in Kolkata
- Recognition as Regional Resource Centre by the Ministry of Health & Family Welfare (MOHFW) for Eastern Region, Govt. of India

1996-2006
- Conferred with Collaborative Training Institute (CTI) status for seven North-Eastern states by MOHFW, Govt. of India.
- Operations of Adolescent Resource Centre and CINI Jharkhand unit was initiated
- Relief operation for earthquake victims of Bhuj in Gujarat
- Beginning of Life Cycle Approach (LCA) Cell
- Initiated Kolkata CHILDLINE, a 24-hour emergency service for children in distress, under the Ministry of Social Justice & Empowerment, Govt of India.
- New CINI logo launched with a new branding strategy

2007-2017
- Recognised as State nodal agency for rolling out Accredited Social Health Activist (ASHA) under National Rural Health Mission, West Bengal
- Residential short stay services for boys and girls initiated in CINI Kolkata unit
- Community College established in partnership with Indira Gandhi National Open University (IGNOU)
- CINI’s core method of work of creating Child-Friendly Communities (CFC) initiated
- Community Health Care Management Initiative (CHCMI) launched with support from the Dept. Of Health & Family Welfare and Dept. of Panchayats & Rural Development, Govt. of West Bengal
- CINI Jharkhand unit recognised as State Nodal
Agency for underprivileged children

- 12 weeks' certificate course on Reproductive and Child Health started in collaboration with Jadavpur University
- State Technical Resource Centre for conducting HIV & AIDS training in partnership with the National AIDS Control Organisation (NACO), India.
- The new social business initiative of CINI-CINCOMM launched
- Awarded World Bank-supported Development Marketplace project for income generation of women's groups by marketing low-cost nutritious supplement, “Nutrimix”
- Shelter home for homeless women and girls in Kolkata started with support from Govt. Of West Bengal
- Web-enabled project planning and monitoring system, CINI Management System (CMS) launched
- Compilation of CINI’s policies, strategies, operations, programmes and communication into a guide book called THE CINI METHOD
- Department of Health and Family Welfare, Government of Jharkhand recognized CINI as a nodal agency to strengthen the community mobilization cell under NHM, Govt of Jharkhand.
- CINI gets appreciated for its support to the Department of Social Welfare and Women and Child Development, Government of Jharkhand in piloting social audits to strengthen the services under ICDS.
- CINI won the prestigious ‘Mobile for Good [M4G]’ Award from Vodafone Foundation and stood first as the Leading Change Maker under the category of 'Women Empowerment and Inclusive Development' for the innovative Project, 'GPower – Successful Transition from Childhood to Adulthood'. Accenture, as a pro bono technology partner, conceptualized, designed and built the entire digital solution.

CINI launched Bachelor in Vocational Education courses in collaboration with Tata Institute of Social Sciences (TISS), Mumbai

- CINI ARC started contributing to the National policies and programs for adolescent health and development, like Rashtriya Kishor Swasthya Karyakram [RKS], SABLA, Rashtriya Madhyamik Shiksha Abhiyaan, Adolescent Education programme etc.
- Identified as National Training Partner for Rashtriya Kishor Swasthya Karyakram [RKS], the flagship 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 & Child Development and Social Welfare for the SABLA - Kanyashree Prakalpa Convergence initiative in the state of West Bengal
- Recognised and awarded grant as the “Best NGO” in the health category by HCL Foundation
- CINI initiates its Odisha chapter with a nutrition intervention
- CINI became part of DASRA collaborative initiative for the adolescent programme

2018-2020

- CINI initiated its community based intervention in North East-Assam with support from USAID
- CINI becomes a member of Girls Not Bride Alliance to end child marriage
- Harvard T.H. Chan School of Public Health (Harvard University) selected CINI's innovative work on prevention mode following the Child-Friendly Community approach under the research project titled Understanding Prevention: An Analysis of three
Community-Based Harm Prevention
- CINI becomes a member of ECPAT network working to end sexual exploitation of children
- CINI becomes member of State Panchayat Performance Assessment Committee (SPPAC), West Bengal
- CINI becomes part of core group of India Alternative Care Network (IACN) facilitated by UNICEF country office

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

Global and Regional Level:
- CINI is a Member of ICPD global network and participated in the 47th Commission on Population and Development in New York
- CINI as a member of White Ribbon Alliance, participated in the United Nations General Assembly on Sustainable Development Goals with a woman community change maker
- CINI is a member of National Action Coordination Group of SAIEVAC [South Asian Initiative to End Violence Against Children]
- CINI is a member of Girls Not Bride Alliance to end child marriage
- CINI is a member of ECPAT network working to end sexual exploitation of children
- Member of the Working Group on Adolescent Health & Well Being and the SRHR [Sexual Reproductive Health and Rights] Alliance in India
- CINI is a member of the National ASHA Mentoring Group, as well as State ASHA Mentoring Group of West Bengal and Tripura.
- CINI is the Governing Body member of the Indian Association for Life Skills Education [IALSE]
- CINI is a member of the National Action & Coordination Group (NACG) supported by SAIEVAC, SAARC & GOI.
- Indian Alliance for Child Rights (IACR) – A national network of NGOs, donors and academics of which CINI is a member, through which we contribute towards the alternate report to UN on child rights
- CINI is the founder Member of Action against Trafficking and Sexual Exploitation of children (ATSEC).
- Member, Working Group in Child Protection for the 12th Five Year Plan
- CINI is a member of Voluntary Health Association of India, a member of Voluntary Action Network of India.
- CINI is the part of the National Adolescent Resource Team (NART), in Rajib Gandhi National Institute for Youth Development (RGNIYD), Government of India.
- Member of National Advisory Committee on Child Labour.
- CINI is a member of Voluntary Action Network of India (VANI)
- Member, India Alternative Care Network [IACN]
- The National Advisory Committee on Child Labour

National Level:
- Member of National Consortium on RMNCH+A,
State-Level [West Bengal and Jharkhand]

CINI in West Bengal is a Member of:

- State Resource Group on Early Childhood Care & Education, Govt. of West Bengal
- State Secretariat of White Ribbon Alliance in WB
- State Nodal Agency for ASHA in WB
- State Technical agency to support SABLA/Scheme for Adolescent Girls [SAG]-Kanyashree Prakalpa [KP] Convergence programme for the empowerment of adolescent girls in West Bengal
- CINI became member of State Panchayat Performance Assessment Committee (SPPAC), West Bengal

CINI in Jharkhand is a Member of:

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

District/Panchayat level in West Bengal:

- CINI is a member of the PCPNDT committee at the district level
- CINI is a member of District Child Protection Society (DCPS) in the districts of Murshidabad, Darjeeling, Kolkata & South 24 Parganas

CINI is a member of Anti Human Trafficking Unit (AHTU) in Murshidabad
- District Health & Family Welfare Samity
- District Advisory Committee and District Inspection & Monitoring Committee (USG Centre)
- RSBY Planning Committee
- District Inspection Committee of Homes under the JJ Act, under WCD & SW Department, GOWB
- HIV-TB Coordination Committee
- Children Committee at Government Homes
- The advisory committee of Nehru Yuva Kendra
- Sexual Harassment Committee of BSF, Roshanbag, Murshidabad
- Member Secretary, District NGO Network (A forum of NGOs), Murshidabad
- Member of Rogi Kalyan Samities
- Sthayee Samity, Jana Swasthya at Zilla Parishads in different districts

Awards & Recognitions:

Over the years, CINI has been officially recognised, 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 include:

- 2020- Certificate of Recognition- Gpower- Winner for 2019-20 in Enablement and Empowerment category for creation of Safe Spaces for girls to interact discuss on topics of social taboos by eNGOChallenge
- 2019 – Dr. Samir Chaudhuri, the Founder member of CINI, has been awarded e Parivartan Inspire Award 2019, by BRIWORLDWIDE (BWW) in the category of Women and Child Welfare
- 2019 – Awarded as the Achiever of the Year 2019 (vertical Hub: Child Care) by the Tata Institute of Social
Science: School of Vocational Education

- 2019 - CINI's AHANA project secured 1st position for its high and consistent performance in the initiative of Prevention of Parent to Child Transmission of HIV in the state of Jharkhand by Plan International
- 2017 - Received the “Best NGO” Award in Health category by HCL Foundation
- 2015 - CINI won the Mobile for Good Award for GPowr from the Vodafone Foundation
- 2015 - Nari Suraksha Sanman Award given to CINI in recognition of its contribution in the field of Protection of underprivileged children's and women's rights by B Sirkar Johuree Nari Sanman
- 2013 - ABP Ananda Sera Bangali Award given to Dr. Samir Chaudhuri in the category of Public Life 2013 - SPJIMR Harvard US - India Initiative (HUII) NGOs Excellence Award
- 2013 - Certificate of accreditation for adherence to the desirable norms prescribed for the good governance of voluntary organisations from 2013-2018, by Credibility Alliance
- 2011 - ICICI Lombard and CNBC TV18 India Health Care Award
- 2011 - WHO award for excellence in Primary Health Care at India
- 2008 - Annual Rotary India Award for most significant contribution in reducing child mortality by Rotary Club
- 2008 - Ellis Island Medal of Honour, USA to CINI's Director and Founder, Dr. Samir Chaudhuri
- 2007 - World of Children Award to CINI's Director and Founder, Dr. Samir Chaudhuri
- 2005 - Premio Parlamentare per l'Infanzia (Children's Award by the Italian Parliament / Parliamentary Commission for Children) to CINI's Director and Founder, Dr. Samir Chaudhuri
- 2004 & 1985 – National Award in the field of Child Welfare (CINI is the only NGO to have won this award, twice)
Health and Nutrition
Health and Nutrition

Strategic Priorities

The current five years health and nutrition program strategic framework of CINI interlace with SDGs 1, 2, and 3 on improving maternal, child, and adolescent's health and nutrition status. CINI has been working on the Life-Cycle Approach (LCA) with specific focus on the first 1000 days care interventions since the 90's. The focused interventions are system strengthening and integrated community led approach that emphasise demand and access to government services and home-based care for improving health and wellbeing of women, children and adolescents. Considering these needs, CINI's primary focus of intervention in the year 2019-20 was Maternal Child Health & Nutrition, Adolescent Health & Nutrition, Reproductive Health Rights, HIV-AIDS and Tuberculosis. CINI method facilitates programme convergence at the facility and community level to ensure quality of service delivery with accountability mechanism to address the shared priorities, monitoring the progressive fulfilment of rights and entitlements of target groups.

Collaborative partnership has also been set-up with H&FW and WCD departments of the state governments of West Bengal, Jharkhand, Assam and Odisha to sustain the program legacies beyond the projects across current operating states of CINI.

### REACH:

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<tr>
<th>Category of population</th>
<th>Direct</th>
<th>Indirect</th>
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<tbody>
<tr>
<td>Pregnant Women</td>
<td>2,17,798</td>
<td>4,79,156</td>
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<tr>
<td>Lactating Women</td>
<td>1,08,232</td>
<td>2,81,403</td>
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<tr>
<td>Children</td>
<td>5,22,892</td>
<td>23,53,014</td>
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<tr>
<td>Adolescents</td>
<td>48,508</td>
<td>5,33,588</td>
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<tr>
<td>Eligible Couples</td>
<td>28,562</td>
<td>91,220</td>
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<tr>
<td>ASHA/AWW/ANM/HHW/School teachers/SI/RBSK team (Training)</td>
<td>43,182</td>
<td>-</td>
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<tr>
<td>SHGs and PRI</td>
<td>11,257</td>
<td>-</td>
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<td>VHNDs/UHNDs (Nos. strengthened)</td>
<td>20,664</td>
<td>-</td>
</tr>
<tr>
<td>VHSNCs (Nos. strengthened)</td>
<td>925</td>
<td>-</td>
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Major Highlights:

The health and nutrition programmes are being implemented in West Bengal, Jharkhand, and Odisha states interwoven across the organisational strategic framework for 2017-2022. The program is aiming at facilitating capacity building; technical assistance; monitoring, implementation research, knowledge management, networking, and advocacy for policy dialogues and actions. The activities undertaken proved on how collaboration happened to greater reach and effect in the best interest of women, children and adolescents' health and wellbeing.

First 1000 Days Care Programme across states for promotion of maternal and child health with a focus on prevention and management of malnutrition of women and children

CINI provides technical assistance to the flagship programmes of governments in its current operating states on operational management of first 1000 days care programme with special focus on improving maternal and child health and nutrition services at facilities and care at homes.

- A comprehensive training package was developed for frontline health functionaries on identification and management of “Nutritionally at Risk Pregnancies”. Government officials and Front line workers across South 24 Parganas, Murshidabad and Jalpaiguri districts of West Bengal were trained by CINI on this intervention. 1733 pregnant women were screened for assessment of maternal malnutrition through BMI by ANMs trained by CINI for the first time in West Bengal. 598 VHSNC members were trained in project operational districts to address health & nutrition problems of women and children through PLA techniques.

- A counselling package was developed in consultation with the Govt. of Jharkhand. 1163 AWWs of Ranchi, Sahibganj and Bokaro districts were trained on counselling package, and usage of digital weighing scale, stadiometer and infantometer for screening of children with stunting, wasting and under-weight. In Dumka district, 1945 Poshan Sakhis (nutrition friends help rural women), under the Social Welfare Dept. were trained on targeted first 1000-days care counselling and monitoring. Moreover, regular tracking of under-five malnourished children at AWCs and haemoglobin and BMI
levels amongst 37408 adolescent girls resulted to improved nutrition outcomes in 26 Blocks of 4 districts.

- A comprehensive infant and young child feeding package comprising of local food compendium, flipbook, videos, posters, training guide and monitoring handbook have been developed and approved by the government of Odisha for their use across state. A centre-based approach adapted to facilitate counselling and feeding demonstration sessions at 10273 AWCs. 18226 AWWs, ASHAs, and ANMs were trained and engaged in counselling caregivers at different service delivery contact points across Keonjhar, Koraput, Rayagada, and Nabarangpur districts. The trained PRI members and opinion (tribal) leaders were also engaged actively to observe and monitor the community meetings and quality of home visits and provide feedback during ICDS sector and VHSNC meetings for corrective actions.

- CINI facilitated urban primary health visioning exercise at the state level in September, 2019 to design the urban health care initiative with participation of different stakeholders. CINI worked with Kolkata and Siliguri Municipal Corporations to facilitate urban health care planning process in 9 Urban Primary health Centres (UPHCs) of Kolkata & Siliguri. 188 AWCs have been reached out to provide quality health services in the urban slums catered by these UPHCs.

- CINI provided technical assistance to DWCD & MS, Govt. of Odisha on developing digital technique to build the capacity of ICDS
functionaries, strengthening state ICDS training cell for planning and monitoring of training activities, building up a trainers’ resource pool at the state level. The state trainers' resource pool was created at the state level to ensure training quality at government run ICDS training centres. The ICT based pilot project was initiated at 464 AWCs in two blocks of Khurdah and Keonjhar districts.

- CINI provided technical support to “Mo-Chhatua programme” which is a joint initiative of WCD and MS Departments, Govt. of Odisha for timely supply of THR. 'Mo-Chhatua' Website developed is a repository for information pertaining to infrastructure & machineries of THR production and supply to AWCs by SHGs. 746 district and block level ICDS functionaries and 314 SHGs were trained for real-time monitoring of indenting, issue of work orders, production and supply of THR till the settlement of payment to the THR producing SHGs in the entire state.

- Community empowerment for “Awakening Action for Zero Hunger” (AwAZ) programme was undertaken in Bokaro, Gumla, Saraikela, Jamtara & Giridih districts of Jharkhand aiming at demonstrating a community led and community owned model on effective implementation of National Food Security Act in the state. 68 vigilance committees were activated and capacitated on their roles and responsibilities for execution of NFSA. Suposhan Sabhas were conducted in 17 Panchayats across five districts reaching out to around 2700 people including Ward & PRI members, SHG members, Adolescent groups, Local media, PDS Shop Keepers & Dealers, Govt. frontline workers, and Teachers, and Opinion leaders. With this initiative the community started demanding and putting pressure on the system for their rights to access services from various food security schemes in 100 villages.

Promotion of sexual and reproductive health and rights of adolescents and women across states:

- Advancing young people’s sexual and reproductive health programme was undertaken in five blocks of Diamond Harbour Health District, West Bengal. 15,051 adolescent girls and young women were sensitized jointly by Government health officials and CINI with informed choice and responsible decisions to access their SRH rights and services. Community-level adolescent friendly safe spaces were created to discuss the issues on gender equality, sexual reproductive
health rights, gender-based violence, early marriage, teenage pregnancy, trafficking with support of peer educators. 5,231 young people in the community, and 6,150 school going adolescent girls were sensitized on SRHR issues. 1,317 cases were referred to Anwesha clinic and health facilities for treatment by trained peer group educators.

- Couple power for improving uptake of family planning services programme was initiated in Khuti and Gumla districts of Jharkhand where 637 male MPWs, ANMs, Sahiyas and BTTs were trained on couple communication strategy of family planning. The participatory methodology (called the SMART facilitation) was used to identify the key bottlenecks, suggest possible solutions, and prioritize actions for implementation. The couple communication strategy was approved by Health Department in both the districts for delivering the family planning services effectively. The family planning counselling corners were opened in 10 blocks of Gumla district with advocacy of CINI.

- CINI as a State Secretariat of White Ribbon Alliance successfully collaborated with Department of Health and Family Welfare, Govt. of West Bengal to implement “Respectful Maternity Care” (RMC). CINI implemented RMC related activity in Malda Medical College, Balurghtat District Hospital and Tapan Rural Hospital (Dakshin Dinajpur) with support of high power state level committee on health. CINI in coordination with state level technical team facilitated two batches of training on RMC for 82 Medical Officers, Hospital Superintendents, and nursing staff. The trained team periodically visits labour rooms of the facilities to monitor the respectful maternity care as per RMC protocol.

Promotion of adolescent health and nutrition programme linked with adolescents' empowerment.

- CINI has been working with the state government of West Bengal to strengthen weekly iron folic supplementation (WIFS) programme for improving the compliance of IFA tablets among adolescents. In coordination with the departments of H&FW, School Education and WCD&SW, 9611 government officials were
oriented on State WIFS operational guideline at the district, sub-division, and block level with periodic handholding support to non-reporting blocks and municipalities. The project reached out to **13441** in-school adolescent girls, **1456** out-of-school adolescent girls, and **16422** adolescent boys through contacts in schools, ICDS centres and during home visits to educate them about their rights and entitlements on WIFS. 682 district and block level convergence meetings were facilitated where WIFS related issues were discussed, and corrective actions were taken. The adolescent groups like Kanyashree club, Meena Manch, and Sakhi Saheli groups were sensitized to lead the program in their schools and communities, and motivate other adolescents for intake of WIFS. All these interventions at the facility level helped to institutionalise a good mechanism for timely intending, report submission and monitoring of WIFS compliance.

**Addressing Tuberculosis (TB), HIV and non-communicable diseases (NCD) among vulnerable mothers, children and adolescents in the communities across states**

- Indian Initiative of Child Centered HIV and AIDS Approach (IICCHAA) programme was started in South 24 Parganas, Uttar Dinajpur, and Murshidabad districts of West Bengal with the objective to build resilience in 163 HIV infected families to handle the repercussions that HIV brings within the families. The programme helped 81% families living with HIV/AIDS through sensitization and psychosocial support.
- With provision of nutritional and psychosocial counselling support, 26 children out of 30 HIV infected children graduated to normal BMI. 24 children out of 30 children were tracked to check medicine intake, blood test, food habit and the overall treatment process increased with a normal CD4 count between 500-1500.
- Prevention of mother to child transmission of HIV project is implemented, aiming at eliminating parent to child transmission (ePTCT) of HIV through the AHANA project. The number of ICTC centres for the confirmatory test of HIV & Syphilis were not sufficient to serve the population in the state of Jharkhand. With continued advocacy at the state level, 44 new ICTC centres with facilities of free referral transport under JSSY for HIV Exposed Infants up to 18 Months for testing have been approved by the state government. The district health societies in coordination CINI trained 552 health functionaries on bottleneck
analysis using SMART tools. The data and information of client tracking and coverage under ePTCT programme generated from the HMIS, SIMS & PALS sources are used for corrective actions. All these efforts resulted in achieving the targets of 90 per cent screening of HIV & Syphilis, 98 per cent coverage of the first dry blood spot (DBS) testing of infants, 98 per cent ART linkages of positive pregnant women and 93 per cent of DNA-PTC testing of children. CINI was awarded with the best performing sub-recipient out of the 14 states under the AHANA programme, based on the parameters of Global Fund.

- The Tuberculosis Health Action Learning Initiative (THALI, 2016-2020) project aimed to reach out to the “Missing Million” of TB and MDR TB cases and to establish TB service delivery models to reach out 14.28 million population across six burden districts. The project facilitated TB notification and adherence monitoring for private sector patients through engagement of different government and community stakeholders. The project through its network NGOs identified and trained the TOUCH Agents to screen TB suspects and track patients through complete treatment cycle. 1794 formal private providers were engaged for notification of TB patients from the private sector. The project contributed 72% notification in the six districts and 45% in the state. 607 TB patients were provided FDC drugs prescribed by 9414 private providers of six districts and 206 Public health facilities of KMC. The legacy of the project has been sustained through engagement of government system and private sector.

Impact

Programme Results

(Source: CINI MIS and MIS-State Govt.)
Success stories

Care of nutritionally at-risk pregnant woman
Rubi Bibi (name changed), resident of the village Kashirampur, Banganagar-I GP was identified as nutritionally at risk and her haemoglobin level was 8 grams/dl. As the haemoglobin level was 8 she got IFA tablets but she did not consume. She was reluctant to go for 2nd check-up but after the counselling she came for follow-up visit. In the 2nd ANC check-up her weight was recorded to be 44kg and haemoglobin level was 8 grams/dl. After a prolonged conversation it was found that she did all household chores and did not get time to take rest. It was also found that during pregnancy she had to work hard without any family support. She requested the community facilitator to speak to her husband. The first counselling the husband did not want to listen to the community facilitator and behaved rudely. With patriarchal mindset the husband did not help her even in household chores. The field team did regular home visits and counselled the couple. The team also contacted with other family members but they didn't extend any support. The field facilitator counselled the couple about the importance of healthy foods with regular intake of IFA and Calcium tablets with sufficient rest. With continued support from family, she gained 13 kgs weight with increased haemoglobin level from 8 to 10 grams/dl. She delivered a healthy baby with a birth weight of 2.8 Kg. She said “Apnader anek dannyabad didi apnader janya ami eibare anek help peyechi amar paribarer theke” (I got full support from my family this time because of you, Thanks a lot sister)”

On road to healthy recovery

Padma Chetty is a happy mother of two children and lives in Bandaguda village of NAC area in Koraput district of Odisha. Her husband, Padlam Chetty works as a mason to earn their livelihood and earns about 8000 rupees in a month. Her daughter was born in May 2019 and was a low birth weight baby. The child was delivered at Government Hospital, Koraput. Padma was counselled by ANM and AWW before delivery on importance of early initiation and exclusive breastfeeding till the child completes 6 months. The child was exclusively breast fed and she was growing well. In July 2019, she was attending the feeding demonstration and counselling sessions at Bandaguda AWC (AWC code number: 21398060407). At that time, her daughter was 2 months old and weighed 3.1 kg. The child was gaining an average of 600 grams every month. However, in the month of September the child had fever and consulted a doctor. Padma gave her medicine for fever. After few days she had diarrhoea and lost weight and became severely under-weight.

Her weight dropped from 5.1 kg to 4.7 kg. Padma during that time had reduced frequency of breastfeeding with fear of causing diarrhoea. The project field monitor along with Anganwadi worker visited her home and counselled her to continue breastfeeding and not to give any outside food or
formula milk. By next month, she gained some weight. She was advised to start with complementary food after completion of 6 months. The project field monitor and AWW visited her home again to see if Padma was preparing the food as taught at the AWC. He observed that Padma was feeding less amount of food. When discussed with Padma, told that her daughter refused to take food after taking few spoons. So, she decided to give less amount of food. Project field monitor demonstrated her that how she can feed her child by telling rhymes and stories. Padma started interactive feeding with gradual increase of quantity of food with correct consistency. Next counselling session, the AWW observed that Padma's daughter gained weight of 7.2 kg at 10th month. Padma now has become a peer group educator for other mothers on interactive feeding practices.

**Strengthening vigilance committees at GP level for NFSA entitlement**

The PDS card holders of Chargi Panchayat of Peterwar block in Bokaro district, Jharkhand were not getting ration since last 4yrs, as the community was not aware about their entitlement. 'Suposhan Sabhas' were organised in the villages on the National Food Security Act, 2013, for awareness on their entitlement. The community was also sensitized on how to lodge complaints against any corruption of public distribution system to District and State Grievance Redressal cell. With CINI's constant intervention through Suposhan Sabhas and PLA meetings, community people were sensitized about their entitlement. As a result, the villagers of Chargi village, complained to Mukhiya about less quantity of ration being given by PDS dealers. A written complaint against PDS dealer was lodged to the Block Development Officer in which community people signed and also mentioned about the malpractice in public distribution system. They also voiced this issue in the Electronic and print media. A complaint was also sent to the District Grievance Redressal Officer. Zonal Supply Officer-in-Charge assured that proper action will be taken based on the complaint and whoever is guilty will not be spared. Right now ration card holders are getting their rations as per entitlement.

**Convergence with RBSK and ARSH teams for strengthening WIFS program – A case study from Chhatna block, Bankura district**

The Secondary data reveals that the prevalence of anaemia is very high in Chhatna block of Bankura district. WIFS program is functional in this block from 2013 but even after so many years, compliance was very low in the block as recorded in 2019. As per report, the coverage of WIFS was 9% and only 28% schools submitted reports to CLRCs between April 2018 and February 2019. The Deputy CMOH-III of Bankura asked CINI to work on the major gaps in this particular block to strengthen WIFS implementation.

CINI team explored other adolescent related
government programs and schemes running in the district and had a meeting with RBSK and ARSH teams to understand the field realities. Under Chhatna block, there are three CLRCs. It was observed that Chhatna CLRC South had never submitted WIFS reports to district since the inception of the program. It was identified that IFA tablets were regularly administered among the adolescents in the three circles of Chhatna since, but report used to come from only two circles. The south circle used to administer IFA tablets among adolescents in every schools, but timely submission of reports was a major challenge. Team visited Chhatna CLRC (South) along with RBSK team of Chhatna BPHC and the issue of reporting system was discussed with SI. SI explained that he was in charge of two CLRCs and this CLRC was an additional charge to him; so he used to visit to this South CLRC office once in a week and was unable to manage time to compile the data. He also reported that many of the schools are not submitting the reports on time. In order to address the issue, CINI shared a Google spread sheet and facilitated the compilation process of data for both the circles. Team explained the process to compile the Google sheet and he agreed to send WIFS report from next month. In discussion with the SI an orientation program was also organised in the CLRC for the nodal teachers of all schools.

Sis started sending WIFS reports within the deadline. This was the first report sent by Chhatna South CLRC after CINI's intervention with support of district health administration. The Coverage of WIFS in Chhatna block increased from 5% to 33% within one month. After regular follow-up with CLRC, the report submission from schools increased from 24% and 52% by July 2019 (Source: DHMIS).
Education
Education

Strategic Priorities

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

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

At present, education programmes are running in 9 districts of West Bengal i.e. Kolkata, South 24 Parganas, Murshidabad, Birbhum, Darjeeling, Jalpaiguri, Alipur Duar, Coochbehar and North Dinajpur and in Dumka district of Jharkhand.

Reach

Direct: 18,166 children (2 to 18 years)

Indirect: 58,740 children/adolescents; 1,81,365 community people; 2176 local self-govt. and Govt. service providers

Major Highlights

- An assessment in collaboration with District Samagra Siksha Mission, Kolkata was conducted in Kolkata to evaluate the learning gap reduction among the children in CINI run learning centres.
- The deaf friendly pedagogical tools developed by CINI have been shared with 12 resource centres under District Samagra Siksha Mission, Kolkata, which are being used by the Special Educators for developing the concept learnings of the deaf children effectively.
- CINI with support from the West Bengal Council of Higher Secondary Education and State Education Department is working towards learning gap reduction among deaf children studying in class XI and XII in Kolkata.
- 90 Govt. primary school teachers from 45 primary schools of Rajnagar, Birbhum have been trained on Joyful Teaching methodology and Life Skill Education in collaboration with District Primary School Council, Birbhum.
- In collaboration with District Primary School Council, Birbhum School Development Committees have been formed and School Development Plans have been prepared in 45
primary schools of Rajnagar, Birbhum.

- In Uttar Dinajpur School Development Plans have been prepared in 8 primary schools under Hemtabad block.

**Impact**

- A total of 10,762 children were enrolled at ICDS, Primary classes, Upper Primary classes, Secondary and Higher Secondary classes
- 13,562 children retained at ICDS, Primary classes, Upper Primary classes, Secondary and Higher Secondary classes
- With CINI’s direct education support 205 children successfully completed secondary board examination and got enrolled in higher secondary school.
- 7 deaf children successfully completed secondary board examination and got enrolled in higher secondary school. Similarly, 6 deaf children successfully completed higher secondary board examination.
- 45 primary schools of Rajnagar, Birbhum have included life skill education in their school system and the teachers are taking monthly sessions with children.
- Across all the education project areas adolescent girls have been linked with govt. schemes like minority scholarship, Kanyashree Prakalpa, Shikkhashree Prakalpa etc.
- Across all education project areas incidences of child rights violation, such as child labour, child marriage, child trafficking got addressed by the children group members.

**Success Stories**

**Biswajit: A Champion**

**Biswajit Mondal**, a face representing a larger gamut of population struggling hard to survive in Ghutiary Sharif railway stations, where he used to spend his majority time loitering around with other peers. Biswajit’s father Bijoy Mondal, worked as a daily labour at nearby Sealdah Railway Station and mother, Pinky Mondal, worked as a domestic help.
He lived with his parents and sister. Children like Biswajit barely survive in a small room in which it is difficult to pursue academics.

His father had to face a lot of hardship to ensure the mere survival of the family with this meagre income. Both Biswajit and his sister had never been to school. The parents lacked awareness about the basic need of education in a child's life.

One day Biswajit, fled from Ghutiary Sharif and came down to the Sealdah Station with an unknown person who he cannot recall. He gradually started engaging himself in various petty jobs from time to time like gloves and box manufacturing, earning somewhere between Rs. 700/- to 1600/- per month.

In the month of February 2013, CINI's representative identified him in the station and on further interacting his interest in school & academics got revealed; so CINI took the initiative to enrol him in a residential school “Rani Bhabani” after mapping his age-grade competency. Initially he faced extreme difficulty to cope with the academics as he lacked the grade competencies but CINI's different tools of intervention on accelerating methodology to address the learning gap prevented him from dissolving into the labour force again.

Repeated counselling sessions and activity-based joyful teaching methodology made the process of learning more interesting, motivating him to work on his confidence and concentration. Several sessions on life skill education and behavioural modification were conducted to help him adjust with the environment and bring about positive changes to his personality. The staff of Rani Bhabani Residential unit enrolled him in Karate classes & gradually he started liking the environment and made more number of friends. Biswajit is indeed a talented boy who made a breakthrough in Shutakan National Karate Championship securing a gold medal. He is also an excellent Kabaddi player and a good dancer performing in different competitions and events. CINI is working hard to channelize the positive energies of such souls in the right path which will prepare such children like Biswajit for a prospective future. In spite of his shackles, he does not stray from his dream.

After having access to educational facilities and a safe space, Biswajit realized that his sister needed his help. He took initiative and enrolled his sister in a residential girls' school. In Biswajit's words, “The facilities and education that I received helped in opening up of many doors. So I want my sister to get the same chance.”

In 2019, Biswajit successfully passed Higher Secondary with 52% marks. CINI in its intervention is pleased to have crossed paths with him and to have helped him in one way or another to live a better life in the years to come.
Heavy Burden on Little Shoulders

Tamanna Khatoon is a 13-year-old girl having big dreams. But life was not always the same for her. She resides in a slum in Topsia, which is characterised by congested buildings with almost no privacy with her step father and mother along with a younger brother. The dire poverty of the family forced Tamanna Khatoon to earn a livelihood, as her alcoholic stepfather refuses to take her responsibility.

At the time of community visit conducted by the CINI’s volunteers, Tamanna Khatoon had been spotted cutting slipper strap in her small dingy room. Interrogation revealed that Tamanna dropped out from school at the age of 9 years due to poverty, lack of support from school and no provision of free back up support to follow school proceedings properly. Initially, when his step father denied taking her responsibility, she started cutting strap beyond school hours which gradually ate-up her school hours and she started missing out classes more often. Her learning gap continued to increase and she found it difficult to follow classroom transactions on the days she was present in school. She became marked by the teachers as most irregular and academically poor student and was subject to wrath of the teachers. She became upset and decided to stop going to school, becoming a standard IV dropout.

Knowing all this, CINI approached her mother to re-enrol her in school. After initial reluctance, her mother finally agreed to it. The volunteers convinced Tamanna, who was of low self-esteem and had no confidence. But the volunteer assured her to be on her side and help her in every possible extent to resume education. She was brought to one of the safe space run by CINI. Despite being a class IV dropout, the long gap and detachment from study left her with no recollection of her previous learning. She didn't even recognize the letters properly. Therefore, alphabets were introduced through TLMs like flash cards and picture cards. After completion of teaching letters, word formation was taught in the same way. Each step was evaluated through worksheets prepared by the teacher. After initial academic input she was enrolled in a government school in class VI. CINI field coordinators requested the school teachers to be extra supportive and sensitive towards her and also told them about the support she will get at the centre to bridge her learning gap.

The centre teacher took different initiatives to teach her at an accelerated pace using various TLMs and evaluated by the same process as stated above. To increase her interest in studies the teacher assisted her for self-evaluation helping her to understand her
own gaps. Tamanna's academic capability gradually improved with help from her peers and teacher. Apart from education support, the counselling and life skill sessions helped her to gradually regain her confidence and she vowed to continue her studies under any circumstances. Her mother also became convinced on seeing her motivation and academic improvement.

She is now a student of class VII in Sarada Vidyabhaban and scores above 55%, which is a highly commendable performance in such a short span of time. Her reading and writing skills has improved now. She is one of the sincere and good students of the Learning centre as well as of her class in the school. Now, she aspires to become a teacher and teach the poor deprived children of her community. In her own words, “I thank my centre didi, for my success and motivation and in future I will teach poor students, like me and help them to achieve their goals”. 

Independence Day Celebration at Parasar Mondal Para GLC of Bishnupur II block on 15.08.2019.
Child Protection
**Child Protection**

**Strategic Priorities**

CINI's child protection strategic framework in alignment with the National Policy for Children 2013, the National Plan of Action by the Government of India, 2016 and the Sustainable Development Goals, steps into its third year of building Child Protective Communities through creation of a preventive age and gender-specific child protection system and also strengthening the evolving government child protection system, focusing on maximizing preventive approaches and minimizing institutional approaches within the ambit of the Juvenile Justice System, the National Programme on Child Protection Services and other child-related legislation and guidelines.

As 2019 marked 30 years since the adoption of the UNCRC and 46 years of CINI's commitment to ensure that children grow up to their full potential, attention to child rights garnered greater mileage. CINI contributed in a joint initiative with National Action and Coordination Group to End Violence Against Children (NACG EVAC India), We Can Women Coalition Trust through their project India Alliance for Child Rights (IACR) and World Vision India (WV India) towards conducting a national level Children's Participatory Audit of Rights and Realities of Childhood in India using a scorecard tool, which got published as a national level Child Rights Report in Dec’2019.

CINI's contribution towards strengthening the National programme on Child Protection Services has continued across the two states of Jharkhand and West Bengal. 2019 also marked the publication of the fifth edition of the organization's Child Safeguarding Policy in alignment with the Draft National Child Protection Policy by the Ministry of Woman and Child Development, Govt. of India.

To continue its pledge of promoting the need to emphasize strengthening of community-based child protection mechanisms, family-based care and alternative family-based care, a paper, “Essence and Scope of Strengthening Community-Based Preventive Child Care and Protection Systems in India”, Sage Journals, Vol 7, Issue 1, pp. 47-55 was published (April, 2020) as an effective way to share
our experiences and make ideas circulate for change at the international level.

**Reach**

Direct: 2,62,724  
Indirect: 7,19,209

**Major Highlights**

**Networking and Advocacy Efforts Gained Mileage**

- CINI expanded its networking horizon and became members of crucial advocacy platforms. In the North Bengal region, CINI became member of the National Child Labour Project (NCLP) Monitoring Committee, the District Bonded Labour Vigilance Committee and also stands out to be the Convenor of the Anti-Trafficking Network witnessing a representation of 18 NGOs. The collaboration with Siliguri Police Commissionatare has led to conduct various school awareness programs being organized by the District Special Juvenile Police Unit.
- Longstanding advocacy efforts with the Education department of Uttar Dinajpur in playing a critical role in preventing child early and forced marriage led to issuing of a directive by the Education Department to the respective school authorities towards enhancing their vigilance in early identification and prompt action in cases of school dropout and elopement leading to marriage.
- In South Bengal, the relentless efforts have witnessed collaboration with the District Labour Department in various awareness and district-based advocacy initiatives.
- At the very heart of Kolkata, CINI had initiated the drop-in centres for boys in the railway platforms of Sealdah railway station. Continued advocacy for the accreditation of the drop-in centre concept into the open shelter and registration as envisaged under the Juvenile Justice (Care and Protection of Children) Act 2015 finally gained mileage and also witnessed the unique integration of the community-based outreach program in the Railway SOP.
- Multidisciplinary Approach in Maximizing Preventive Approaches and Minimizing Institutional Approaches Heightens
- Partnerships with 7 Childlines, including Railway Childlines across 5 districts of West Bengal

*Signature campaigning at Kulpi bus stand*
witnessed rescue of 3128 children from exploitative situations who were victims of child abuse, child early and forced marriage, child trafficking, child labour and missing children through its convergent efforts with Child Welfare Police Officers, Special Juvenile Police Units and Missing Person Squads (MPS).

- Alternative care also achieved a higher profile, where CINI in collaboration with 7 District Child Protection Units of both Jharkhand and West Bengal facilitated the placement of 73 children in alternative family-based care. CINI's technical expertise in the field of family-based alternative care was much sorted by the Government, which paved the way for CINI in becoming a member of 5 Sponsorship Foster Care and Approval Committees across the two states.

- In Murshidabad district, CINI successfully established a Convergent Committee at the district level witnessing participation of Child Welfare Committee members, Juvenile Justice Board members, District Social Welfare Officer, members of District Child Protection Unit, Special Juvenile Police unit members and representatives from District Legal Services Authority, which met periodically to expedite the procedural aspects related to rescue, restoration and repatriation of both children in need of care and protection and children in conflict with the law.

- As an innovative effort to showcase the CINI's convergent Family Reunification model, a reunion of all the children (reunified previously) along with their parents was organized in Kolkata. An exchange of dialogue focusing on facilitating factors which led to reunification and retention in the family was shared with the Juvenile Justice Actors and representatives of local self-government. This enabled them to gain a better understanding on facilitating factors of effective family reunification.

- The Departments of Women and Child Development in both West Bengal and Jharkhand have identified CINI's technical expertise and thus commissioned to strengthen 1290 community-based child protection committees across 13 districts to ensure rights of children in the community and protect them from all forms of abuse, exploitation and violence.

- Street connected children in Kolkata voiced their concern of exclusion from the ICDS services in a district meet in presence of ICDS functionaries. Remedial suggestion from the District Programme Officer as well as the Child Development Project Officers evolved, where CINI was bestowed with the task of mapping areas where the presence of maximum street-connected children were found and facilitating the linkage of these street-connected children with the Anganwadi services.

- Khoribari Panasali Gram Panchayat in North Bengal coming under the Khoribari Development Block endorsed its accountability towards ensuring child rights by providing a safe space for both the mother and the child in the Gram Panchayat office premises. In the remotest rural
pockets of Mullickpur Gram Panchayat in South Bengal falling under the Falta block, a Child Cohort was formed to track the at-risk and vulnerable children and prevent them from becoming victims of trafficking as the area is very prone to trafficking.

- Under CINI's initiative, children connected to the streets of Kolkata conducted Rapid Assessment surveys as a part of participatory research with their peers. The survey was centred upon indicators based on United Nations General Comment 21. Before the survey, the children and youth surveyors, also called Street Champions, were trained on the research, generation of evidence and they provided their inputs in the construction of a survey questionnaire. The survey took place in January 2020, covering five Municipal wards of Kolkata, and generated responses of 500 street-connected children living on the pavements, or working on the streets or factories.

Recognition of Technical Knowledge on Child Protection by Academic Institutions and State Governments

- CINI's technical support was acknowledged in the Guidebook for the Child Welfare Committees, spearheaded by the Department of Woman and Child Development, Government of West Bengal in 2019.
- CINI was invited by two reputed universities of Jharkhand, Xavier Institute of Social Science and Viswa Bharti University to showcase the Institute's work on, “Community-led approach to Child protection.”
- CINI was also invited to showcase its programmatic approach towards combating trafficking in a two day International Conference organized by Maynaguri College in North Bengal on Combating Trafficking in Januray 2020.
- A state-level consultation on child protection, organized by the Odisha State Child Protection Society (OSCPS) Women & Child Development Department, Government of Odisha, CINI's technical role in strengthening the government child protection system through facilitation and partnership received acknowledgement and OSCPS invited CINI to contribute further in February 2020.

Impact

- CINI's engagement and relentless efforts with 11 registered Child Care Institutions (CCIs) (both government-run and ngo run) in Jharkhand and West Bengal have demonstrated techniques of early identification of 1848 restorable cases followed by early restoration of 1194 victimized children from long term institutional care with successful reintegration in family-based care and 935 children have been retained in these community-based care placements. The engagement has further led to the strengthening of the essential convergent platforms of the Home Management Committees and improved
record-keeping that has aided effective case management.

- Capacity-building efforts and continuous engagement with 355 Local Self Government representatives and service providers across the states of Jharkhand and West Bengal have enhanced their understanding on key child protection related laws, policies and schemes and apply those to reduce the vulnerability of children/adolescents through demonstration of early gatekeeping of 3864 children at risk of falling out of the safety nets in remote rural locations, streets, railway stations, slums and peri-urban settings thus preventing further aggravation of their vulnerability and ensuring their rights.

- CINI’s relentless efforts towards building child protective communities and sensitizing families witnessed 693 families identifying key child protection issues in their homes and communities and availing local services to address the issues in Kolkata, Diamond Harbour and Uttar Dinajpur.

- The mutual commitment of ensuring statutory entitlements of 32200 children from the slums across 144 Municipal Wards of Kolkata witnessed the culmination of convergent efforts of custody of her child. Aryan was not willing to go as he did not have any attachment with his mother. The mother was adamant and entered into a legal fight with the grandmother. The grandmother was devastated, but did not want to give up. She went to court for her grandson's custody. Four other women joined her in the fight and they were supported by the entire community. After months of struggle she successfully acquired the legal custody of her grandson. Today she stands with her head held high as a proud guardian with four accomplices who are taking care of the boy. She shared their story in the reunion and sent out a strong message, “Even if a child is abandoned by the biological parents, it does not imply that the child is an orphan and will grow up without a family. It rather implies that the neighbourhood and the extended family members should act as their family members and take care of the child and retain him in the community safety net. It is to be remembered that every child has the right to grow up in a family.”

**Arresting the problem of children/adolescents migrating for work at the source:**

Murshidabad appears to be one of the socio-economically backward districts of West Bengal. A large number owing to lack of fixed contract work migrates to neighbouring districts and far-off states, along with the families. Children also accompany their parents for work compromising on their studies and dropping out of school. In most of the cases, the migration is unsafe. Before completing school education, adolescent boys start working in different hazardous sectors and also migrate to other districts/states for the said purpose. The employers emphasize on the demand for having more
adolescent boys, with the hidden motive of paying them lesser wages and making them overwork, thus violating the provisions of the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986 (amended in 2016). As a measure to prevent the children/adolescents to migrate into hazardous occupations, CINI in close coordination with Murshidabad district administration undertook the initiative of introducing migration register at Gram Panchayat level to ensure safe migration for the adults and prevent children/adolescents from becoming victims of unsafe migration and dropping out of school.

Collaborating efforts expediting restoration

CINI’s relentless efforts in expediting the restoration of stranded children in Ranchi and Khunti district-based CCIs finally gained mileage. The District Administration, the respective Child Welfare Committees, the District Child Protection Unit members converged their efforts towards minimizing the duration of stay of the children, languishing in the CCIs for years. Home verifications, family reunification and placement in alternative family-based care were prioritized and within 2 months, these children were out of the institutional care setting. Retention in the community-based safety net and regular follow up was also ensured by linking these children with the community-based village level child protection committees. The entire endeavour was acknowledged by the District Child Protection Unit of Khunti and Ranchi and diverted the attention from institutionalization to family-based care. CINI’s technical expertise has been recognized and the Institute has been commissioned to continue the endeavour.
Adolescent Programmes
Adolescent Programmes

Strategic Priorities

CINI began working in a focused manner on Adolescent issues and established Adolescent Resource Centre (ARC) in 2000. There was an emphasis on enhancing their capacities to grow as advocates for change. This included working with parents and other community members, local self-government bodies and service providers to create an adolescent friendly environment that prioritised their participation towards empowerment. Strengthening partnerships with government also received greater attention and CINI began working more closely with key departments to enhance provisioning and reach of quality, adolescent friendly services.

Reach

Direct: 2,39,232 Adolescents
Indirect: 9,15,631 Adolescents

Major Highlights:

- CINI provided technical support for SAG-KP convergence Program to the Department of Women and Child Development and Social Welfare, Govt. of West Bengal in 23 districts of West Bengal; and also for the national RKS Program to NHM of West Bengal and Jharkhand
- CINI participated in National & Regional level review programme on RKS Program organized by Ministry of Health & Family Welfare
- On 28th May, 2019 CINI organised a State Level Consultation and Dissemination programme in Guwahati with related Govt. departments and NGOs. The objective of the meeting was to create a convergence network among the various Govt. and non-Govt stakeholders.
- In Goalpara, District Task Force was formed for women and child development by Social Welfare Department and CINI Assam became member of the task force.
- In February, 2020 Dhubri Block Level Child Protection Committee was formed.
- Before CINI’s intervention, Adolescent Health Days (mandatory health fair under RKS Program) were not functional; but after the advocacy, AHDs have been regularized in both the blocks of Dhubri and Goalpara in Assam.
- This year can be envisaged as year of significant achievement as with support of Block Administration of Jama (Dumka district, Jharkhand), a vocational training centre for adolescents got established in block premises.

Impact

- 2633 adolescents are being tracked through the
monitoring system Adolescent programs in West Bengal & Jharkhand have functional tracking mechanism at the community level where at risk adolescents are tracked regularly so that they do not slip out of the safety nets.

- 507 community and school based safe spaces were created for adolescents where they discuss their issues freely like sexual health problems, issues of eve teasing faced on the road etc.
- 3970 adolescents were identified through projects with Sexual Reproductive Health issues like lower abdominal pain, white discharge, teenage pregnancy, menstrual & penile hygiene related issues. They were referred to AFHC / Anwesha Clinic. Some were also referred for mental health counselling at the same service delivery point.
- 1323 adolescents were identified with malnutrition who received nutrition counselling & healthy food habit demonstration, with constant follow up the identified adolescents could be brought from red to green with their gradual dietary improvements
- 376 Peer Educators at community and 1375 PEs at school level completed their training on Non-Communicable Disease in West Bengal & Jharkhand.
- 534 adolescents received counseling services for better psychosocial health through AFHC
- 650 adolescents were identified with tobacco and alcohol addiction and were addresses through counselling in which areas
- 76 child marriage cases reported & prevented through VLCPC/WLCPC.
- 48 child marriage cases were prevented by adolescent groups
- 1602 Young People received counselling services through Teenline

Highlighting key indicators

- 62.7% adolescents in CINI's intervention areas acquired life skills – communication, negotiation, problem-solving, planning, decision making
- 87.0% of adolescents reported advocating their
issue through participation at different levels [local/state/national]

Success stories

A journey from substance abuse to abstinence

Suroj Nath (16 years) resident of Udmari Gram Panchayat under Raniganj PHC of Dhubri district, was studying in class VIII in Lakhiganj Higher Secondary Model School. During this time, he met some new friends. They were addicted to smoking. This group of friends encouraged and forced Suroj to take gutkha and cigarette.

Initially, Suroj rejected the offers made by his friends. But later he couldn’t able to avoid their offers and quickly got addicted to smoking/drinking. Because of such peers’ influence Suroj’s addiction increased gradually. Initially, he used to consume one packet of gutkha a day which increased to three-four packets a day. Also in initial stage he needed one or two cigarette per day but later he became a chain smoker. He started consuming locally available alcohol every day and his story of addiction began from here. It continued from class VIII to class X.

Under RKSK project, Suroj was selected as a peer educator from his village. Suroj was unable to concentrate on his studies and fulfill his responsibilities. His parents and friends tried to change his habits but were unable to do it. One day, Suroj was invited for a monthly Adolescent Friend Health club meeting on RKSK in Lakhiganj Sub-centre by the ANM. He attended the meeting with other peer educators of that village. At the club meeting ANM organised a peer session on “addiction and substance misuse”. The session was facilitated by CINI's field facilitator.

The session made him realise the problem of addiction. From this incident of the meeting, Suroj realised that gutkha, alcohol and cigarettes are injurious to his health and for his family. So, he decided to leave it from that day itself. He thought that he has to give more time to his study and has to enjoy his life without any substance. He was sure that a person can also be happy without taking any substance. He decided that he will achieve his dream which will give a smile to his family.

Now Suroj takes active initiative in organising and addressing sessions on substance misuse.

Ab Meri Bari campaign helped me to understand the importance of Child Rights for me and all of us

Dipa (19 years) from Chaliyama village, Block Nimdih, Jharkhand was an introvert and shy girl. Apart from her family members, she was very hesitant and afraid to talk with anybody else. She never wanted to play outside with her friends and
preferred staying at home. Dipa studies in class XI. Her father is an Auto Rickshaw driver and mother Mrs Uma Bagdi is a home-maker. When adolescent group was formed at Chaliyama village under CINI's programmatic approach, Dipa was also included as a group member. Initially she was reluctant, but after continuous influence by the Peer Educator (Sathiya) and Field Facilitators, she was motivated to be a regular in the group. The discussions at the group meetings caught her interests. She began to attend the meetings regularly and shared her views in the group discussions. She learned about health and nutritional needs of an adolescent, ill effects of early marriage, good touch- bad touch. Slowly she graduated as the Peer Educator of the group. Looking into Dipa's activeness in the group meetings, she was the obvious choice as Girl Champion for the 'Ab Meri Bari' - a Girl led advocacy campaign.

During the campaign she learned specific issues impacting the lives of the adolescents, various schemes for adolescents, developing a social audit tool (renamed as village report card), engaging with the adolescents through formation of Task Force (adolescent groups) and conducting interview of key individuals. She interviewed the village Anganwadi workers, Sahiya, Community members, Panchayat Mukhiya, school Head Master and MOICs to fill the village report cards. Her involvement in the “Ab Meri Bari Campaign” has taught her many lessons. Now she asks question about her entitlements, her rights, discusses with the community members about various social issues such as Child Marriage, Menstrual Hygiene and myths related to it. Recently, with support from the Panchayat, she managed to get the toilets in the local schools cleaned which was one of key asks of the girls led advocacy campaign. This was followed by another event named “Dasra Philanthropic Week” held on 28th February 2020 at Godrej One in Mumbai.

There I spoke about Child Marriage and its consequences in front of an audience of more than 300 people. It was a big moment for me when I gave interviews in several News Papers and Channels. All seemed like a dream come true.” Dipa wants to pursue a career in Journalism. She believes that listening to adolescent and allowing them to contribute in the decision- making process will ensure better outcomes for adolescents. When she grows up, she will narrate the stories of the girls from her village through her pen.
CINI in Press
City NGO finds place in Harvard report

Monideepa Majumdar

Kolkata: A Harvard University report on child protection has showcased Child in Need Institute (CINI), headquartered in the city, for its harm prevention work in Murshidabad.

The report, “Before, Not After: An Evaluation of CINI’s Preventative Approach to Child Protection in India,” authored by Harvard researchers Elizabeth Donger and Jacqueline Bhabha, was released by actor Soumitra Chatterjee and CINI’s founder-secretary Samir Chaudhuri in the city on Wednesday.

Chatterjee, who unveiled the report, said, “It is a proud moment for all of us. A Bengal NGO getting such recognition internationally is a matter of pride for us. I congratulate Chaudhuri and CINI’s team for this achievement. I am looking forward to their continuous work for the betterment of mother and child healthcare in the state.”

With this achievement, we will be able to promote our method further across the country. This will also help us understand better the severe vulnerabilities, where we are still struggling to walk the last mile for children”, said Chaudhuri.

CINI’s preventive approach, which finds mention in the report, is aimed to protect children from any harm, promoting the role of the community and local government to prevent violations of children’s rights.
खबर कोना

Soumitra Chatterjee during a session on a preventative approach toward child protection in India on Wednesday. (SNS)

The Statesman

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Harvard University appreciates the ‘Before, Not After’ Method of CINI in India

Kolkata's Child in Need Institute has been applauded and recognized by Harvard University for its unique "Before, Not After" Method. Working for more than four decades for overall Community Development and Mother and Child Healthcare, the "Before, Not After" Method is an initiative by CINI to prevent violations of children's rights before they occur in India. It is a part of the CINI's core preventive approach towards Child Protection by preventing harm by intervening before it occurs. Shri Soumitra Chatterjee, Eminent Film Actor, was present to unveil the recognition. Dr. Samir Chaudhuri, Founder and Secretary, CINI was present to brief the media. "Before Not After" is CINI's Preventative Approach towards Child Protection in India or preventing harm by intervening before it occurs. It aims to prevent harm to children before it takes place by placing the role of the community and the local government to fight against severe violations of children's rights all the way down there, where children are more vulnerable to risk. To achieve the SDG target, Child in Need Institute (CINI) has applied CINI Method that involves communities, the rural and urban local government and service providers (such as teachers, health and NGOs workers, the police), networking them together and providing them the tools to devise local development plans within the framework of national and international policy and goals like the National Plan of Action for Children (NPAC), State Plans of Action for Children (SPAC) and the Sustainable Development Goals (SDGs).

Background: In the Bajpur and Mahisal Gram Panchayats of Murshidabad District in West Bengal, the child welfare systems, formed by the Panchayat, Service providers, formed groups of children and adolescents, has secured safety nets that now extend from the family to the school, and the whole community. The result is that about half of families are now informed and aware of child protection mechanisms in the CINI area. These are the findings of Harvard University which, with its field research of the CINI Method in West Bengal for 3 months, has reached particularly frustrating conclusions. In addition to preventing early school leaving, malnutrition, early marriages, abuse and trafficking of children, the CINI Method has made it possible for children and adolescents to participate through organized groups in the social change of their communities. The value of CINI's work therefore lies in having identified prevention as a priority before damage is inflicted on the young and the adolescent child, sometimes forever. By creating new generations of informed and aware citizens, through educational and local planning paths, this methodology becomes a strategy for implementing children's rights at the community level, where all policies seek to reach but have no methodology to do so. Child in Need Institute (CINI), in partnership with the Government, has succeeded in it with 46 years of experience in the field, CINI is in fact contributing with deserved success to the achievement of children's rights goals set by the country. Thanks to CINI's preventive approach which has managed to strengthen the government's child protection system and has been given scientific evidence today by Harvard University with a full-bodied research study, Harvard University study in their final evaluation "Before Not After" states that "CINI's harm prevention approach is ambitious. It represents an attempt to radically transform the child protection system upwards from the local level. CINI's vision, that the creation of child friendly communities is the critical building block in transformation in social responses to children and child protection, are both inspiring and impressive."

Professor Jacqueline Brahms, Director of the Harvard FXB Center for Health and Human Rights and co-author of "Before Not After" Research Report said, "Across the world today, millions of children continue to be exposed to severe abuse, violence and exploitation because early risk warnings are ignored. As a global society, we should be paying much more attention to strengthening child protection systems before, not after children are harmed. The Indian non-profit CINI's work illustrates well the work that lies ahead." Shri Soumitra Chatterjee, Eminent Film Actor, said, "It is a proud moment for all of us. A Bengal's NGO getting scientific recognition internationally is a matter of pride for us. I congratulate Dr. Samir Chaudhuri and entire team of CINI for this achievement. I am looking forward to their continuous work for the betterment of mother and child healthcare in the state." Founder and Secretary, CINI, Dr. Samir Chaudhuri said, "Being studied by Harvard University is an opportunity to see the CINI Method recognized at international level. This is an approach, we believe, that can show a new, more effective, ethical and cost-effective way of solving problems of children in India and in the world. Thanks to these results, we will be able to promote our method further in India and beyond in contexts of severe vulnerabilities where we are still struggling to walk the last mile for children."
Celebration of Foundation Day
CINI crossed one more milestone as it celebrated its 46th year of existence as an organisation that has been there for almost half a century and served poor communities persistently since 1974 with great zeal and enthusiasm. From early seventies CINI has grown from strength to strength and is now counted among the best civil society organization across India.

The celebration started with a dance performance by young community champions from CINI intervention areas. On the occasion, Dr Samir Chaudhuri, Secretary and Founder of CINI addressed the dignitaries, other guest and CINI family members. He spoke at length about the recent achievements of the organization. Hon'ble Governing body members, staffs and eminent invitees graced the ceremony with their presence and celebrated the special day reflecting upon significant achievements since its inception. There was a special felicitation ceremony for the brave Kanyashree Yoddhas (Warriors) from different districts of West Bengal, who have shown courage in their own lives and have prevented social evils like child marriage, school drop-outs etc.

Considering the need of the hour and addressing the malnutrition issue of pregnant women and children across the country, CINI celebrated the 46th Foundation Day in the course of a thematic panel discussion on “Engaging Communities in Fighting Malnutrition”. The session was chaired by Dr Charulatha Banerjee, social worker, eminent public health specialist and one of the Governing Body members of CINI. Most significant national level personalities like Dr. Satish Agnihotri, Professor and Head of CTARA, IIT Bombay, Dr Sujeet Ranjan, Executive Director, The Coalition for Food and Nutrition Security and Mr Devjit Mitra, State Head APPI Odisha, participated in the panel.

This year Bengal Obstetric & Gynaecological Society, Bengal Chapter received the special recognition from CINI for their immense contribution for society and ensuring respectful care for the women along with Dr Satish Agnihotri. Dr. Agnihotri said “I have been fortunate to be associated with CINI for more than one decade. Like every year, CINI felicitated its five best employees of the year for their outstanding performance.

The foundation day celebrations also witnessed the unveiling of CINIs new initiative- The Cyril Academy, a school with difference. The event concluded with the performance by CINI family members and musical performance by the eminent singer Shri Sujoy Bhowmik.
Eliminating Child Malnutrition: Using Evidence and Communicating it - West Bengal

S B Agnihotri
Professor and Head
CTARA, IIT Bombay
1st February 2020
Training
Students of Calcutta Nursing Training Institute are giving health education to the community mothers at CINI Thursday Clinic on 13th February 2020

TOT on Counselling Card, Purulia on 12th September 2019
Training

Experience of CINI as Pioneer Training Institute

Since 1975, capacity building constitutes a key area of work for CINI (in building technical expertise) and hence, CINI Training Unit specializes in imparting training to the Government and Non-Government functionaries as one of the pioneering training institutes in India. The training wing of CINI covers several key areas of capacity building such as Health, Nutrition, Education and Protection of children and adolescents, 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). The training unit is well equipped with modern training facilities and have been providing trainings to the ICDS personnel, ASHA trainers of NHM programme (BPHN, PHN, Health Supervisor, district & block ASHA facilitators and NGO Resource Group representatives), PRI functionaries (Govt. functionaries, GP, GUS, VHSNC, SHG members), Medical Officers, NGO partners, ASHAs, Nursing students, students of different academics and children, for over the years.

Strategic priorities

CINI Training Unit sets its strategy on key spheres as,

- Capacity building following adult learning principle (classroom and online)
- Networking with CBOs, NGOs and academic institutions
- Partnership with Government

Capacity building following adult learning principle (classroom and online)

As a new landmark in the capacity building; the training unit is going to start online training in the areas of 'maternal & child health' and 'sexual and reproductive health rights'. The training unit is implementing capacity building in form of '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.

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

CINI training unit follows participatory learning principles for the adults and joyful learning methods for the children during capacity building sessions where learning process aims at not only 'knowing more' but also 'behaving differently'.

**Networking with CBOs, NGOs and academic institutions**

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

**Major highlights (2019-2020)**

- Started online internship
- Developed content on 'maternal & child health' and 'SRHR' for online training
- Partnership with TATA Metaliks (Training on Maternal health and orientation on COVID)
- Partnering with other NGOs like World Vision India, Sobuj Sangha, Howrah South Point school (Training on Maternal & Child Health, Life Skills, Menstrual Hygiene)
- Preparation of Audio Visual Aids based on counseling cards prepared for Unicef
- Conducted training for CSR (Ambuja)

**Partnership with Government**

CINI Training Unit extends it's partnering initiative with Government of India and state governments to strengthen the capacity of deprived children and women to improve their health, nutrition, education and protection conditions. It provides technical support with the aim to strengthen local governance processes that give marginalized and poor communities a voice and influence national policy through partnership mode. CINI Training Unit is working in close collaboration with the Ministry of Health and Family Welfare, Department of Woman and Child development and Social Welfare, Department of Panchayat and Rural Development to serve the poor women and children.
### REACH (Total number of trainees trained in April 2019- March 2020)

<table>
<thead>
<tr>
<th>Major programmes</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anganwadi Training Centre</td>
<td>129</td>
</tr>
<tr>
<td>Middle level Training Centre</td>
<td>907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1036</strong></td>
</tr>
<tr>
<td>Training of Trainers on ASHA 6th and 7th Module</td>
<td></td>
</tr>
<tr>
<td>Round I (participants consisting of Health supervisors and NGO)</td>
<td>38</td>
</tr>
<tr>
<td>Round II</td>
<td>24</td>
</tr>
<tr>
<td>Round III</td>
<td>23</td>
</tr>
<tr>
<td>Refresher Training</td>
<td>24</td>
</tr>
<tr>
<td>Block ASHA facilitator</td>
<td>14</td>
</tr>
<tr>
<td>Refresher Training for Block ASHA facilitator</td>
<td>190</td>
</tr>
<tr>
<td>Induction module</td>
<td>45</td>
</tr>
<tr>
<td>Training on Home based care for young child</td>
<td>163</td>
</tr>
<tr>
<td>ToT on Non Communicable Diseases</td>
<td>189</td>
</tr>
<tr>
<td>Urban 6th &amp; 7th module orientation</td>
<td>104</td>
</tr>
<tr>
<td>HHWs/urban ASHA 1st round training (KMC + Purba Madinipur+Nandigram)</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1014</strong></td>
</tr>
<tr>
<td>Training of ASHA – South 24 Parganas (includes all the rounds and urban ASHA)</td>
<td>5585</td>
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<tr>
<td>Training of ASHA – Howrah (includes all the rounds and urban ASHA)</td>
<td>2491</td>
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<td><strong>Total</strong></td>
<td><strong>8076</strong></td>
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<tr>
<td>Nursing Training</td>
<td>397</td>
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<tr>
<td>Other Trainings</td>
<td>5054</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5451</strong></td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>15577</strong></td>
</tr>
</tbody>
</table>
Success stories

Buddhadeb Chakraborty, a student of Child Protection Course in B. Voc under the aegis of Tata Institute of Social Science-School of Vocational Education, has been awarded with Gold Medal in Child Protection Batch, covering the country in 2019.

Currently he is working as a Research Project Fellow under Mass Education Department in collaboration with Pradip Center for Autism Management and Institute of Neuroscience Kolkata.

He says- “My three years in TISS, CINI learning hub had been excellent and a memory to cherish for a lifetime. The years spent here was full of learning opportunities along with fun and frolic and sometimes with academic grind that one has to go through. The practical experience in the field of Child Protection helps us to be a good professional in this field and we can easily face the challenges of any hurdle or difficult work and can find out the solution.”

Saiful Gazi has graduated in B. Voc in Early Child Development from Tata Institute of Social Science-School of Vocational Education. He came from a low income family and has been very hard working throughout the course and soon after graduating he secured a job in ICMR NICED in a project on TB with a very rewarding pay package.

Rakesh Sardar has graduated in B. Voc in Early Child Development from Tata Institute of Social Science-School of Vocational Education who did private tuition to continue his education. Soon after graduating B.Voc he secured a job in Bandhan CSR.
Corporate → Social → Responsibility → Corporate
India’s philanthropic landscape has seen remarkable change and growth in the last 6 years, due to the amendment to the Companies Act which made India the first country in the world to mandate Corporate Social Responsibility (CSR). The amendment of 2014, mandates companies with either a net worth of Rs 500 crore (approx. $70 million), or an annual turnover of Rs. 1000 Crore (approx. $ 140 million) or an annual net profit of Rs 5 Crore (approx. $ 681,000) or more, to contribute 2% of their average net profits of three years towards Corporate Social Responsibility initiatives. The law thus greatly facilitates the agenda of India’s development goals through capital infusion into the social sector, and evidently (as records India Philanthropy Report 2019 published by DASRA), social sector funds in India have grown by 11% over the last 5 years.

In the Indian landscape, CSR has become an effective tool to work in the line of Sustainable Development Goals (SDGs) with a strong focus on social performance indicated in the CSR projects of the organizations. Most of the businesses, funding through this law, consider community as one of its primary stakeholders and thrives for inclusive growth in the realm of Education, Health, Livelihood, Rural Development and Social Entrepreneurship. However, it is also noticed that there is scope for much further growth of philanthropy in India (an estimate in the mentioned report also states that corporations and ultra-high net worth individuals can afford to spend 2.5-3.5 times more than they do now towards philanthropy and that 15% of CSR funds went unspent in 2018) especially since India looks to position itself as one of the leading nations working to achieve the SDGs.

Further, if one analyses the current trends in CSR spending, there are significant geographical and thematic disparities. Research by Ashoka University's Centre for Social Impact and Philanthropy reveals that most philanthropy, including CSR funds, only go to a few states. And certain thematic areas receive far more funding than others. A report by McKinsey in 2013 suggested that almost 90% of total donor interest was targeted towards primary education, primary health care, rural infrastructure, and disaster relief, leaving other thematic areas such as livelihood, environment, human rights and governance with a dearth of funding.
During the year CINI received generous support of the following CSR partners:

<table>
<thead>
<tr>
<th>CSR Partner</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCL Foundation</td>
<td>Healthcare and Nutrition</td>
</tr>
<tr>
<td>National Stock Exchange Foundation</td>
<td>Education</td>
</tr>
<tr>
<td>Oracle / CAF India</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Johnson &amp; Johnson and Give 2 Asia</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Calcutta Electric Supply Corporation Ltd. (CESC)</td>
<td>Education and Healthcare</td>
</tr>
<tr>
<td>Fullerton India Credit Co. Ltd.</td>
<td>Adolescent Health</td>
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<tr>
<td>Larsen &amp; Toubro</td>
<td>Education and Disability</td>
</tr>
<tr>
<td>Exide Industries Ltd.</td>
<td>Education</td>
</tr>
<tr>
<td>IBM India Pvt Ltd</td>
<td>Education</td>
</tr>
<tr>
<td>TM International Logistics Limited</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>Khadim's India Ltd.</td>
<td>Education</td>
</tr>
<tr>
<td>TIL India</td>
<td>Education</td>
</tr>
<tr>
<td>J Walter Thompson (Wunderman Thompson)</td>
<td>Communication Campaign</td>
</tr>
</tbody>
</table>

The total budget of all the CSR funded projects of CINI during the year (2019-20) was around 13.32% of total Programme budget of the Institute.
HR and Governance
Best performers of the year (2019-20)

Sunita Thakuri
Community Facilitator
North Bengal Unit

Sangeeta Halder
Community Facilitator
Diamond Harbour Unit

Tapan Hazra
Block Supervisor
Murshidabad Unit

Ajmira Khatun
Senior DRM
Kolkata Urban Unit

Prosenjit Dey
Coordinator
Uttar Dinajpur Unit
HR and Governance

The institutionalisation of Governance and HR are the Quality Brands of CINI. Good Governance is the need of the hour in the development sector to ensure and promote the application of best management practices, compliance of law and adherence to best possible ethical standards. Good governance is about the process of making and implementing decisions. It's not only about making 'correct' decisions, but also about establishing the best possible processes for making those decisions. HR needs to be responsible for establishing an ethical culture within an organization that enables the function to achieve strategic and operational objectives and performance outcomes. The entire management processes and practices of CINI complies with the principles of 'Good Governance'. The Institute always follows credibility norms for ensuring good governance in the organisation. CINI works on a delegated work environment and policies and decisions are made through a four-tier system. Through various forums like staff meetings, core group, finance committee, a unique understanding is created for a transparent decision-making process. The Governing Body sets the broad guidelines for the institute and ensures good governance. The Board holds meeting every quarter. Audit reports along with programme reports are discussed in the Governing Body to take suitable and necessary steps if required. Based on the update, various guidance and decisions are given by the Board for the smooth functioning of the institute. The Board is not involved in the day to day operation of the institute.

Induction Program conducted on 8th November 2019

It was a huge success. We had 29 participants covering all Units and Head Office and all of them contributed actively in the session. The participants gave positive feedback of the programme. The total session was very informative and helpful. They had great learning experiences throughout the day. Here are some glimpses of the program: insert photo

Policy Report

Annual report of Internal Complaints Committee as per the Section 21 of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) 2013
### Reporting period (April 2019 to March 2020)

<table>
<thead>
<tr>
<th>SI #</th>
<th>Event</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Number of complaints of Sexual Harassment received in the year</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>Number of complaints disposed within the year</td>
<td>0</td>
</tr>
<tr>
<td>C</td>
<td>No of cases pending for more than ninety days</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>No of workshops or awareness programs against Sexual Harassment carried out</td>
<td>37</td>
</tr>
<tr>
<td>E</td>
<td>Nature of action taken by the employer</td>
<td>0</td>
</tr>
</tbody>
</table>

### Governing Body Members

- **President**
  - Prof. Kalyan Sankar Mandal
- **Secretary**
  - Dr. S. N. Chaudhuri
- **Treasurer**
  - Sri Amit Kr. Dasgupta
- **Member**
  - Dr. M. N. Roy
  - Prof. Sougata Ray
  - Smt. Sunanda Bose
  - Dr. Charulatha Banerjee
  - Ms. Saswati Banerjee
Finance
Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the Financial Statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the Financial Statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
INDEPENDENT AUDITOR'S REPORT
To CHILD IN NEED INSTITUTE

Opinion

We have audited the financial statements of CHILD IN NEED INSTITUTE, which comprise the Balance Sheet as at March 31, 2020, and the Income and Expenditure Account and Receipt and Payment Account for the year then ended, and notes to the financial statements including a summary of significant accounting policies.

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


b. In the case of the Statement of Income and Expenditure of the Surplus for the year ended on that date.

c. In the case of the Receipt and Payment Account for the year ended on that date.

Basis for Opinion

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

Emphasis of Matter

We draw attention to Note No.16 of the Financial Statements, as regards to the management’s evaluation of COVID-19 influence on the future performance of the entity.

Our opinion is not modified in respect of the matter.

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

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

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

Those charged with governance are responsible for overseeing the entity’s financial reporting process.
CHILD IN NEED INSTITUTE

CONSOLIDATED
Balance Sheet as at 31st March 2020

<table>
<thead>
<tr>
<th>SOURCES OF FUNDS</th>
<th>Sch</th>
<th>Current Year</th>
<th>Amount in Rupees</th>
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<td>General Fund</td>
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<td>Specific Funds</td>
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<td>Current Liabilities</td>
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<td></td>
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<td>30,57,19,503</td>
<td>29,88,94,182</td>
</tr>
</tbody>
</table>

APPLICATIONS OF FUNDS

<table>
<thead>
<tr>
<th></th>
<th>Sch</th>
<th>Current Year</th>
<th>Amount in Rupees</th>
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<tbody>
<tr>
<td>Fixed Assets</td>
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<td>4,49,41,649</td>
<td>4,86,50,980</td>
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<td>Investments</td>
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<tr>
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<tr>
<td>Loans &amp; Advances</td>
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<td>57,25,684</td>
<td>54,47,852</td>
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<tr>
<td></td>
<td></td>
<td>30,57,19,503</td>
<td>29,88,94,182</td>
</tr>
</tbody>
</table>

Significant Accounting Policies & Notes to Accounts

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

For Salarpuria & Partners Chartered Accountants

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

On Behalf of Governing Body

Prof. Kalyan Sarkar Mandal
President

Amit Kumar Dasgupta
Treasurer

Debasish N Chaudhuri
Secretary

*Place: Kolkata
Date: 3rd September 2020.
Way Forward
Way Forward

Dear Friends of CINI,

All of us are struggling to cope with the “new normal”, a way of life we have to adapt, to prevent the virus to take hold and carry away our beloved ones. We are facing immense challenges in our family and work life, learning to work from home, maintaining social distance, wear masks and keep washing our hands frequently.

CINI has risen to the need of the day to provide food, counseling support and working with our front line colleagues such as Anganwadi and ASHA workers to reach out to the communities we serve to prevent the spread of the virus. As the acceptance and ownership of all the preventive approaches to reduce the spread of the infection lie with individuals, we are adapting to on-line and off-line modes of communication, observing all the norms of preventing the spread.

One of the reasons why CINI is attractive to donors is our prime objective to convince the poor that they have to take control of their lives – which the CINI Method tells them how. There are a plethora of government programmes to help people improve their nutrition, health, education and protection, the four main intervention areas of the CINI Method. Our job is to add value to these government programmes paid for by the taxpayers and make them “user friendly” for the poor.

Through our State Units in Odisha, Jharkhand, Assam and WB we will continue to keep our focus on North East through our “look east policy” reaching out to more deprived families in these hard to reach areas of our country. We will give priority to focus on non communicable diseases (NCD) such as obesity, diabetes, cancer and cardio vascular diseases which are rampant in both rural and urban areas, adopting preventive strategies in early childhood and adolescent period.

We are adopting cost cutting measures and adapting to the funding shortfall due to the economic crisis. Our communication strategies will have to go digital to bring about behaviour change, for this we need to be trained. Though limited availability of smart phones, internet connectivity and power seem to be daunting at this point of time. As a “learning organisation” we need to consolidate our learning and get our views across through publications, a job that CINI Resource Centre (CRC) need to follow up with more rigor. All these will remain as our “wish list” till we can garner adequate resources to fulfil our dreams! So I request all our donors as well as our “Friends of CINI” to help us get there.

Dr Samir Chaudhuri
Founder Secretary
Acronyms

- AHTU – Anti Human Trafficking Unit
- AIDS – Acquired Immuno Deciency Syndrome
- ANC – Ante Natal Care
- ANM – Auxiliary Nurse Midwife
- ARC – Adolescent Resource Centre
- ARI – Acute Respiratory Infection
- ARSH – Adolescent Reproductive Sexual Health
- ART – Anti Retroviral therapy
- ASHA – Accredited Social Health Activist
- ATSEC – Action against Trafficking and Sexual Exploitation of children
- AWC – Anganwadi Centre
- AWWs – Anganwadi Workers
- BDO – Block Development Officer
- BFM – Beneciary Feedback Mechanism
- BMI – Body mass index
- BSF – Boarder Security Force
- CBO – Community Based Organization
- CCRC – CINI Chetana Resource Centre
- CDPO – Child Development Project Officer
- CESC – Calcutta Electric Supply Corporation
- CFC – Child Friendly Communities
- CG – Community Group
- CHCMII – Community Health Care Management Initiative
- CINCOMM – CINI Community Initiatives
- CINI – Child in Need Institute
- CLR – Child Labour Rules and Regulation Act
- CMS – CINI Management System
- CPC – Child Protection Committee
- CPRC – Child Protection Resource Centre
- CSNCR – Civil Society Network of Child Rights
- CSO – Civil Society Organization
- CSR – Corporate Social Responsibility
- CTI – Collaborative Training Institute
- CWC – Child Welfare Committee
- CWIN – Child Workers In Nepal
- DCPS – District Child Protection Society
- DCPU – District Child Protection Unit
- DFID – Department for International Development
- DoHFW - Department of Health and Family Welfare
- DIC – Drop In Centre
- DPO – District Programme Officer
- DSP – Deputy Superintendent of Police
- DWCD – Department of Women and Child Development
- DWCD & MS – Department of Women & Child Development and Mission Shakti
- ECCE - Early Childhood Care and Education
- ECPAT - End Child Prostitution and Tracking
- ECS - Early Childhood Stimulation
- ENT - Ear Noseroat
• **EPHN** - Education Protection Health and Nutrition
• **ERC** - Education Resource Centre
• **ESI** - Employees' State Insurance
• **FIR** - First Information Report
• **CSW** - Commercial Sex Worker
• **FC** - Foreign Contribution Regulation Act
• **FRU** - Fund Raising Unit
• **GD** - General Diary
• **GP** - Gram Panchayat
• **HBYC** - Home-Based Care for Young Child
• **HIV** - Human Immunodeficiency Virus
• **HR** - Human Resources
• **HRG** - High Risk Groups
• **HUII** - Harvard US India Initiative
• **IACN** - India Alternative Care Network IACR – Indian Alliance for Child Rights
• **IALSE** - Indian Association for Life Skills Education
• **IAY** - Indira Awas Yojna
• **ICDS** - Integrated Child Development Services
• **ICPD** - International Conference on Population and Development
• **ICPS** - Integrated Child Protection Scheme
• **ICT** - Information and Communication Technology
• **ICTC** - Integrated Counselling and Testing Centre
• **IEC** - Information Education Communication
• **IFA** - Iron Folic acid Tablet
• **IGNOU** - Indira Gandhi National Open University
• **IICHA** - Indian Initiative for Child Centred and HIV/ AIDS Approach
• **IIHMR** - Indian Institute of Health Management and Research
• **ILA** - incremental learning approach
• **ITPA** - Immoral Tra c Prevention Act
• **IYCF** - Infant and Young Child Feeding
• **JJ Act** - Juvenile Justice (Care and Protection of Children) Act
• **JSSK** - Janani Shishu Suraksha Karyakaram
• **JSY** - Janani Suraksha Yojana
• **KMC** - Kolkata Municipality Corporation
• **KP** - Kanyashree Prakalpa
• **LCA** - Life Cycle Approach
• **MAM** - Moderately Acute Malnutrition
• **MARP** - Most At Risk population
• **MAS** - Mahila Arogya Samity
• **MCH** - Mother and Child Health
• **MCP** - Mother and Child Protection
• **MCPC** - Mother and Child Protection Card
• **MGNREGA** - Mahatma Gandhi National Rural Employment Guarantee Act
• **MLA** - Member of Legislative Assembly
• **MOHFW** - Ministry of Health & Family Welfare
• MTC - Malnutrition Treatment Centre
• NACG - National Action & Coordination Group
• NACGEVAC - National Action and Coordination Group for Ending Violence Against Children
• NACO – National Aids Control Organization
• NART - National Adolescent Resource Team
• NCCS - Nutrition Counselling and Child Care Session
• NCD - Non-communicable diseases
• NCERT - National Council for Education Research and Training
• NGO - Non Government Organization
• NHM - National Health Mission
• NRC - Nutrition Rehabilitation Centre
• NRHM – National Rural Health Mission
• NTP – National Training Partner
• NUHM - National Urban Health Mission
• NYK - Neheru Yuva Kendra
• OHCRC - Office of the United Nations High Commission for Human Rights
• ORWs - Outreach Workers
• PCPNDT - Pre-Conception and Pre-Natal Diagnostic Techniques
• PLA - Participatory Learning and Action
• PLHAs - People Living with HIV & AIDS
• PNC - Post Natal Care PNC Kit – Post Natal Care Kit
• POSCO - Protection of Children from Sexual Offence
• PPTCT - Prevention of Parents to Child Transmission
• PRA - Participatory Rural Appraisal
• PRI - Panchayati Raj Institution
• RCH - Reproductive and Child Health
• RGNIYD - Rajib Gandhi National Institute for Youth Development
• RKS - Rogi Kalyan Samities
• RKSK - Rashtriya Kishor Swasthya Karyakram
• RLM - Rural Livelihoods Mission
• RMNCH+a - Reproductive Maternal Newborn and Child Health and Adolescent Health
• RMSA - Rashtriya Madhyamik Shiksha Abhiyaan
• RNTCP - National Tuberculosis Control Program (Now Renamed as National Tuberculosis Elimination Program)
• RRC - Regional Resource Centre
• RSBY - Rashtriya Swasthya Bima Yojana
• RTE - Right to Education
• SAARC - South Asian Association for Regional Cooperation
• SABLA - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)
• SACS - State AIDS Prevention and Control Societies
• SAG - Scheme for Adolescent Girls
• SAIEVAC - South Asia Initiative to end Violence against Children
• SAM - Severely Acute Malnutrition
• SBI - State Bank of India
• SDC - School Development Committee
• SDG - Sustainable Development Goals
• SDP - School Development Plan
• SHG - Self Help Group
• SNP - Supplementary Nutrition Programme
• SPJIMR - S P Jain Institute of Management and Research
• SRHR - Sexual and Reproductive Health and Rights
• SRH - Sexual Reproductive Health
• STC – State Training Centre
• STI - Sexually Transmied Infection
• STRC - State Resource Training Centre
• SW - Social Welfare
• TB - Tuberculosis
• THR - Take Home Ration
• TISS - Tata Institute of Social Sciences
• TOUCH - Targeted Outreach for Upliment of Community Health
• TT - Tetanus Toxoid
• ULB - Urban Local Bodies
• UNCRC - United Nations Convention on the Rights of the Child
• UNFPA - United Nations Population Fund
• UPHC - Urban Primary Health Centre
• VANI - Voluntary Action Network of India
• VHA - Voluntary Health Association
• VHND - Village Health and Nutrition Day
• VHRC - Village Health Resource Centre
• VHSNC – Village Health Sanitation and Nutrition Committee
• VLCPC - Village Level Child Protection Committee
• WASH - Water Sanitation and Hygiene
• WBNEWA - West Bengal Small Newspaper Editors Welfare Association
• WBSACS - West Bengal State AIDS Control Society
• WCCR - Working Committee on Child Rights
• WCD - Women and Child Development
• WHP – World Health Partner
• WHO - World Health Organization
• WIFS - Weekly Iron and Folic Acid Supplementation
• WLCPC - Ward Level Child Protection Committee
• WRA - White Ribbon Alliance
Acknowledgements

- Amplify Change, London, United Kingdom
- Asia Heart Foundation Nursing School, Kolkata, India
- Azim Premji Philanthropic Initiatives, Bengaluru, India
- Banerjee Foundation, USA
- Bengal Institute of Business Studies, Ballygunge, Kolkata, India
- Bill & Melinda Gates Foundation, Washington, USA
- Bose Legacy Foundation, England & Wales, United Kingdom
- Centre for Catalyzing Change (C3) (Formerly CEDPA India), New Delhi, India
- Ceratizit India Pvt. Ltd., Howrah West Bengal, India
- Calcutta Electric Supply Corporation Limited, Kolkata, India
- Charities Aid Foundation (CAF), New Delhi, India
- Chiesa Valdes, Italy
- Child Fund India, New Delhi, India
- Childline India Foundation, Mumbai, India
- Chloride Power Systems & Solutions Limited, Kolkata
- CINI Australia, Angelo St. South Perth WA 6151, Australia
- CINI Holland, 1213 VM Hilversum, The Netherlands
- CINI Italia Onlus, Verona, Italy
- CINI UK, The Old Free Kirk, Baldernock, Milngavie, Glasgow G62 6HA
- CINI USA Inc., 3062 4th Street, Boulder CO 80304, USA
- Clay Brendish, United Kingdom
- COLUMBIA GROUP FOR CHILDREN, Columbia University, USA
- Compassion East India, Kolkata, India
- Consortium for Street Children, London, United Kingdom
- Child Welfare Committee: All districts in CINI's intervention areas

- Amplify Change, London, United Kingdom
- Asia Heart Foundation Nursing School, Kolkata, India
- Azim Premji Philanthropic Initiatives, Bengaluru, India
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- Compassion East India, Kolkata, India
- Consortium for Street Children, London, United Kingdom
- Child Welfare Committee: All districts in CINI's intervention areas
• District Child Protection Unit: All districts in CINI's intervention areas
• Department of School Education, Govt. of West Bengal
• Department of Health and Family Welfare, Govt. of Assam
• Department of Health and Family Welfare, Govt. of Jharkhand
• Department of Health and Family Welfare, Govt. of Odisha
• Department of Health and Family Welfare, Govt. of West Bengal
• Department of Home and Hill Affairs, Govt. of West Bengal
• Department of Labour, Employment & Training, Jharkhand
• Department of Panchayat & Rural Development, Govt. of Assam
• Department of Panchayat & Rural Development, Govt. of Jharkhand
• Department of Panchayat & Rural Development, Govt. of Odisha
• Department of Panchayat & Rural Development, Govt. of West Bengal
• Department of Women & Child Development and Social Welfare, Govt. of Assam
• Department of Women & Child Development and Social Welfare, Govt. of Jharkhand
• Department of Women & Child Development and Social Welfare, Govt. of Odisha
• Department of Women & Child Development and Social Welfare, Govt. of West Bengal
• District Administration: All districts in CINI's intervention areas
• District Health and Family Welfare Samity: All districts in CINI's intervention areas
• District Inspector of Schools: All districts in CINI's intervention areas
• District Programme Officer, ICDS: All districts in CINI's intervention areas
• District Social Welfare Officer: All districts in CINI's intervention areas
• Dr. Goviraghi & Dr. Ciraci, Italy
• Exide Industries Ltd, Kolkata, India
• Fondazione San Zeno, Verona, Italy
• Food and Nutrition Board, Govt. of India, New Delhi
• Ford Foundation, New York City, USA
• The George Institute of Global Health, Level 5/1 King St, Newtown NSW 2042, Australia
• Georgetown University, 3700 O St NW, Washington, DC 20057, United States
• Girls Not Brides, India
• Give Foundation Inc., Mumbai, India
• HCL Foundation, Noida, India
• HIMSERVE, Siliguri, West Bengal, India
• Hope and Homes for Children, Salisbury, United Kingdom
• Hummingbird Foundation, London, United Kingdom
• IIMPACT, Gurgaon, India
• Impact Foundation India (DASRA), Mumbai, Maharashtra, India
• International Labour Organization, New Delhi, India
• Ipas Development Foundation, New Delhi, India
• Jal Seva Charitable Foundation, New Delhi, India
• JEPC (Jharkhand Education Project Council), Jharkhand, India
• Johnson & Johnson, Kolkata, India
• JSW Cement, Kolkata, India
• Khadim India Limited, Kolkata, India
• Larsen & Toubro Ltd., Kolkata, India
• Mannion Daniels, Universal House, Queens Parade Place, Bath BA1 2NN, United Kingdom
• MARZOTTO Investment House, Milan, Italy
• Ministry of Education, Govt. of India (MHRD)
• Ministry of Health and Family Welfare, Govt. of India
• Ministry of Home Affairs, Govt. of India
• Ministry of Women and Child Development, Govt. of India
• Mundo Cooperante, Madrid, Spain
• NASSCOM Foundation, New Delhi, India
• National Deaf Children's Society, London EC2A 4LS, United Kingdom
• National Foundation for India, New Delhi, India
• National Health Mission, New Delhi, India
• National Mission for Empowerment of Women (NMEW), New Delhi, India
• National Stock Exchange Foundation, Mumbai, India
• National Institute of Health and Family Welfare (NIHFW), New Delhi, India
• Nutritional International (NI),180 Elgin Street, Suite 1000 Ottawa, Ontario, Canada
• OAK Philanthropic,1216 Cointrin, Switzerland
• Oracle India Private Limited, New Delhi, India
• Outotec India Pvt. Ltd., Kolkata, India
• Oxfam India, Delhi, India
• Plan India, New Delhi, India
• Population Action International,Washington, D.C, USA
• Population Foundation of India (PFI), New Delhi, India
• Public Health Foundation of India, New Delhi, India
• PYARI ONLUS, Milano, Italy
• Quest Properties India Ltd.
• SAMHITA SOCIAL VENTURES, Mumbai, India
• Save the Children – West Bengal, India
• Secretary, DLSA - All districts in CINI's intervention areas
• Shree Shree Lakshmi Narain Deo Trust, Kolkata, India
• Sir Dorabji Tata Trust & Allied Trusts, Mumbai, India
• Sky Children, Monza (MB), Italy
• Samagra Siksha Mission, Assam
• Samagra Siksha Mission, India
• Samagra Siksha Mission, Jharkhand
• Samagra Siksha Mission, West Bengal
• State Health Mission Assam
• State Health Mission Jharkhand
• State Health Mission Odisha
• State Health Mission, West Bengal
• State Rural Livelihood Mission, West Bengal
• Stichting Simavi, Amsterdam, Netherlands
• Street Invest, Twickenham, TW1 2AR, United Kingdom
• TATA Chemicals, Kolkata, India
• TATA Metaliks, Kolkata, India
• Tavola Valdese, Italy
• The Hans Foundation, New Delhi, India
• Tata Institute of Social Sciences - School of Vocational Education (TISS-SVE), Mumbai, India
• TM International & Logistics Ltd., Kolkata, India
• Tractors India Limited, Kolkata, India
• UK Online Giving Foundation, United Kingdom
• UNICEF, Jharkhand, Odisha, West Bengal
• United Way Mumbai, Mumbai, India
• Vital for Children, London, United Kingdom
• Water Aid, New Delhi, India
• White Ribbon Alliance for Safe Motherhood
• World Vision India, Jharkhand, India

Schools & Colleges

• Bishop Westcott Boys' School, Namkum, Ranchi, India
• Calcutta Nursing Training Institute (CNTI), Kolkata, India
• Cluny Convent School, Hazaribag Road, Ranchi, India
• Delhi Public School, Fulbari- Siliguri, Durgapur, Howrah,
Joka, West Bengal, India
• Devaki Memorial School, Newtown Kolkata, India
• ESI Nursing school, Maniktala, Kolkata, India
• Godwin Modern School, Kurseong, West Bengal, India
• Godwin Modern School, Siliguri, West Bengal, India
• Goethals Memorial School, Kurseong, West Bengal, India
• Gokhale college, Kolkata, India
• Gokhale Memorial Girls' School, Kolkata, India
• Greenhill English School, Darjeeling, West Bengal, India
• Gurbachan Singh Sondhi Girls School, Mudiali, Kolkata, India
• Haryana Vidya Mandir, Salt Lake, Kolkata, India
• Hartley Higher Secondary School, Garcha, Kolkata, India
• Hartley public school, Sarat Bose Road, Kolkata, India
• Howrah south point school, West Bengal, India
• IEM Public School location, Salt Lake, Kolkata, India
• Immanuel International Academy, Siliguri, West Bengal, India
• International Public School, Ranchi, India
• Marian Co-Educational School, Kasba, Kolkata, India
• Modi Public School, Ranchi, India
• New International Public School, Dumdum Kolkata
• Nirja Sahay DAV Public School, Kanke, Ranchi, India
• Notre Dame Academy, Darjeeling, West Bengal, India
• Nursing Training Centre – ESI Hospital Sealdah, Kolkata, India
• Queen's Park Pvt. School, Ballygunge, Kolkata, India
• Rainbow High School, Picnic Garden, Kolkata, India
• Royal Academy-Siliguri, West Bengal, India
• S.L Bajoria Foundation High School, Sajua, Bibirhat, 24 PGS
• Silverpoint School, Kasba, Kolkata, India
• South City International School, Jadavpur, Kolkata, India
• St John's School, Ranchi, India
• St Augustine School, Kurseong, West Bengal, India
• St Francis International School, CIT Road, Kolkata, India
• St Joseph's Girls Higher Secondary School, Kurseong, West Bengal, India
• St Paul's school, Primary wings, Darjeeling, West Bengal, India
• Sunny Prep & High School, Behala, Kolkata, India
• Sunshine High School, Kurseong, West Bengal, India
• Techno India School, Merual, Raiganj, West Bengal, India
• The Crescent School, Topsia, Kolkata, India
• The Foundation Senior Secondary School, Oxytown, Kolkata, India
• The Good Shepherd Mission School, Silpara, Kolkata, India
• Ursuline Convent Girls' primary School, Ranchi, India
• Victoria Boys' School, Kurseong, West Bengal, India

Individuals

• Accenture volunteers
• Debjani Sanyal, Professor
• Dr. Sisir Kr. Chattopadhyay, Scientist
• Jharna Banerjee
• Joganando Ganguly
• John O'Shea
• Mr. Jyotish Prasad (Education Consultant and Ex. State Resource Person, Dept. of Education, Jharkhand)
• Mr. D. K Saxena (Director, ICPS, Jharkhand)
• Rajib Basu, Business Man
• Rudranil Ghosh, Actor
• Sabyasachi Chakraborty, Service
• Sanjukta Gupta
• Tilak Kumar Bose
Sponsorships
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. Adopt a Mother and Save her Child project concentrates on ante natal care and the rest two years of a child's life, during which time, proper nutrition is particularly critical. CINI believes that the most effective way to give a child born into a poor family the best possible start in life is through its mother; nobody is going to take care of her unborn child or her infant, but she needs to be given the right support. Your donation can help provide that support in the form of nutritional advice, ante and post-natal care, and improved access to government facilities like hospitals for institutional deliveries and child vaccination programmes. These are all crucial factors in ensuring a safe pregnancy and delivery for the mother and a healthy start in life for her child.

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

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

*Educate a Child*

For a donation of 8000 rupees, you can support a child in education over a two year period. The Educate a Child programme concentrates on children aged from 5 to 16 years in deprived urban areas. It focuses on getting children into education and keeping them there.
Street children, children without parents, children of sex workers and children from the slums need to have an environment conducive to learning. The money you give will be used for school fees, uniforms and educational materials. Similar to the Adopt a Mother programme, you are linked to a particular child and will receive three reports about his or her progress over the two year period: first, some background information about the child; then a drawing by the child after 1 year; and finally, a report at the end of the programme. However, the money you donate will be used to support many more children as CINI works in local communities to highlight the importance of education and bring about a change of attitude in people who feel that a working child is better than an educated child.

**Feed a Child**

You can help us rescue children from various abuses and vulnerable situations, as young as 6 years old. They stay at our short stay home for a few months. They are lost, helpless but still have a hope, hope that one day; they will be united with their families. You can provide them with healthy nutritious food four times a day. On an average there are around 40 children living in our home. For a donation of 3000 rupees, you can support a child with healthy food for a month.

**General Fund**

We welcome donations of any amount to cover other activities such as providing Out Patient Care Services, running of the Weekly Clinic.

Contact cinifr@cinindia or 9830159393 to support us!
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