

**The Hope Foundation
Annual Overview 2009-10**

CONTENTS

About The Hope Foundation	3
From the Director's Desk	5
HOPE's Structure and Organogram	8
India's Children	10
Protection	13
Healthcare	19
Education	25
Gender, Skill Development and Income Generation	29
A Day in the Life	33
Volunteers and Visitors	37
Finance	38
Details of the Hope Foundation	40
Thank-you	42
Contact Us	43

A photograph of a woman sitting on the ground in a slum. She is wearing a vibrant sari with yellow, purple, and white stripes. She has a serious expression and is looking towards the camera. The background shows a makeshift shelter made of wood and tarp, with various items hanging from it. The ground is dirt and littered with some debris.

About the Hope Foundation

The Hope Foundation is a registered Irish charity which was set up in 1999 to help restore basic human rights to the underprivileged section of society in and around Kolkata. After more than 60 years of independence, even as India chases double digit growth rates, many of its children are still trapped in a maze of imbalance that deprives, excludes and exploits.

Although the more privileged in India have been able to benefit from the economic upheaval of the last couple of decades, there are communities which have been left out of the growth process and lack access to even the most basic services like safe water, primary education and healthcare.

Such suffering is needless. The poorest families need just a little support to gain access to their basic rights and build better lives. Hope's work is aimed at mitigating the imbalance that exists between the different sections of society by empowering the marginalised sections through services such as education, health care, child protection and livelihood generation programs. Presently the organization is serving more than 18,000 children of people living in Kolkata and its surrounding areas.

Vision

The Hope Foundation visualizes a just and equitable society in which people can lead a quality life with dignity.

Areas of Work

- CHILD PROTECTION
- CHILD EDUCATION
- CHILD (AND REPRODUCTIVE) HEALTHCARE
- PRIMARY HEALTHCARE
- MENTAL HEALTHCARE
- EMERGENCY HEALTHCARE
- HIV/AIDS AWARENESS AND PROTECTION
- HIV/AIDS CARE AND SUPPORT
- ANTI TRAFFICKING MEASURES
- INCOME GENERATION AND VOCATIONAL TRAINING
- CAPACITY BUILDING TRAINING AND WORKSHOPS
- EVALUATION
- ADVOCACY AND NETWORKING

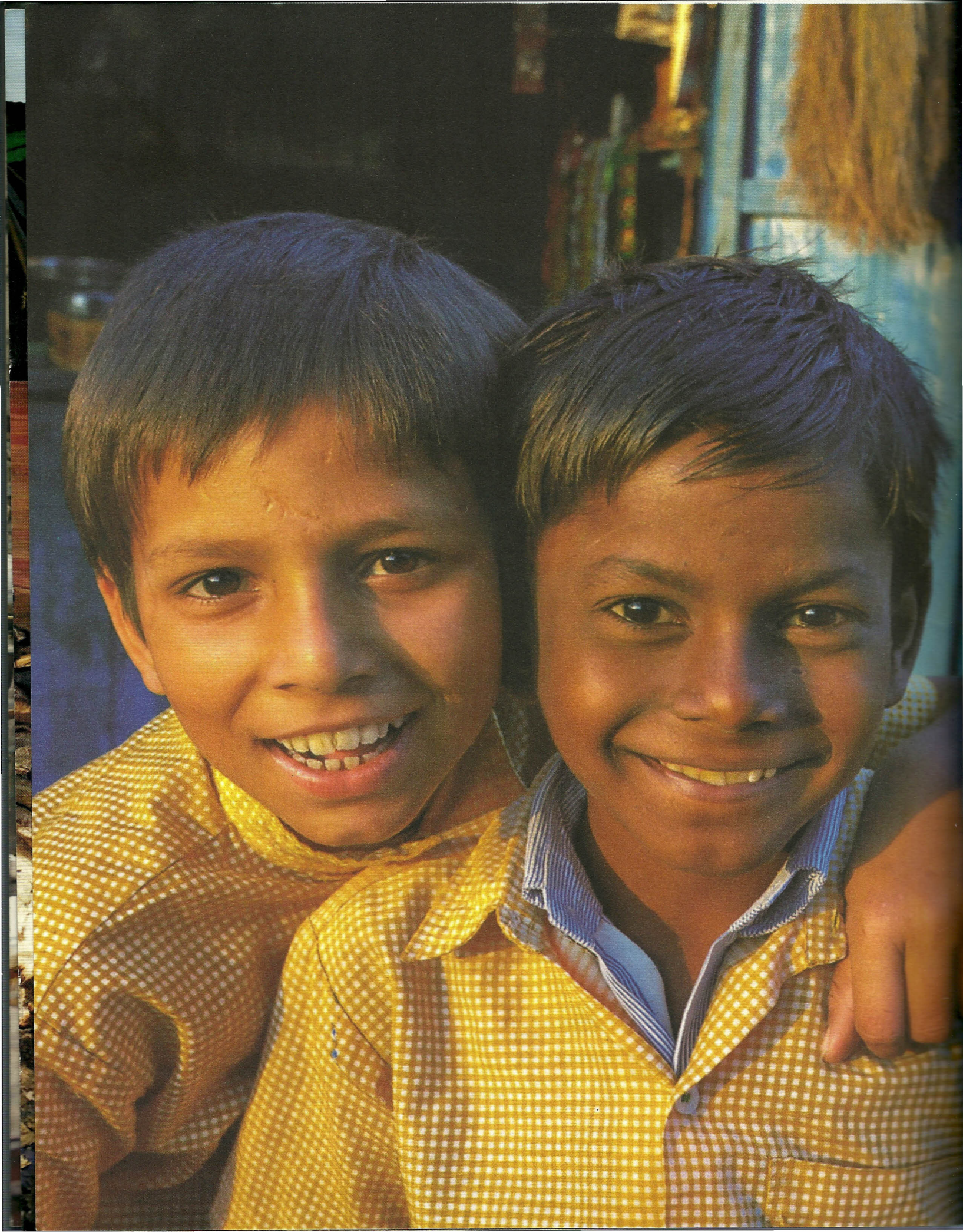
Mission

The Hope Foundation is committed to the holistic care, development, protection and guaranteeing the human rights of poor communities in Kolkata. Hope's focus is primarily on women and children.

The organization doesn't impose any solution on the community people, rather it works closely with the target groups to strengthen their capacity through education, protection, advocacy and healthcare support. The foundation works with different grass root level organizations, which are our local partners.

The Hope Foundation always explores different areas in which it can promote change in the community. It works with partners that are dedicated to the goal of sustainable development.

The Hope Kolkata Foundation is the implementing agency of the Hope Foundation. It is committed to ensuring an acceptable quality of life for the various vulnerable sections of society. The Hope Kolkata Foundation was established in 1999 for the protection & development of children on the streets and in difficult circumstances.



Letter From the Director, Hope Foundation, Ireland

HOPE FOUNDATION

Welcome to 2009-10 Overview

Few would argue against the fact that the global recession has had negative consequences throughout the world. For some this has meant a reduction in income curtailing them to the realm of non-essential spending. Others may no longer be in a position to indulge in the excesses that marked the years of plenty. Whatever the perspective or experience, it would be impossible to argue against the fact that once again those in direst poverty have been most deeply affected by this recession. For these, the poorest on this earth, it has meant a stark denial of the barest essentials for living. In many instances this has meant the progression from a life of subsistence to premature death. Others are awaiting the generosity of others to rescue them from death's door.

What many in 'developed' countries may not always be conscious of is the utter dependence of millions of desperately poor people on charity. For them there are no safety nets such as social welfare, to stave off death by starvation. Their mere existence is determined by the generosity of so many people who, when they hear of their plight, want to reach out and respond in whatever way they can.

As a charity involved with countless homeless 'at risk' children in Kolkata, HOPE and the children we work with has experience of receiving such generosity. This enabled us to reach thousands of children through our many services. Unfortunately, at this point in time, the impact of the recession is being keenly felt by HOPE. While recognizing the hardship that you and your family may be experiencing, I dare to appeal to your goodness in the interests of the children struggling for daily survival.

Living with the children here in Kolkata and seeing the evidence of how the generosity of so many people has changed their lives is a testimony to the innate goodness in our humanity. It is heart-warming to work with children, who have been rescued from tragic lives of absolute poverty. They are now thriving and live with the dignity that all people deserve. Their dreams of being loved and cared for, of having an education and being offered hope for the future are being realised.

Many malnourished children admitted to the Hope hospital are nursed back to life. Prior to that they had very little hope of survival. The image of the little 3-year-old girl abandoned on the railway station is captured in my memory for ever. Her little body was appallingly emaciated due to tuberculosis. It was so pitiful to see her struggle for life as we in HOPE embraced her into our service. She was nursed back to health by our dedicated, professional staff and is now a happy little girl in the Hope Home despite the fact she has not regained her sight. Sadly her story is one of many in similar plights of abandonment.

Many children forced into the frightening world of trafficking and child labour have been rescued and are back with their families as they are being helped to deal with their terrible traumas.

Daily life here in Kolkata exposes the rawness of suffering and the reality of mere survival for many children. What helps us to cope in the midst of such unimaginable suffering is the knowledge that for every life that is touched by genuine compassion and excellent care there is a new tomorrow. It is therefore vital that this work continues. Summer in Kolkata is almost unbearable as temperatures soar to 40 degrees. However this does not dampen the spirits of the Hope staff and volunteers as they continue to bring hope and opportunity to the forgotten children. Without your support this ray of real HOPE for children at grave risk will be in serious jeopardy. I trust that as has happened in the past, we can rely on your on-going generosity. This is something we never take for granted and I want to express once again my own and the children's deepest gratitude to you for all that has been and all that is to come.

Thanks for all the support and best wishes.

Maureen Forrest



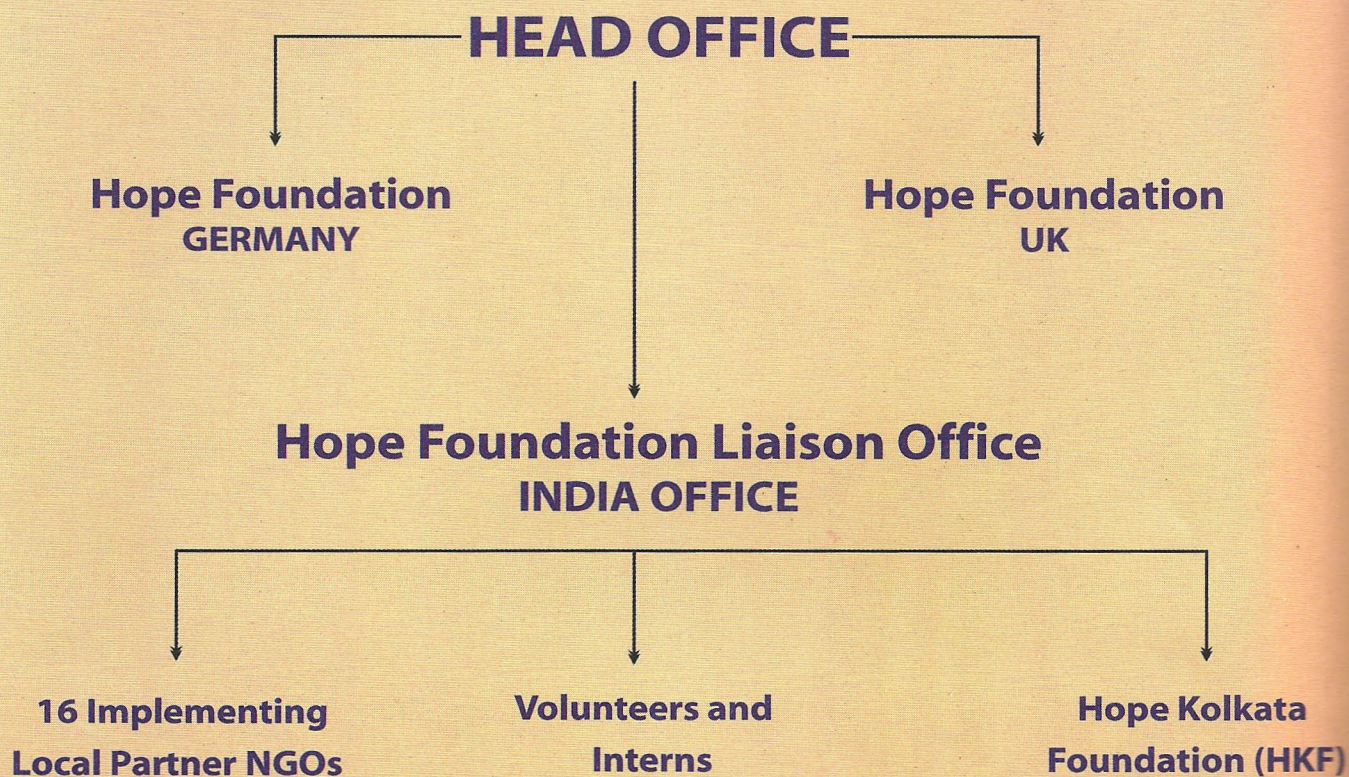
69% of children between the age of 6-35 months are anaemic

42% of children have stunted growth because of malnutrition

Only 50% of families use modern methods of family planning



Hope Foundation Ireland



IMPLEMENTING ORGANIZATIONS:

1. Hope Kolkata Foundation (HKF)
2. Society for People's Awareness (SPAN)
3. Society for Educational and Environmental Development (SEED)
4. Mayurbhanj Joint Citizen Center (MJCC)
5. HIVE India (HIVE)
6. All Bengal Women's Union (ABWU)
7. Paschim Banga Krira O Janakalyan Porishad (PBKOJP)
8. Halderchawk Chetana Welfare Society (HCWS)
9. Mohammadbazar Backward Classes Development Society (MBBCDS)
10. Bhoruka Public Welfare Trust (BPWT)
11. Society for India Children Welfare (SICW)
12. Rehabilitation Centers for Children (RCFC)
13. Jayaprakash Institute of Social Change (JPISC)
14. Iswar Sankalpa (IS)
15. Arunima Hospice (AH)
16. Human Rights Law Network (HRLN)



Top: Children are keen to show and share their toys.

Bottom: Social workers from MJCC look after the children's welfare



Chapter 2

India's Children

A BRIEF OUTLINE OF INDIAN GROWTH

India has seen a huge economic transformation in the last couple of decades; growth rates are at 7.4%, however this has been without a corresponding change in social development. Consequently, there are huge disparities in income and opportunities and the benefits of growth have not been felt by the most vulnerable in India.

This is particularly concerning when looking at the effects of this asymmetric growth on India's children. Children younger than 14 make up 31% of India's population of 1.2 billion.

One in two of these young children is malnourished; the highest number of malnourished children worldwide. The disadvantaged populations suffer from lack of access to even the most basic services.

Only 4 of every 10 girls who enroll in primary education complete 8 years of schooling and although dropout rates have fallen and effort has been placed on mainstreaming children and including them in the development process there is still a long way to go.

India's recent history has been characterized by its dramatic transformation into an economic global power. It is set to overtake China as the world's faster growing economy by 2018. However, progress in those areas which require systemic changes have been extremely limited. The provision of good quality services has not increased; half the population use inadequate sanitation facilities resulting in the spread of infectious disease: bacterial, viral and parasitic.

The social behaviors which affect the well being of children have been slow to change in spite of economic growth. There is still an emphasis on the importance of male children, and practices such as

hand washing and breast feeding have been slow to spread and become adopted by all sectors of society.

The processes of globalization and the demand to produce goods, particularly cheap goods, has led to a whole new set of problems. The rate of human trafficking is increasing. The number of Child Labourers working for low wages has increased year on year. These problems particularly affect females, those living in slums and those of a lower caste. The uneven development path is closely tied in with social factors.

42% of Indians earn less than \$1.25 a day - the global benchmark for the extremely poor. This amount is insufficient to cover even the most basic of expenditure. Looking at a multi-dimensional poverty index the Oxford Poverty and Human Development Index found that West Bengal was one of the poorest states in India and that, counted along with a number of other India states, it contained more poor people (421 million) than the 410 million poor living in the poorest 26 African nations.

The effect of the worldwide recession in 2009 was to plunge a further 100 million Indians into poverty as compared to 2004. Therefore despite the best efforts of the Indian government to alleviate poverty, serious problems still remain, problems which are now, more than ever, closely related to worldwide financial well-being.

HUNGER

Half of the children in India are malnourished. Hunger is the greatest risk to an individual's health in India, a risk greater than that of AIDS, malaria and tuberculosis put together. Slow growth in food production, rising unemployment and the declining purchasing power of the poor (due to

rising food and fuel prices unmatched by low wages) has pushed people into hunger as many can no longer afford even the most basic food.

Malnourishment leads to susceptibility to infectious diseases, a problem in a city where people live in such close proximity to each other with inadequate sanitation. This can impair physical and mental development. Hunger most importantly increases the risk of mortality.

In 1974 the government adopted a National Policy for Children and laid down recommendations for supplementary nutrition for Mothers and Children. However, half of all pregnant women still suffer from anaemia (iron deficiency) and 25% of the world's hungry still live in India. The poor health status amongst mothers may be responsible for the deaths of 48/1000 newborns within the first 4 weeks.

Without a better food distribution system and affordable prices we will continue to see the horrific effect of hunger on India's poor. However, nutritional security can also be undermined by poor access to sanitary facilities and clean drinking water, this has led to a chronic and persistent food insecurity of the type rarely commented on by outside observers.

HEALTH PROBLEMS

Due to malnutrition and lack of access to proper water and sanitary facilities serious health problems still ravage impoverished communities across India. These threats start early in life: there are not enough beds in hospitals to accommodate the 25 million newborns and 1 in every 13 infants die before reaching the age of one. There is a lack of provision of ante-natal and post-natal care causing problems for many mothers who cannot access government hospital care.

Health problems take many different forms. Many of the deaths amongst children in India are due to basic deficiencies such as Vitamin A, Iron and Iodine deficiency. These alone are responsible for 380,000 deaths each year.

Other causes of death include diarrhea which claims 800,000 children per year. UNICEF believes

that effective preventative measures could stop 90% of diarrhea deaths, along with 62% of deaths due to pneumonia and 92% of those due to malaria. Interventions include such simple solutions as keeping newborn babies warm, keeping nutritional supplements, basic sanitation and antimicrobials for diseases such as pneumonia and dysentery.

WORK

India has the largest number of working children in the world. Work deprives these children of an education and a childhood. Much of the work done by these children is in hazardous processes, such as working the dye and blades. The Indian government has tried to restrict child labour by making it illegal to employ individuals under 14 years of age, however, this has proved extremely difficult for the government to enforce. The 2001 Census revealed that there were 12.1 million child labourers in India, an increase of 1 million in the 10 years since 1991; however other estimates range up to 100 million (BBC).

The primary cause of child labour is parental poverty. 14.4% of children in India between the ages of 10 and 14 years (AZAD India) are engaged in some form of child labour. These labourers lead monotonous and difficult lives and often earn very little money, barely enough to supplement their parents meager income.

However, poverty is not the only reason for Child Labour. The UN has said that children are often employed because they can be paid less, can be abused without provoking retaliation and do not have to be organized like adult workers. There is no justification in the use of child labour and those attitudes that perpetuate child labour (such as institutionalized traditional attitudes) must be eradicated.

Efforts to rehabilitate working children have been attempted; getting the children into mainstream education should be encouraged as the primary means by which to eradicate child labour and poverty. However, without adequate political and social will in enforcing these efforts, change will not happen.

DISCRIMINATION

Many children in India live in special or difficult circumstances, this is sometimes due to their social and economical condition, gender or physical and mental condition.

Street children suffer from exploitation and abuse. There are an estimated 18 million street children in India. These children are subject to problems of malnutrition, hunger, health difficulties and other issues of abuse on the streets. They are often harassed by authorities, and used, illegally, as labourers.

Female children are often neglected in matters of feeding and health care. Girls between the ages of 13 and 15 consume less than 2/3 of their recommended calorie intake. There are regular incidents of female infanticide because of the low value attached to female children. However, it is not just at the beginning of the girl's lives that they experience problems. They struggle to survive against the thousand odd challenges. Many girls remain intellectually underdeveloped as they are deprived of the opportunity to go to school. Many girls are forced into premature marriage as this is often considered a priority as soon as they hit puberty.

Prostitution is another problem faced by India's children. 15% of the prostitutes in the big cities are children. The government of India has estimated that there are 400,000 prostitutes in India. Many of the children involved in prostitution are the children of prostitutes themselves. This is not the only form of sexual abuse, 3/4 of the rape victims in India are minors, and incestuous rape is the commonest form of sexual abuse.

Children with disabilities rarely have access to the facilities that their rights would require. Estimates have placed the number of children with disabilities who have access to education at only 1% as there is little provision made for the specialized education that they require. There are 12 million disabled children in India, 75% of these children have disabilities that could have been prevented.

The Hope Foundation does everything it can to help these undervalued children and is committed to providing their rights to them.



In India many children have to take the responsibility for looking after younger siblings and relatives.

Protection

Child Watch Project :

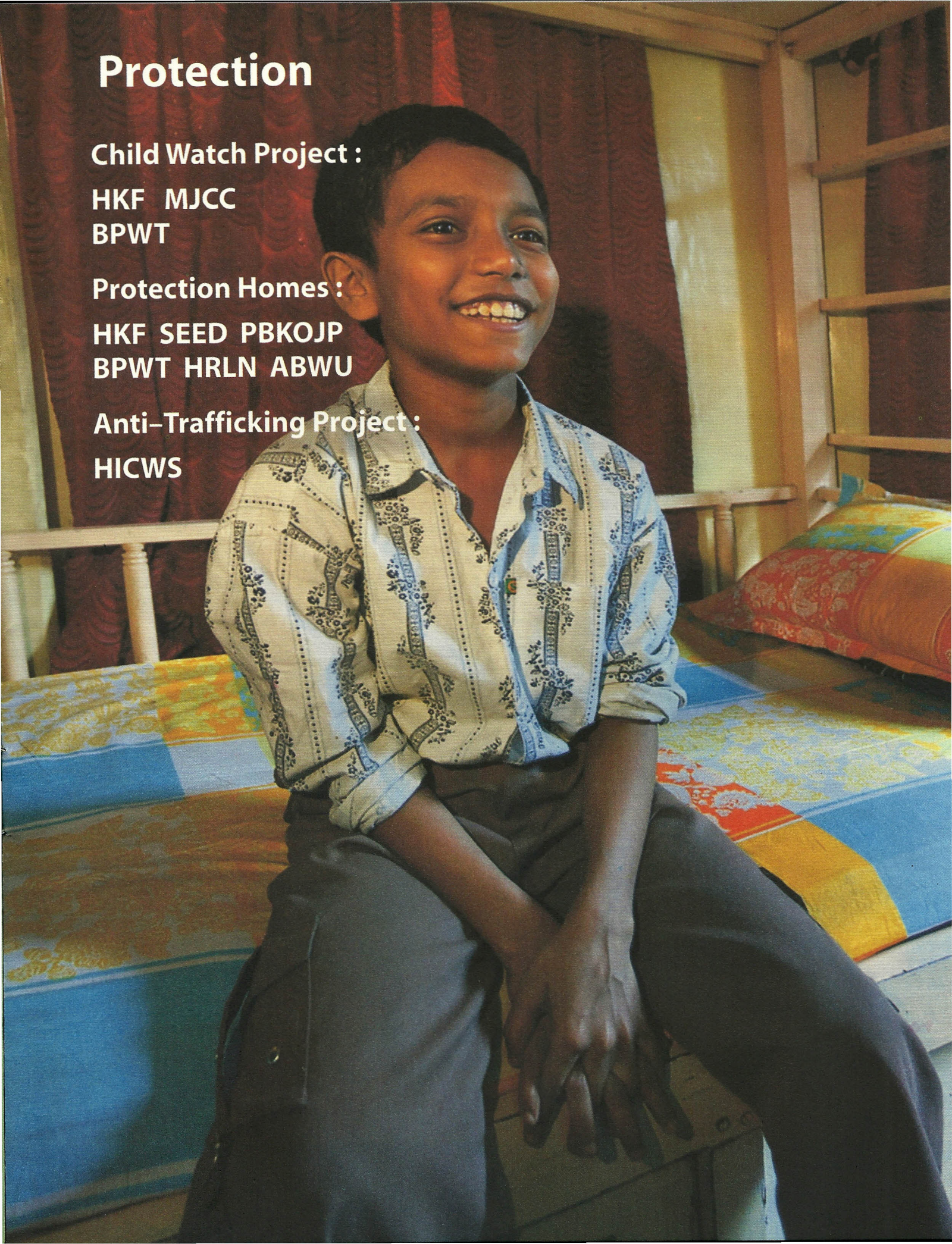
HKF MJCC
BPWT

Protection Homes :

HKF SEED PBKOJP
BPWT HRLN ABWU

Anti-Trafficking Project :

HICWS



Protection

Hope's Child Protection Projects are aimed at protecting children who are at risk of physical, emotional, sexual abuse and neglect. These projects ensure that targeted children who are taken into Hope's care are raised in a secure atmosphere and grow up into confident, healthy and happy adults.

In co-operation with its partners, Hope Foundation runs nine Protection Homes for children who are orphaned, abandoned, HIV infected or affected, victims of trafficking or have special needs.

In these homes, the children receive protection, nutrition, education, healthcare, rehabilitation, counseling, recreation, support and love. Many of the children who find a place in these homes have been victims of abuse and trafficking and are in desperate need of guidance and support.

The children in the homes have all faced life on the streets and the homes provide them with as balanced a life as possible. Many of the older children spend time living in hostels whilst at boarding school, but all are cared for and have a stable base when they return home during the holidays. The staff are trained to deal with the trauma that many of the children have experienced and undergo capacity building programmes throughout the year.

DETAILS OF THE ACTIVITIES OF THE HOMES BY PARTNER

ABWU – Midway Home

ABWU provides a shelter for female children where it also runs a primary school, the Child Welfare Home in ABWU looks after children from 6-17 years after which some of the girls move to the adult care home. ABWU ensures that all of the girls in its care remain in school until class VIII. There are currently 33 children in the Child Welfare Home and sponsorships are available for the children's development. HOPE supports the mid-way project which provides intensive counselling for traumatized children enabling them to adjust to life in the home

BPWT – Home for HIV Infected & Affected Children

25 Children were live in BPWT's home. Of these children 5 are HIV positive and were provided with the necessary care. Of the children 24 are in formal schooling and 7 of them gained admission to secondary school this year after performing well in their primary school exams.

HKF'S – BOYS HOME

56 Boys are provided with care by the 'boys home', 20 of these boys live in Hostels. All of the boys have been promoted successfully to the next class this year, some with results as spectacular as 99.9%. Two of the boys with special needs have been admitted to a school that can accommodate their needs, this school is called AHEAD. The children have been trained in Karate and Swimming after school and have also, like the girls, received Anger Management Training.

Name of Partner Organization	Number of Children Supported
HKF	110 Girls, 50 Boys,
PBKOJP	16 Girls
BPWT	25 HIV Infected and Affected Children
SEED	36 Girls
HRLN	15 Girls
ABWU	33 Children

HRLN – GIRLS HOME

HRLN home catered to the needs of 10 girls last year all of whom have made remarkable improvements in their studies. They have all started gardening where they grow tomatoes and other vegetables. The girls are also learning handicrafts which they are all enthusiastic about.

HKF – GIRLS HOME

67 Children are provided with care in Kasba girls home. 14 of these children live in a hostel. All of the children passed their annual exams and are progressing to the next school year; eight first generation learners were admitted into school. The girls have been busy with their extra-curricular activities. The caregivers have been updating their childcare, handling and sex education skills in a number of workshops.

HKF – GIRLS HOME

Panditiya home is responsible for 41 children of which 24 live in an school hostel. The girls have all passed their annual examinations. They are provided with regular nutrition, and their rehabilitation process includes activities like 'Anger Management Training'. Staff members are regularly updated about modern development in child-handling procedures. A number of the girls have recently left Panditiya and started working, one in a hospital and another in a call center.

PBKOJP – GIRLS HOME

17 girls are looked after by this protection home though two of the girls live in a hostel. All of the girls have been performing extremely well at school and have been promoted with a good rank to their respective classes. They have also been extremely successful at dance, art and writing competitions in which they have participated in this year. All of the 12 girls who are at Secondary School participated in their Annual Sports days and won prizes in different games.

SEED – GIRLS HOME

This protection home looked after 33 girls in the last year, of which, one has returned to her own family. Two girls sat the Xth final examination and passed, the rest have been successfully completed the school year. The children received new **play materials for play therapy** and regular counseling has improved their behavior and attitude. More parents are now regularly visiting their children at the home.

Case Study: ABWU: Victims of Trafficking

Puja was rescued by Mumbai Police after being trafficked from Bangladesh by a close relative. Although she was

rescued, her sister-in-law was not. She didn't disclose her identity until after a number of counseling sessions, when she established a trusting relationship with her counselor she told her story. She is currently working in one of the vocational units of the organization.

CHILD WATCH

The Child Watch Project is an Integrated Program run by Hope Foundation and its partners targeting 'At Risk Children' in vulnerable areas of Kolkata and Howrah.

The project aims to:

- Eliminate child labour
- Protect children from abuse
- Rehabilitate addicted children
- Generate awareness about a child's right to education & health

These children are identified and protected through medical assistance, counseling services, education and recreational facilities all of which HOPE provides.

The objectives are achieved by focusing on activities such as:

- Organizing community awareness camps
- Group meetings
- Grass root level advocacies
- Involving the local stakeholders in the projects
- Networking with Kolkata Police, Child Welfare Committee (CWC) and other government departments to fight against child labour
- Identifying addicted children, teaching them about the benefits of detoxification before starting the process of rehabilitation
- Identifying and rehabilitating child laborers through formal schooling and hostel placement
- Making children aware of their own rights

The activities of the Child Watch project include

4 Nabadisha/Drop In centres which work in collaboration with Kolkata Police and are therefore located at Police stations.

One Open Shelter or 'Drop in centre for addicted children which includes a remedial coaching centre and life skills training unit.

A De-addiction center in Howrah which has open access for addicted children.

Punorjibon Rehabilitation Centre which follows the progress of addicted children identified in Howrah and protects and rehabilitates these solvent addicted children.

Night Round and Day Round which are a series of patrolling ambulances that rescue vulnerable children and adults.

CHILD WATCH PROJECT UPDATES

BPWT

In the last year BPWT held 4 Advocacy meeting with 938 Participants, 16 Stakeholder meetings with 134 Participants and 18 Awareness Camps with 1432 Participants.

10 Children were sent through Detoxification programmes and 6 are being rehabilitated.

There were 437 one-to-one interactions, with 368 follow ups and since the police started co-operating, 51 General Diaries were filed.

33 Children were found to be suffering from severe Malnourishment and of these 20 children have been restored to full nutritional health through follow-ups.

BPWT has created a strong link with the Child Welfare Committee and local police stations who have helped with rescue operations.

MJCC

10 child beggars from the Hastings field area were given basic education classes twice a week.

NABADISHAS

Nabadishas are open access centers that take children off the street and give them somewhere to go during the day. HKF Runs four Nabadishas:

Tollygunge	60 Children
Topsia	45 Children
New Market	40 children
Gariahat	60 Children

Health and hygiene related awareness has increased among the children and their parents. Community participation has increased overall in activities such as awareness programmes, parents meetings and health checkups.

TOLLYGUNGE AND NEW MARKET NABADISHA

These centres collectively provided support to 105 children, attendance on average was 70%.

The centre provided day time activities for the children and through awareness generation made a number of them aware of their rights.

CRISIS INTERVENTION CENTER

This project chiefly targets runaway, lost and abandoned children and those who are sick, abused and vulnerable. These children suffer not only from a lack of proper shelter, food, clothing and family care, but also from a complete lack of protection against exploitation such as forced labor, trafficking and sexual abuse. This project aims to protect these children from all forms of abuse and restore their basic rights. It achieves this through the rescue of vulnerable children, ultimately providing shelter if necessary, rehabilitation, repatriation, nutrition and healthcare.

Through advocacy, networking with government organizations/NGOs and the generation of awareness across the wider community, HOPE strives to repatriate these children to their families with proper counseling support. Where this is not possible, the child is, through networking, placed in a protection home run by HOPE or another local NGO.

NIGHT ROUND RESCUE OPERATION

Night Round Rescue Operation begins the process of protection. The Emergency Response Unit ensures that palliative care and treatment is available at times of need to street communities so that individuals living there can live an independent life.

The service reaches out to people who face emergencies on the streets of the city, mainly underprivileged children. Through the Night Round program starving street children have been given food, clothing and temporary shelter at night. Sick and injured children have been hospitalized and high-risk girls have been placed in homes or in a night shelter.

The program is responsible for the careful assessment of different family situations and responding to the ability of each respective family to take care of the child.

Sometimes the child needs to be protected at which point they are either hospitalized or taken into one of the homes. The Night Watch and Protection programmes all respect a child's wish to be reunited with their family.

If the assessment results in a positive outcome, both the child and the family are counseled before they are reunited. The Night Round program has had a great impact on the number of children rescued and rehabilitated.

ANTI-TRAFFICKING PROJECT

Trafficking of women and children is one of the distressing realities of India. West Bengal, because of its location on the international trafficking route has become a trafficking hotspot with Kolkata itself becoming a significant destination for traffickers.

One of the sources of trafficking is the Sundarban region just hours south of Kolkata. A range of socio-economic factors, particularly the poverty of the area and weak

regulatory measures have led to burgeoning industry of human trafficking from Bangladesh.

HOPE has formed partnerships with organizations committed to the rescue and rehabilitation of victims of Trafficking, aiding their reintegration into society. Reintegration can include the provision of both legal and health support.

In order to identify victims HOPE has sensitised Watch Groups to the problems of trafficking and has taught them how to work with rescued individuals. Sansad and GP level watch Groups are responsible for the creation of a strong level of awareness in local communities. This is one of the solutions to the problem of trafficking.

HCWS

HCWS completed 475 community awareness meetings on the issue of trafficking this year with 8225 attendees, some of these were held in schools.

Watch groups which are formed by community members assembling to discuss the issue of trafficking have been very successful. There were 328 watch group meetings this year with 2158 participants.

ACHIEVEMENTS OF PROTECTION AWARENESS RAISING CAMPAIGNSS

SOLAS is a child protection campaign against child labor and child abuse which is held every year. This year on the 18th and 19th of November, 2009, the day was celebrated at Gariahat crossing. This involved a large rally with the participation of all children older than 14. More than 1500 members of Hope participated in the program including 1000 children.

A cultural competition was organized by Kolkata Police on 13th and 14th June 2009. The children of the Nabadishas in Gariahat, Topsia and Tollygunge won the dance competition.

International Day against Drug Abuse and Illicit Trafficking was celebrated on 26th of June, 2009. Children participated in a rally to spread the message of the risks of addiction.

Project Kiron – a programme which was organized to motivate children to attend school was organized by a group of students from Singapore Management University (SMU) in collaboration with Hope Kolkata Foundation's Nabadisha project from 11th to 21st December 2009. 65 children and 12 staff members participated in the programme

CASE STUDY - SONALI

Sonali is a three year old girl who is currently living in the Girls Crisis center of HKF. When she was found by one of Hope Foundation's volunteers who works with distressed people she was suffering from Tuberculosis of the Brain. She was admitted to Hope Hospital where the efforts of the staff and social workers led to her admission to West Bank hospital where she was operated on by an eminent neurosurgeon.

The work of Hope's social workers revealed that her father had died and her mother had remarried. Her mother refused the offer of shelter and one of Sonali's sisters was taken into one of Hope's protection homes and the other was placed in an orphanage.

After Sonali was moved back to Hope Hospital for post operative care it became clear that she had lost her eyesight. She was brought into the Crisis intervention Center in December 2009.

She is currently undergoing treatment for her eye problems and she is otherwise doing really well in the center. She is now sponsored by one of Hope's regular sponsors and is flourishing under the protection of devoted caregivers.



MAKE A DIFFERENCE

STOP CHILD ABUSE & CHILD LABOUR

Established in 2000 by the Women's World Summit Foundation, November 19 is an international day to acknowledge the importance of preventing child abuse. To mark this day, the Hope Foundation along with its partners will be gathered in different locations in Kolkata to raise awareness about child protection.

Child Labour is a social injustice and the SOLAS campaign is one of many of HOPE's efforts to mobilize local people and raise awareness about children's rights.

The campaign included door to door awareness raising, campaigns in shopping malls, information centers on street corners, a rally, seminar and documentaries.

Healthcare

Primary Health Care

HKF HIVE SEED SPAN MJCC PBKOJP

Emergency Response Project

HKF HIVE

Community Based Intervention for the Homeless

Mentally ill

Ishwar Sankalpa

Mental Healthcare

ABWU

Hospital for Underprivileged Children

HKF

Rehabilitation of Orthopedically Handicapped
Children

RCFC

Hospice for HIV infected and affected children

Arunima Hospice

Healthcare

The Hope Foundation works to increase access to health care facilities; improve water and sanitation facilities and improve health awareness amongst the slum dwelling population of Kolkata.

Hope Kolkata aims to reduce child and maternal mortalities and prevent diseases including HIV and malaria. This can only be achieved by creating a base of improved primary health care facilities and increasing community wide awareness levels in the underprivileged populations about the risks of different diseases.

Therefore Hope deals with all levels of health care problems: from education about the prevention of water borne diseases; to the treatment in HOPE's Hospital of those who would be denied access to health care facilities elsewhere.

The low health care status of street and slum communities can impede the progress made in improving the living conditions of those living in the poorest communities.

PRIMARY HEALTHCARE PROGRAMME

Since 2004, HOPE has been supporting six of its partners (HKF, HIVE, SEED, SPAN, PBKOJP and MJCC) in the running of their primary health care programs.

HOPE supports 35 mobile and fixed clinics that cater to the health needs of the street and slum population. The program reaches out to 22 wards catering to the needs of 31 street and slum communities in Kolkata city and 3 in Howrah. The weekly clinics provide curative and emergency health support and campaign to increase awareness about different illnesses. The primary health care system also includes:

Community health group formation; the construction and maintenance of drinking water and sanitation facilities and networking and advocacy building resulting in improved accessibility for people to existing government health services.

Hope Foundation encounters a number of different problems in its healthcare clinics including:

- Skin Diseases
- Gastrointestinal infections
- Respiratory infections
- Tuberculosis
- Eye Problems
- Skin Diseases
- Cardiovascular Infections

By far the most regularly occurring problems are gastrointestinal infections which can be extremely dangerous when left untreated.

ISSUES FACED BY HEALTHCARE CLINICS

The majority of the adult and child patients attending the clinics are female. Hope has made efforts to improve awareness about the healthcare situation of male children.

Community Health Groups & Health Awareness

This program aims to empower the community health groups in their efforts to generate health awareness by organizing camps and events on days designed to coincide with the Government National Health Days: e.g. National AIDS Day.

The groups supplement the efforts of the Government in running campaigns. This program serves the dual purpose of increasing health awareness amongst the slum communities and bringing better communication between the government and people at the grassroots level.

The community health workers receive training on health related issues from social workers who speak directly to the communities.

They are also responsible for social mapping and for transferring the information they have gained through home visits, events, campaigns and awareness camps back to the organisation. 51 CHGs have been formed in different parts of the field areas. Each CHG consists of four adult males, four adult

females, two girls and two boys. These are the Community Health Volunteers.

ACHIEVEMENTS OF CHG's

14,864 people were reached through the 243 awareness camps which were organized by social workers and community health groups.

Many mothers were discouraged from giving birth at home (because of the health care risks and poor sanitation levels) and as a result of the Janani Suraksha Yojana programme, there was a decrease in home births in the target population from 90 to 51. 148 mothers received JSY financial assistance after institutional delivery.

As part of our health and sanitation project, maintenance work has been done on 12 wells and 32 sanitary latrines.

NUMBER OF WOMEN SUPPORTED THROUGH JSY PROGRAMME

Women registered in the program	664
Women received 1st Antenatal Check up	617
Women received 2nd Antenatal Check up	468
Women received 3rd Antenatal Check up	319
Women received full ANC coverage	320
Women facilitated to get JSY-ANC	327

PUNORJIBON – REHABILITATION CENTER FOR SOLVENT ADDICTED CHILDREN

This center caters mainly to children from the Howrah Railway Station. Most of the children from Howrah work on the railways collecting bottles and papers to sell. However many of the children become addicted to solvents as these are regularly used by those who depend on the station for their livelihood.

These children are first brought to our Drop In Centre in Howrah, and then after detoxification they are moved to the 'Punorjibon' Home. In Punorjibon the children are given a complete rehabilitation program

from which they are sent to a half-way home in order to be reintroduced into mainstream society.

In the last year seven boys and one girl completed the rehabilitation programme and are living independently, two of them got married. Many of the boys lost limbs before entering the programme so they are learning ability specific formal and non-formal trades. There is a new laundry service in the home where the boys are learning to wash and iron clothing. They enjoy movies, sports and dancing like any other children.

MEDICAL REHABILITATION OF PHYSICALLY HANDICAPPED CHILDREN - RCFC.

RCFC Hospital (Rehabilitation of Orthopaedically Handicapped Children) provides comprehensive rehabilitation to orthopedically disabled children. Patients are aged between 0 and 14 and come from underprivileged families. These children are rehabilitated through surgery, physiotherapy, mobility aids, education, pre-vocational training, residential care and psycho-social help.

Orthopedically disabled children benefit from the full time care of a staff of trained therapists, medical experts, social workers and other personnel. The hospital includes a cerebral palsy clinic where trained specialists improve the functional skills of patients through a twice weekly physiotherapy clinic.

ACHIEVEMENT IN FIGURES

Activities	No of Beneficiaries
Out Patient Department	1124
Corrective Surgery	171
Physiotherapy	374
Cerebral Palsy Clinic	328
Referrals Made	30
Referral Cases treated and followed up	29

HOPE HOSPITAL AND POLYCLINIC FOR POOR AND UNDERPRIVILEGED CHILDREN

The Hope Hospital, funded by Weight Watchers Ireland, has just completed its third successful year. It aims to make basic health care services available to poor underprivileged children and adults in Kolkata.

The Hospital's In-Patient services include 30 beds, an operating theatre, recovery room, and nursing stations. Specialised doctors and nurses are on hand and constantly supervise the patients. The hospital has a fully equipped Pathology Department with a qualified team including an experienced pathologist, a biochemist and a laboratory technician.

To date tests for blood sugar, haemoglobin, blood group, lipid profile, cholesterol, triglycerides, bilirubin, AST and ALT have been performed for patients. There is a fully equipped state of the art X-Ray department complete with modern instruments, a qualified radiologist and technicians.

ARUNIMA HOSPICE

Arunima hospice provides a comprehensive care and support program for the HIV infected and affected children of West Bengal. It is a community care centre, which caters to patients affected by HIV and AIDS.

10 beds are reserved by the HOPE foundation for children and mothers. The hospice offers treatment for all opportunistic infections of AIDS, actively plans the management schedule for every patient and takes part in the execution of this schedule.

Expert doctors, nurses, counselors, peer outreach workers and a strong contingent of volunteers comprise a unique team committed to providing care with a humanistic approach to the patients.

MENTAL HEALTHCARE PROGRAMME

All the children who are residents in the children's welfare home are given psychological support: this project supports vulnerable children through counseling and observational screening. By supporting these children they are given the opportunity to be mainstreamed and live a life free of stigma.

Shelter homes contain general medical facilities so that information concerning primary health can be

obtained and prophylactic medication used. The Observation and Screening Center is used to discover the complex issues around the case history of any individual child and to give each individual case an in-depth assessment.

The counseling unit focuses on individual, group and family counseling, play therapy, cognitive behavior therapy, creative activity through medium of role plays and psychodrama, psychiatrist intervention and medication in case of difficult circumstances.

DANCE THERAPY: DANCE FOR HEALING, SELF-EXPRESSION AND REHABILITATION

Dance therapy seeks to deal with traumatized children, many of whom wouldn't benefit from traditional counseling.

Dance therapy is an interactive form of counseling which incorporates the esteem building nature of performance with building the social skills required for group work.

COMMUNITY BASED PROGRAMME FOR THE MENTALLY ILL

This project delivers mental health care services to registered mentally ill patients.

Homeless mentally ill (HMI) patients are identified and hospitalised if necessary. Treatment is based around rehabilitation and repatriation. Treatment includes basic skill training and awareness camps to gather community support so that reintegration can happen without the stigma traditionally attached to the mentally ill.

THIS YEAR'S MENTAL HEALTH HIGHLIGHTS

The Dr K. L. Narayanan Rehabilitation Centre was inaugurated on 5th December 2009. This drop in and rehabilitation centre for mentally ill patients is one of the first initiatives of this kind in the city.

Several awareness camps have been organized, including one on World Mental Health Day, during which local mentally ill patients were provided with free treatment, medicine and hygiene education.

EMERGENCY HEALTHCARE PROGRAMME

The Emergency Response Unit networks between local police stations, hospitals and rehabilitation

centers to support the victims of social injustice and violence. The ERU responds to people in crisis and in need of physical or psychological emergency support. The ERU runs 24 hours a day, 365 days a year.

The ERU rescues abandoned and trafficked children and women. It has the facilities to treat people, including mentally ill individuals, on the street. Psychological support, hospitalization and treatment are all available. Rescued victims are repatriated and their cases are followed up to ensure that there is no fallback. The ERU caters to those refused from government restoration centers.

ACHIEVEMENTS OF EMERGENCY PROGRAMME

Activities	Number
Emergency Calls	432
Patients rescued	606
Follow Ups	119
Provided with hospital treatment	258
People rehabilitated in protection homes	10
People Repatriated	125

CASE STUDY

PRIMARY HEALTH - PAPIYA

Papiya (pictured below) was rescued by the Child Watch Team in December 2009 from Seldah station. Her teenage mother was malnourished and, after admittance to the Hope hospital left Papiya behind as she was unable to care for her.

Papiya was suffering from a complex congenital cardiac disease. She was moved to the Rabindranath Tagore Institute of Cardiac sciences to be operated on. The operation was successful and she is back at the Hope Hospital for post-operative care. She will have to be operated on again but the future looks bright for Papiya.





APNA DISHA TV (Our Direction) TV

Apna Disha TV is a project run by The Hope Foundation which is currently helping 12 local community volunteers make different video magazines' about the problems they encounter in their area over the course of 18 months.

The Health volunteers, are taught by one technical teacher and a co-ordinator. The syllabus includes learning computer skills, practical and theoretical photography and videography. The volunteers will do the shooting and screening of 5 different film magazines' with the help of a trainer first, and afterwards independently.

The group will make three different types of films:

- Films addressing the problems faced by slum communities
- Films for raising awareness about improving the standard of living of slum communities
- Success stories to inspire slum-dwelling children.

All of the Apna Disha film-makers feel that they are making a real difference by working for the communities that they grew up in, and affecting the lives of people they know whose future really matters to them.

Pooling their experiences and inspiration the film-makers have learnt that many of the problems they face are shared by other communities. By learning about the positive changes that have taken place in other communities and discussing social problems each participant has deepened their understanding of the tools that can be used for sustainable development.

Many of the volunteers have also felt that by leaving their specific field area, they have been able to help a wider group of people and ultimately be more useful in their own community.

These films are empowering people to talk about their own issues and prompting social change, the picture above and a number of the other pictures taken in this overview have been taken during filming, it is easy to see the talent and dedication of all of the participants.

Education

Holistic Education project

HKF HIVE SEED SPAN MJCC PBKOJP

SICW MBBCDS ABWU BPWT

Educational Sponsorship

SEED SICW ABWU HKF PBKOJP

Strengthening Institutional care through Education

JPISC



Education

The Hope Foundation is working to develop sustainably the debilitated community of Kolkata. Education is a key component of efforts to combat poverty amongst the children of the most vulnerable families. By focusing on the development of basic learning skills such as reading, writing and arithmetic HOPE aims to mainstream street children by increasing the level of their basic skills and help children break the cycle of poverty.

By providing nutrition and addressing adolescent issues the foundation allows the children in its care develop an understanding of what constitutes an appropriate diet for the maintenance of good health and empowers children to have the skills that allow them to make the best decisions for themselves. Supporting educational programmes supplemented with nutrition and awareness raising develops the importance attached to educational attainment by disadvantaged sections of societies and facilitates the process of formal education.

HOLISTIC EDUCATION PROJECT

The holistic educational project aims to improve the educational level of slum dwelling children to secure their basic educational rights.

The holistic education project comprises two parts:

Crèches which provide pre-primary education to children under the age of six of working mothers

Educational guidance centers for children who, although they are already mainstreamed into formal schools, are first generation learners.

These students flourish in an environment where they are guided by qualified teachers, this improves their school performances as the centers incorporate supporting school work with caring for children's emotional, social and cultural needs.

Both projects provide:

- Nutritious food
- Health checkups
- Mainstreaming
- Educational support
- Educational Materials

- Uniforms
- Capacity Building of Teachers in formal government-run schools
- Networking with stakeholders
- Advocacy Programmes
- Parents meetings

EDUCATION SPONSORSHIP PROGRAMME

The educational sponsorship programme supports those children who cannot financially continue their education, with a special emphasis on female children. This creates opportunities for marginalized children who are meritorious.

The partners of HOPE through this project support these underprivileged children to continue their secondary and higher secondary level education and, if desired, higher education.

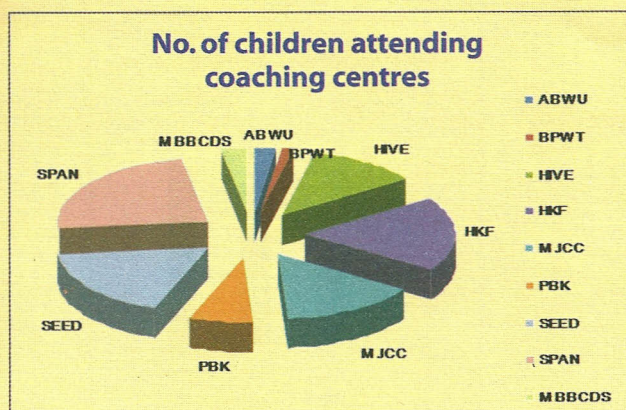
HOPE also helps the children to improve their physical and psychological health in order to maximize their performance in formal education, as Hope believes that a child's educational performance is, partly, a product of their wellbeing.

STRENGTHENING INSTITUTIONAL CARE THROUGH EDUCATION PROJECT

HOPE provides care and support to victims of various forms of social oppression. This involves the reformation and rehabilitation of children who are in need of care and protection and those in conflict with the law.

The government solution is often to resort to institutionalization of juvenile offenders but Hope seeks to help these children by mainstreaming these children, all of whom are victims of poverty.

Our education project covers three government run homes for such child victims. The homes provide care and support to child victims of various forms of social oppression and facilitate social reintegration. The counseling component of the project aims to reduce a child's distress and discomfort and help her/him recuperate physically and emotionally. Skill development training is provided to the home functionaries such as superintendents, social workers, teachers, councilors as well as other staff involved in giving care and support to the children.



AWARENESS RAISING CAMPS

Awareness camps have been organized throughout the year by HOPE and its partners on issues such as health, substance abuse, child rights, education, HIV/AIDS and other topical subjects. In total 83 awareness camps were held in which 5853 people participated.

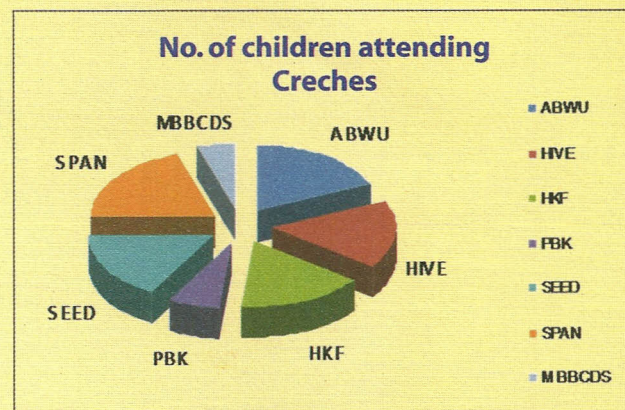
SPAN's programme 'Community exposure on Child Rights' included slogan writing, poster making, debates and a quiz all centered around the main theme of children's rights. Many members of the local community participated and consequently agreed to form a community monitoring group in order to protect the children.

On 'International Day against Drug Abuse and Illicit Trafficking' kiosks were set up at Rashbehari Crossing to spread information about the dangers of drug abuse and trafficking.

COVERAGE IN EDUCATION

The opening of a new crèche and coaching center in the Bhagar area means that HOPE is now able to reach a significantly larger number of children than ever before; the local community help the HOPE team set up the center, this investment of time and effort means that stakeholders are showing more interest in the projects and are taking increasing levels of responsibility in ensuring that children attend the coaching center. This is shown by the graphs overleaf.

Other development includes SPAN's new enrollment camps. These camps have been successful and have led to the school enrollment of 81 children in Narkeldange, Tangra and Chitpur



OTHEREVENTS

EMERGENCY RELIEF PROVIDED BY OUR EDUCATIONAL PARTNERS

54 families were disrupted by a fire in Shalimar. The staff and personnel of one of our drop-in centers run by SEED took a leading role in the relief and rehabilitation process.

In January 2010 another fire struck Basanti Colony where SPAN has 1 creche and 2 coaching centres. SPAN ensured that those families who lost their homes were provided with concrete replacements by the local civic body. SPAN also assisted the local MLA in replacing lost documents by gathering information on the 962 families affected.

EXTRA-CURRICULAR EVENTS

A talent hunt for the Coaching Centers' children was held with a lunch at ABWU on 23rd March, 2010. The Children enacted dance shows, recited poems and painted.

Kiosks were set up at Rashbehari Crossing to spread the message of 'International Day against Drug Abuse & Illicit Trafficking'.

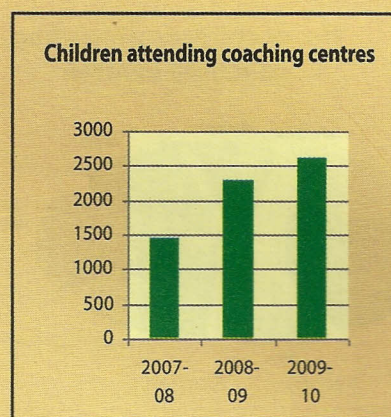
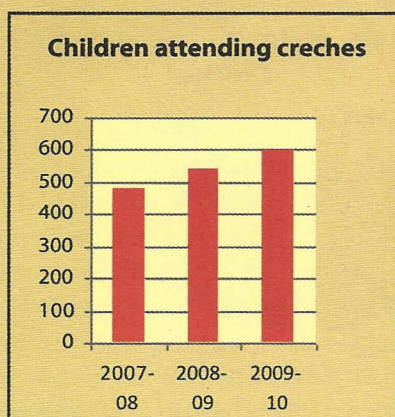
Children have begun gardening in Kishalaya Home; they are all finding this extremely engaging.

CHILDREN'S ACHIEVEMENTS

17 of our children cleared the higher secondary exam successfully.

6 Children from HIVE's Nonadanga center have received a government scholarship to go to Chowbhaga High School.

Of 2608 children who attended our coaching centers 66% were promoted to the next class.



AVIK CHAKRAVARTY: A SUCCESS STORY

Avik is the son of a tea vendor and a housewife and he suffers from Hemophilia. Although he worked extremely hard and passed his joint entrance examination for medical school Avik didn't have the funds to pursue his studies. He is now sponsored by Hope and has been able to study medicine. He is currently just about to finish his degree and become a fully qualified Doctor. He hopes to continue his medical studies.



Gender, Skill Development and Income Generation

A close-up photograph of a woman with dark hair tied back, focused on sewing. She is using a vintage black and silver sewing machine with the brand name 'MASTER' and 'R.T.M. No. 10' visible. The machine is on a wooden table. In the background, another woman is partially visible, also working. The overall scene is set in a workshop or training center with wooden walls.

Empowering Marginalized Underprivileged Women through Self
Help Groups, Micro Credit, Vocational Training and Income
Generation

HKP PBKOJP MJCC

Skill Development Project

ABWU PBKOJP

Gender, Skill Development and Income Generation

The Hope Foundation is committed to its agenda of giving assistance to people so that they can acquire the skills and the confidence in business they need to work independently of The Hope Foundation.

HOPE is also committed to promoting gender equality. Many of the difficulties facing individuals in employment are found more acutely amongst the vulnerable female population who are sometimes, for lack of other opportunities, either married at a young age or lured into the sex trade.

The Hope Foundation along with its partners has been at the forefront of several initiatives which aim to empower women from deprived sections of society and help them to move to a position of greater centrality within the household and community. By promoting the inclusion of women in decision making processes and household income generation HOPE and its partners want to move women in Kolkata away from a position of marginalization.

This has been achieved through the establishment of Self Help Groups and introduction of Micro Finance Programmes. The social processes of Micro Finance programmes strengthen women's self esteem and instill a greater sense of awareness of social and political issues. Increased female participation in business transfers real economic power into the hands of women empowering them both socially and politically.

EMPOWERING WOMEN THROUGH SELF HELP GROUPS, SAVINGS AND MICRO CREDIT

SHG's have been formed in Khidderpore, in the South West area of Kolkata aiming to empower women through entrepreneurship development.

Number of Self Help Groups Formed	46
Total Members in the Group	430
Total number of members who've received loan	50
Total Amount of Loans Received (Rs.)	160.700

YEARLY HIGHLIGHTS

In a number of exhibitions both in 2009 and 2010 the women involved in the workshops displayed their handmade paper cards and earthen pot paintings.

Different self-help groups were given hands-on training in grouping records, working with savings ledgers, loan ledgers and working on the resolution book.

AWARENESS GENERATION

On the 1st of July an awareness generation programme on the legal rights of women was held and 50 members of various SHG's attended and discussed issues relating to women's rights.

EMPOWERING MARGINALIZED WOMEN THROUGH VOCATIONAL TRAINING & INCOME GENERATION

This project integrates vocational training with income generation for underprivileged women. These women are trained in knitting, tailoring, tie-dye, embroidery, craftwork and baking. After the vocational training, the trainees join the production unit where they are introduced to a local market where they learn how to secure orders, produce materials and products to match those orders and deliver completed goods. The profits made from the goods produced are distributed amongst the women.

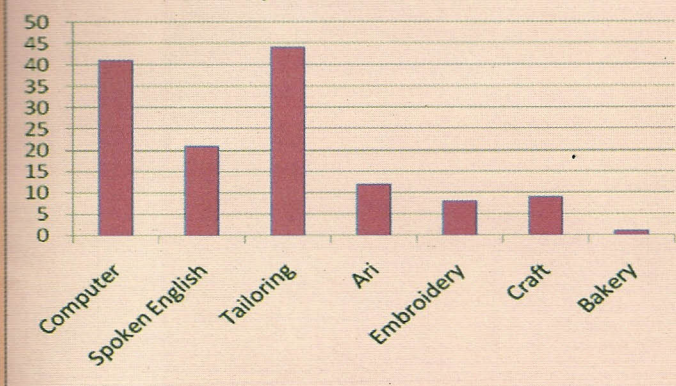
YEARLY HIGHLIGHTS

The Vocational Unit of Hope exhibited the girls' products in a number of different exhibitions. These included Saat Paake Baadha, Maghi Utsav, a Pre-Durga Puja exhibition in the life skills building and another organized by the Tata Indicom Office.

The garments displayed as part of the fashion show at Hope's Annual Gala sold for Rs 20,000 in March 2010

Two of the girls who participated in the spoken English and personality development courses run by the Franklyn institute have joined Microweb Pvt as tele-callers.

Coverage under Vocational Training in the year 2009-2010



SKILL DEVELOPMENT

Hope has developed cricket coaching camps that work with underprivileged children in a way that encourages their participation. By emphasizing games and sports the children involved have started to adopt a regular routine. 40 children are involved and each of them put in serious effort into their training. The coaching also includes rigorous health check ups, nutritious meals and the opportunity to network with cricket professionals.

TRAINING PROGRAMME ON ORGANIZATIONAL DEVELOPMENT

Hope organized a three day training program on Organizational Development. The training developed participants' understanding of organizational development, strategic planning, implementation, monitoring, organizational capacity building, organizational culture, systems and procedure. The program was attended by organizational leaders and other management staff from all the partner organizations and consisted of group exercises, presentations and discussions.

PEER EDUCATORS TRAINING ON CHILD'S RIGHTS

Peer educators from 6 partner organizations of Hope Foundation – HKF, HIVE, PBKOJP, SEED, SPAN and MJCC came together to increase the level of awareness of child's rights amongst slum children. Children shared

their experiences of the violation of their human rights and this was followed up by a plan of how to combat human rights violations developed by the children themselves.

This was achieved through group discussions, poster-drawing, presentations and the screening of two short films.

HOPE FROEBEL EDUCATION PARTNERSHIP

30 newly qualified teachers from Froebel College of Education visited HOPE's various education projects in Kolkata where they assisted the teachers and care workers in their work. This month long volunteering exercise is a rewarding experience for everyone involved as the program prompts the mutual interchange of ideas and methods. Both the Hope and Froebel teachers contribute to each other's knowledge and experience base and are enriched by the experience. The program is now into its second year and this year 26 NQTs from Froebel visited our education projects and were involved in 13 projects throughout the month of June.

CASE STUDY: SUPARNA DAS

Suparna is currently working in the Hope restaurant after completing her training in the vocational center. She came to Hope after the death of her father left her family in financial trouble and her marriage turned out to be unsuccessful – she was ill treated by her in-laws. Her mother was working in one Hope's protection homes where she lived, whilst she was living there she successfully completed one of the Vocational Training Courses run by HKF's life skills building. Her mother was diagnosed with cancer recently; however Suparna hasn't stopped striving for her goals. She is presently focused on becoming economically independent and supporting her mother.



Top: The courses in the Life skills building includes regular computer classes
Bottom: The embroidery lessons teach detailed stitch and beadwork





**Day in the
Life of a
Street Child**

Day in the Life of a Street Child

Around 800 people live in Hastings slum in Kolkata, many are children. Hastings is where families desperate for somewhere to sleep have taken the concrete arches under the flyover and used them as homes. Individuals have desperately tried to construct real homes out of the open area of dirt where they live; though no amount of sweeping can disguise the thick stench of rotting food from the adjacent refuse dump.

The community in Hastings have lived in this slum for 15 years, however all the homes are totally unauthorised and they live in the constant fear of eviction. They are regularly forced onto the streets by the police who come, with only hours of warning, to clear the whole area.

On the 20th July I visited 'Hastings' slum in Alipore for a morning to get an idea of what it must be like for a child living in a place which comes with such uncertainties and anxieties.

Each of the children I spoke to had their own story, though from their stories collectively it was possible to gain an idea of the general problems faced by all these children, problems of food, education, hygiene, shelter and safety.

A DAY IN THE LIFE

At dawn (5am or so) the sun comes up, Kolkata's oppressive heat begins, the traffic starts and children in the slum wake up. Outside their homes are large trucks that run throughout the night, these are filled with rubbish. The air pollution from the vehicle emissions means that many of the children have respiratory problems and have just woken from a night spent lying on a mat on dirty ground outside, coughing.

Before school (which begins at 7am) the children must shower. But without any kind of toilet or bathroom facilities they shower on the street, shampoo is only used once a week and it is extremely carefully rationed. After showering the children go to the toilet outside, in the street, there are no sanitation facilities, not even a pit latrine.

They drink the corporation water which is taken from a stand pipe which appears to come from the ground underneath the "toilet". It is unfiltered and untreated.

Breakfast - as well as lunch and dinner - is usually Rice and Dal (lentils). The quantity of food is substantial. Although rice is plentiful there are deficiencies in a rice and dal diet of protein, minerals and vitamins. This means that the majority of women and children suffer from anaemia and lack energy.

The children then walk to the local KMC (Kolkata Municipal Corporation) School. School provides a release for children from their struggles at home. Mumpy who left school in Class 3 when she was just 13 for a life of domestic servitude - cleaning floors, washing dishes and cleaning clothes - spoke longingly of how she wishes she could return to school but the impossibility of doing so.

For the other children teachers provide inspiration and some go out of their way to help the Hastings' residents. One teacher in particular provides an informal banking system which allowed one of the young girls I interviewed to save up and buy gifts for her family.

But school life is made much more difficult for street children by conditions at home. The threat of theft means that none of the children are able to bring their books home and the lack of electricity means that they can only study in the evenings under communal street lights. Most of the adults in Hastings are illiterate and cannot help their children, having parents who know nothing about education makes its importance undervalued in the community.

Rohima Khatun understands the importance of school but can't attend. Her father died when she was very young and her mother is mentally ill so she is now responsible for the whole family including a younger brother and sister. The police evict the residents of Hastings with just a couple of hours notice, and as Rohima cannot predict when eviction will occur she often has to remain at home to protect the family's possessions fearful of what would happen if these were lost. The irregular attendance of street children like Rohima leaves them stuck in Class 1 or 2, struggling with basic concepts. Although the school have expressed their concern there is very little they can do.

After school some of the children return home to play but many others work or beg. The children treat begging

as a game and use the income to buy extra food, except when their parent's work stops and they need to beg to survive, for during these periods there is not sufficient food. The children earn just 5-10Rs in an afternoon (roughly 10-15 pence) but that amount can bridge the difference between a meal or nothing.

In Hastings most of the adults are either daily labourers or painters. Their work is based on whether they are hired in the mornings and their hours are long and the pay is small. Many of the women rag pick and are helped by their children. For the children this means sifting through other people's waste for valuable objects – a plastic bottle or a scrap of material. The recycling effort is amazing but the conditions are unspeakable.

Another child, Selma, draws water for a local family, just so that she can share their food. She has no father or older sisters to support her working mother and this is her only option. Many of the adolescent children, particularly those who have lost their fathers, have to work in order to supplement the family income. Girls and boys of just 15 take responsibility for a family's monetary situation, this in some cases means 12 hour days of physical labour.

The long hours and strenuous work that many of the men are forced to undertake has led to a alcoholism in the community. When the men return home late at night children often witness their mothers being beaten "for no reason at all". Mohammad's family sleep all together on one mat, some evenings he sees his drunken father return home where he touches and occasionally hits his mother. He is extremely worried about his mother.

Not all of those men who drink are violent but they do spend a significant amount of their earnings on alcohol. I spoke with one mother who described her husband as a drinker, but she reassured me that he is safe in the house after drinking and even plays with the children. This mother is given 80 rupees a day (an amount under £1.25 - the official poverty line adopted by the UN) to feed, clothe and cater to all the needs of her family of 7. If she needs excess money she begs near the mosque.

Most of the children are dependent on the frugality of their mothers who make great sacrifices in order to ensure that their children get enough food. Looking around the underneath of the bypass it is possible to see the effort put into sweeping, cleaning and cooking made by each woman. There may be no electricity, doors or

wealth in Hastings but there is an enormous amount of community effort.

It is late at night when the lack of protection becomes most dangerous for street children. Living in an arch leaves these children exposed to both human and environmental dangers. Fatima (12) is often scared of outsiders as she has known armed thieves to steal her utensils and clothes. As her mother earns only 30 to 60 rupees a day replacing stolen goods is impossible.

Other hazards for Fatima are the monsoon rains that bring water-borne diseases and force her into an even smaller corner of her flooded arch. Fatima says that she likes the summer season best of all, the summer season consists of 45 degree heat and 80% humidity – this may be because in winter Fatima has no protection from the cold other than those clothes which she owns.

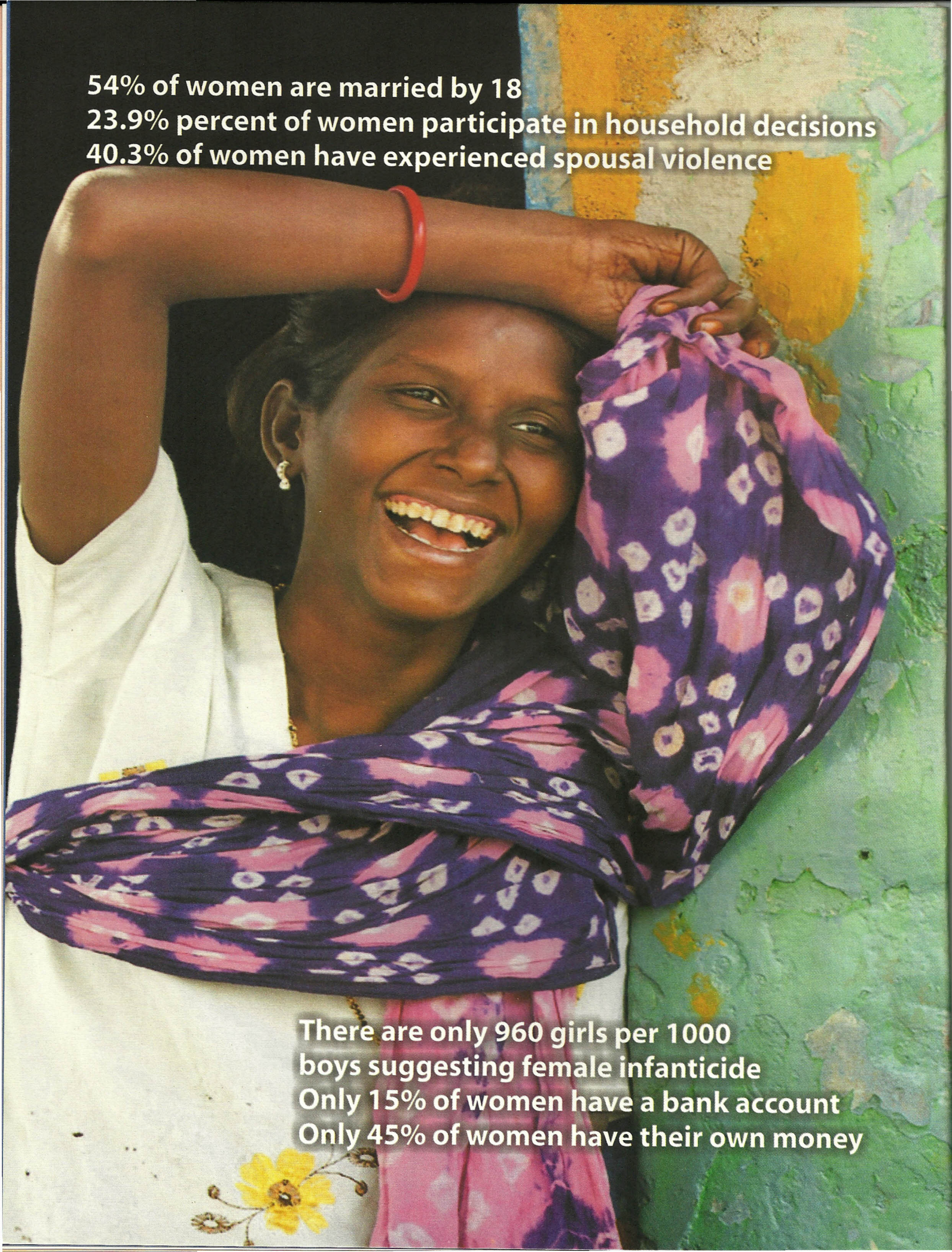
Living outside has severe consequences for many street children's health. Most of the children interviewed had suffered from jaundice and others from tuberculosis. The roadside water and exposure to mosquitoes and rats (though I am assured not snakes) make them vulnerable to an array of diseases. Deaths from fever and diarrhoea are regular occurrences for these forgotten citizens; a tragedy that is made only worse by the knowledge that these are easily preventable losses.

Most of the families have come from villages around West Bengal and Bihar. The positivity of those that I met when describing their individual situation in Hastings shows the contrast between the absolute poverty of the villages and the small windows of educational and other opportunities available, even on the streets, in the city. As one woman described it- "at least I am not starved in my home village, like I was at home", she also maintains that begging on the street in Kolkata is better than starving in the countryside.

Life in Hastings is hard for all of the children, though their resilience and optimism means that they are able to support each other- and they do. Their smiling faces do not disguise or excuse their emaciated bodies and rotting teeth. We can make the day in the life of a street child better, and the Hope Foundation does.

All names changed for protection purposes

– Nyasha Weinberg

A close-up photograph of a young woman with a joyful expression, her mouth open in a wide smile. She is wearing a vibrant purple headscarf with a pink and white floral pattern. A red bangle is visible on her right wrist, which is raised towards her head. She is also wearing a white garment with a yellow floral design. The background is a textured wall with patches of green and yellow paint.

54% of women are married by 18
23.9% percent of women participate in household decisions
40.3% of women have experienced spousal violence

**There are only 960 girls per 1000
boys suggesting female infanticide**
Only 15% of women have a bank account
Only 45% of women have their own money

Volunteers and Visitors

VOLUNTEERS

Under our volunteer placement program, every year we have a number of volunteers who come to visit and work in our various projects in Kolkata. The volunteers come for a period ranging from three months upwards.

Many of them come from Ireland and the UK (although we have volunteers from elsewhere too).

Over the years volunteers have become an integral part of our projects. They come from different academic and professional backgrounds and bring their own particular skills and expertise to our projects.

The result is an exchange of information that adds a new dimension to many of the projects and is an enriching experience for both parties.

Many of them form a deep connection with their work here, with the children and the staff, and that is why we have many return volunteers every year.

VISITORS

As in other years this year too we have had visitors including sponsored walkers, teachers, students, celebrities and friends.

These visitors are shown our different centers and involve themselves in varying capacities with Hope's projects. Many have contributed hugely to fundraising efforts and have been indispensable for the foundation.

Amongst these Volunteers were the Hope Himalayan Walk Group who came in October 2009, the Hope Yoga for Children Initiative Group in October and November 2009, participants of Hope mini-marathon held in February 2010 and 5 school groups who visited during February and March 2010.

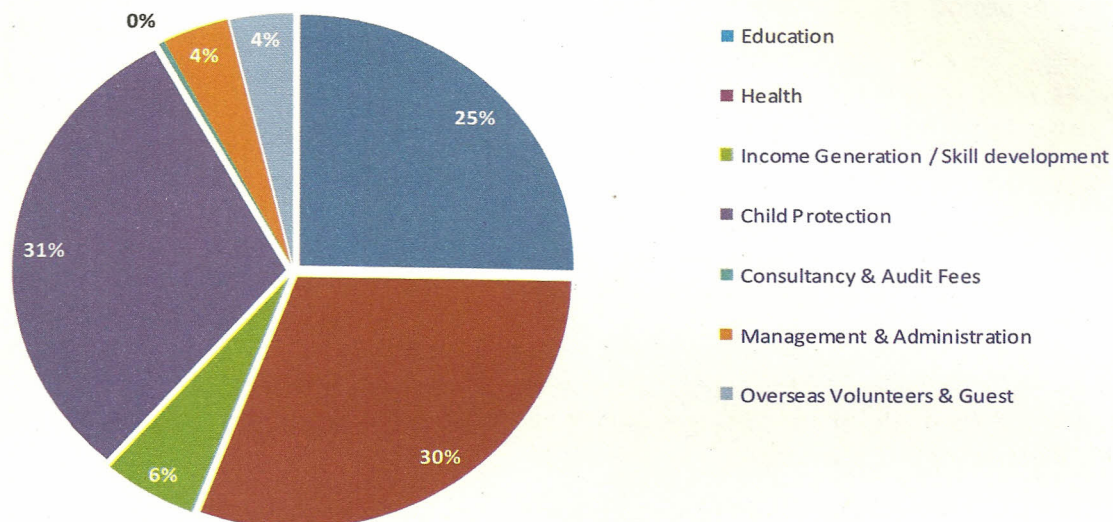
Celebrity visitors have included Irish soprano Carol Kennedy and accompanist Frank Buckley who performed at the Emerald Ball held in March 2010.



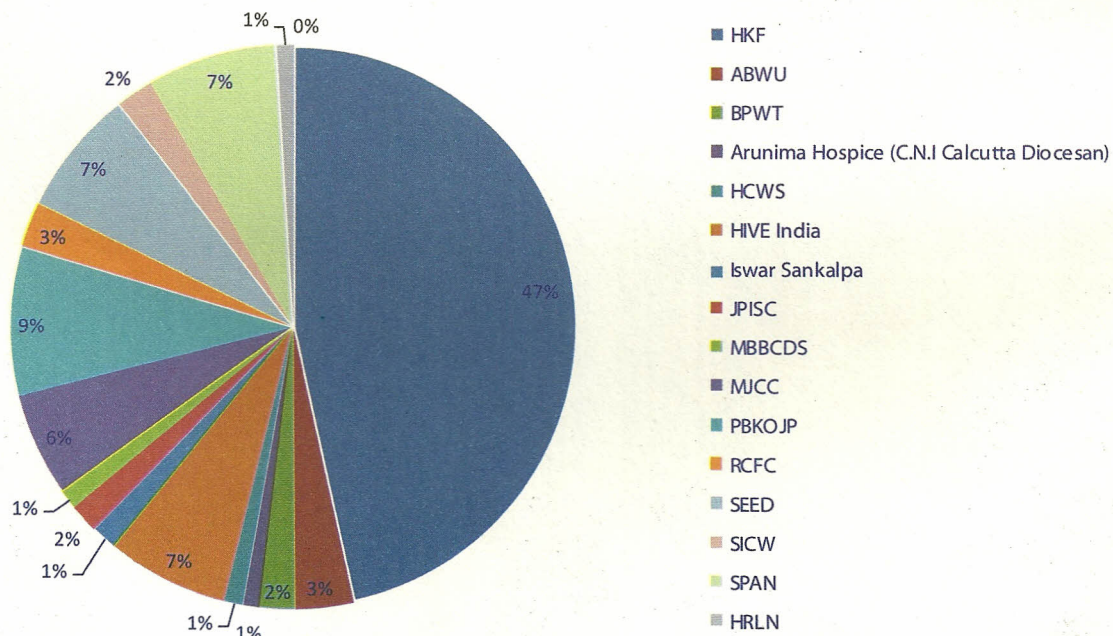
Finance

Summary of outgoing funds — 1st April 2009 to 31st March 2010

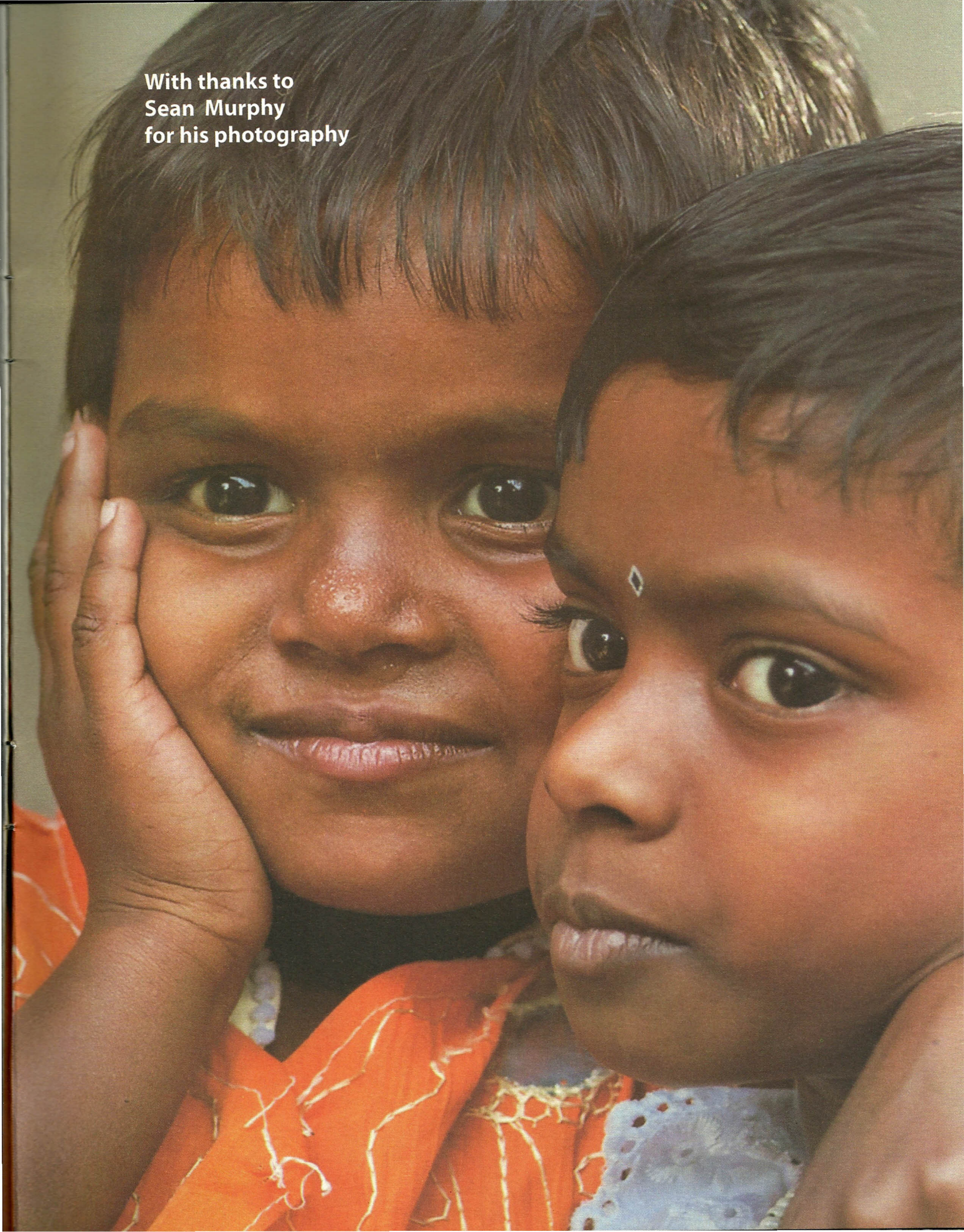
Percentage Funding By Area

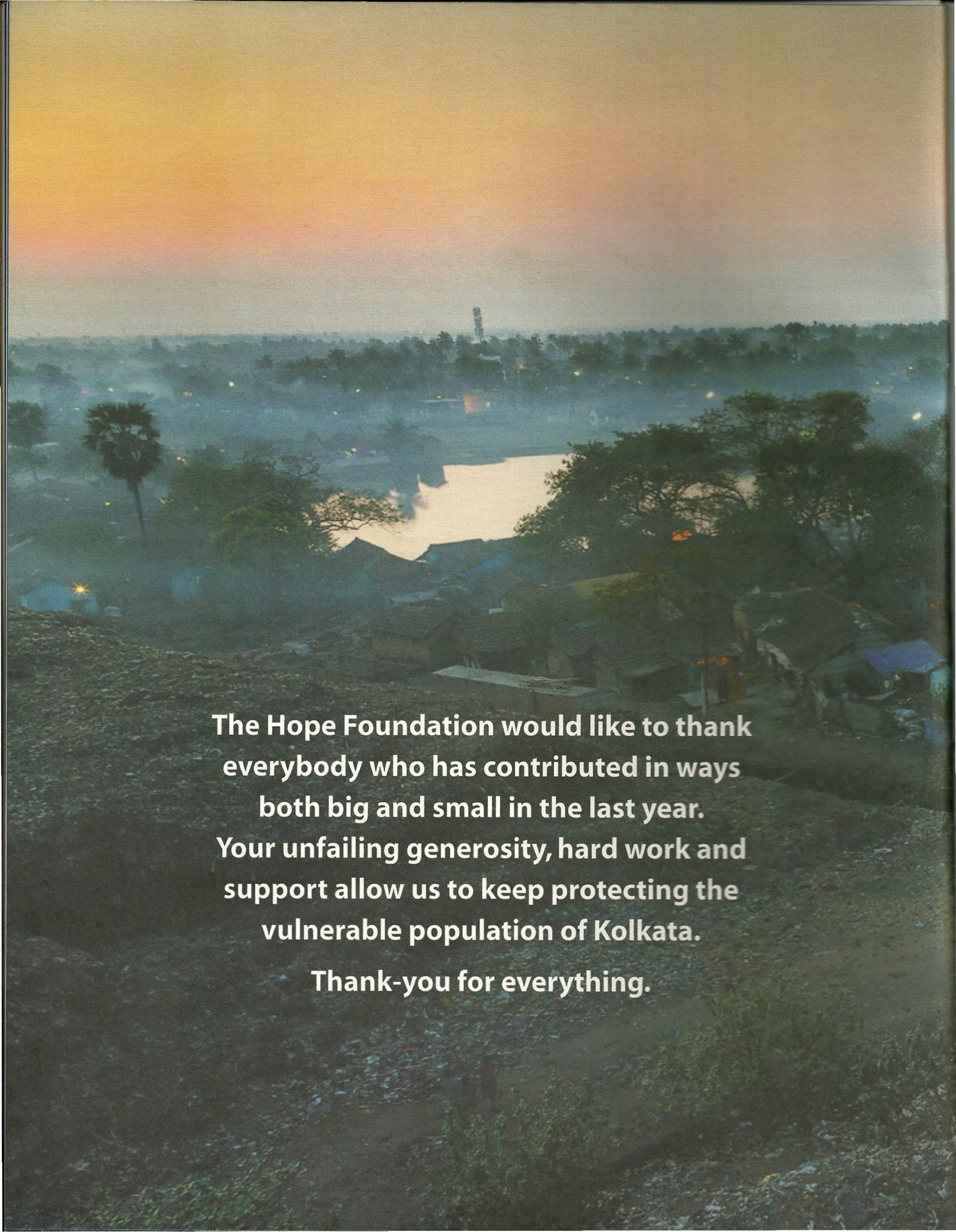


Percentage Funding By Partner



With thanks to
Sean Murphy
for his photography





**The Hope Foundation would like to thank
everybody who has contributed in ways
both big and small in the last year.
Your unfailing generosity, hard work and
support allow us to keep protecting the
vulnerable population of Kolkata.**

Thank-you for everything.

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