

Annual Report  
**2010-2011**



**Calcutta Rescue**  
Caring for the underprivileged



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**Calcutta Rescue provides all services free to the most needy people of Kolkata, West Bengal and other areas through health clinics, schools, vocational training and preventive health programmes. We aim to improve levels of health, education and earning opportunities for current and new service users.**



**Calcutta Rescue provides a 'Health Plus' and 'Education Plus' service which not only offers medicine and education but also nutrition and other necessities for healthy living**



### Vision and Mission

Our Vision and Mission express the future we are striving to achieve and the means by which we will achieve it. We will continue to:

- Develop our 30-year programme of essential help to people in the harsh conditions of poverty in Kolkata, West Bengal and other areas.
- Provide free healthcare, education and ways of combating poverty until people who are disadvantaged and neglected achieve universal and the best possible healthcare together with full educational opportunities for their children.
- Provide a 'Health Plus' and 'Education Plus' service which not only offers medicine and education but also nutrition and other necessities for healthy living, information to maintain health and literacy and numeracy skills.
- Monitor the impact of our services and respond to changing and new needs.

### Values

Our Values are our beliefs about how we should work with people:

- All people have equal rights to health, education and hope.
- All people have strengths and assets.
- It is possible to make a positive difference in the lives of poor people and their children.
- A well-trained and motivated staff makes a difference in the lives of poor people.

### This means that Calcutta Rescue:

- Offers services to people irrespective of age, gender, caste, creed or religion.
- Always provides services free of cost.
- Empowers its service users to effectively manage their health and general well being.
- Works to fill gaps in services offered by others without duplication.
- Demonstrates compassion, support and concern for its service users and their families.
- Is flexible and looks for solutions to meet the needs of individuals.
- Aims for the highest level of integrity in all its activities
- Aims to provide services of the highest possible quality on which service users can rely.



### **Dear Collaborators and Supporters of Calcutta Rescue,**

Once again I have been asked to write a message for the annual report. Nowadays as one sees the mad rush for wealth and the consumerism which it fosters with its attendant ignoring of the poverty stricken of the city, it is heartening to observe Calcutta Rescue's continuing efforts to provide quality medical care to such large numbers of the city's most neglected and forgotten people. Day after day, year after year, I have observed them carrying on even in the midst of the most difficult situations.

This report offers us an insight into all that has been achieved over the past year and is well worth reading. There is such an effort made to meet every possible need and suffering and in spite of the numbers, each person gets personal attention and treatment from doctors and assistants alike who never lose patience even though often sorely tried! Congratulations once again on your fantastic work, which has been so well recognized by the Rockefeller Foundation and deservedly so!

I wish Calcutta Rescue many more years of wonderful service to the poorest of Kolkata's citizens and pray for God's special blessings on the organization, which works so hard to serve them.

*S. M. Cyril, Secretary of the Governing Council*

**It is heartening to observe Calcutta Rescue's continuing efforts to provide quality medical care to such large numbers of the city's most neglected and forgotten people.**



**Calcutta Rescue was judged the Joint Winner of the BEST NGO (medium sized) in India by the Resource Alliance and the Rockefeller Foundation.**

**Greetings from Calcutta Rescue, Kolkata,**

My sincere thanks to all staff, volunteers, Governing Council Members and Support Group Members for their dedicated work, efforts and support which enabled us to continue for another year.

The year has been notable on many counts. The International Meeting at Cologne, Germany, attended by most of the Calcutta Rescue Support Group Members made some breakthrough decisions for the future of the charity in Kolkata. This was followed by a very significant recognition for Calcutta Rescue and it was judged the Joint Winner of the BEST NGO (medium sized) in the whole of India by the Resource Alliance and the Rockefeller Foundation. This has been by far, the most appropriate recognition of the services started by Dr. Jack Preger over 3 decades ago. This has not only lent credentials to Calcutta Rescue as a whole but also will help Calcutta Rescue Kolkata in its local public relations and fundraising efforts in the future.

Another important development in Calcutta Rescue has been the review of the Strategy Plan. With able support of a volunteer from the UK and participation of staff over a series of meetings, discussions, workshops, a strategy plan has been developed for the organization for the next 2 years. It is envisaged that this will be a phase of consolidation, providing the necessary launching board for further improvement of services and development of Calcutta Rescue in the future.

Though our income depends on donations from abroad, progress is being made on local fundraising as approximately 4% of our income now comes from donations from India and efforts are underway to enhance it in the forthcoming years through our Public Relations and Local Fundraising initiatives.

I once again thank everybody, who has supported Calcutta Rescue in its journey in 2010-2011.

*Dr. G. M. Rahaman, CEO*

	Direct Participation (No. of People)	No. of Attendances
<b>Healthcare</b>		
Belgachia Clinic	881	10'160
Sealdah Clinic	316	4'377
Tala Park Clinic	3'692	19'617
Chitpur Clinic	300	4'377
DOTS (urban)	179	5'040
DOTS (rural)	117	1'313
HIV	87	842
Street Medecine	1'361	1'629
TIPS (urban)	1'927	1'974
TIPS (rural)	330	583
RCH Family Planning	1'420 (couples)	1'420
RCH ante natal	114	216
RCH Immunisation	162	3'431
Disability Department	140 (not counted in overall total as patients of other services)	1'200
Physiotherapy		2'194
<b>Education</b>		
Formal	458	
Non-formal	140	
Hostel	41	
<b>Development</b>		
Vocational	38	
Handicrafts	39	
Weaving	13	
Arsenic Mitigation	850 persons (170 Families)	
<b>Total</b>	<b>1' 71, )</b>	<b>1' 2 +'</b>



**We continue to target our work on those who are not reached by other providers, offering services that no one else provides or which poor people cannot afford.**

### **Letter from Deputy CEO (Health & Operations)**

India is the second most populated country in the world and makes up one sixth of the global population, with a high density of its population living in urban areas. However, the majority of India's population lives in rural areas where access to services including healthcare and amenities, such as clean water and electricity is scarce.

Over the last decade India has seen rapid economic growth. Whilst the number of people living below the poverty line has gradually been falling, extreme poverty and malnutrition are the realities for millions of people. Many of the inequalities are linked to gender and class.

The increasing affluence in India and a growing social conscience has led to an expansion of free medical services provided by the Government in West Bengal. This is welcomed by Calcutta Rescue, which as a charitable organisation is continually evaluating and readjusting the services it provides. Only through this process can we reallocate resources to continue to target our work on those who are not reached by other providers, offering services that no one else provides or which poor people can't afford. Calcutta Rescue continues to be responsive to meeting the challenges of not only socio-economic changes but also the changing patterns of diseases. There is thus an ever-increasing emphasis on preventive medicine including immunisations and arsenic filtration systems. There is also a growing need for providing treatment of more complex and chronic medical conditions, which require Calcutta Rescue to secure sufficient funding to guarantee the ongoing costs of drugs and care of these patients. For example sometimes the tests and general medicines are now free of charge at government hospitals but most of the drugs and the follow-up care are not. Calcutta Rescue supports people with conditions such as diabetes, heart conditions, cancers, leprosy, TB, drug resistant TB and HIV, Wilson's disease, thalassaemia and asthma. Calcutta Rescue works in partnership with the government programmes like TB and Reproductive Child Health. Direct Observation Treatment short course (DOTS) in both urban and rural settings as well as DOTS plus treatment for drug-resistant TB cases under Kolkata Municipal Corporation are provided. The Tala Park unit of Calcutta Rescue is running a Mother and Child Health programme where antenatal and post-natal care is provided to mothers along with malnourished children. For some patients, Calcutta Rescue will obtain sponsorship to cover expensive and life-saving surgery and follow-up treatment, in some cases this can be lifetime treatment.

Despite these changes, Calcutta Rescue continues to provide high-quality services with a 'personal touch', giving hope, faith and encouragement to so many people. We have a holistic approach to healthcare, offering medical advice along with free supply of medicines, nutrition, clothing, education support and accessible basic health awareness, as most of the people we serve are illiterate. This holistic healthcare system provides support for the patients and their family within their social context and engages other healthcare providers to ensure maximum outcomes.



For example, Calcutta Rescue is supporting a widowed father who has multi resistant HIV and is receiving his HIV treatment from the government hospital. We are not only providing the father with supplementary foods and vitamins plus money for his travel costs to attend the clinic, but we are also supporting his son in formal education, including the provision of school uniform, educational resources and daily meals. This man has stated that Calcutta Rescue is his lifeline and he does not know how he and his son would manage without its support.

Calcutta Rescue's Strategy Management Team is presently working on our Strategic Plan. Each project has drawn up their action plan on three main priority areas like capacity building, reporting and fund raising with profile building.

We would love to extend our services to more people but are limited by high patient to staff ratios, limited space in clinics and a shortage of qualified staff including doctors. However, we continue to be passionate and motivated about the work we do with the knowledge we are making a difference to some of the most marginalised people in Kolkata and some of the rural areas in West Bengal. We could not do this without the continued support of the Governing Council, Support Groups, donors, volunteers, management staff and the commitment of the field and support staff.

*Dr. Alokanda Ghosh, Deputy CEO (Health & Operations)*

**We would love to extend our services to more people but are limited by high patient to staff ratios, limited space in clinics and a shortage of qualified staff including doctors.**



**Recently, Belgachia clinic started catering for special cases such as diabetes, hypertension, rheumatoid arthritis, neurological disorders as well as some general patients.**



## **Belgachia Clinic**

Belgachia Clinic started in 1998 with outreach patients from the local areas of Raja Manindra Road and Belgachia and then extended its services to all over Kolkata and rural areas of West Bengal. The majority of its patients come from the urban areas. More recently the clinic started catering for special cases such as diabetes, hypertension, rheumatoid arthritis, neurological disorders as well as some general patients.

We have on average 34 patients a day attending for treatment. We had 80 new patients enrolled during the year gradually increasing the average attendance per day. We had 9'943 patient contacts over the past year over 292 working days.

289 patients were referred from Calcutta Rescue clinics and attended ECG tests at Belgachia Clinic. 121 patients from various clinics received spectacles from the clinic.

14 patients undertook vocational training with Calcutta Rescue's urban vocational training project.

### **Some examples of our work**

A 25-year-old patient with hydrocephalus came into our clinic with severe headaches and vomiting. The patient was referred to one hospital by one of the clinics doctors but was not admitted. He was referred to another hospital where the neurosurgeon operated. He was discharged from hospital and is on new-anti convulsive medication and doing well.

A 56-year-old woman with hypertension, hypothyroidism and diabetes presented to the clinic with chest pains. She was immediately referred and admitted to hospital. The patient underwent procedures to prevent an obstruction of the blood vessels in the heart. She is now on new medication and in a stable condition.

### **Service Developments and plans for next year**

We would like to increase the budget to be able to take on more new patients and if funding permits we would like to provide benefits to some of the older dependant patients.

Ongoing upskilling of our staff is also planned so that they have a wide range of skills and competencies.

*Mr. Subhasish Som, Clinic Supervisor*



**Most of our patients no longer have active leprosy but have been left with deformities and unhealed wounds. The Clinic currently has 198 patients who have been left with deformities due to leprosy.**



### Chitpur Clinic

Chitpur Clinic is located on the banks of the river Hooghly and is a temporary structure to comply with the port authorities. The clinic specialises in treating people with Hansen's disease (leprosy) and runs a clinic 6 days a week from 9 a.m. onwards.

There are currently 7 staff including one part-time doctor and a shoe maker. On the days the doctor is not present, patients come for wound dressings, multi-vitamins and other benefits such as food and clothing.

We provide health education to patients attending the clinic about a wide range of diseases, as well as hygiene maintenance. Patients are also taught how to take their medication.

Calcutta Rescue's physiotherapist comes to the clinic on alternate Mondays.

Most of our patients no longer have active leprosy but have been left with deformities and unhealed wounds. In the past year, the clinic undertook an assessment of 181 patients. The clinic currently has 198 patients who have been left with deformities due to leprosy.

Wound dressings are carried out on a regular basis and out of the 84 patients with wounds, 67 continue to require ongoing care as their wounds remain unhealed. However, 17 patients' wounds healed during this period.

Most of our patients attend the clinic on a long-term basis and not only do we meet their medical needs but as with other Calcutta Rescue projects, we provide our beneficiaries with other support such as financial help towards rent and repairs, financial support for dependant children and help with the costs of mobility equipment such as tricycles.

As many of the patients have problems with their feet, a shoe technician comes to the clinic every morning to fit or repair the special fitted shoes for the patients so that their feet are protected to reduce further injuries and wounds.

*Ashis Mondol, Clinic supervisor*

### Sealdah Clinic

Sealdah clinic is hosted by the Loreto Day School, minutes away from the busy Sealdah train station. Its central location and proximity to good transport makes it very accessible to many of our patients. The clinic continues to treat over 850 patients, providing free consultations, medical treatment, health education, nutritional benefits and travel allowances to the patients.

We have nearly 491 patients that are specialist category patients with cardiac, diabetes, lung diseases and cancers, and 367 general patients. Numbers of patients attending the clinic average around 35 per day with another 20 patients coming for physiotherapy every month.

### Sponsored patient

Calcutta Rescue obtained sponsorship for 7 patients to have cardiac sur-



**For some diabetic patients who are on insulin, if their condition does not stabilise, home visits are undertaken to identify whether the patient is taking their medication and identify any concerns.**



gery and 3 patients to have cataract operations supported by the Rotary Club. Out of these 10 patients, 9 are continuing to regularly attend for medication while unfortunately one patient died shortly after surgery.

### **Immunisations**

Sealdah has patients referred for immunisations from other services of Calcutta Rescue such as street medicine and TIP programmes. Last year 1'071 immunisations were done of which 166 completed their primary schedule of vaccinations.

### **Follow up home visits for Diabetic Patients**

For some diabetic patients who are on insulin, if their condition does not stabilise, home visits are undertaken to identify whether the patients are taking their medication and identify any concerns. In the case of one young man, when a home visit was made it was discovered that he had a lot of his medication in his house, as he had not been taking it. His blood sugar was very high and the doctor admitted him to a nursing home for monitoring to control his blood sugar. During his two months in the nursing home his blood sugar stabilised and he is now doing well.

Staff at the clinic have completed pharmacy training – a 10-week course aimed at increasing staff's understanding about medicines their patients are prescribed.

Health education classes for patients continue to run and the clinic now has a video show on health education that aims to encourage and inform patients on how they can look after their health.

*Aurobindo Sardar, Clinic Supervisor*

### **Tala Park Clinic**

The Tala Park clinic opened in 1995 and is situated at 4 Tara Sankar Saran Kolkata 37, behind the Tala Park playground. Patients come from urban and rural areas of Kolkata, with some patients travelling long distances to reach the clinic. Tala Park is the only clinic of Calcutta Rescue to have a mother and child health programme.

Over the past year, clinic attendance has dropped as we are now developing a more cost-effective approach to our work through:

- Routine screening of patients who present with vague problems.
- Referring patients back to hospitals for their medication, which are supplied free by the hospitals.
- Evaluation and review of the cost-effectiveness of the treatment e.g. patients travel costs can be more than the medicines they came for.

In comparison with 2009-2010, the attendance has dropped slightly from 74 patients to 67 patients a day.



**Tala Park Clinic has several very ill patients who currently require surgery or expensive treatment who are currently waiting for sponsorship.**



### **Intake of new patients**

During the past year we have had 147 new patients, which is a significant increase from last year (101). 34 of the new patients had Multi Drug Resistant TB (MDR TB). Through effective screening in the clinic and in the case of patients who require expensive and long-term treatment, home visits are undertaken to identify those most in need.

Here are some examples of how beneficiaries have benefited from our clinic:

1. The good quality of treatment and the time given by the doctors has helped patients recover faster.
2. Some patients and family members have been sent for vocational training e.g. driving and beautician courses and all are doing well after completing the training.
3. Identifying potential in people. For example, we recognised that the son of one of our very poor patients had a natural intelligence and aptitude. Tala Park clinic sponsored his education and he has now completed his course at engineering college and is employed in Calcutta Rescue's IT department. He and his family are doing well.

During this year we have had patients defaulting from treatment. When patients default for more than 2 weeks, a staff member makes a home visit to motivate them to come for treatment.

### **Training of staff**

The following seminars have been run over the past year:

- Thalassaemia
- Arsenic
- Wilson's Disease

### **Clinic development**

The clinic is undergoing some alterations and refurbishment so that we will have more space and separate treatment rooms. Some repairs are being carried out to the roof before the monsoon season.

### **Sponsorship**

We have several very ill patients who currently require surgery or expensive treatment who are currently waiting for sponsorship. I would ask for people reading this report to consider sponsoring a patient's treatment given the difference it can make to people's lives.

*S. Peterson, Clinic supervisor*



**Through our health education sessions, we try to motivate patients and whenever some of them default, we try our best counsel them with the outreach team making home visits if required.**

## Health Education

Health education is provided in all the clinics, as well as in Calcutta Rescue's schools. It is also provided in urban and rural DOTS, in Street medicine and TIP program. In the clinics the concerned health educator/health workers and in the schools the teachers of the schools are the persons involved in providing health education. To evaluate the awareness of the patients, an assessment is conducted every year with a framed questionnaire. Depending on the outcomes of these evaluations, patients are offered further support and counselling to improve their health awareness.

### How we make a difference

We have faced a lot of difficulties when dealing with the patients. The main difficulties are low socio-economic condition, illiteracy, distances some patients have to travel to reach the clinics, mode of communication and sometimes indifference regarding their own health, as their lives are a complexity of problems and struggles. Through our health education sessions, we try to motivate patients and whenever some of them default, we try our best counsel them with the outreach team making home visits if required.

One diabetic patient who was illiterate and unable to take the correct dosage of insulin, after repeated education and counseling sessions is now able to read the markings on the syringes and has now gained good control of her diabetes and is much happier now with her health.

*Dr. Arijit Pal Choudhury, Health Education Officer*

## Outreach: TIP and Street Medicine Programme

For over 10 years, Calcutta Rescue's Community Outreach program has consistently worked to face the issue of poverty head-on. The program is based within Belgachia Clinic and set up to enable the poor and destitute in specific areas scattered throughout the city of Kolkata to understand how to achieve a better state of health. Calcutta Rescue's outreach programmes are some of the key projects within the organization, and its staff are proactive in seeking out and engaging with the most disadvantaged and destitute people living in Kolkata

### Targeted Initiative Programme (TIP)

This programme aims to reach and treat children up to 12 years of age living in the Kolkatan slums. The programme this year was extended to cover 4 areas (Rajabazar, Tiljala park Circus, Kestopur-2 and Nonadanga-2). The staff screen children for Vitamin A deficiency and parasitic infestations such as worms, lice and scabies. As with other programmes there is a strong emphasis on health education to improve general levels of health in the communities we serve. Children and their family with other complaints





**By conducting a series of visits to the families, our staff learned that the unstable nature of living on the street, and the need to frequently relocate, hampers the delivery of long-term medical care.**



are referred to Tala Park Clinic or to state-run hospitals depending on the nature of their complaints. Symptomatic treatment is given at the discretion of the attending medical officer.

### **Outcomes**

Over the past year, 92% of the children in the target population were screened, and of these, 99 % of the children screened received treatment. 14 % of the children seen were referred to government hospitals or Calcutta Rescue clinics and 19 % of the adults seen were referred to hospital or Calcutta Rescue clinics.

### **Street Medicine Programme**

Following the successful implementation of Calcutta Rescue's Outreach Program, health promotion and prevention activities, Calcutta Rescue has identified the need for medical care for families living on the streets of Kolkata. The Street medicine program was set up to target specific client groups identified as having an increasing need of health support by Calcutta Rescue. Since 2006, the project has delivered holistic medical and social support to the sick and marginalized in Kolkata.

The outreach workers survey areas with people living on the street and registers them. Calcutta Rescue not only provides medical care and treatment but also provide benefits, including food, clothes, and other useful items. Street Medicine patients who are referred to Calcutta Rescue's clinics for further treatment or investigation often receive benefits. These include: traveling allowances to cover the costs of attending the clinic and the missed day of work, food, vests, lungies, shoes, blankets, and plastic sheets etc.

Much of the treatment as with the TIPs programme is treating infestations and vitamin A prophylaxis. There is a focus on immunization and the vaccination status of the child is checked and referred to Calcutta Rescue's Sealdah clinic for immunization. All pregnant women are referred to Tala Park clinic for the Mother & Child Health program, which includes ante-natal care, post-natal care, and a special feeding program.

Health education for street families is provided during each street medicine clinic – topics include basic hygiene, disease prevention, simple ways of improving daily health, and the importance of medical help.

Follow-up visits and the outreach workers for non-compliant patients carry out default visits. In 2010, there was a massive default on immunization follow-up. By conducting a series of visits to the families, our staff learned that the unstable nature of living on the street, and the need to frequently relocate, hampers the delivery of long-term medical care. Reasons for relocations include: our street patients are part of a migrant population that constantly relocates for purposes of finding work; they often live in illegal settlements on the pavement, and so police harassment is not only a constant nuisance but also occasionally is severe enough to warrant relocation; flooding during the monsoon drives many people to new areas; many street people in Kolkata are from rural villages, and they often return to their villages for the reasons mentioned. In addition, many people use the im-



**Over the previous 15 months, 85% of Belgachia's DOTS patients have been cured or have completed treatment.**



munization services provided by the government in their locality, instead of traveling to one of Calcutta Rescue's clinics for this purpose. This last reason for default represents a success of Calcutta Rescue's street medicine educational component, in that parents were convinced of the importance of vaccination and are currently receiving them from the government.

### **Outcomes**

Out of the 826 adults who were registered with the street medicine programme 97% received treatment and 21% of these were referred to hospital and 9% for follow up support/ intervention at Calcutta Rescue's Clinics.

Of the 803 children who were registered 98% received treatment and 10% of these were referred to hospital and 19% were referred to our clinics.

*Debuprasad Chakraborty, Assistant Project Officer (Specific Health Project)*

### **Belgachia Urban DOTS**

Tuberculosis has always been one of the major diseases our patients suffer from, as their living conditions, poverty and malnutrition makes them particularly vulnerable to infection.

In 1999, because of our successful track record in treating these patients and providing a high standard of care, Calcutta Rescue was selected to work as a partner with the Calcutta District TB Control Society (a local government agency) to implement the Indian government's new TB control programme – the Revised National Tuberculosis Control Programme (RNTCP) – in Ward 3 (an administrative subdivision of a borough) in Calcutta. This programme uses the World Health Organisation recommended protocol Directly Observed Treatment – Short course (DOTS) and has been implemented in a phased manner throughout India.

In consultation with local community groups, Calcutta Rescue has a clinic in Ward 3's Belgachia area, and currently treats an average of 35 patients per day. 162 patients were referred to Bagbazar TB Unit for diagnosis out of which 102 cases with TB have been diagnosed, registered and treated by CR DOTS. Over the previous 15 months, 85% of Belgachia's DOTS patients have been cured or have completed treatment.

*Debuprasad Chakraborty, Assistant Project Officer (Clinics)*



**Our keys areas of work are ensuring patients comply with their treatment, increasing detection of TB, improving the reach of our services and addressing the issue of drug resistance.**



## Rural DOTS and TIP

The Rural DOTS/TIP Project has started from 2002. The program aims to provide supportive care for TB Patients and to create awareness of TB in the community.

Calcutta Rescue has started as a DOTS provider at Tamuldah GP-I, Caning Block, 24-parganas South, by the District Tuberculosis Office Department of Health, West Bengal. The aim is to reduce incidence and transmission of TB in the above areas. The Tamuldah Gram Panchayet area has been divided into six sub-centres and we recruited one DOTS provider for each centre. The DOTS providers identify symptomatic patients who are screened by our doctor and some are referred to hospital for sputum test and diagnosis, whilst others requiring general treatment are treated at our centre. There are two community health workers who visit families and provide awareness on the health issues. Up to date 406 patients have enrolled in the program and 365 (90%) have been cured/completed their treatment.

Our keys areas of work are ensuring patients comply with their treatment, increasing detection of TB, improving the reach of our services and addressing the issue of drug resistance.

### Why Directly Observed Treatment (DOTS)?

- To prevent patients from interrupting treatment throughout the duration of treatment
- To ensure that patients receive
  - the right drugs
  - in the right doses
  - for the right duration of treatment.

### Calcutta Rescue Rural DOTS Performance (04.2010-03.2011)

In the Caning, Tamuldah GP-1 population, 82 new cases were detected.

### Health Education

Health education is a key part of the rural DOTs programme in order to raise awareness of TB in terms of signs and symptoms and what help is available and how to access testing and treatment. This is achieved through distributing leaflets and having banners. We also use microphones in local Mosques to verbal information on TB. We have accessed new resources and Information Education and Communication (IEC) materials from other agencies for our DOTS providers to show to families when they do house visit. The rural DOTs providers consists of two staff who are engaged in providing TB medication, they are adequately trained in providing



**The HIV clinic has 72 patients on average, whom we see monthly for HIV treatment, additional medication and benefits. We had 19 new patients registered with us this year.**



the care required. Rural DOTS vehicle or Cycle Rickshaws are being sent to some areas to collect patients who are unable to travel from their house to the sub centre to get their medication. This has made it easier for them to attend the sub-centre and has helped to minimize the number missing appointments. House visit has been done with all families of the Tamuldah GP-1. We have managed to get 7 local Alternative Medicine practitioners to refer chest symptomatic patients to us.

In addition to health care and information we also provide food, travel allowance and in winter blankets to the most needy patients.

Calcutta Rescue has also started a supplementary program for children under 12 where the emphasis is on preventive healthcare including TB, supported by Vitamin A prophylaxis, deworming, treatment against scabies and lice and general screening for TB and other illnesses. Health education is provided to acquaint mothers with basic healthcare of their children.

Every year, the performance of the rural DOTS programme makes us feel proud of the achievements. We are aware of the challenges that lie ahead. We have the target of covering the entire populations (Tamuldah GP-1) under DOTS. The areas that are still to be covered are difficult areas in terms of infrastructure and accessibility. I am proud of our dedicated and committed teams at the rural DOTS project.

*Debuprasad Chakraborty, Assistant Project Officer (Specific health project)*

## **HIV Project**

Calcutta Rescue's HIV clinic was started by Dr. Jack Preger on Ho Chi Minh Sarani in 2004. Since 2007 the HIV Clinic runs every Thursday at Tala Park Clinic.

Up to date 124 HIV positive patients have been treated at this facility.

We have on average 72 patients who we see monthly for HIV treatment, additional medication and benefits. We had 19 new patients registered with us this year.

Calcutta Rescue funds any costly drugs that patients need. For example, since July 2010, one of HIV patients who has retinitis (progressive eye condition) is receiving a very costly drug Gancyclovir which he has been prescribed.

Some patients receive food supplements or financial benefits to buy nutritious foods, clothing and travel costs if they have to come a long distance. 6 children of HIV patients are provided with tuition fees for school.

About 99% of our patients are improving with drug therapy and the other supplementary benefits.

*Dr. Rajashree Lahiri*



**Malnutrition and lack of immunization often affect mothers and their children. The reproductive and child health project was established to address these problems.**



### **Reproductive & Child Health Project (RCH)**

Every year in India 2.4 million children and about 136'000 women, die unnecessarily. These numbers represent about one fifth of the global total and it only by pre health education can these futile deaths be reduced and India hope to reach the Millennium Development goals on maternal and child mortality.

In order to achieve these goals the Indian Government are involving NGOs such as Calcutta Rescue to work in areas that are socio-economically disadvantaged and have few or no services and do not have access to health care service from the existing Government Health infrastructure.

As in other parts of the country, the magnitude of reproductive and Child Health problems is immense in the urban areas of Kolkata.

Calcutta Rescue's reproductive and child health programme is located in the South West of Kolkata. The population is mainly of poor socio-economic status and their literacy level is very poor. Many women are employed as domestic help and their earnings are used to support themselves and their family. Due to lack of awareness, it is common for families to arrange their child marriage early before their maturity. Early marriage results in early pregnancy and large families. Household surveys reveal that the status of girl and women are the worst in the society. It is not uncommon for mothers to have low levels of nutrition, which results in children being born with malnutrition. Many women and children do not have any immunizations and are very vulnerable to communicable diseases. The reproductive and child health project was established to address these problems.

Within the project there is a project co-ordinator, 4 community workers, a nurse and a project accountant.

#### **Awareness-Raising Strategies**

- A series of meetings were held within the project area to raise awareness of the project.
- Members of a local mothers group attended a training session on the project and given information about maternal health so that they could promote the project within their areas.
- A meeting of local influential people was organized so that they could

promote the project and encourage participation.

- A campaign to promote the project through loud speakers and wall writing.
- A baby show was organized where 264 babies and their mothers and some fathers attended. Babies were weighed and had a health check.



**Most women are now having their deliveries in Government Hospitals rather than at home. The place of delivery is one of the most vital indicators of the RCH project.**



### **Other Activities**

The project has also trained young people as peer educators so that they can support other young people (aged 10-19) with the problems that they experience and regular monthly meetings are held in the project areas to provide information.

Four reproductive child health issues based awareness meetings are run once a month with the mother groups. The Community Health Worker provides information on full antenatal care services and support, safer childbirth, family planning, maternal healthcare and immunizations.

Calcutta Rescue has set up 5 Condom Depo Box situated at 5 different places within the project area. Local people are able to collect condoms from the Depo Box when they need them.

Immunization camps are organised weekly where mother can bring their babies to be immunised.

### **Annual progress of project activities**

Monthly monitoring reports are submitted and the following progress is being made:

1. There is an increase in the number of pregnant women registering for antenatal care.
2. Most women are now having their deliveries in Government Hospitals rather than at home. The place of delivery is one of the most vital indicators of this project and this clearly evidences that the project is raising awareness and support access to Government health services.
3. There is an increased take up of immunisations

*Shibshankar Choudhury, Assistant Project Officer (Clinics)*

### **Disability Department**

The major share of activities of the Disability Project takes place in Tala Park clinic but patients are also serviced in Sealdah and Belgachia clinics. The project was started to cater to the demands of the Calcutta Rescue patients who besides their medical illnesses required expert management for their various physical, mental and behavioural problems. The unit serves the patients of all ages through educational, pre-vocational, home management or care-based programmes based on individual needs. Each patient has an individual programme and the programmes vary from mainstream academic to remedial special education.

The department serves patients with multiple disabilities like physical impairment, epilepsy, cerebral palsy, hearing impairments and learning disabilities.



**Counselling and support are given to parents to help to increase their understanding of their child's disability and how they can better support them and manage their disability.**



We have 140 patients registered with the department and we see about 5 patients a day. Over the past year we have had about 1'200 patient contacts and enrolled 42 new patients. We identify our beneficiaries from the projects of Calcutta Rescue as well as from community-based programmes. We collect assessment information on patient's condition, symptoms and situation.

Special Education needs based curriculum is provided to children with a physical or learning disability. Patients are referred for vocational training, occupational therapy, physiotherapy and speech therapy.

Counselling and support are given to parents to help to increase their understanding of their child's disability and how they can better support them and manage their disability. We try to meet with parents regularly to build a 'rapport' and get their feedback.

As in other Calcutta Rescue projects, financial assistance is provided for school fees, school materials, expenses, travel allowances, wheelchairs and special equipment etc.

As we try to support people with disabilities within the community so it is important that time is spent networking with governmental and non-governmental organizations, so that we are aware of their facilities and services and can refer patients as appropriate.

We have also established a new contact with the Kolkata Institute of Neuroscience and the Manicktala Leprosy Mission for them to provide some rehabilitation services.

We now make weekly extensive home visits to assess the impact of our patient's disability on their family and home.

Every year, we organize picnics and outings for beneficiaries. This year, 110 patients went for a visit to the zoo which they really enjoyed and for the first time the department observed and celebrated International Disability Day on 3<sup>rd</sup> December 2010

We gave placement to a mother in our handicraft project, which means we are now looking at income generation programmes for families.

At one time we had many defaulters but through counselling, more effective services and giving beneficiaries and their families more time, the number of defaulters has decreased.

One of our major problems is increasing the number of patients from remote areas as there are no referral services for them in their locality and accessing services is difficult. Next year we hope to recruit more staff and to extend access to occupational therapy, special therapies, psychological counselling, vocational unit and physiotherapy.

*Sarmita Mitra, Disability Department Supervisor*



**By improving the quality of our services, we want to make sure that physiotherapy is seen as an opportunity to help prevent disorders as well as a treatment option to improve patient's/client's functional level.**



## Physiotherapy

The 2010- 2011 period showed us a steady number of patients visiting all four clinics offering physiotherapy services such as evaluation, treatment, instructions or advice, as well as health education.

Tala Park clinic consistently has the biggest variation in patients/clients with medical conditions and caseload roughly consists of adults with orthopaedic problems and immune system diseases.

There are a growing number of paediatric cases requiring a multi disciplinary approach where physiotherapy needs to work with the disability department.

All together there were 2'194 patient visits from April 2010 till March 2011 of which 91 were house visits. Patients with rheumatoid arthritis received group therapy on a regular basis at Belgachia Clinic and in Tala Park antenatal education including exercises was provided.

People with foot deformities or a leg length difference are still referred to the Calcutta Rescue shoemaker for having a custom made shoe of micro-cellular rubber. We also provide patients with mobility aids and prosthesis.

The renovation of the infrastructure in Tala park clinic started in February 2011, will provide a more effective environment for physiotherapy. This will certainly improve the sessions and benefit the patients/clients. With the allocated budget we can add specific exercise material and equipment to make the therapy more complete and achieve better outcomes.

We started to utilize visual material for patients to improve awareness of their condition. By improving the quality of our services, we want to make sure that physiotherapy is seen as an opportunity to help prevent disorders as well as a treatment option to improve patient's/client's functional level.

*Tanya Frijmersum, Volunteer Physiotherapist/Health Educator*

## Pharmacy

The pharmacy is currently located near Tala Park Clinic. The support of the volunteer pharmacists is essential as Calcutta Rescue has found it difficult to recruit a Pharmacist. Some key actions undertaken by pharmacy staff and volunteers over the past year:

- Reintroduced a daily expiry checking of medication. Short dated medicines are identified and are communicated to the doctors and/or returned to the suppliers whenever possible.
- Reintroduced daily fridge temperature recording. Two new digital thermometers were bought and fridge/freeze tags received as a donation from a former pharmacist volunteer Andreas Engel.
- Stock checking showed a significant improvement over the last year resulting in a stock check in March 2011 with very little discrepancies.



Obtaining a new medical fridge is of highest priority for the pharmacy.



- A full course of pharmacy lessons for clinic staff has been run with high attendance and participant contribution. Some topics covered were Hypertension, Malaria, Tuberculosis, Epilepsy and Deworming.
- The tender for the new financial year has been completed. 27 companies made applications and 16 of these were chosen as suppliers. As great difficulties have arisen this year with regards to timely delivery and price agreements the focus shifted to include level of service, price stability and return agreement as well as the quoted price. The prepared lists also include minimum stock levels and order quantities based upon consumption alongside an ordering schedule to ensure streamlined ordering with the start of the new financial year.

#### Donations

- Cipla was established as a major donor for Calcutta Rescue. It supplied the much needed Selenium 200mcg tablets for the HIV patients. In addition Calcutta Rescue was offered some generic medicines as well.
- Multivitamin tablets were donated by Meyer Organics Pvt Ltd. The donated amount will cover the yearly need of multivitamin tablets for CR.
- Vitamin A capsules were received as a donation from Sight and Life.
- Members of the German support group donated chemotherapy and anti rheumatic drugs, Steffi the current pharmacist donated alginate dressings. All these donations were agreed beforehand to meet CR needs.
- Large donations of Levonorgestrel & Ethinyloestradiol Tablets I.P. with Ferrous Fumarate Tablets I.P (around 8000 tablets) were passed on to the Hope Foundation, as Calcutta Rescue did not use them. The Hope Foundation also received dressing and medical equipment, which could not be used by Calcutta Rescue.
- We received other donations from the British support group and individuals.

#### Future developments

- Obtaining a new medical fridge is of highest priority for the pharmacy.
- A new location for the pharmacy has been found. This building needs refurbishment but once the pharmacy moves to a more spacious location the working condition should improve, as the constant lack of space is a major obstacle in pharmacy.
- Operational guidelines for both pharmacy and clinics need to be updated to agree practices within pharmacy and between pharmacy and clinics to improve effectiveness.
- The Marq software package has been introduced to the clinics with little training. Training of the clinic staff is necessary to ensure the efficient use of the package.

*Julia Franke, Volunteer Pharmacist (January – April 2011)*



**We are successfully operating four Arsenic Removal filters in four villages and dedicated to provide safe drinking water to beneficiaries.**



## Safe Drinking Water – Arsenic Mitigation Project

It is every human's basic right to have access to clean water. Unfortunately, still today, for many people in rural areas of India, this right has not been made a reality. Since 2002, Calcutta Rescue has been fully committed to deliver the treatment and purification of water to those who are disadvantaged in the society.

Presently, Calcutta Rescue is one of the specialized organizations in West Bengal with a positive reputation and is extremely fortunate to render its services. Out of 14 Gram Panchayats, one of the worst arsenic-affected areas in the state has been selected by Calcutta Rescue to make the right to clean water a possibility. Gram Panchayat Bamongram-Moshimpur in the Kaliachak-I block of the Malda district is an impoverished area where we are successfully operating four Arsenic Removal filters in four villages and dedicated to provide safe drinking water to beneficiaries.

Calcutta Rescue has installed 6 community arsenic removal plants along with the dedicated tube-wells at Bamongram & Mosimpore Gram panchayet at District Malda, West Bengal. It has chosen a filter, which if used with care and backwashed regularly should provide an average of 35 litres of water with tolerable levels of arsenic to 150 families per filter per day.

Calcutta Rescue and its partner self-help group 'chetana' is advocating to generate funds from the local beneficiaries for general maintenance of the filters and the tube wells in the near future to make it sustainable and have community participation. However, majority of the beneficiaries are poor or are susceptible to poverty and it would be difficult for them to pay for filter media change in future.

We have hired 2 local Community Mobilisers for the maintenance of the filters after being trained by the technicians of the Filter Manufacturing Company. Their job not only entails maintenance of the filters but collecting and checking samples of water and raising the local community awareness about arsenicosis and advocating the usage of filtered water.

A recent water analysis results indicates that the Paharpur Arsenic filter is not properly functioning as there are still high levels of arsenic and iron in the treated water. Calcutta Rescue has decided that the existing arsenic filter at Paharpur will be relocated to a new site at Paharpur village.

*Debuprasad Chakraborty, Assistant Project Officer (Outreach)*

## Vocational Training Urban Kolkata

Calcutta Rescue since inception identified that Education is the key way of improving the future and socio economic background of the under of the under privileged and through its two non formal school is supporting over 600 children from the bustees, slums and pavements from different areas of north and central Kolkata. During the course of time it was observed that some students were dropping out for reasons varying from no aptitude for studies to circumstances prevailing in the family forcing them to



**Out of the 38 students of Calcutta Rescue's vocational training programme who commenced training this year, 21 have completed their training, 11 are still continuing with their training and 16 of these students have gained employment.**

earn a living. Calcutta Rescue has been helping some students with some basic in house training like Art, Painting or Sewing, but the need has grown to outsource recognized, formal training which will improve their job and career prospects. Calcutta Rescue intends to provide such vocational training to its eligible beneficiaries (dropout school students, patients and their children) to make them self-sustainable and thereby improve the quality of their life and family.

The training programme is identified according to the individuals needs and which the trainee can easily access the necessary requisites including a good market prospect after completion of training. Calcutta Rescue's intention is to impart the training through the Government facilities, as far as practicable and which is available in the cities and towns nearest to the residence of the trainee.

In the last financial year 38 students have enrolled on the following courses: driving, tailoring, beautician, mobile phone and computer hardware engineering, air-conditioning and refrigeration training courses. Out of the 38 students who commenced training, 21 have completed their training, 11 are still continuing with their training and 16 of these students have gained employment.

*Shibshankar Chowdhury, Assistant Project Officer (Clinics)*

## Weaving Projects

Calcutta Rescue has two weaving projects in rural areas of South Parganas 24, south of Kolkata.

The larger centre at Tamuldah has 8 trainees and one loom master and two general staff and a supervisor who oversees both centres. Tamuldah produces several products such as patient clothes, poplin cloth, bandages, winter shawls, malda silk, jutemix design cloths and other products. The average production of cloth at this project is about 900 metres of cloth a month.

The Canning centre has 4 trainees, a loom master, 2 general staff and 3 guards. This project produces saris and lunghis on its 4 handlooms. Canning produces on average 50 Saris and 50 Lunghis a month.

I as the supervisor visit both projects on a regular basis to develop the training and to ensure that new designs are used. We have recently started a new adult education programme for local women.

Both our projects have had difficulties obtaining land but through discussions with local Government officials, local panchyat members and through networking with key organisations we have managed to overcome these problems.

In terms of the future we plan to export Malda silk products and build our capacity through linking and networking with other NGOs.

*Asif Ahamed, Project Supervisor*





This year we have had communication with several new buyers such as the International Trade Fair, Zul Pillai, Nupur Mitra, Om Designs and online Australian buyers.



## Handicrafts Project

### Capacity Building

The aim of the Handicrafts Project's capacity building is to develop the abilities and skills of the staff:

- Regular meetings are held for training assessment and training development suggestions. Classes are run every Friday by the supervisor.
- New products, e.g. embroidery, jewellery, paper, recycled goods, are discussed, developed and implemented with the help of staff meetings. Malaikha (volunteer), Pamela and our buyers also contribute to this process.
- We have trained four of our school dropouts (who are employed with the Handicrafts Project) to do the complete stock keeping of Handicrafts. This is a significant achievement.

### Recycled Products

Our eco-friendly recycled products are doing very well. We have added new products to our collections.

Fair Trade Forum – India (FTFI) was given a stall in India International Trade Fair 2010 in New Delhi. Four of our recycled products were chosen to be sold there by FTFI along with several products from other Fair Trade producers all over India.

### Malda Silk Products

We are making Malda Silk products. The silk comes from the area in Malda where Calcutta Rescue has installed water filters for Arsenic removal. The silk is woven in Tamuldah and the products are then made by the Handicrafts project.

### New Buyers

This year we have had communication with several new buyers such as the International Trade Fair, Zul Pillai, Nupur Mitra, Om Designs and online Australian buyers.

### Fundraising

We have collected donations from individuals, the Royal Air Force, KWIC, for part payment against a heart operation of little girl. Best of all, our new supervisor (quality) has raised INR 51'000 from the school where she previously worked (Mahadevi Birla Girls' Higher Secondary School). That money is being used to train new trainees from the schools and clinics.

### Case Study

Chanda Parveen has two children who attend the Tala Park School. There they get free breakfast, lunch, full medical treatment and everything else they require for their schooling. Chanda's husband is an alcoholic. He



Keeping the recession in mind, we are trying to keep a reasonable cap on expenditure and keep any increases on the price of our products to a minimum.



spends most of his money on drink, which leaves very little for the family. Chanda finds it very difficult to run the household, but her husband stops her from going out to do any work. This training has enabled her make several handicraft products. This is helping her financially and in other important ways.

**Summary of Income**

2010 – 2011	Income (INR)
Tax invoices	656'259.28
Amount from Support Groups	556'472.00
Local Donations	85'164.50
Benefit item transferred to school and clinics (April 10 – March 11)	171'733.85
<b>Total</b>	<b>1'469'629.63</b>

**Expenditure**

The costs of everything have escalated. Keeping the recession in mind, we are trying to keep a reasonable cap on expenditure and keep any increases on the price of our products to a minimum.

Years	Expenses (INR)
2008-09	1'313'255.00
2009-10	1'411'000.00
2010-11	1'296'286.00

**Acknowledgements**

In conclusion, we would like to thank everyone who has helped the Handicrafts project to achieve what we have over the last year. Particular thanks go to the German and English support groups, Danielle Aird, the volunteers, Pamela Wynn, Marijke, Sue Lee and all other volunteers; the Calcutta Rescue Office staff; and Dr. Jack for his constant encouragement.

*Sudeshna Mitra-Woodhatch, Project Officer*



**Our schools not only provide free education and extra curricular activities for the children, but also free health care.**



## Introduction

Calcutta Rescue provides formal and non formal education (for children aged 4-6 years of age) to nearly 600 children from the poorest and most disadvantaged families in Kolkata. Our schools not only provide free education and extra curricular activities for the children, but also free health care. We support our formal students by providing them with books, uniforms and other educational items. The school also distributed mosquito nets to the students in the malaria-affected areas, umbrellas, raincoats, special dresses and benefit packs to the students for Durga Puja celebrations and summer vacation.

The school provides each student with a nutritious breakfast and lunch everyday. Some children who are underweight are on special diets.

As part of the school extension programme our teachers make home visits to students houses to discuss with the parents any education and health related issues.

We have celebrated Rabindra Jayanti and Children's day. All our students enjoyed our annual excursion and special picnic lunch at Nicco Park on 6<sup>th</sup> December 2010 and we organized Annual Sports event on 7<sup>th</sup> February 2011.

## School No. 1

Calcutta Rescue School No. 1 takes students from 5 areas in Kolkata – Local Bastee, Mechhua, street road, Nimtala and Bagbazar. There are a total of 385 students, of which 80 are non-formal (children up to the age of 6 years of age) and 305 are formal students. Some of our students are Bengali speaking and some speak Hindi. The average attendance of the non-formal students is 79% and of the formal students is 70%.

This year 3 of our students have succeeded in Madhyamik Examination and 2 students have been successful in Higher Secondary School Examination. One student gained to university for Bachelor in Science degree course.

88% of non-formal students have gone for formal schools 96.5% of formal Bengali students & 100% of Hindi formal students have passed the Annual Examination of this session.

Our dance and music teachers continue to come alternative Saturdays. Our Art teacher also comes two days a week to take art classes.

Our computer classes for the formal students are going well and 4 formal students went to IBM for computer training on the 7<sup>th</sup> August 2010. They also performed a dance program at IBM on 25<sup>th</sup> September 2010.

Our students use the library every Saturday on a regular basis.

We organised an Art Exhibition for our School from 21<sup>st</sup> April-23<sup>rd</sup> April 2010 and 15 students received prizes and we had another Exhibition from 27<sup>th</sup> – 31<sup>st</sup> December 2010.



**Every month, our teachers and project officers meet with pupils' parents and guardians to discuss how to achieve the goals of our Education programme together.**



Staff meetings have been held as and when needed and several parents meetings have taken place for parents of new students to help raise awareness of health and educational issues.

We hope to minimize the number of students who drop out of their studies through counseling and motivating the students.

In the future we are hoping to provide adult education for some of the parent/ guardians and increase the achievements of students through extension of our current service and support.

*Baishakhi Maiti, Assistant Project Officer*

### **Tala Park School**

The Tala Park School of Calcutta Rescue is adjacent to the Tala Park clinic. The Assistant Project Officer runs the school with the help of 9 teachers and 8 helpers.

The aim of Calcutta Rescue education programme is to provide free education, nutrition and medical care to the under privileged children of the age group of 4+ years and above. The school collects its students from the specific areas near to the school – Belgachia, Dilerjung, Joytinagar, Lalmandir and Talapark, Maniktola.

In the academic year 2010-11 Tala Park School had 152 formal and 52 Non-formal students among them 30 were new non-formal students. Last year the school has sent 37 students from non-formal to the formal schools.

Three boys and two girls have undertaken the Madhyamik Examination last year. One student has passed the Higher Secondary School examination and has gained admission in Bachelor in Commerce (Hons) at Calcutta University.

In Annual Exam of 2010-2011 98% of formal students (Bengali & Hindi) have passed and all non-formal students have passed their final evaluation.

In this academic year the average monthly attendance was 81% – as 2011 – 12 sessions has started from 15<sup>th</sup> February 2011, the average is based on the statistic from April 2010 to 14<sup>th</sup> February 2011.

Tala Park School also offer the children extra curricular activities such as dancing, singing, and painting. Dance and music teachers come once in alternate weeks. Art classes are on Thursdays and Saturdays.

We sent one female student who dropped out of school for training in soft toy making training and similarly a male student who dropped out has taken driving training this year. A mother of one formal student of this school has joined Handicraft project as a worker to enable her to earn money to maintain her family.

As the school children's parents/guardians have very low levels of literacy



and little awareness of the importance of education absenteeism among the students is a problem. To solve this problem and other issues the school has organized several meetings with parents/guardians. Staff undertake home visits to discuss with families how their children are progressing or any issues that have arisen.

This year 2 non-formal and 10 formal students have dropped out of school. The school in order to minimize the dropout rate has decided to call the parents/guardians every month to encourage attendance.

*Jayati Ghosh, Assistant Project Officer*

**To address the problem of absenteeism and any other issues the school has organized several meetings with the parents or guardians of the children.**



**Office**

G. M. Rahaman	CEO
Ajit Kumar Karar	HR and Admin Executive
Ruby Sen	Finance Manager
Bidhan Chandra Chandra	PR, Fundraising & Events Coordinator
Padam Bahadur Chetry	IT Executive
Debasish Mondel	Accountant
Shyamali Dutta	Accountant
Raj Narayan Dutta	Accountant
Nitynanda Roy	Accountant
Ranjeeta Rebeiro	Office Assistant
Subashis Chowdhury	Office Assistant
Jhantu Singh	General Assistant
Laloo Singh	General Assistant
Panchanan Naskar	Technical Assistant

**Belgachia Clinic**

Subhashis Shome	Clinic Supervisor
S. Roy Chowdhury	Senior Medical Officer
Susmita Roy	Health Assistant
Kabita Sardar	Health Assistant
Gour Ch. Das	Health Assistant
Chattala Mondel	Health Assistant
Rabia Khatoon	Health Assistant
Shyamal Kumar Pal	Medical Officer
Jayanti Roy Chowdury	General Assistant

**Chitpur Clinic**

Ashis Mondel	Clinic supervisor
Sambhu Mondel	Health Assistant
Sudhir Dey Roy	Health Assistant
Durgha Halder	General Assistant
Jyostna Das	Health Assistant
Dr Pradip Chakraborty	Medical Officer

**Sealdah Clinic**

Arobinda Sardar	Clinic Supervisor
Dr. Namita Dutta	Senior Medical Officer
Dr. B.N. Jana	Medical Officer
Kamaluddin Laskar	Health Assistant
Suvra Bandhyopadhaya	Health Assistant
Sibha Prasad Mukherjee	Health Assistant
Ambia Bibi	General Assistant
Amita Patra	General Assistant
Rousan Bibi	General Assistant
Anita Chandra	Health Assistant
Prabir Paul	General Assistant

**Tala Park Clinic**

Dr. Alakananda Ghosh	Deputy CEO (Health & Operations)
Suderson Peterson	Clinic Supervisor
Dr. Arani Saha	Medical Officer
Dr. Mausimi Gupta Banerjee	Medical Officer
Dr. Rajasri Lahiri	Medical Officer
Ajanta Kotal	Health Assistant
Anita Das	Health Assistant
Bulu Mukerjee	Health Assistant
Munnar Kumar Chhetri	Health Assistant
Parbati Samanta	Health Assistant
Pramila Kayal	Health Assistant
Shila Rana	Health Assistant
Sultan Ali Laskar	Health Assistant
Anwar Ali Laskar	General Assistant
Carmel Rozario	General Assistant
James Franklin	General Assistant
Jharna De	General Assistant
Jyotsna Das	General Assistant
Maya Singh	General Assistant
Fatima Bewa	General Assistant
MD Meheboob	General Assistant

**Clinics general**

Dr. Arijit Pal Chowdhury	Health and Education Co-ordinator
Dr. Manjari Deb (Gupta)	Medical consultant
Nupur Ghosh	Physiotherapist
Sarmita Mitra	Supervisor (Disability)
Sib Sankar Chodhury	Assistant Project Officer (Clinics)
Ruma Halder Supervisor	Health Education

**Outreach**

Debuprasad Chakraborty	Assistant Project Officer
Dr. Somnath Sarkar	Medical Officer
Jnanabrata Sengupta	Health Assistant
Krisna Chandra Sarkar	General Assistant
Rita Das	General Assistant
Prabir Ghorui	Health Assistant
Rehana Kazi	Health Assistant

**Reproductive and Child Health**

Sampa Nag	Health Worker (Supervisor)
Nirmal Saha	Health Worker
Sabita Das	Health Worker
Sampa Misra	Health Worker
Sutapa Das	Health Worker

**DOTS**

Asura Goldar	Health worker
Krishna Pada Das	Health worker
Nasiruddin Khan	Health worker
Provash Purkait	Health worker
Satyaban Dolui	Health worker
Sulata Masker	Health worker
Suditra Haldan	Health worker
Ashis Ghosh	Health Assistant
Babita Chakraborty	Health Assistant
Iswar Ali Mollah	Driver

**HIV**

Biplab Mlick	Health Assistant
Rinku Bagui	Health Assistant

**Pharmacy and Main Store**

Morish Godfrey Mandol	Supervisor
Robin Thomas Makal	Supervisor
Kanon Mandol	General Assistant
Maria Samuel	General Assistant
Mihir Mandol	General Assistant
Snehasis Kundu	Store Keeper
Deo Nandan Shaw	Health Assistant
Gopal Raj Bangsi	Store Keeper

**Footwear Project**

Umesh Das	Technical Assistant
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**Coaching Centre**

Bijoya De	Administrator
Dipty Mukerjee	Teacher
Sikendra Kr Sha	Teacher
Subhojit Sana	Teacher

**School No. 1**

Monami Mitra	Administrator Schools
Baisakhi Maiti	Assistant Project Officer
Sangita Singh	Supervisor (non-formal)
Sira juddin Baidya	Supervisor (formal)
Arpita Das	Teacher
Dolly Bhattacharya	Teacher
Purnima Saha	Teacher
Moumita Khaskel	Art Teacher
Bithika Mistry	Dance teacher both schools
Mamoni Halder	Music Teacher both schools
Pallavi Pallui	Adolescent Counsellor
Sarbita Sardar	Health Assistant
Shankar Sahini	Health Assistant
Kamala Pradhan	General Assistant

Karuna Gayen	General Assistant
Shankari Halder	General Assistant

**Tala Park School**

Jayati Ghosh	Assistant Project Officer
Nitu Singh	Teacher
Saugata Chakraborty	Teacher
Jitendra Kr Ram	Teacher
Sahana De	Teacher
Dipti Mukherjee	Formal Teacher
Jitendra Shah	Formal Teacher
Shubhajit Sana	Formal Teacher
Bijoya De	Admin. computer school
Alpona Basak	Health Assistant
Lakhi Naryan Majhi	General Assistant
Chaina Khatoun	Computer Teacher

**Arsenic Mitigation Programme**

Subhas Barik	General Assistant
Krishna Pramanik	General Assistant

**Weaving Project**

Asif Ahmed	Interim Supervisor
Dibakar Sardar	Technical Assistant
Gopinath Naskar	Technical Assistant
Bhudar Sardar	General Assistant
Manik Chandra Halder	General Assistant
Provash Halder	General Assistant

**Handicrafts**

Sudeshna Mitra Woodhatch	Project Officer
Mitali Mookerjee	Supervisor
Sambhu Ghosal	Accountant
Hadish Mohammed	General Assistant
Husna Bano	General Assistant
Husna Bibi	General Assistant
Md Anish	General Assistant
Md Roffik	General Assistant
Md Salauddin	General Assistant
Meherrunessa	General Assistant
Md Jiyaudin Ansari	Technical Assistant
Sultana Khatoun	Technical Assistant

**Vehicle Pool**

Meghal Shaw	Driver-in-Charge
Dhan Bahdur Chetri	Driver
Gopal Saha	Driver
Umesh Yadav	Driver
Bhola Ranjit	Driver
Bholanath Das	General Assistant



**Volunteers have not only been providing support to Calcutta Rescue in terms of direct work in projects and working with local staff but have offered training and have undertaken specific areas of research and project development.**



### Volunteer Report

It has been a busy year for volunteers who have not only been providing support to Calcutta Rescue in terms of direct work in projects and working alongside local staff but have offered training and have undertaken specific areas of research and project development.

Some of the specific areas of work undertaken by volunteers:

- Updating Calcutta Rescue’s clinical protocols.
- Studies on Wilson’s disease and Malaria.
- Study on the outcomes for cancer patients supported by CR.
- Study on the impact of Calcutta Rescue’s support for HIV patients.
- Preparing tenders for pharmaceuticals and reviewing systems for Calcutta Rescue’s Pharmacy.

A volunteer with the disability department worked with the service supervisor to improve support to clients in their own homes within the community rather than refer clients to residential care. They worked hard to network with other agencies providing services for people with disabilities and have started to build useful referral opportunities to support community based care.

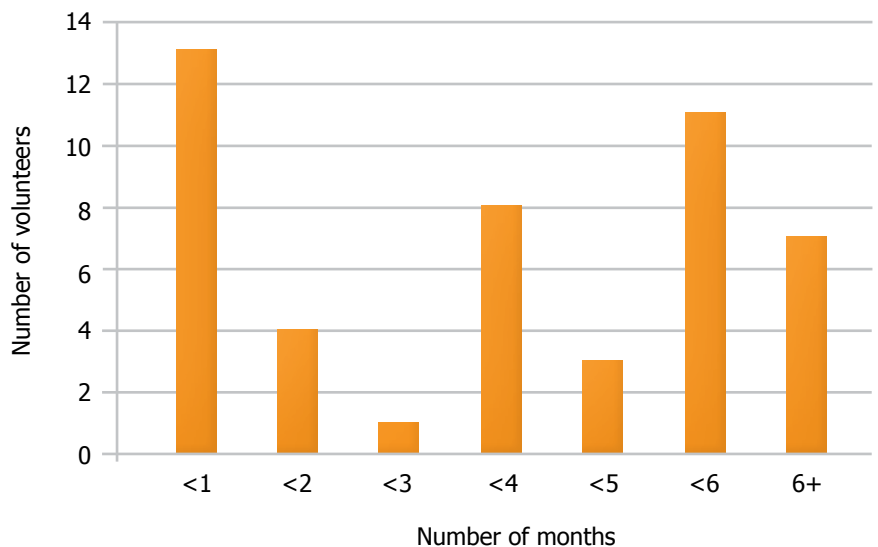
Improving systems for collation and analysis of data to further assist the development of Calcutta rescue’s information and reporting framework to facilitate and support future funding applications.

Mike and Jane Cooper volunteers from the UK have supported Calcutta Rescue to develop their Strategic Plan, which will incorporate a strategy and Action Plan for the use and deployment of volunteers.

*Sue Payne, Volunteer Co-ordinator*

#### Length of Stay of Volunteers

(including anticipated length of stay of current volunteers)



### Volunteer Breakdown by Support Group

	UK	DE	FR	NL	CH	Kolkata	AU
Pharmacy		6					
Nurses	3	1	2	2	1		
Health Research	1					1	
Podiatrist							1
Physiotherapist				1			
School Health					1	2	
Doctor (audit school screening)						1	
Educationalist					1	1	
Street Medicine (arts project)						1	
Social Worker (schools project)		1					
Disability Department						4	
Handicrafts				1			
Clinical Co-ordinator	2						
Administrator/Vol. Co-ordinator	2						
IT Specialist						1	
PR/Fundraising/Media				1	1	1	
Management Consultant	1						
Grant Writer						1	
Data Collection/Analysis							1
Medical Students							4
<b>Total (46)</b>	<b>8</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>13</b>	<b>6</b>



### Volunteers (2010-2011)

Edward Pullen	Clinical volunteer co-ordinator
Hetty Blaauw	Nurse
Helena Wortman	Pharmacist
Julia Franke	Pharmacist
Tanya Frijmersum	Physiotherapist
Lucy Hamblyn	Nurse researcher
Jenni Lillingstone	Data consultant
Jane Osborn	Clinical Coordinator
Annette Pruessener	Pharmacist
Holger Dressler	Pharmacist
Jane Boehme	Pharmacist
Jeltsje Boersma	Pharmacist
Malika Lachen	Nurse
Heidi Clouet	Disability Department
Robert Fitzpatrick	Disability Nurse
Lea Blondel	Nurse
Sybille Berger	PR and Fundraising
Lena Ponisch	Social Worker
Emma Lo	Street medicine/ Arts project
Simone Weng	Nurse
Chantel Plancheral	Educationalist
Stefanie Puegge	Pharmacist
Gary French	Nurse outreach / DOTs
Malaikhe Schaake	Handicrafts
Julien Blondel	Interim administrator/ Media consultant
Julia Henchoz	School health
Tanya Adams	Nurse (wound care)
Jane Cooper	Volunteer co-ordinator
Mike Cooper	Management consultant
Veronique Rousset	Disability Department
Louise Tomlinson	Doctor school screening
Adele Claire	Medical student
Dasha Simmonds	Medical student
Ella Rose	Medical student
Michael Sumers	Medical student
John Sherman Chase	Teacher
Tash Kaufman	Grant writer
Roseanne Linich	Health research
Prizemek Urbansky	IT specialist
Julie Bernardot	School health
Guenola Riviere	Nurse
Julien Robin	Nurse
Nadia Fairbairn	School health
Tara Basu	Social worker disability
Sue Payne	Current volunteer co-ordinator
Gerrard Huck	Podiatrist





Our effort to develop awareness of Calcutta Rescue through networking with various organisations has achieved some positive outcomes this year.



## Public Relations and Awareness Raising

Our effort to develop awareness of Calcutta Rescue through networking with various organisations has achieved some positive outcomes this year:

### Healthcare

- The Rotary Club of Kolkata Metropolitan South are providing free cataract surgery for our patients on a regular basis. The Rotary Club of Calcutta Down Town along with Rotary International District 3291 came forward with a fund of INR 100'000.00 for Heart Surgery of two children under 'Gift of Life' project.
- The Family Planning Association of India signed a Memorandum of Agreement for carrying out a joint Outreach programme in Chitpur, Kolkata.
- Community Development Medicinal Unit, Kolkata has offered to supply Generic Drugs manufactured by reputed Pharmaceutical Companies and thereby reduce the procurement cost of medicines.
- Communication and Capacity Development Unit (CCDU), Public Health Engineering, Government of West Bengal, Ramkrishna Mission Lokasiksha Parishad, Narendrapur and Water for People have given us Information, Education and Communication materials for conducting effective awareness program on the arsenic problem in Malda District.
- Civil Engineering Department of Bengal Engineering & Science University, Shibpur, SATHEE (Shibpur Association for Technological Humanitarian and Environmental Endeavours) agreed to give us technical support for selection of appropriate technology for our future Arsenic Mitigation project.
- The Ministry of Health and Family Welfare, Government of India, WHO, New Delhi donated books, posters and hand bills to conduct effective Health Education Programs.

### Education

- City Level Programme of Action (CLPOA) – A Networking Body working for the cause of deprived children in partnership with NGOs and with support from the Government of India, the Government of West Bengal, the West Bengal Police, the Kolkata Municipal Corporation, UNICEF and Corporate Houses offered to render financial support for education programmes following evaluations.
- Computer Education: Nasscom Foundation with their implementation partner Nanritam recognised our Computer Training Centre in Tallah as Nanritam- Nasscom Knowledge Network (NKN Centre). 31 students are undergoing 5 months Microsoft Unlimited Potential Program and the students will get Microsoft certification on completion of the course.



**We are now registered with iVolunteer to get need based local volunteers.**



## **Vocational Training**

- Discussions were held with Rural Development and Self Employment Training Institute of United Bank of India (RUDSETI), Rajapur Kolkata-700149. On finalisation of the area for skill development, on our request, RUDSETI will arrange for residential training program in their institute, arrange bank finance so that the trainees can start their own business. They also help them in marketing so that their business can be self-sustaining.
- Arrangement has been made with Nasscom Foundation for training at Nasscom BPO Training Centre which will lead to employment in Accenture. Currently three of our students who passed Madhyamik Examination, are undergoing training.
- Two students received sewing machines with local donations.

## **Involvement of Local Volunteers**

We are now registered with iVolunteer to get need based local volunteers.

## **Events**

World Aids Day was celebrated with a press conference at Kolkata Press Club on 1<sup>st</sup> December 2010.

Beneficiaries, staff and volunteers at Tala Park celebrated world Disability Day on 3<sup>rd</sup> December.

World TB Day was celebrated on 24 March 2011 with street theatre performances' and a rally of school children to raise awareness of TB and the services available.

*Bidhan Chandra Chandra, Public Relations and Awareness Raising Manager*



**Calcutta Rescue 2010-2011 accounts have been prepared as per the Indian Standard Accounting Practices, issued by the Institute of Chartered Accounts of India. Specific reports are prepared as per the requirement of our donors and funding agencies.**



## Accounts and Finance

In 2010-2011, Calcutta Rescue has once again strived to maximise the effective use of its resources in services of the poor and disadvantaged communities. To ensure statutory compliance and reporting to our donor agencies Calcutta Rescue 2010-2011 accounts have been prepared as per the Indian Standard Accounting Practices, issued by the Institute of Chartered Accounts of India. Specific reports are prepared as per the requirement of our donors and funding agencies.

### Internal Audit

The internal audit is a continuous process, and is carried out as an ongoing assessment of our internal control mechanisms. It is carried out by Chartered Accountancy firm Bhattacharyya, Roychoudhuri and Associates and the internal audit report is certified by a partner of the firm.

The internal audit report pertaining to the financial year 2010-2011 has been reviewed by Calcutta Rescue management and reported to the governing council.

### Statutory Audit

The statutory audit takes place every 6 months and the final accounting statements for the year ending 31 March 2011 have been verified by the statutory auditors K.C. Bhattacharjee and Paul (Chartered Accountants).

### Monthly Accounts

Calcutta rescue prepares monthly accounts to examine the actual expenses of the month in comparison to the budget, variance and the availability of the remaining funds. A comparative analysis of treatment, income and expenditure based on year to date figures is prepared and submitted to the management. The management information system document (MIS) is prepared half yearly.

### Inventory and Asset management

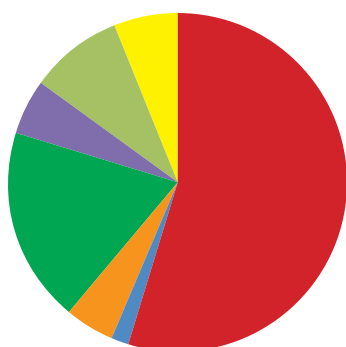
Medicine comprises of almost 30% of the total Calcutta Rescue expense. Tenders for medicine rates are called for from various suppliers, which after a painstaking and thorough scrutiny by the volunteer pharmacist are selected and the new contracts agreed, This process has helped in obtaining lower rates on most of the medicines purchased by Calcutta Rescue.

A quarterly closing stock verification program is carried out, with a view to monitoring medicine and benefit stock.

The fixed asset register is updated as and when assets are purchased. The codification of fixed assets is ongoing and is done for all assets purchased by Calcutta Rescue.

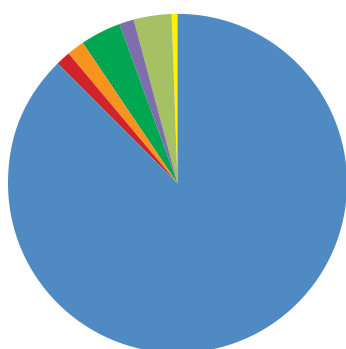
*Ruby Sen, Finance Manager*

### Sudited Expenditure 2010-2011



Programme	% of total	Amount (INR)
Health Programme	55.0	22,644,032
Urban & Rural DOTS	1.78	732,593
Health Promotion/Preventive Programme	4.6	1,893,307
Educational Programme	18.6	7,676,358
Vocational Training cum Production Centre	5.1	2,132,063
Administrative Costs	8.9	3,686,505
Inventory Costs	5.8	2,403,351
<b>Total</b>	<b>100.00</b>	<b>41,278,822</b>

### Sudited Income 2010-2011



Source	% of total	Amount (INR)
International Federation of Support Groups	86.98	35,955,186
General Sources from Outside India	1.27	526,080
Donation from Individuals Outside India	1.77	732,138
General Donation from India	3.75	1,549,749
Sales of Handicraft	1.48	610,146
Interest Received	4.26	1,759,358
Miscellaneous Income	0.49	205,520
<b>Total</b>	<b>100.00</b>	<b>41,338,204</b>



### Identity

Calcutta Rescue is registered as a society under West Bengal Societies Registration Act 1961 (Reg. No. S/67495/91-92 on 4 April 1991) with the Register of Societies, West Bengal.

Calcutta Rescue is registered under section 12 A of the Income Tax Act 1961 (Reg. No. DIT €/S-78,8E/73/94-95).

Calcutta Rescue is registered under Section 80 G of the Income Tax Act 1961.

Calcutta Rescue is registered under section 6 (1) (a) of the Foreign Contribution Act 1976 (Reg. No. 147120588)

Memorandum and Articles of Association and Rules available on request.



### Names and Address of our Main Bankers

Standard Chartered Bank

31 Chowringhee Road

Kolkata – 700 016

Swift Code: SCBLINBB

IFSC Code: SCBL0036003

### Name and Address of Auditors

Mr G. Chattopadhyay

c/o K. C. Bhattejee and Paul,

2, Church Lane, 3<sup>rd</sup> Floor

Kolkata – 700 001



### Aims and Objectives

In accordance with our purpose and objectives already set down in the Memorandum of Association in April 1991, we will seek to achieve the following objectives with particular emphasis on the needs of the most disadvantaged people.

- To improve levels of health
- To improve levels of education
- To improve income or employment opportunities
- To increase participation of marginalised people in society



## Governance

Calcutta Rescue's Governing Council has supervisory and regulatory responsibility for all Calcutta Rescue's activities. It approves new and existing programmes, budgets, annual activity reports and audited financial statements, and ensures the organisation's compliance with laws and regulations.

The Governing Council meets 4 times a year. Minutes of the Board meeting are documented and circulated to all Governing Council members and Support Groups.

## Board Members of the Governing Council

Name	Position	Area of Competency
Dr. Jack Preger	Chairperson	Medical Doctor
S. M. Cyril	Secretary	Educationalist
Wing Commander Shomir Chowdhury	Treasurer	Retd. Wing Commander
Mr. P. K. Sarkar	Member	Retd. I.S.A. Officer
Mr. Anil Bhandari	Member	Retd. Merchant Navy Officer
Dr. Reba Day	Member	Advocate
Mrs. Uma Ahmed	Member	Ex-Chairperson Human Rights Commission
Mr. G. Chakravartti	Member	Barrister





**Our work would be impossible without the support and encouragement of a number of individuals, Support Groups, Corporate partners, government departments and institutions.**



Our work would be impossible without the support and encouragement of a number of individuals, Support Groups, Corporate partners, government departments and institutions. This list is not exhaustive. Thanks to all who supported Calcutta Rescue in 2010-2011 for your efforts, donations and cooperation.

### Support Groups

- Calcutta Rescue Canada
- Calcutta Rescue Deutschland
- Calcutta Rescue Espoir (France)
- Calcutta Rescue Espoir France (Strasbourg)
- Calcutta Rescue Ireland
- Calcutta Rescue Netherlands
- Calcutta Rescue Norway
- Calcutta Rescue (Provence)
- Foundation Calcutta Espoir (Switzerland)
- Calcutta Rescue Fund (UK)

### Government Departments, Institutions and Corporate Sponsors

- Revised National Tuberculosis Control Programme (RNTCP)
- School of Tropical Medicine
- Medical College Hospital
- National Leprosy Eradication Programme (NLEP)
- Government of India , Reproductive Child Health , Ministry of Health and Family Welfare.
- BAM India
- District TB Control Society, Government of West Bengal
- Rotary Club Ontario, Canada
- The Rotary Club of Kolkata Metropolitan
- South Club of Calcutta Down Town (South)
- Rotary International District 3291
- Fairlawn Hotel (Handicraft Sales)
- Hotel Hindustan International
- Time and Talents Club
- Wellside hotel resorts (through Dr. Preger)
- Maha Devi Birla School – Handicrafts
- Kant and Co Ltd
- Kolkata Women’s International Congress
- Standard Charter Bank
- Dyen Diagnostics
- Sight and Life
- Loreto School, Sealdah
- Udayan School
- Kolkata Police
- SSKM and other Government Hospitals



- K.S. Roy TB Hospital
- National Institute of Mental Health
- Calcutta Heart Clinic and Research Centre, Salt Lake City, Kolkata
- Vogellanden Revalidatie Centrum
- Erach & Roshan Sadri Foundation
- School of Medicine University of California
- Chellarum Foundation (UK)
- Direct Relief International
- Lupin
- Stadmed Private Ltd
- Doyen Diagnostics
- Bio Life
- Emami Frank Ross Ltd
- Abbott

## Local Donors – Individuals

- Shyamal Kumar Sengupta
- RK Nahata
- Moon Moon Sen
- Manisha Kajaria
- Ipshita Guha
- Shomir Choudhuri
- Wing Commander Shomir Chowdhury
- Ranajit Chandra Saha
- Alak Mukherjee
- Kanje Hemaxi
- Dr. Arpita Bhattacharya

## Foreign Donors – Individuals

- Danielle Aird
- Omri Govrin
- Dr. Jack Preger
- Margriet Yansen
- Mike Cooper
- Jane Cooper
- Sussane Bernet
- Patricia Jones
- Brigitte Hopf
- Verena Fahrer
- Benoit Lange
- Tara Basu
- Annette
- Rosmarie Hoffman
- Tash Kaufman
- Julian Blondel
- Paulo Biedanali
- S. Fitzpatrick
- Travnwieser Robert
- Maja Linnemann
- Lucia Costa
- Judy Chui
- Holger Dressler
- Rev. Jonathan Lawrence
- Dr. David Vasserman
- Louis Grogan
- Kevin Fenelly
- Eva
- Matt Johnstone
- Sue Payne
- Sans Laussane
- Gwendolyn Robbins

Lastly, many thanks to Ben Christie and Chloé Din-Martin for volunteering to do the design and graphics for this report, and to Sophie Tarnowska for some of the photos.

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