

Annual Report  
**2009-2010**



**Calcutta Rescue**  
Caring for the underprivileged





**Calcutta Rescue serves the most underprivileged people in Kolkata and West Bengal, providing healthcare, education, and development services free of charge, irrespective of caste, age, gender or religious belief.**





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

Dear Supporters of Calcutta Rescue and all those who will read this wonderful annual report, it has given me immense pleasure to read through all the accounts of so much good work done, all the more so as it has been conducted in very difficult circumstances taking medical care on to the streets and into the slums of Kolkata to people really in need. It would be great if you could actually see and be a part of the whole Calcutta Rescue enterprise for the poorest of the poor here in this city.

This annual report will give you a flavour of all that is happening but the real live interaction is something well worth seeing. The wide range of services offered from drug-resistant TB treatment, to AIDS and HIV, to education from even the smallest scraps of humanity to college level students able to stand on their own feet and make their contribution to society speaks volumes for the spirit of service and care exhibited throughout the organization.

Literally, at times, without even a roof over their heads, the team at Calcutta Rescue are handling huge numbers of patients competently and efficiently. I have watched how they are running one of their clinics in my school and I see how meticulously every record is kept and every patient is seen day after day after day. When one sees such activity carried on over a space of 30 years it is truly awesome.



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## Beneficiaries of Calcutta Rescue programmes in 2009-2010

	Direct commitment	Varied degree of commitment
<b>Healthcare</b>		
Belgachia Clinic	8,897	650 families*
Sealdah Clinic	11,318	800 families
Tala Park Clinic	21,135	1,000 families
Chitpur Clinic (Leprosy)	218	290 families
Street Medicine	1,587	2'500 persons
Outreach / TIP	1,250	420 families
Tuberculosis	184	83,000 persons under RNTCP
HIV	82	
Mother & Child Health	886	10,000 persons under RCH
Disability	156	
<b>Development</b>		
Handicrafts	25	
Weaving	12	
Vocational Training	16	
Clean Water		10,000 persons
<b>Education</b>		
School No. 1	326	390 families
Tala Park School	183	
<b>Total number of people</b>	<b>46,275</b>	<b>120,000</b>

\* average family of 5

Last year, Calcutta Rescue took direct care of nearly **50,000** people and was committed towards over **100,000** of the underprivileged population of West Bengal



**The key ingredient to our work is the personal touch and welcome that makes a difference to our beneficiaries, giving them hope, faith and encouragement**

### **Dr. G. M. Rahaman (Bobby), Chief Executive Officer**

Another year of dedicated service for the underprivileged beneficiaries of Calcutta Rescue has gone by. Thanks to our staff, volunteers, donors and Support Groups, who made it possible.

In 2009-2010 we provided very satisfactory service delivery to the beneficiaries. We have tried to the best of our abilities and resources to constantly improve services offered to the poor men, women and children who matter to us the most and to bridge the gap between the poor and the path to their hopes.

The key ingredient to our work is the personal touch and welcome that makes a difference to our beneficiaries, giving them hope, faith and encouragement to improve their own lives, and the lives of their near and dear ones. Our holistic programmes do not duplicate the services offered free of cost from the state and other service deliverers.

#### **Maintaining a Continued Commitment**

In spite of the global economic crisis we have continued to fulfill our commitment to our beneficiaries without compromising the quality of our service and the numbers of people we serve. This has only been possible by the judicious use of our resources and the untiring efforts of our Support Groups who continue to raise the funds required.

We had close to 50,000 patients attending our clinics and outreach programmes in 2009-2010, and supported over 500 children through our education programmes – testimony to the success of our mission to improve the levels of health and education of the marginalized sections of Bengali society.

Our strong field experience in dealing with drug-resistant tuberculosis, HIV/AIDS and other complicated illnesses is a unique strength and acknowledged as well. We continue to be partners of government health initiatives for some 85,000 people in urban and rural areas.

In spite of often difficult circumstances at home, our school children achieve a 75% to 85% attendance rate at our schools and, except one student, all 310 students in the different formal schools were promoted to the next higher grade – a tribute to our students and teachers.

Our development initiatives continue to expand, offering services to more and more deserving beneficiaries. Calcutta Rescue has paid for tuition in computer and driving skills, tailoring, beautician training and mobile phone repairing, making our beneficiaries more independent and giving the ability to generate their own income.

Our Fair Trade handicrafts workshop continues to make new designs and products for sales both in India and internationally, promoting the work of Calcutta Rescue. The workshop and our weaving project continue to make clothes and bandages for free distribution to our patients and school children.

Our four arsenic & iron filtration units in the north of West Bengal, in one of the worst affected districts, continue to provide villagers with safe drinking and cooking water. Plans are under way to install two more filters in the coming months.

### **Seeking Constant Improvement**

Calcutta Rescue's management and administration team has been boosted by the addition of a skilled and experienced new Finance Head, Ms. Ruby Sen; meanwhile we continue to seek more key positions in Administration and Schools, such as a new deputy CEO, Schools Project Officer and Public Relations officer. No doubt with the untiring efforts of the Governing Council, management and volunteers we will soon fill these important roles with suitably qualified new members of our dedicated team!

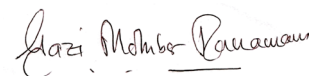
Our office now extends to two floors, as we have taken on another flat downstairs from the existing head office, and have also taken on a permanent flat under rent for long-term Calcutta Rescue volunteers.

This year Calcutta Rescue has done a good deal of groundwork for one of our priority issues – raising public awareness and funds within in Kolkata and India itself. These efforts will continue with the recruitment of a local fundraising and public relations officer whose dedicated role will be to bring in local partners and funding and increase awareness about our work.

I was privileged to be invited to the UK for the happy occasion of 30<sup>th</sup> anniversary celebrations of Calcutta Rescue Fund UK, and also traveled to France (Aix-en-Provence) and Germany to visit our support groups there. These events have generated much interest about our work and attracted new donors and additional funds. I look forward to continuing our work together with our network of international support groups to continue to raise funds, so we can help more of those most in need in Kolkata and West Bengal.

I would like to take this opportunity to thank the Governing Council, all our Support Groups, volunteers, office and field staff for all their amazing support and work during the past year.

*Dr. Gazi Mohibor Rahaman, CEO*





**Many costly and disabling conditions are linked to common preventable risk factors.**

### **Letter from Dr. Alakanda Ghosh, Deputy CEO and Head of Medical Operations**

India is the second most populous country in the world and its rapidly changing sociopolitical, demographic and morbidity patterns have been drawing global attention in recent years. The health status of the Indian population, particularly poor and rural communities, is still a cause for grave concern.

About 75% of India's health infrastructure, medical manpower and other health resources are concentrated in urban areas where only 27% of the population lives. To improve the prevailing situation in rural areas, rural health issues are being addressed both at macro (national and state) and micro (district and regional) levels. This is to be done in a holistic way, with a genuine effort to bring the poorest of the population to the centre of these new health policies and initiatives.

For example, many costly and disabling conditions – cardiovascular diseases, cancer, diabetes and chronic respiratory diseases – are linked to common preventable risk factors. Trends in tobacco use, and the increased consumption of high fat and high salt food are contributing to this rising burden of heart disease, stroke, obesity and diabetes. Many diseases can be prevented, yet Indian healthcare systems do not make the best use of the resources available to them to support this process.

A collaborative management approach at the primary healthcare level with patients, their families and other healthcare actors is key to effectively preventing many major contributors to the burden of disease.

#### **Role of Calcutta Rescue**

Calcutta Rescue's approach with its health programmes addresses precisely these issues, offering – unlike most government hospitals which provide medical advice and very few medicines – a holistic healthcare system: this includes medical advice along with free supply of medicines, nutrition and clothing, educational support and basic health awareness education. In 2009-2010 we had close to 50,000 patients attending Calcutta Rescue clinics and outreach programmes, and I am satisfied that all of them received very satisfactory service delivery during this period.

#### **Healthcare**

Calcutta Rescue clinics provide general healthcare for the treatment of acute illnesses, immunization programmes, Mother & Child Health and specialist treatments for chronic conditions like HIV and TB. We are constantly monitoring the progress of our patients to check response to treatment, and as an example, I am pleased to relate that out of 75 diabetic patients at Belgachia clinic, 50% now have good control of their blood sugar levels while over 45% have fair control.

We are always trying to extend our support to more patients, but budgetary restrictions, limited space in clinics and high patient-staff ratios





(including doctors), make this difficult to achieve. However, I continue to be highly motivated by and proud of the quality of services given by Calcutta Rescue to its beneficiaries, consistently delivered in sometimes difficult circumstances due to the low literacy levels and economic status of our patients. This is all possible thanks to the continuous support of the Governing Council, Support Groups, volunteers, management staff and the dedication of our excellent field staff members. My thanks to all of you.

*Dr. Alakanda Ghosh, Deputy CEO and Head of Medical Operations*

**We are constantly monitoring the progress of our patients to check response to treatment.**





**Out of 219 screened Leprosy patients at Chitpur clinic, 195 present a moderate to grave disability.**



### Belgachia Clinic

The Belgachia Clinic started in 1998 with the treatment of patients from the local areas of Raja Manindra Road and Belgachia.

Today our clinic caters to patients suffering from diabetes, hypertension, rheumatoid arthritis and general health issues. On average, Belgachia Clinic has 31 patients attending per day. This year, 119 new patients were enrolled.

One of them was a 13 year old girl named Salma. She was brought to us in September last year with infected wounds over her face, ears, chest and right elbow. Her story is not uncommon. While cooking, she was severely burnt by the bursting of a pump stove. Taken to hospital in April, she was admitted and treated on an emergency basis. By the time she came to Belgachia four months later, she had a number of serious infections. Salma was treated at no cost in our clinic and in four weeks the infections were gone and her wounds had significantly improved.

Belgachia Clinic takes care of electrocardiograms (ECG) for all of Calcutta Rescue's patients, conducting 376 ECGs last year. We also provided 136 spectacles to Calcutta Rescue's beneficiaries.

*Subhashis Som, Clinic Supervisor*

### Chitpur Clinic

Chitpur clinic specializes in the care of people suffering from Hansen's Disease (Leprosy). Last year, nine new patients were admitted for medical treatment, and during 2009-2010, ten patients completed their six or twelve months treatments and were cured. 89 patients presented wounds last year, out of which 37 had to be admitted in a hospital. Only two saw their wounds healed. We instructed 194 X-Rays, SSTs or other clinical investigations last year.

In 2009-2010, we provided for 22 of our patients' house rents and paid for the sustainable improvement of four homes. Ten of our patients' children are now attending boarding school, which is paid for entirely by Calcutta Rescue.

As usual, a specific and comprehensive health education course has been given daily, along with basic instruction on social manners. We continue to provide our patients with individually tailored medical shoes.

From December 2009 to March 2010, a volunteer nurse, Lena Florette, supervised wound dressing and updated the staff's techniques. With Lena's assistance and common assessment with the staff, we have been reorganizing our benefits policy to extend the help given to our patients in their private lives, aiming for their social rehabilitation.



**As at all CR's clinics, Sealdah provides free consultations and treatment, health education, nutritional benefits and travel allowances to the patients.**



A study on the degree of disability generated by Leprosy was carried out by Calcutta Rescue's physiotherapist Nupur Ghosh during the weekly physiotherapy sessions. Out of 219 screened patients, 195 present a moderate to grave disability.

*Ashis Mondal, Supervisor, Chitpur Clinic*

### **Sealdah Clinic**

Calcutta Rescue's Sealdah clinic is hosted by the Loreto Day School, minutes away from Sealdah's major train station. This central situation and proximity to transport makes it strategically ideal to tend to our outreach beneficiaries. As at all Calcutta Rescue's clinics, we provide free consultations and treatment, health education, nutritional benefits and travel allowances to the patients.

#### **Patient Care**

Our clinic specializes in cardiac, neurologic, pulmonary, thalassemia and diabetes cases. Whenever necessary, we liaise with and refer our patients to hospital services, the cost of which Calcutta Rescue provides for, closely monitoring the patient's treatment and follow-up. Last year, 91 new patients were admitted, half of them with a cardiac condition. Thanks to special donations, seven of our patients could undergo cardiac surgery, six were successfully operated and are now stable and following our medication. At the time of writing, funds have been made available for four more cardiac cases, with nine patients currently on the waiting list.

#### **Immunization**

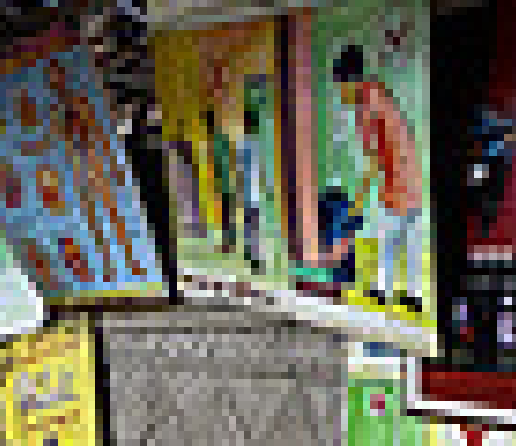
An increasingly successful programme carried out in Sealdah is immunization: twice a week, children either sent from Calcutta Rescue's two schools, or referred to us by our street medicine programme, attend the clinic for their injections. Last year, 2,926 children received vaccinations, out of which 561 completed their primary dose of vaccinations against six killer diseases, namely TB, diphtheria, whooping cough, tetanus, polio & measles. They are given a booster dose later on to enhance the immunity.

#### **Cooperation with the Outreach Programme**

The outreach programme's emphasis on health promotion and preventive measures consistently enables early diagnosis and treatment, thereby preventing complications. For example, one patient was 3 years old when he was referred to us by the street medicine team last year. He has the Guillain-Barre syndrome, an autoimmune disorder that causes a progressive weakness in the limbs and can rapidly lead to paralysis. His condition was confirmed by the N.R.S. Medical College and Hospital, and he was prescribed four injections of Norglobin, whose high cost – approximately INR 10,500 per vial of two injections – his parents were unable to pay for. Calcutta Rescue sponsored the treatment, and having received the injections, the little patient is doing well.

*Arobindo Sardar, Supervisor, Sealdah Clinic*





**The objective of Health Education in all our clinics and outreach programmes is creating awareness, preventing diseases and providing auxiliary management.**



### **Tala Park Clinic**

Situated in the north of Kolkata, Tala Park is Calcutta Rescue's largest clinic. It houses our Mother & Child Health programme, our Disability Department, a wound care unit and a physiotherapy room.

The Mother & Child Health Programme continued to provide ante and post-natal as well as family planning services, immunisations, and additionally, ran a special feeding programme for malnourished babies. This programme will expand in the current year to over 100 beneficiaries at any one time.

Our team tends to a wide variety of illnesses and conditions: cancer, neurologic, cardiac, pulmonary, rheumatologic or endocrinology cases, or genetic diseases such as thalassaemia and Wilson's disease. The clinic also takes care of those of our patients who require life long medical attention.

Emergency cases such as burns or trauma are given first aid by our staff and taken to hospital in one of our vehicles, parked at the clinic.

101 new patients were admitted for regular treatment. We had 21,135 attendances, treating an average of 74 patients a day last year.

*Sudershan Peterson, Tala Park Clinic Supervisor*

### **Health Education**

Calcutta Rescue's awareness and prevention health education programme is provided to all patients systematically in every clinic, in urban and rural tuberculosis control programmes, and in all outreach programmes, where special emphasis is given to family planning.

While in the rural areas of our TB treatment programme, health education classes were given to school children (and a fruitful quiz competition conducted among them), an analysis within the central urban area of Belgachia has further revealed the very high incidence of tuberculosis. An awareness and screening programme has been chalked out for the schools there, and will soon be implemented. Calcutta Rescue also conducted a Knowledge and Attitude Practice (KAP) study with the Mother & Child Health patients in Tala Park clinic.

An evaluation on daily life practice was undertaken for general, cardiac, diabetic, tubercular and leprosy patients. While assessing patients' degrees of awareness, the study will also help enhance our educative techniques.

We have revamped the audio-visual method and facilities of the programme at Tala Park and Belgachia clinics.

### **Staff Training**

Like previous years, refresher classes have been organized for the health workers and associated staff, an occasion for them to interact and dis-



**Last year, the Outreach programme covered a population of almost 2100 people.**



cuss issues encountered in the field. Our school teachers received periodic training to provide basic health education to our students who in turn explain the basics to their parents.

A seminar on thalassaemia was held at Tala Park clinic in January 2010 with the help of The Thalassaemia Foundation. It aimed to update the doctors and health workers on the present understanding of the disease and its treatment.

We also hosted an interactive seminar on tuberculosis and the TB treatment programme in April 2010 in our Tala Park facility. The presiding guest was Dr. S. Singh of the Baghbazar Chest Clinic.

A training programme on techniques of injection has been organized for selected health workers and staff at all our clinics. Followed by an assessment, the completion of the training will entitle the participants to a Calcutta Rescue certificate.

*Dr. Arijit Pal Chowdhury, Health Education Officer*

## **Outreach: TIP and Street Medicine**

Calcutta Rescue's outreach programmes are some of the most important projects the organization conducts. Our Targeted Initiative Programme (TIP) aims to reach and treat people living in Kolkata's slums, while our Street Medicine Programme focuses on those living on the streets.

### **TIP Programme**

The TIP programme, started in 2000, is well established and efficiently provides access for patients suffering from vitamin A deficiency, worms infestation, lice, scabies and other common ailments. Our staff and outreach workers continue these treatments with visits for follow-up, defaulting patients, house checks, and hospital visits.

As with other areas of Calcutta Rescue's work, we continue to place strong emphasis on health education in an attempt to improve the general levels of health in the communities we serve, in addition to providing treatment for specific conditions.

During the last year, our TIP programme operated in 2 areas, Park Circus Tiljala area and the Raja Bazar slums, treating just over 1,200 patients, referring nearly 75% of them to our network of clinics for further diagnosis, treatment and follow-up. Our TIP team also began working at the Bess Crawford orphanage in Howrah, treating 87 children for vitamin A deficiency and worms, and initiating an improved dietary regime.

### **Street Medicine Programme**

Calcutta Rescue's Street Medicine programme, started in 2006, continues to deliver holistic medical and social support to sick and marginalized people living on the streets of Kolkata.



**In the last year, the street medicine team treated just over 1,500 people.**



Our healthcare team periodically visits 11 different streets where people have established communities, providing immediate access to healthcare on site, and referring them to our clinics, or government facilities. In the last year, the street medicine team treated just over 1,500 people.

The street medicine team places particular emphasis on immunization, particularly for children, as well as paying special attention to pregnancy and communicating the importance and knowledge of antenatal and postnatal care.

Our health education workers visit prospective patients the day before our street medicine team visits their areas, to complete their registrations and at the same time educate them in a comprehensive health programme to improve levels of health generally.

*Debuprasad Chakraborty, Assistant Project Officer*

### **Rural DOTS and TIP**

Calcutta Rescue's rural tuberculosis programme works under the government and World Health Organization (WHO) initiative DOTS (Direct Observation Treatment – Short Course) programme in the districts of Canning and TamulDAH, south of Kolkata. The rural DOTS teams continued to successfully comply with the government's New Sputum Positive case detection rate.

Last year, the rural DOTS teams have seen just over 100 suspected TB patients, of which 91 were referred to hospital for examination, and 79 were diagnosed with TB. A total of 45 patients are now receiving TB treatment at our centers.

### **Rural Health Awareness and Education**

The Rural DOTS team continues to run a wide ranging health education programme in Canning, TamulDAH and surrounding areas. These initiatives include the distribution of posters and leaflets, education at local mosques, health education quizzes at local schools, house visits and group education sessions.

### **Supplementary Child Treatment Programme**

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





**Like in many other parts of India, mortality rates related to pregnancy and birth are very high. Calcutta Rescue is running several comprehensive health education and awareness programmes on Mother & Child Healthcare.**



## HIV

An HIV street clinic was started by Dr. Jack Preger on Ho Chi Minh Sarani in 2004 with 60 patients. They were given access to a first line Anti-Retroviral Therapy (ART) that was not supplied to them by government hospitals at the time. Along with free ART these patients received other supportive care like nutritional supplements, educational support for children, health education, counselling and vocational rehabilitation.

Later, this street clinic was shifted to the Tala Park facility. It is currently operating on Thursday afternoons. Up to now, 104 HIV positive patients have been treated in Calcutta Rescue's facility.

At present we are treating 76 patients. 65 first line resistant patients are provided with second line treatment and three are on first line ART. The remaining eight patients, who are now getting the government supplied first line treatment from the hospital in charge (School of Tropical Medicine), receive complimentary beneficial medications from Calcutta Rescue.

About 95% of our current patients are improving with the drug therapy.

*Dr. Susmita Roy Chowdhury, Sr. Medical Officer*

## Reproductive & Child Health Project

The magnitude of reproductive and child health issues is immense in certain urban areas of Kolkata, where the mortality rates for pregnancy and child birth are still unacceptably high, as are low birth weight and childhood malnutrition.

The current nation-wide initiative Reproductive and Child Health (RCH II) aims to address these issues by encouraging the close convergence and coordination of state and NGO resources.

Our RCH programme covered a total 10,172 people from the local population in 2009-2010. We systematically achieved a higher goal than our primary objectives. Full antenatal care was performed on little less than 1,700 pregnant women (88%). Full immunization of newborns was 100% successful.

Building on RCH II guidelines and its own experience in the field, Calcutta Rescue has identified the 82<sup>nd</sup> Ward of Borough IX in Kolkata as presenting a particularly serious situation. The average family size in this area is higher than 5 members, early marriage is a common practice and death rates are very high.

In October 2009, we started an RCH programme for this target area, implementing 'Block Level' awareness and community mobilisation programmes: we organized a lifestyle education session conducted by a peer educator with a selected group of adolescents, and the following month, focusing on community mobilisation, addressing a group of 96 mothers from the ward.



**The vision of the Disability Department is to provide differently able people with self-sufficiency and employment prospects whenever possible.**



Five condom boxes maintained by community health workers were placed throughout the area.

In November, we gave an RCH training programme to local Community Based Organisations (CBOs), whom we were able to impart important and much-needed information to. In December we met with influential members of the community, as well as with the local religious groups in order to continue educating the local population about the importance of reproductive and child health.

A ward level sensitization intervention was conducted in January at the local Agrani Club, bringing the collaborative scheme advised by RCH II to the attention of local administrative and health functionaries – an essential step further in ameliorating the health services of people in our target area.

To continue to raise awareness of health education, we organized a baby show in January, with 425 babies taking part. Occasionally a caring father could be spotted in the sea of mothers queuing up for the beauty contest! Two entertainers distributed lots of hats, toys, balloons and whistles to the little children. After a health check-up by the doctors, all babies received tiffin boxes.

*Shib Sankar Chowdhury, A. P. O. Clinics*

## **Disability Department**

For many years, Calcutta Rescue has been providing free medical services and other benefits to people with physical and mental disabilities from economically disadvantaged backgrounds. To concentrate this effort, the disability department was established in 2006.

Working within all of Calcutta Rescue's health projects, our department provides equipment such as wheelchairs, hearing aids, walkers, special shoes and other equipment to increase the quality of life of our beneficiaries.

We refer those in need of further treatment or assistance and take great care in assessing the quality of every institution we work with, focusing on the best affordable education and socialisation possibilities. Our vision aims to provide differently able people with self-sufficiency and employment prospects whenever possible.

The disability department has seen an increase in the number of patients this past year, and our work was productive and encouraging. Volunteer disability nurse Robert Fitzpatrick from the UK, is assuming charge of the project's supervision, making assessment of the situation and working on uplifting our methodology of care planning to the latest standards. The team will be joined and trained in September 2010 by a volunteer special-



**In 2009-2010, more than 2,400 patients were clinically referred to physiotherapy sessions.**



ising in primary healthcare management.

### Physiotherapy

In 2009-2010, the Physiotherapy Department has been active throughout the medical projects of Calcutta Rescue. More than 2,400 patients were clinically referred to physiotherapy sessions. Nine of these patients were unable to come to our clinics this year, so, following Calcutta Rescue's protocol, we performed their treatments on a home or hospital visit.

We treat neurological, orthopedic, respiratory, rheumatoid arthritis, ante- and postnatal cases: in full sessions until cure or significant improvement, and through comprehensive follow-ups.

The department keeps and updates its own guidelines on Calcutta Rescue's specific range of intervention, to provide the most adapted physiotherapy to a growing number of our patients.

All rheumatoid arthritis patients with foot deformity are provided with tailored microcellular rubber shoes. We provide the orthoses, splints and prosthesis. Invalid tricycles and ground mobility devices are also given to the differently able persons.

Patients from our Leprosy treatment clinic at Chitpur are being motivated to undergo reconstructive surgery – and the physiotherapeutic rehabilitation we provide.

We also look forward to extending our work to geriatric and pediatric care, and further implement specialized work with our diabetic patients.

A new room has been allotted to physiotherapy in the Belgachia clinic, and an infrastructure is being arranged for in Tala Park at the time of writing.

We hope to find the means of providing our patients with the benefits of some fundamental instruments of our practice in the near future such as a static cycle, parallel bars and other therapeutic equipment.

*Nupur Ghosh, Physiotherapist*

### Pharmacy

The daily routine of the main pharmacy was disturbed by the departure from Calcutta Rescue of Store Keeper Ipsit Mukhopadhyay. Deonandan Shaw (Deba) was transferred to the department, along with an assistant to handle the new MARG software. Some transition issues did arise in the beginning, but the supervision of senior pharmacist Robin Makal had everything back on track by the time this report was done.





**CR is thankful for the donated drugs it received over the past year from doctors and volunteers from all over the world.**

We completed our new tender & quotation process. Three new wholesalers were reviewed and we signed agreements with 14 representatives. Orders according to our new contracts started in March.

HIV drugs are now ordered from the main pharmacy regularly. A new work sheet containing the order sheet, the newest price list and a list of all purchases has been worked out to streamline communications with our suppliers.

New guidelines were set for the computer-based treatment of our clinics' pharmaceutical operations. Sealdah and Belgachia are running both hand-written and computerized procedures for proof-testing purposes.

On the instructions of our medical staff, we have undertaken and completed research on 10 pharmaceutical applications this year, involving the evaluation and comparison of more than twenty different drugs.

New solutions for the treatment of ulcers were implemented in Chitpur clinic: solutions of silver nitrate and gentian violet provide a varied treatment in respect of dry or wet sores and wounds.

Ten new pharmacy lessons are to be given by volunteer pharmacists in the coming five months to our medicine table staff, who package up prescriptions in our clinics, covering topics such as asthmatics, antibiotics and diabetics.

Dr. Hamied of Cipla is offering Selenium (200 mcg) free of cost. Calcutta Rescue is to order for 100,000 tabs for arsenecosis patients.

A huge donation was received from Direct Relief International (DRI) which included 72 bottles of paracetamol syrup, 4,000 tablets of prenatal vitamins, 13,824 tablets of women Tylenol, 1,176 bottles of Amoxicillin syrup, 39,600 tablets of Surbex and 16,170 tablets of Ferrograd, all of which will be distributed to Calcutta Rescue clinics and outreach services.



**We aim to deliver improvements in core community infrastructure such as our arsenic filtration programme, or by equipping beneficiaries with the skills they need to run their own businesses, and earn themselves an income.**

## **A word from the Development Department**

In addition to providing medical and educational services, Calcutta Rescue's Development Department works to improve the lives of the communities it serves in the long term. We aim to deliver improvements in core community infrastructure such as our arsenic filtration programme, or by equipping beneficiaries with the skills they need to run their own businesses, and earn themselves an income.

Calcutta Rescue selects former beneficiaries or members of their family who have the aptitude and social conditions to ensure they will succeed, and either employs them in its own handicrafts or weaving projects, or pays for them to receive training in a number of vocational areas. Last year, Calcutta Rescue beneficiaries have trained as beauticians, taxi drivers, mobile repair technicians and embroiderers.

Our Handicrafts project continues to broaden its product lines, and improves the skills of its employees through the contributions of visiting volunteers and the Fair Trade Association of India. Our weaving projects employ 20 people to produce cloth for this project, as well as clothing and bandages for our schools and clinics.

Our arsenic filtration programme in the northern district of Maldah in West Bengal has continued, and is growing with the installation of new filters, as we deliver on site infrastructure to alleviate chronic health problems at source.

Meanwhile in 2010, Calcutta Rescue has begun to put in place a more comprehensive development programme by working in partnership with existing NGOs who specialize in the provision of vocational training specific to the needs and facilities available to local communities, and not-for-profit microfinance NGOs who have the experience to manage the process of providing the poor with the capital they need to set up and run their own businesses.

Following the research and development work done by French volunteer Nicolas Flavigny and former Administrator Ben Christie during the past year, we are now taking the first steps towards a new microfinance and vocational training programme, working alongside two local NGOs with foreign backing (like Calcutta Rescue) at our weaving centre in Canning.

The working idea is for a collaborative partnership, whereby:

- Calcutta Rescue provides its Canning facility in the rural area of South Parganas 24, where it will provide education to children in the morning, and adult education in the afternoon, as well as medical referrals to our Sealdah clinic when necessary.
- Our vocational training partners, Joygopalpur Gram Vikas Kendra (JGVK), will offer training in skills appropriate to the local area and economy such as aquaculture, agriculture, mobile phone repairs and IT.
- Navirman Community Resource Centre (NCRC) and Entrepreneurs Du Monde (EDM), our microfinance partners, will provide the small amounts of capital required to get people set up in business, and the supervision and training to help make beneficiaries' businesses a success.



**Previously the approximately 400 families residing in Paharpore and Hazipara villages had no access to safe water. Now, more than 1,250 litres of arsenic-free water is being delivered and used every day.**



The idea is that by working in partnership with already existing NGOs active in the sector, we can offer sustainable, long term development services to its beneficiaries without significant additional demand on Calcutta Rescue's capital or management.

This new pilot project continues to take shape, and it is hoped will provide a useful adjunct to Calcutta Rescue's services in future. It will be interesting to see how the pilot project at Canning develops in the coming financial year.

### **Safe Drinking Water Programme**

Calcutta Rescue has maintained four arsenic filters over the past year, providing water free of arsenic and iron to villagers of Mosimpore in northern West Bengal.

In recent months, Calcutta Rescue has installed two new arsenic removal filters at Paharpore and Hazipara, two villages also in Maldah district, an area particularly affected by toxic concentrations of iron and arsenic in its ground water.

Previously the 400 or so families residing in these villages had no access to safe water. Now, more than 1,250 litres of arsenic-free water is being delivered and used every day. Similarly at another village, Noor Md. Munshi, 1,000 litres of arsenic-free water are being delivered and used every day, a great improvement on the situation before the installation of the devices.

On the treatment side for existing conditions, Calcutta Rescue has treated a total of 88 patients suffering from arsenic poisoning, with one patient referred to the SSKM hospital for surgery sponsored by Calcutta Rescue. We have now arranged a local homeopathy doctor, Dr. Md. G. M. Sadeque to prescribe all the necessary medicine when Calcutta Rescue teams are not present in the remote rural north of West Bengal.

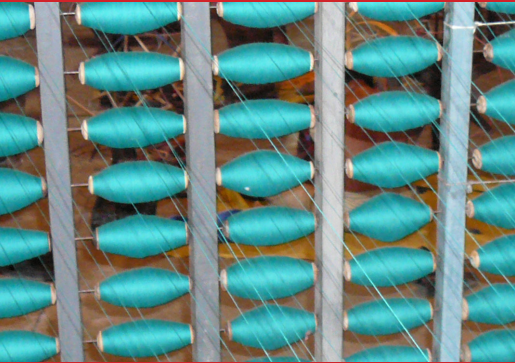
In the coming year Calcutta Rescue plans to install two more new arsenic removal filters, and has already identified two villages with arsenic contamination in ground water above permissible limits. These filters will be installed shortly with a view to benefiting the maximum number of local villagers affected by this situation.

*Debuprasad Chakraborty, A. P. O. (Specific Projects)*

### **Vocational Training Programme – Urban Kolkata**

Since its inception, Calcutta Rescue has identified education as a key tool for improving the long term prospects of the underprivileged. Its two non-formal schools support more than 300 children from the bustees, slums and pavements from different areas of north and central Kolkata.





**In the past year, CR has sponsored 16 students in respective government driving, tailoring, and mobile repair training courses.**



However, for a variety of reasons it is sometimes more appropriate to provide training in non-academic and vocational skills to young or adult students. Calcutta Rescue provides such vocational training to its beneficiaries: former students and patients and their children, equipping them with the skills to generate their own self-supporting income, thereby improving the quality of their and their family's lives in the longer term.

In the last year, Calcutta Rescue has sponsored 16 students in respective government driving, tailoring, and mobile repair training courses, with the appropriate training programme identified according to individual skills, aptitude and needs. Once they have completed their training, our new trainees can access new market prospects and set about establishing their own small businesses.

*Shib Sankar Chowdhury, APO Clinics*

### **Weaving Project**

Calcutta Rescue's two weaving centres in the rural area of South Parganas 24, south of Kolkata, continue to produce cloth for our Handicrafts project as well as clothing and bandages for our schools and clinics.

Our larger centre at Tamuldah currently houses five looms, employing 16 staff and produced just under 8,500 metres of cloth in the last year.

Meanwhile at a smaller centre in nearby Canning, which employs four weavers and two general staff members, nearly 3,300 meters of cloth were produced.

### **Handicrafts**

The past year has seen Calcutta Rescue's handicrafts project continue its successful growth, recording its best year for sales since the project started, increasing year on year by nearly 20%. New product lines, new skills and several team building exercises have built on and consolidated existing skills and experience while developing its range of products.

Meanwhile, the project has continued its comprehensive programme of training, improving the skills of our existing staff, training new staff members and raising awareness of Fair Trade practices in our suppliers and vendors.

The handicrafts team was chosen by Fair Trade India for an EU-sponsored project called Fair Trade Plus, which provides training to all our staff and trainees on Fair Trade awareness. This included training at the Management Development Institute in Gurgaon, and from the Indian Institute of Management in Joka, Kolkata. This training was an award, so it was provided free of cost. To spread awareness of the Fair Trade movement in Darjeeling, and taken its own team on two staff excursions this year, to Darjeeling and Digha.



Meanwhile to develop new skills and product lines in our existing teams, French volunteer Olivier de Fareins worked at Handicrafts for four months training staff how to make macramé bracelets, necklaces and anklets. The trainees are now producing these new designs and they are selling well, and we have also started making new products using recycled materials, which again are selling well.

Another volunteer, Malaikha Schaake from the Netherlands, spent 3 months training our staff and trainees in sewing, embroidery and design. This has brought tangible improvements in product quality and in the awareness in our staff of the importance of quality.

*Sudeshna Mitra-Woodhatch, Project Officer*

**Former patients and former school pupils  
outs are the employees  
of CR's Handicrafts  
Project.**





**The focus of our schools is to provide facilities for slum and street children and thereby promote not only their immediate well-being but also to maximize the opportunities available to them in the future.**



## **A Word from the Education Department**

Calcutta Rescue aims to provide primary and secondary education to the poorest children, and to provide it in a welcoming, safe, supportive and caring environment where each child is respectfully treated as an individual. A non-denominational and creative approach to a holistic education is our policy. This serves to enhance the social, emotional, physical and intellectual development of each and every child, give them the faculties to successfully move with confidence into the mainstream of society, escaping the bonds of poverty.

The current focus of both schools is to provide facilities for slum and street children when they do not have access to other education and welfare services and thereby promote not only their immediate well-being but also to maximize the opportunities available to them in the future.

This year has not only been a productive one, but an active one. We enjoyed events such as a sports day, a football tournament, and a cricket match between the children and the staff. We celebrated Children's Day together and on another occasion visited the park for a picnic.

The Education Department is proud to welcome new talent into the team, including Moumita Kaskhal (art teacher), Mamoni Halder (music teacher), Siddique Mondal (computer science teacher) and a further three teachers at Tala Park School, including another computer science teacher.

The Education Department is proud of its many successes this year. We would like to thank each of you who made these very tangible achievements a reality, and we look forward to many more positive outcomes for our children in the future. Sincerely, Thank You.

## **Tala Park School**

Tala Park School provides education and comprehensive care for 183 students. 117 students are currently in mainstream schools, these are our 'formal students'. 66 students are not yet in mainstream school, these are known as 'non-formal students'.

### **Educational Programme**

Tala Park School was regularly attended by a full compliment of children, 183 being the school's maximum. The formal students attended mainstream school and Tala Park School daily. At Tala Park, the formal students are supported with their mainstream education and provided with the materials they need for school, as well as a nutritious meal. Our non-formal children also attended Tala Park School on a regular basis, and were given tri-monthly evaluations. They have learnt the alphabet, numbers and counting, puzzles, colouring, animals, birds and more. We have recruited three new non-formal teachers and three new formal teachers this year, one of whom is a computer science teacher.





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.



### **Health Education Programme**

Health education classes are given by our teachers 2 to 3 times a week. Children are made aware of the good and bad habits along with daily cleanliness. A hygiene teaching class is conducted each month for the teachers.

### **Nutritional Programme**

A diet chart was maintained throughout the year. We had changed khichuri and lassi in winter which was given in summer. Everyday children had sattoo, milk, biscuit, peas, bread with butter and lassi for breakfast and rice, pulse, egg, vegetable curry, soya meal and paneer for lunch. Children are given seasonal fruits such as banana, watermelon, mango, and guava. O.R.S (Oral Rehydration Salts) are given in summer to prevent dehydration. At the end of the year, children were given vitamin tablets. We implemented a special enhanced diet for weak children, who were given Complan mixed with milk. We change our nutrition chart every three months according to the season and to meet the needs of our students.

### **Recreation programmes**

In the month of September our school was closed during the Durgapuja festivals and Id. On November 14<sup>th</sup> our students celebrated Children's Day and they were given gifts and tiffin. We had a picnic in December at Joy Land, a park in Kolkata. Our annual sports day was held in January. All children, teachers, helpers participated in the events. Prizes were given to all teachers, helpers and children who did well in our races.

### **Parents Meeting**

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. We use these meetings to motivate parents and guardians about their duties and responsibilities towards their children. Meetings are arranged regularly, especially before and after examinations and at the time of distributing books, dresses, shoes, bags and other school materials.

### **Staff Meeting**

Staff meetings give teachers the opportunity to discuss challenges presented by the children, and difficulties faced by helpers. The teachers work as a team to overcome these challenges.

### **Attendance**

Attendance of our children is good. Sometimes attendance decreases during religious festivals.

### **Computer Class**

A new computer science teacher was appointed in March. Formal children are undergoing theoretical and practical classes.



**99% of the formal students (Bengali) and 100% of formal students (Hindi) have passed the Annual Examination . Among 36 boarding students, 86.1% of students have been promoted to higher classes.**



### Library

We have library class once a week. Formal children are given the opportunity to borrow books from the library. Non-formal teachers use the library to read stories books to the non-formal children.

### Extra-Curricular Activities

Dance, yoga, music and art classes are held once a week.

## School No. 1

### Educational Programme

We had a total of 326 students in 2009-2010, 90 non-formal students and 236 formal students. Among the 90 non-formal students, we took 73 new students from areas not previously represented at School No.1. We were able to integrate 57 new students into mainstream schools, consisting of 34 Hindi medium students and 23 Bengali medium students. 36 students were admitted into boarding schools (13 girls at Victoria Institution, 2 girls at J. N. Roy Nursery and Infant School and 21 Boys at St. Paul's Boarding School). For the formal students we have identified different schools such as Savitri Pathshala, Bithal Girls' and Bithal Boys' (for Hindi students) and Shree Vidhya Niketan, The Oriental Seminary, Victoria Institution (Girls' Boarding School), J.N.Roy Nursery and Infant School (Co-Education Boarding School) and St. Paul's (Boys' Boarding School).

Three students passed the Secondary examination and two passed senior Secondary examination this year. Zeenat Parveen, one of our Hindi formal students, has been admitted to a Travel and Tourism Management (Major) course at Victoria Institution (College) at the University of Calcutta.

Evaluation of the non-formal students is done on a regular basis (in total four evaluations have been done). In the Annual Examination 2009-2010, 89% of non-formal students have been selected for final evaluation for formal schools and upper classes of Calcutta Rescue.

99% of the formal students (Bengali) and 100% of formal students (Hindi) have passed the Annual Examination in this session. Among 36 boarding students, 86.1% of students have been promoted to higher classes.

### Parascholar

An art teacher, Moumita Kaskhal, joined the School on August 29<sup>th</sup>. Our students were very busy during September and October 2009 preparing drawings which are to be sent to London, Paris, New York and Switzerland. We had a drawing competition on December 12<sup>th</sup> at Loreto School, involving both of Calcutta Rescue's schools.

Mamoni Halder joined our school as a music teacher on February 6<sup>th</sup> and now gives dance and music classes every alternate Saturday. Since February 22<sup>nd</sup> we started computer science classes for our formal students in School No. 1 facilitated by computer science teacher Mr. Siddique Mondal.



Contact with parents is an important pillar of CR' schooling system.



### Library

We received 438 books of various types as a donation to our students in February this year. Our students are given access to the library every Saturday, where they can borrow books.

### Extra-Curricular Activities

Our inter school football competition between Number One and Tala Park was held on July 17<sup>th</sup> at Tala Park ground. A Cricket Match was held on October 27<sup>th</sup> between students and staff at Ashok Malhotra Academy.

We went on two excursions in this session. Firstly, we went to Millennium Park with our non-formal students on December 12<sup>th</sup> and on the same day to Joy Land with all our formal students.

We had a grand celebration on Children's Day in Bagbazar Hall with both schools of Calcutta Rescue. Our Annual Sports was held on January 10<sup>th</sup> in Tala Park.

### Staff Meeting

Meetings were held with different staff groups according to their needs.

### Parents Meeting

This year we organized several parents meetings for families of new students, and those whose children were going to boarding school. Parents meetings were also arranged when students received their school results.

We provided the families with specific health education, such as malaria prevention, and distributed plastic sheets, mosquito nets and other health materials.

### Special Benefits

We distributed special benefit packets to the students and escorts for the summer and Puja vacations and new dresses to the students on the Durga Puja festival. The families received plastic sheets during the rainy season, as well as mosquito nets, electric repellent and spray. The new formal students received raincoats for the rainy season and all formal and non-formal students received sweaters for winter. We have distributed uniforms, books and exercise books, bags, shoes and socks to the formal students. This year students from Class VII onwards received umbrellas.





**Teachers visit the slum areas monthly to talk to parents about the importance of their children attending school and reinforce health education where possible.**



### **School Extension Programme**

The aim of our School Extension Programme is to develop a relationship with the families or guardians of the children attending a Calcutta Rescue school. This programme is conducted by either an outreach worker, teachers from the schools, or occasionally the Assistant Project Officer.

By building strong, positive relationships with their families and guardians, the schools are better equipped to support the students. As a result of this programme, we are able to promote the value of education to families. This is especially valuable in situations where the families do not consider education to be a priority. Where the families recognize the benefits of education, pupils performance and attendance at school tends to improve.

Information about health and nutrition is given to families. Illnesses that could compromise the pupil's education and overall well-being can be better prevented, and a more balanced and nutritious diet can be provided to them outside of school hours.

Many students have younger siblings that can benefit from the schools programme, and positive relationships with the families allow Calcutta Rescue's schools to quickly identify other neighboring children who can benefit from our services.

By understanding the difficulties children face in the home environment, we are in a better position to support the children in our educational setting.

*Baisakhi Maiti, A. P. O. School No. 1*

**Office**

G. M. Rahaman	CEO
Ajit Kumar Karar	HR & Admin Executive
Ruby Sen	Finance Manager
Padam Bahadur Chetry	IT Executive
Bikram Das	Accountant
Debasish Mondal	Accountant
Shyamali Dutta	Accountant
Raj Narayan Dutta	Accountant
Jhantu Saha	General Assistant
Laloo Singh	General Assistant
Ranjeeta Rebeiro	Office Assistant
Subhashis Chowdhury	Office Assistant
Panchanan Naskar	Technical Assistant

**Belgachia Clinic**

Subhashis Shome	Supervisor (Project)
S. Roy Chowdhury	Sr. Medical Officer
Dr. Esha Ghosh	Medical Officer
Prabir Ghorui	Health Assistant
Susmita Roy	Health Assistant
Kabita Sardar	Health Assistant
Gour Ch. Das	Health Assistant
Chattala Mondal	Health Assistant
Anita Chandra	Health Assistant
Rabia Khatoon	General Assistant
Fatema Bewa	General Assistant

**Chitpur Clinic**

Ashis Mondal	Supervisor (Project)
Avijit Dey	Medical Officer
Sambhu Mondal	Health Assistant
Sudhir Dey Roy	Health Assistant
Durga Halder	General Assistant
Suraj Das	General Assistant

**Sealdah Clinic**

Arobinda Sardar	Supervisor (Project)
Ruma Halder	Supervisor
Namita Dutta	Sr. Medical Officer
Dr. B. N. Jana	Medical Officer
Kamaluddin Laskar	Health Assistant
Suvra Bandhyopadhaya	Health Assistant
Shiba Prasad Mukherjee	Health Assistant
Ambia Bibi	General Assistant
Amita Patra	General Assistant
Jayanti Roy Chowdury	General Assistant
Md. Meheboob	General Assistant
Rousan Bibi	General Assistant

**Tala Park Clinic**

Alakananda Ghosh	Deputy CEO
Shibshankar Chaudhury	A. P. O (Clinics)
Suderson Peterson	Supervisor (Project)
Arani Saha	Medical Officer
Dr. Mausumi Gupta Banerjee	Medical Officer
Dr. Rajasri Lahiri	Medical Officer
Ajanta Kotal	Health Assistant
Anita Das	Health Assistant
Bulu Mukherjee	Health Assistant
Deo Nandan Shaw	Health Assistant
Munna Kumar Chhetri	Health Assistant
Parbati Samanta	Health Assistant
Pramila Kayal	Health Assistant
Rahena Kazi	Health Assistant
Shila Rana	Health Assistant
Sultan Ali Laskar	Health Assistant
Anwar Ali Laskar	General Assistant
Carmel Rozario	General Assistant
Jems Franklin	General Assistant
Jharna De	General Assistant
Jyotsna Das	General Assistant
Maya Singh (Devi)	General Assistant
Prabir Paul	General Assistant

**Clinics (General)**

Dr. Arijit Pal Chowdhury	Health & Education Coord.
Dr. Manjari Deb (Gupta)	Medical Consultant
Nupur Ghosh	Physiotherapist
Sampa Biswas	Supervisor (Disability)

**Outreach**

Debuprasad Chakraborty	A.P.O. Specific Health Project
Dr. Somnath Sarkar	Medical Officer
Jnanabrata Sengupta	Health Assistant
Krishna Chandra Sarkar	General Assistant
Rita Das	General Assistant

**DOTS**

Asura Goldar	Health Worker
Krishna Pada Das	Health Worker
Mamtaj Begum	Health Worker
Nasiruddin Khan	Health Worker
Provash Purkait	Health Worker
Sambhu Halder	Health Worker
Satyaban Dolui	Health Worker
Ashis Ghosh	Health Assistant
Babita Chakraborty	Health Assistant
Iswar Ali Mollah	Driver

**Reproductive & Child Health**

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

**HIV**

Biplab Mallick	Health Assistant
Rinku Bagui	Health Assistant

**Pharmacy & Main Store**

Morish Godfrey Mandol	Supervisor
Robin Thomas Makal	Supervisor
Kanan Mandol	General Assistant
Maria Samuel	General Assistant
Mihir Mandol	General Assistant
Ipsit Mukhopadhyay	Store Keeper
Snehasis Kundu	Store Keeper

**Footwear Project**

Umesh Das	Technical Assistant
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**School No. 1**

Baisakhi Maiti	A. P. O.
Sangita Singh	Supervisor (Non-Formal)
Sirajuddin Baidya	Supervisor (Formal)
Arpita Das	Teacher
Dolly Bhattacharya	Teacher
Purnima Saha	Teacher
Moumita Khaskel	Art Teacher
Pallavi Pallui	Adolcn Counselor
Sabita Sardar	Health Assistant
Shankar Sahani	Health Assistant
Sirajuddin Baidya	Health Assistant
Kamala Pradhan	General Assistant
Karuna Gayen	General Assistant
Shankari Haldar	General Assistant

**Tala Park School**

Bani Burman	A. P. O.
Jayati Ghosh	Supervisor
Gargi Chakraborty	Supervisor (Formal)
Nitu Singh	Teacher
Anila Singh	Teacher
Subojit Sana	Teacher
Sayan Mukherjee	Teacher
Saugata Chakraborty	Teacher
Ranjit Kumar Shaw	Teacher

Jitendra Kr. Sha	Teacher
Jitendra Kr. Ram	Teacher
Sahana De	Teacher
Alpona Basak	Health Assistant
Lakhi Narayan Majhi	General Assistant
Sayan Mukherjee	Computer Teacher

**Coaching Centre**

Bijoya De	Administrator
Dipty Mukherjee	Teacher

**Schools (General)**

Sankar Prasad Mitra	Accountant
Bhitika Mistry	Dance Teacher
Mamuni Haldar	Music Teacher

**Safe Drinking Water Programme**

Subhas Barik	General Assistant
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**Weaving Project**

Asif Ahmed	Loom Master
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
Sudipta Das	Supervisor
Sambhu Ghosal	Accountant
Hadish Mohammad	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 Khatoon	Technical Assistant

**Vehicle Pool**

Dhan Bahadur Chetri	Driver
Gopal Saha	Driver
Kapil Barah	Driver
Meghlal Shaw	Driver
Umesh Yadav	Driver
Bholanath Das	General Assistant





**During the financial year 2009-2010, of the 35 volunteers taken into account for this report 15 have worked less than three months, half of them six months or more, and six a nine-months plus term.**



Twenty-one volunteers took on positions in healthcare in the past year, including six pharmacists, two medical students working in school health and street medicine, and a social worker in the learning disability department.

The midwife nurse placement was covered for most of 2009 and was left vacant in 2010. It has since become a top priority for recruitment. The same goes for podiatry, which hasn't received a dedicated volunteer for the past couple of years.

Three volunteers joined in education, and the schools greatly benefited from the involvement of an experienced educationalist during seven months. It is a key position for the schooling programmes and the role remains of the highest value in Kolkata – a top priority for our recruitment efforts.

Parts of Calcutta Rescue's Development programme, namely vocational training and the weaving project, were opened to transformation and expansion by the establishment of new relationships with other competent NGOs — thanks to well-designed planning and successful networking of the staff and volunteer team.

Handicrafts got new creative input from two volunteers. And sales reached a new high this year.

A new volunteer grantwriter position was established and first assumed by our volunteer social worker from the disability department. A takeover is scheduled and a well structured full time effort from Kolkata should soon help strengthen Calcutta Rescue's finances with new sources of funding.

Calcutta Rescue's public relations were enforced by three volunteers, focusing on local and Indian fundraising. At the time of writing, Calcutta Rescue is reviewing an experienced Kolkatan candidate to the PR staff position. Next year might see the volunteer PR placement become an assistant or consultant job, and we can reasonably hope for a boost in our social networking and overall Indian fundraising capabilities.

Two short term volunteers greatly contributed to the uplifting of our media kit, as part of our last administrator's new corporate profiling initiative.

Two consecutive administrators carried out the coordination tasks, while successfully working on their complementary agendas for Calcutta Rescue's functioning and development, their work and influence reaching all departments.

During the financial year 2009-2010, of the 35 volunteers taken into account for this report 15 have worked less than three months, half of them six months or more, and six a nine-months plus term. The average duration being approximately 145 days per volunteer.

While pushing for longer volunteering terms in the main placements and in general, Calcutta Rescue continues to benefit greatly from short term involvement of motivated and competent people – well planned coordination being crucial in this case.

Provision has been taken for better handovers of tasks with the implementation of a wiki dedicated to the volunteers' cumulated knowledge and experience of working for Calcutta Rescue.



Many volunteers wear multiple hats at CR, by their own creative initiatives most of the time or simply to answer a need where and when it shows up.

Many volunteers wear multiple hats at Calcutta Rescue, by their own creative initiatives most of the time or simply to answer a need where and when it shows up.

Finally, initiated in 2010 by previous volunteers, a Support Group in the USA is well on it's way to join the international Calcutta Rescue network. Best of luck!

*Julien Blondel, Volunteer Administrator*

### Volunteers (2009-2010)

Tina Sackman	Pharmacist
Charlotte Good	Administrator
Marianne Schmidt	Pharmacist
Harmke ten Klooster	Diabetes nurse
Marielle Steijn	Disability nurse
Inanna van Iersel	Midwife
Rose DeStefano	Social worker
Phoebe Bruce	Clinical coordinator
Monika Küpers	Pharmacist
Adrianna Roman	Educationalist
Steffi Falk	Infectious disease nurse
David Milani	Doctor
Sarah Corbett	Doctor
Naomi McGhoun	HR management consultant
Laura Baird	Public relations
Asli Pamir	Pharmacist
Cecile Vandenabeele	Nurse
Maria Sieder	Pharmacist
Drew Webber	IT specialist
Heather Webber	Teacher
Ben Christie	Administrator
Chloé Din-Martin	Newsletter editor
Nicolas Flavigny	Engineer
Violette Ferry	Medical student
Emma Lo	Medical student
Holger Dressler	Pharmacist
Ambre Todd	Public relations
Olivier Bouchet	Handicrafts
Pippa Danzig	English teacher
Lena Florette	Wound care nurse
Malaikha Schaake	Handicrafts
Jeltse Boersma	Public relations
Noel McFadden	Doctor
Robert Fitzpatrick	Disability nurse



**In 2009-2010, CR has once again strived to maximize the effective use of its resources in service of poor communities.**



## Accounts & Finance

In 2009-2010, Calcutta Rescue has once again strived to maximize the effective use of its resources in service of poor communities. To ensure statutory compliance and reporting to our donor agencies Calcutta Rescue's 2009-2010 accounts have been prepared as per the Indian Standard Accounting Practices, issued by the Institute of Chartered Accountants 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 Roychaudhuri & Associates and the internal audit report is certified by a partner of the firm. The internal audit report pertaining to the financial year 2009-2010 has been reviewed by Calcutta Rescue management and reported to the Governing Council.

### Statutory Audit

The statutory audit takes place every six months, and the final accounting statements for the year ending 31 March 2010 have been verified and certified by the statutory auditors K. C. Bhattacharjee & Paul (Chartered Accountants).

### Monthly Accounts

Calcutta Rescue is streamlining its monthly accounting procedures to enable timely reporting to Calcutta Rescue management and support groups. Monthly accounts reports examine the actual expenses for the month in comparison to budget, variance with budget projections and the availability of remaining funds. A comparative analysis of cost of treatment, income and expenditure based on YTD figures is also prepared and submitted to management.

### Statutory Reports

Returns for VAT (Value Added Tax), TDS (Tax Deducted at Source) & Professional Tax return were all submitted on time in 2009-2010. Filing dates for other statutory reports: Foreign Contribution Regulation Act (FCRA) FC-3 Accounts – by 31st July 2010; Return to Registration of Societies (ROS) – by 28th August 2010; Income Tax Return – by 30th September 2010.

### Inventory and Asset Management

Medicine comprises of almost 30% of the total Calcutta Rescue expenses. The pharmacy's inventory management system has been strengthened with a new and updated software package implemented from October 2009, which has generated improved and more detailed reports. Tenders for medicine rates are called for from suppliers, which after 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 programme is also carried out, with a view to monitoring medicine and benefit stock. The process of codification of fixed assets is ongoing and is being done for all assets purchased by Calcutta Rescue.

**Expenditure 2009-2010**

<b>Programme</b>	<b>% of Total</b>	<b>Amount (INR)</b>	<b>Amount (EUR)</b>
Health Programme	57.82	22,477,983	394,351
Urban & Rural DOTS	1.66	646,287	11,338
Health Pro/Prev. Programme	3.79	1,472,195	25,828
Educational Programme	16.84	6,547,452	114,868
Vocational Training cum Production Centre	5.92	2,302,914	40,402
Administrative Costs	7.43	2,887,901	50,665
Inventory Cost	6.54	2,541,432	44,587
<b>Total</b>	<b>100.00</b>	<b>38,876,164</b>	<b>682,038</b>

**Income 2009-2010**

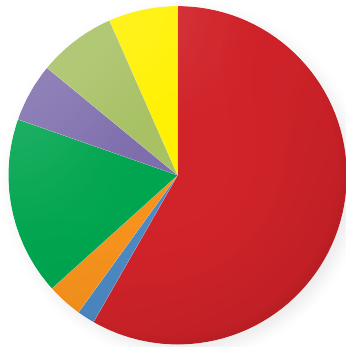
<b>Source</b>	<b>% of Total</b>	<b>Amount (INR)</b>	<b>Amount (EUR)</b>
International Federation of Support Groups	91.98	41,979,398	736,481
General Sources from Outside India	2.30	1,051,941	18,455
Donation from Individuals outside India	1.15	525,164	9,213
General Donation from India	0.71	325,618	5,713
Sales of Handicraft	1.37	625,278	10,970
Interest Received	2.47	1,128,580	19,800
Miscellaneous Income	0.01	6,171	108
<b>Total</b>	<b>100.00</b>	<b>45,642,150</b>	<b>800,739</b>

**Expenditure over Income for the Past Five Years (INR)**

	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
<b>Expenditure</b>	23,639,644	28,897,098	31,814,138	36,340,623	38,876,164
<b>Income</b>	24,112,375	28,180,966	36,124,372	39,807,414	45,642,150
<b>Ratio (E/I)</b>	98%	103%	88%	91%	85%

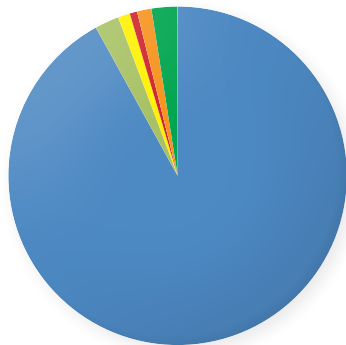


**Expenditure 2009-2010**



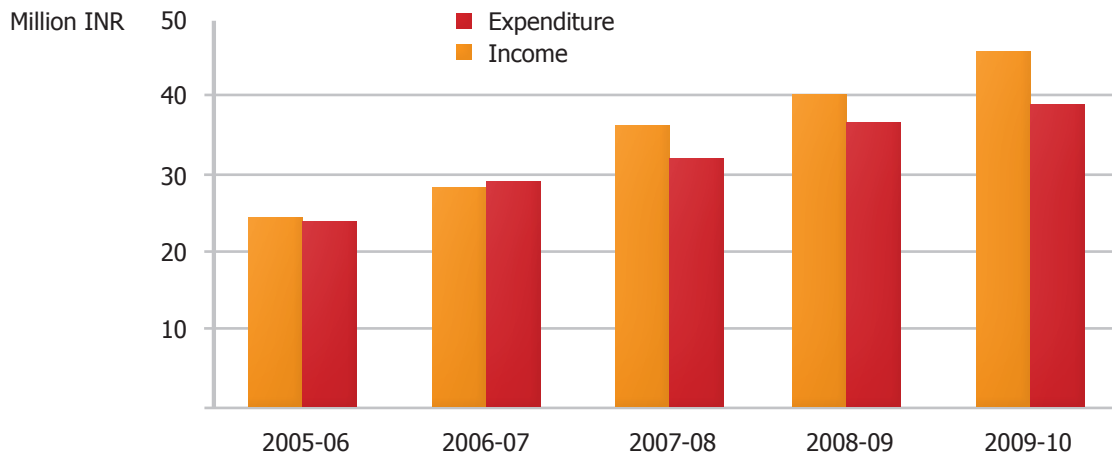
Health Programme	57.82%
Urban & Rural DOTS	1.66%
Health Pro/Prev. Programme	3.79%
Education	16.84%
Vocational Training, Production Centre & Handicrafts	5.92%
Administration	7.43%
Inventory	6.54%

**Income 2009-2010**



Support Groups funding	91.98%
General sources from outside India	2.30%
Donation from individuals outside India	1.15%
General donation from India	0.71%
Sales of Handicrafts	1.37%
Interest received	2.47%
Miscellaneous income	0.01%

**Expenditure over Income for the Past Five Years (INR)**





**Calcutta Rescue's vision is to undertake charitable and development work for the benefit of the poor and destitute in Kolkata & West Bengal.**



## Identity

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

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

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

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

Memorandum and Articles of Association and Rules available on request.

Visitors are welcome to the addresses given on our website.

## Name and Address of Calcutta Rescue's main bankers

Standard Chartered Bank  
31, Chowringhee Road  
Kolkata – 700 016

## Name and Address of Calcutta Rescue's Auditors

Mr. G. Chattopadhyay  
c/o K. C. Bhattacharjee & Paul,  
2, Church Lane, 3rd Floor  
Kolkata – 700 001

## Vision

Calcutta Rescue's vision is to undertake charitable and development work for the benefit of the poor and destitute in Kolkata / West Bengal, providing healthcare, education, medical services and vocational training. Calcutta Rescue aims always to provide these on a charitable basis but also on a developmental basis, wherever possible. Calcutta Rescue prioritises projects on the needs of its beneficiaries, taking into account the relevant social, political, economic and administrative situation in Kolkata and West Bengal. Calcutta Rescue aims to achieve its vision in cooperation with the services offered by the Government and other NGOs, where appropriate.



**Among Calcutta Rescue's objectives is to increase participation of marginalized people in society.**



## Aims & 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 marginalized people in society

## Governance

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

The Governing Council met 4 times in the Financial Year 2009-2010. Minutes of the Board Meeting are documented and circulated to all Governing Council Members and Support Groups.

## Board Members of the Governing Council

<b>Name</b>	<b>Age</b>	<b>Position</b>	<b>Area of Competency</b>
Dr. Jack Preger	79	Chairperson	Medical Doctor
Sister M. Cyril	74	Secretary	Educationalist
Mr P. K. Sarkar	76	Vice-Chairperson Treasurer	Retd. I.A.S. Officer
Mr Anil Bhandari	68	Member	Retd. Merchant Navy Officer
Dr. Reba Ray	63	Member	Advocate
Mrs Uma Ahmad	65	Member	ex-Chairperson Human Rights Commission
Reverend J.G.Stevens, OBE	70	Member	Founder and Chairman of Udayan
Wing Commander Shomir Chowdhury	60	Member	Retd. Wing Commander

The work of Calcutta Rescue would be impossible without the support and encouragement it receives from a variety of sources.



Thank you to all who supported Calcutta Rescue in 2009-2010 for your efforts, donations and cooperation. Our work would be impossible without the support and encouragement of a number of individuals, Support Groups, corporate partners, government departments and institutions.

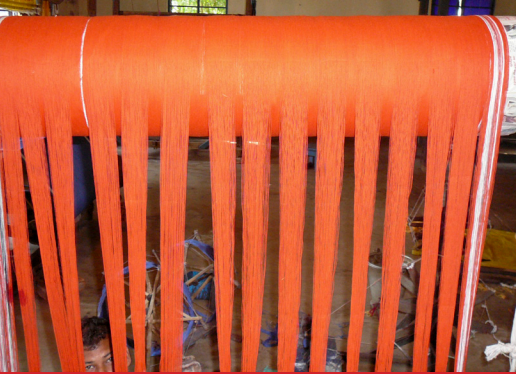
### Support Groups

Calcutta Rescue Canada  
 Calcutta Espoir (France)  
 Calcutta Rescue Deutschland  
 Calcutta Rescue Ireland  
 Calcutta Rescue Netherlands  
 Calcutta Rescue Norway  
 Fondation Calcutta Espoir (Switzerland)  
 Calcutta Rescue Fund (UK)

### Individuals

Rinita Dam	Lucia Costa
Margriet Janssen	Dr. Jack Preger
Modan Mohammed	Soumen Aich
John Destefano	Hilde Botten
Margaret Lorning	Patricia Jones
Mario Rosello	Pamella Wynn
P. K. Sarkar	Marielle Steyn
Harmke ten Klooster	Wilma Van Woerden
Laura Baird	Mr. Rene
Ronnie Lee	Mary Ahern
Mario Rosello	Adriana Roman
Mr. J. Maertens	Mr. A Venmans
Mrs. C. Miroir	Rev. F. Sonnevile
M. and G. Vandenbussche	Fam E. Degroote
Mrs. Carine Vergison	Monika Keuppers
Miriyam Dolders	Simon C. Partner
Patricia Jones	Elizabeth Fernandes
Mr. John Pascoe	Flora Carris
R. K. Nahata	Mallorquin Carrasco
Nanami Kurata	Riecho Hara
Shulamit Dektor	Lilian Teunissen
Charlotte Good	Julian Lo
Hemaxie Kanjee	Debashis Mukherjee
R. K. Nahata	Hermaxie Kanjee
Arijit Deb Roy	Linda Lulham
Dr. S. Singh	Dr. Uttam Dasgupta
Dr. Sanjoy Ghosh	Donna Todd





### **Government Departments / Institutions**

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  
District TB Control Society Government of West Bengal  
Kolkata Police  
SSKM and other Government Hospitals  
K.S. Roy TB Hospital  
National Institute of Mental Health

### **Non Government**

BAM India  
Rotary Club Ontario, Canada  
Rotary Club, Kolkata  
Direct Relief International  
Feed the Children  
Sight & Life  
Loreto School, Sealdah, Kolkata  
Udayan School  
Calcutta Heart Clinic and Research Centre, Salt Lake, Kolkata  
Earch And Roshan Sadri Foundation  
Spring Street International School  
Direct Relief International  
Time and Talents Club  
Stichting Actie Calcutta  
Club Alpha  
Changing Ideas

### **Corporates**

Lupin  
Stadmed Private Ltd  
Doyen Diagnostic  
Bio Life  
Emami Frank Ross Ltd  
Abbott  
Fairlawn Hotel



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crkolkata

**E-mail**

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**Web**

[www.calcuttarescue.org](http://www.calcuttarescue.org)

Special thanks to Dr. Bobby and the office staff, Dr. Ghosh and the projects supervisors, and to all the volunteers who took part in the making of this report.

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