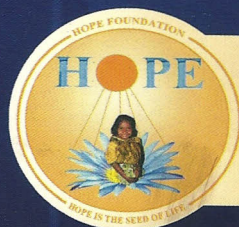
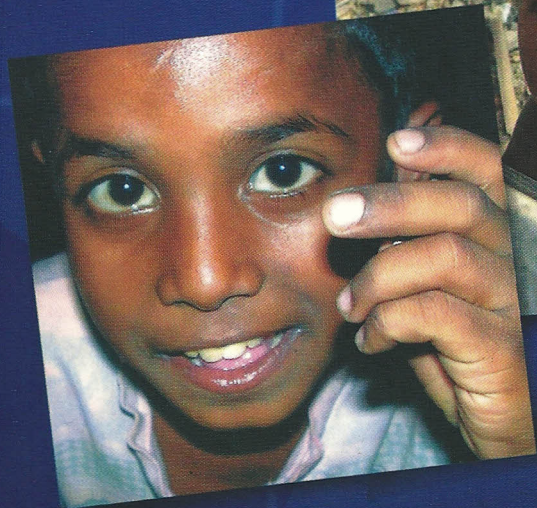
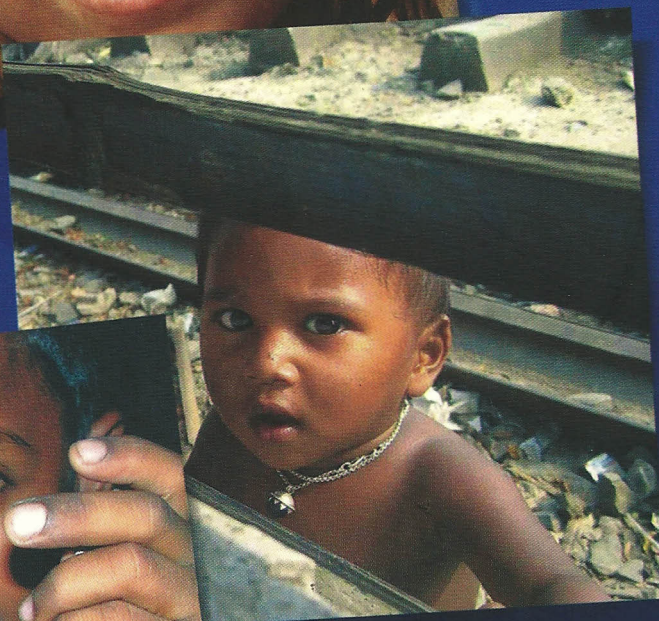


Injustice anywhere
is a threat to
justice everywhere



THE HOPE FOUNDATION 2006-2007 OVERVIEW

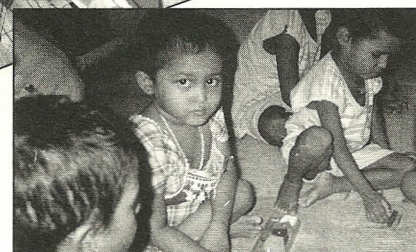
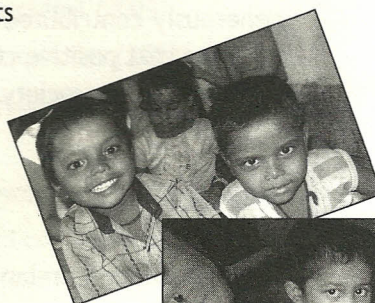
We hope the future brings justice
to everyone everywhere.



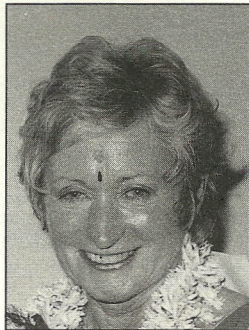
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Please help Raju & Nazma to fulfill their dreams

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▣ From the Director's Desk



Dear Friends

The past year will be remembered by me as one of great joy with the birth of my beautiful granddaughter Emily in June and great sadness at the loss of my wonderful brother Johnny who died in a tragic accident in December, may he R.I.P. The support we received from so many people has helped us through these sad times. I can assure you, that his family will always treasure your thoughts and prayers.

The work of HOPE has continued to grow during the past year reaching out to more and more people in need. HOPE continues to be committed to the things that we can change and to areas where we can make a difference. Mahatma Gandhi said, "We must be the change we wish to see". Our ongoing commitment to health and education is paramount to breaking the cycle of poverty.

In this unequal world we in the Developed World enjoy living in a secular society so enraptured by consumerism that we seem to have little concern for the number of children lost to Child Trafficking. One of the cruellest crimes against humanity is Child Trafficking. Now regarded as the 3rd biggest crime in India after drugs and guns smuggling, it is estimated that 45,000 children go missing every year. It is incumbent on us as a Human rights based organisation to speak out against this heinous crime. This year HOPE has launched a campaign in which where we are asking for the support of politicians, the legal system, police and the general public to help us fight against child trafficking.

The children of the world should be our most treasured gifts.

The children of the world should be our most treasured gifts. They are innocent, vulnerable and dependant, they yearn to be loved their lives should be full of joy, happiness, peace, playful and enriched by education, helping them towards the promise of a totally fulfilled and happy future is our collective responsibility. HOPE is an oasis of light to the lives of thousands of children living in the lowest socio economic group. It is a wonderful experience for all of us, to witness

the amount of positive change that has taken place over the last seven years in the areas of our work in Kolkata over the last seven years. This has been achieved with the wonderful support of many people.

The HOPE Foundation wishes to acknowledge and sincerely thank all of you who have so generously contributed and supported our work over the last years. Together we are ensuring that positive change is possible by giving hope to the most underprivileged and neglected in our society.

Maureen Forrest
Honorary Director
Hope Foundation, Ireland

Country at a glance

Children are the future of a nation but they need our help today. The children of the world are innocent, curious, active and full of hope. Every day, millions of children are exposed to danger and suffer from the scourges of poverty and economic crisis.

The rights of these children are protected by the UN General Assembly(World Summit for Children 'Rights of the child 1989). The Indian Constitution and the National Plan of Action implemented by the Government of India also pledge to safeguard these rights.

India is a booming country now, as the share market indicates but the basic indicators which reflect the country's development are giving us a dangerous and alarming figures. The following tables indicate the concern areas of The Hope Foundation.

Basic Indicators

Nutrition	
30% of infants	have low birth weight (Less than 2,500gms) 1998-2003
37% of children	are exclusively breastfed (<6 months) (1995-2003)
44% of children	are breastfed with complementary food (<6-9 months) (1995-2002)
18% of under-fives	suffer from underweight (severe) (1995-2003)
27	Vitamin A supplementation coverage rate (6-59 months), 2002
50% of households	consume iodized salt (1997-2003)
Health	
86% of total population	use improved drinking water sources (2002)
30% of total population	use adequate sanitation facilities (2002)
100% of routine EPI vaccines	are financed by government (2003)
81% of one-year-olds	are fully immunized against tuberculosis (2003)
70% of one-year-olds	are fully immunized against DPT3 (2003)
70% of one-year-olds	are fully immunized against polio3 (2003)
67% of one-year-olds	are fully immunized against measles (2003)
78% of pregnant women	are immunized for tetanus,(2003)
19% of under-fives	are with ARI (1998-2003)
64% of under-fives with ARI	are taken to a health care provider (1998-2003)
22% under-fives with diarrhea	receive oral rehydration and continued feeding (1994 - 2003)

Source: <http://www.indiannngos.com/statistics/children.htm>

Country at a glance

Education

68	Adult literacy rate, male (2000)
45	Adult literacy rate, female (2000)
5	Number of phones sets per 100 people (2002)
2	Number of internet users per 100 people (2002)
107	Primary school enrolment ratio, gross, male (1998-2002)
90	Primary school enrolment ratio, gross, female (1998-2002)
91	Primary school enrolment ratio, net, male(1998-2002)
76	Primary school enrolment ratio, net, female (1998-2002)
80% of net	primary school attendance, male (1996-2003)
73% of net	primary school attendance, female (1996-2003)
59% of primary school entrants	Reach grade 5, admin data (1998-2001)
92% of primary school entrants	Reach grade 5, survey data (1997-2003)
56	Secondary school enrolment ratio, gross, male (1998-2002)
40	Secondary school enrolment ratio, gross,female (1998-2002)

Women

102%	Life expectancy: females as % of males,2003
66%	Adult literacy: females as % of males,2000
84%	Gross enrolment ratios: females as % of males,primary school (1998-2002)
71%	Gross enrolment ratios: females as % of males,secondary school (1998-2002)
47%	Contraceptive prevalence (%) (1995-2003)
60%	Antenatal care coverage (%) (1995-2003)
43%	Skilled attendant at delivery (%) (1995-2003)
540	Maternal mortality ratio, reported (1985-2003)

Child Protection

14% of children (5-14 years)	in child labour (1999-2003)
26% of children	in child marriage, total (1986-2003)
35% of children	whose births were registered, total (1999-2001)

HIV/AIDS

5.134 million	Estimate of HIV, 2004
58.57%	HIV prevalence in rural India (21,27,000)
41.43%	HIV prevalence in urban India 30,07,000)
25,700	Estimate of orphans, children (0-17 years) orphaned due to all causes, 2005

▣ The Hope Foundation

The Hope Foundation a leading Organization founded in Kolkata in 1999 has been working to achieve sustainable development among poor communities living in the city of Kolkata and surrounding areas. Through its field programmes, training and research, the focus has always been on education of children, health of women and children, child nutrition and development, adolescent issues and mainstreaming street children through education.

The Hope Foundation focuses on training the staff of local NGOS in administrative and management skills necessary to successfully run an NGO. The Foundation is also engaged in Emergency Relief Operations.

Mission

The Hope Foundation is committed to the development of the underprivileged and vulnerable children and persons living in difficult circumstances. It acts as a facilitator through procurement of funds, staff capacity enhancement, technical support and social, economic and spiritual development where necessary.

Objectives

- ▣ Provide shelter, nutrition, education, health care services to the vulnerable children. In order to ensure the survival, development, participation and protection rights of the children.
- ▣ Achieve positive health and nutrition status of the women and children.
- ▣ Bring change in the community to develop positive health actions and educational actions in order to achieve sustainable development.
- ▣ Ensure the quality life of the vulnerable section of the society.
- ▣ Sensitize the local self-government about the health, education and protection needs of the community and develop effective linkage at different levels.

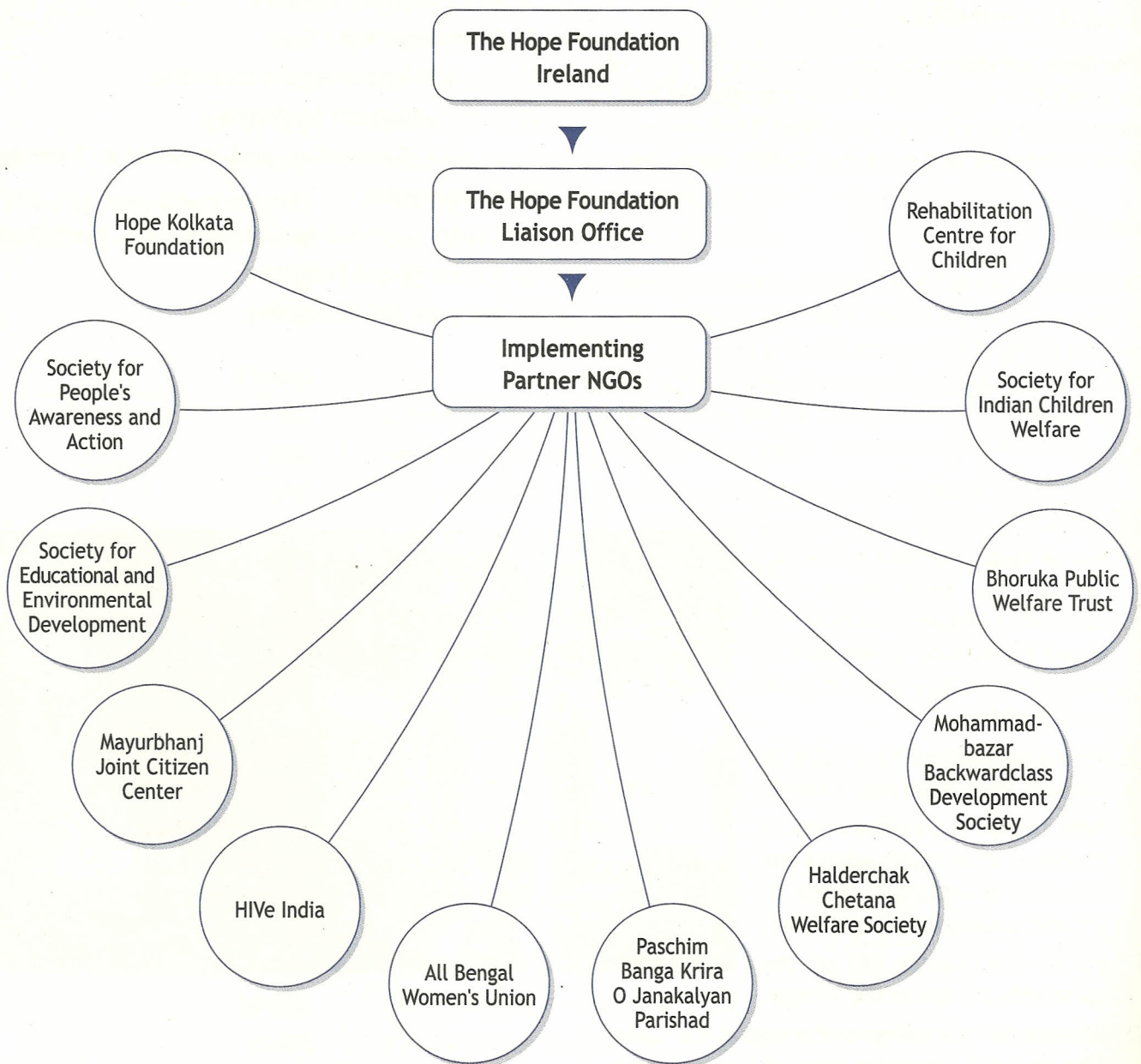
Areas of Work

- ▣ Child Protection
- ▣ Child Education
- ▣ Reproductive Child Health Services for Pregnant Mother and Newborn
- ▣ Basic Health Care
- ▣ Anti trafficking measures
- ▣ Emergency Health Care
- ▣ HIV/AIDS awareness and protection
- ▣ Care and Support for PLWHA
- ▣ Income Generation and Vocational Training
- ▣ Mental Health
- ▣ Capacity Building Training and Workshop
- ▣ Monitoring and Evaluation
- ▣ Advocacy and Networking



■ The Hope Foundation - Organogram

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 the society. The Hope Kolkata Foundation (HKF) was established in February 1999 for the protection and development of children on the street and in difficult circumstances. Hope is an NGO working with the deprived children from the streets, slums and red light areas in the most extreme and most vulnerable zones of urban Kolkata. We are engaged in education and child protection through simple care and apt training to help them secure their basic rights.



■ Analytical Report

The Hope Foundation working for the children and for the nation

With more than a third of its population below the age of 18, India has the largest child population in the world. This backgrounder explores the levels of health, nutrition, education and social security of children, and government policy and action on child rights.

India has made some significant commitments towards ensuring the basic rights of children. There has been progress in overall indicators: infant mortality rates are down, child survival is up, literacy rates have improved and school dropout rates have fallen. But the issue of child rights in India is still caught between legal and policy commitments to children on the one hand, and the fallout of the process of globalisation on the other.

Over the last decade, countries across the world have been changing their existing economic models in favour of one driven by the free market, incorporating processes of liberalisation, privatisation and globalisation. The direct impact of free trade on children may not leap to the eye, but we do know that globalised India is witnessing worsening levels of basic health, nutrition and shelter. Children are suffering as a result of social sector cutbacks/policies and programmes and development initiatives that deprive communities and families of access to and control over land, forest and water resources they have traditionally depended on.

The negative fallout is quite visible: children are being deprived of even the scarce social benefits once available; they are displaced by forced and economic migration, increasing the number of children subsisting on the streets; more and more children are being trafficked within and across borders; and rising numbers of children are engaged in part or full-time labour.¹

Realities

- With more than one-third of its population below 18 years, India has the largest young population in the world.
- Only 35% of births are registered, impacting name and nationality.
- One out of 16 children die before they attain the age of 1, and one out of 11 die before they are 5 years old.
- 35% of the developing world's low-birth-weight babies are born in India.
- 40% of child malnutrition in the developing world is in India.
- The declining number of girls in the 0-6 age group is cause for alarm. For every 1,000 boys there are only 927 females -- even less in some places.
- Out of every 100 children, 19 continue to be out of school.
- Of every 100 children who enroll, 70 drop out by the time they reach the secondary level.
- Of every 100 children who drop out of school, 66 are girls.
- 65% of girls in India are married by the age of 18 and become mothers soon after.
- India is home to the highest number of child labourers in the world.
- India has the world's largest number of sexually abused children, with a child below 16 raped every 155th minute, a child below 10 every 13th hour, and at least one in every 10 children sexually abused at any point in time.

Government policy on children

On November 20, 1989, the UN General Assembly adopted the Convention on the Rights of the Child (CRC). On January 26, 1990, the opening day of the session, 61 countries signed it. The CRC covers all children under the age of 18 years, regardless of sex, colour, language, religion or race. India ratified the CRC in 1992. Several constitutional provisions protect children in India. Among them:

- Article 15 affirms the right of the State to make special provision for women and children.

■ Analytical Report

- Article 24 provides that no child below the age of 14 shall be employed to work... in any hazardous occupation.
- Article 39 (e) of the Directive Principles of State Policy provides that children of tender age should not be abused and that they should not be forced by economic necessity to enter vocations unsuited to their age or strength.
- Article 39 (f) requires children to be given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity, and that childhood and youth be protected against exploitation and moral and material abandonment.
- Article 45 of the Directive Principles of State Policy provides for free and compulsory education for all children until they complete the age of 14.

Prior to the Fifth Five-Year Plan, the government's focus was on child welfare through the promotion of basic minimum services for children. This culminated in the adoption of the National Policy for Children, in 1974.

The Fifth Five-Year Plan (1974-79) saw a shift of focus from welfare to development and the integration and co-ordination of services after the Integrated Child Development Services act (ICDS) 1975.

The Sixth Five-Year Plan strengthened child welfare and development. It led to the spatial expansion and enrichment of child development services through a variety of programmes.

The focus of the Eighth Five-Year Plan (1992-97) shifted to human development through advocacy, mobilisation and community empowerment.

The Government of India declared its commitment to every child in the Ninth Five-Year Plan (1997-2002).

The Tenth Five-Year Plan advocated a convergent/integrated rights-based approach to ensure the survival, development, protection and participation of children. It set targets for children: all children to complete five years of schooling by 2007; reduction in gender gaps in literacy and wage rates by at least 50%, by 2007; reduction in Infant Mortality Rate (IMR) to 45 per 1,000 live births by 2007, and 28 by 2012; reduction of Maternal Mortality Rate (MMR) to 2 per 1,000 live births by 2007 and to 1 per 1,000 live births by 2012; arresting the decline in the child sex ratio; and universalisation of the ICDS scheme.

The eleventh plan recognises the importance of a holistic approach, focusing both on outcomes and indicators for child development

The draft approach paper of the Eleventh Five-Year Plan (2007-2012) prepared by the Planning Commission emphatically stated that 'Development of the child is at the centre of the Eleventh Plan'. While continuing with the rights-based approach to child development, the plan recognises the importance of a holistic approach, focusing both on outcomes and indicators for child development as well as macro-perspective trends and governance issues.

Despite these laws, policies and commitments, however, what is the actual situation for India's children vis-à-vis health, education, early childhood care and protection?

Survival

The very survival of the Indian child is a matter of concern. Around 2.5 million children die in India every year, accounting for one in five deaths in the world, with girls being 50% more likely to die.² Eighty-seven children of every 1,000 born still have the probability of dying between birth and 5 years of age. According to a report on the state of India's newborns, the health challenges faced by a newborn child in India are bigger than those experienced by any other country.³ Although

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India's Neonatal Mortality Rate (NMR) witnessed a significant decline in the 1980s (from 69 per 1,000 live births in 1980 to 53 per 1,000 live births in 1990), it has remained static since then (only dropping four points from 48 to 44 per 1,000 live births between 1995 and 2000). (4)

Food insecurity: Malnutrition and starvation

Child malnutrition is generally caused by a combination of inadequate or inappropriate food intake, gastrointestinal parasites and other childhood diseases, and improper care during illness. Is it not ironical that in a nation with soaring GDP rates and Sensex indices, marking India's entry into the global market, children continue to die of malnutrition and starvation?

The major cause is lack of public health services in remote and interior regions of the country, poor access to subsidised healthcare facilities, declining State expenditure on public health, and lack of awareness about preventive child healthcare.

According to the Planning Commission, 50% of below the poverty line (BPL) families are out of the purview of the targeted public distribution system. The very method of identifying the poor using the official poverty line defined at an absolutely low level of income corresponding to the expenditure required to purchase the bare minimum of calories, is contentious. Therefore, in reality, many more people are living in food insecurity.

Ironically, the Supreme Court of India has had to intervene to ensure that children in this country get adequate and nutritious food -- the most basic of rights for all citizens to stay alive and healthy.

**One in every three
malnourished
children in the world
lives in India.**

To be born a girl: Plummeting sex ratio

The very existence of the girl-child is under threat. Defying the normal male-female balance, the higher survival capacity of girl babies, and greater life expectancy of women to men prevalent in human populations, the female-male balance in India has been adverse to females for at least 100 years. The 1901 National Census recorded a female-male ratio of 972 to 1,000 males, for all ages. Virtually every subsequent census showed a decline. (6)



While the overall female-male ratio for all ages rose slightly from the 1991 figure of 927 females per 1,000 males to 933 females per 1,000 males in 2001, the juvenile sex ratio in the 0-6 age-group fell from 945 girls per 1,000 boys to 927 girls per 1,000 boys. (7) This is a decline of 18 points in just one decade! The Government of India, in its report to the UN Committee

on the rights of the Child (8) said: "Every year, 12 million girls are born -- 3 million of whom do not survive to see their 15th birthday. About one-third of these deaths occur in the first year of life and it is estimated that every sixth female death is directly due to gender discrimination."

■ Analytical Report

Sex-selective abortion, more commonly known as foeticide, and what appears to be a re-emergence of infanticide, is taking a heavy toll, even as neglect of 'survivors' of this weeding out process persists.

Unlike all the other social evils attributed to poverty, the killing of female fetuses through sex-selective abortion cannot be attributed to poverty and ignorance. Indeed, it is the economically affluent states of Punjab, Haryana, districts of Gujarat, and Delhi that have the dubious distinction of having more people who can pay for expensive tests to help choose male children over females. Census figures based on 2001 data from 640 cities and towns across 26 states and union territories reveal that posh metropolitan India, with 904 girls per 1,000 boys, has a lower sex ratio for children below 6 years than overcrowded slums where there are 919 girls per 1,000 boys. The capital city Delhi has 919 and 859 for slum and non-slum areas respectively. Clearly it is those who can "afford to choose," who use the technology to do so.

Almost all¹ government health policies seem to have an underlying family planning agenda. Health activists say that with its emphasis on population control, the Rural Health Mission is no different. Over the years it has become quite clear that if people are forced to limit the size of their families, they shall do so at the cost of the girl baby, even it means that they have to "import" brides from outside their states or communities.

Commenting on the serious decline in the 0-6 sex ratio in India, leading demographer Ashish Bose says that the government's policies are all wrong. The two-child policy has got mixed up with female foeticide. Government slogans like 'Beti ya beta, dono ek hain' ('Girl or boy, both are equal') make little sense. And financial sops for couples having a girl-child make no dent in the traditional preference for sons in India. If India closes the gender gap between girls and boys aged 1-5 years, 1.3 lakh lives will be saved and, overall, the child mortality rate will go down by 5%.

There is no guarantee that the girl-child who escapes

foeticide, infanticide and is in the 0-6 age-group will escape the cycle of deliberate neglect that may even result in death because she is less fed, less encouraged to explore the world, more likely to be handed jobs to do and given less healthcare and medical attention. Outpatient data from hospitals in northern Indian cities shows lower admissions of girl-children, and girls who are in a more serious condition than boys when brought for treatment. An August 2004 spot-check at one hospital showed 25,538 boy-children and 12,645 girl-children in the OPD records, 3,822 boy-babies as against 3,160 girl-babies born in hospital, and 1,954 boy-children admitted to a pediatric ward as compared to 1,091 girls.⁹

Elementary education

While enrolment levels propelled by the flagship Sarva Shiksha Abhiyan show an increase, levels of retention in schools remain a matter of concern. There has been a marginal improvement in the percentage of students who stay in school until Class 5 -- from 61.2% to 62% - but this is way below the global average of 83.3% (10). There is a sharp decline in the enrolment ratio at the upper primary level. Also, the dropout rate increases cumulatively as it proceeds towards higher levels. Although showing improvement, the enrolment of girls is still below that of boys. The dropout rate for girls too is higher. Children belonging to scheduled castes and scheduled tribes continue to face discrimination in schools and have lower enrolment and higher dropout rates. Despite the promise of education for all, 46% of children from scheduled tribes and 38% from scheduled castes continue to be out of school, as against 34% in the case of others. (11) This is not surprising considering the discrimination that these children face at school. The same can be said of the discrimination faced by disabled children.

The Constitution of India fails to even recognise education as a 'right' for those aged 15-18 years. Many children drop out after the elementary level. Indeed, the system is designed to push children out of education

■ Analytical Report

-- there is a lack of adequate school infrastructure, the quality of education is poor, the educational system is gender-unfriendly, disabled-unfriendly, caste-discriminatory and violent because of a high degree of corporal punishment.

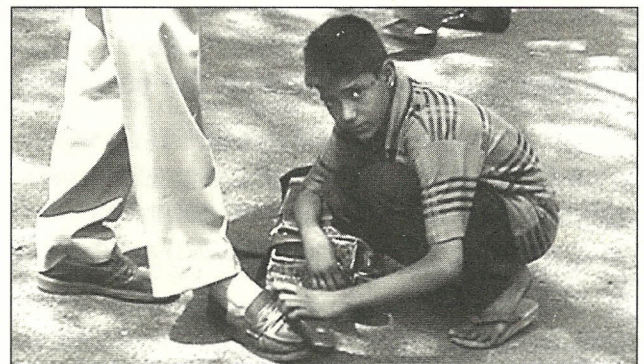
A Model Education Bill has been developed and circulated to the states for adoption into state law. There will thus be no central legislation on education, only state legislation since education is a state subject. If states decide to adopt the Model Education Bill as it is, they will be eligible for 75% assistance from the Centre for education programmes. But if they modify the Model Bill in their formulation of the state education law, they will only be eligible for 50% of central government assistance. The Model Education Bill is not available for public scrutiny, posing serious questions about the government's accountability and transparency.

Child labour and right to education: A contradiction

India has the highest number of child labourers in the world.

- Census reports clearly point to an increase in the number of child labourers in the country, from 11.28 million in 1991 to 12.59 million in 2001. (12)
- Reports from the M V Foundation in Andhra Pradesh reveal that nearly 400,000 children, mostly girls between 7 and 14 years of age, toil for 14-16 hours a day in cotton seed production across the country. Ninety percent of them are employed in Andhra Pradesh alone.¹³
- According to Yamina de Laet of the International Chemical, Energy and Mine Workers' Federation (ICEM), children aged 6-14 years represent 40% of the labour force in the precious-stone cutting sector.¹⁴
- Rescue operations in Mumbai and Delhi in 2005-2006 highlight the employment of children in zari and embroidery units.

- Although the number of children employed in the agricultural sector, in domestic work, roadside restaurants, sweetmeat shops, automobile mechanic units, rice mills, Indian Made Foreign Liquor (IMFL) outlets and most such sectors considered to be 'non-hazardous' is unknown, there is ample evidence to suggest that more and more children are entering the labour force and are being exploited by their employers.



The existing law on child labour that allows children to work in occupations that are not part of the schedule of occupations that are considered harmful to children contradicts the right of every child to free and compulsory education. And yet no attempt is made to resolve this contradiction. How can children be at work and at school at the same time? Surely this means that any attempt to give them access to education will be second-rate, parallel non-formal education?

The Social Jurist, HAQ: Centre for Child Rights and M V Foundation have filed a joint PIL with the Supreme Court of India challenging the validity of the Child Labour Act in the wake of the constitutional guarantee to right to education for children in the 6-14 age-group. In the meantime, vide a notification in the official gazette dated October 10, 2006; the Centre has expanded the list of hazardous occupations banning employment of children under 14 years as domestic help or in restaurants and the entertainment industry.

■ Analytical Report

Disabled population within the age-group 0-19 by type of disability, age and sex

	Type of disability					Total
	In seeing	In speech	In hearing	In movement	Mental	
Total disabled population	10634881	1640868	1261722	6105477	2263821	21906769
Disabled population in 0-19 age-group	3605553	775561	90452	2263941	796689	7732196
Disabled children as % of total population in 0-19 age-group	0.78%	0.17%	0.01%	0.48%	0.17%	1.67%
Disabled children as % of total disabled population	33.9%	47.26%	23.02%	37.08%	35.19%	35.29%

Source: Census of India 2001: Table C20 India

The disabled child: Always on the periphery

Census 2001 reports that 2.19 crore (2.13%) of the total population of the country are persons living with disability, and that 1.67% of the total population within the age-group 0-19 years (46,38,26,702) are disabled (see table below).

Of all persons living with disability, 35.9% are children and young adults in the 0-19 age group. Three out of five disabled children in the age-group 0-9 years are reported to be visually impaired. Movement disability has the highest proportion (33.2%) in the 10-19 age group. This is largely true of 'mental' disability also. (15)

Barely 50% of disabled children reportedly reach adulthood, and no more than 20% survive to cross the fourth decade of life. (16) Although there is very little information regarding the nutritional status of children with disabilities, disabled children living in poverty are among the most deprived in the world. Those who suffer mental disorders are much worse off, as there is still very little recognition of the problem.

Poor enforcement of the Persons With Disabilities Act and the Mental Health Act means that disabled people in India continue to be discriminated against in terms of access to basic services and opportunities. There are few special services for disabled children. Pediatric wards at government hospitals are incapable of dealing with children with disabilities, particularly in terms of infrastructure and resources.

Government action

Over the last few years, the government has taken a number of measures related to children. The most important has been the setting up of a full-fledged Ministry of Women and Child Development as against the Department of Women and Development that used to function as part of the Human Resource Development Ministry. Among the policy and law initiatives that were undertaken was the formulation of the National Charter for Children 2003, the National Plan of Action for Children 2005, and enforcement of the National Commissions for Protection of Child Rights Act 2006. However, the National Policy for Children 1974 has not been repealed, nor does the charter override it. Thus, the status of the charter is not very clear. The government announced the much-discussed and long-delayed National Plan of Action 2005 only in August 2005. Led by the Ministry of Women and Child Development, the government has completed a study on child abuse in India and is in the process of drafting a law on Offences Against Children. It has also initiated the process of amending the present law on child marriage.

Parliament has recently passed the Prohibition of Child Marriage Bill 2006, which enhances punishment for those involved in these practices, and people abetting or attending child marriages. It also declares all child marriages null and void. This is also the main criticism against the legislation that will come into force as a law applicable retrospectively - ie, all child marriages

■ Analytical Report

that have taken place in the past will be declared null and void and the status of children born out of such marriages will come under question.

The Juvenile Justice (Care and Protection) Act 2000 was amended in 2006 and the Central Model Rules in this regard are being formulated.

The Model Right to Education Bill is not available for public scrutiny/comment, as is also the case with the Offences against Children Bill. The Offences against Children Bill has drawn criticism based on drafts available through various sources. The first is that it is too vast in terms of the kind of offences it seeks to address under one umbrella legislation. The second is that, unlike the Immoral Traffic Prevention Act (ITPA) that extends to the whole of India, the proposed legislation keeps the State of Jammu and Kashmir out of its scope. The third, and most important, criticism is that since many of the offences dealt with under the proposed Bill are of a very serious nature, the criminality of those offences should be established through the main criminal law of the land, ie the Indian Penal Code and not through a social legislation. India already has a strong juvenile justice law to deal with social and reformatory aspects of a crime; that law could be strengthened further to ensure that human rights standards of child protection are met whilst rehabilitating a child victim. Moreover, both the Home Ministry and the Law Ministry are working on amendments in the Criminal Procedure Code, and many

Sources:

1 'Child Rights in the Global Week of Action', concept paper prepared by HAQ: Centre for Child Rights, April 14, 2005

2 'Human Development Report', 2005, UNDP, Oxford University Press, New Delhi

3 'State of India's Newborn', 2004, prepared by the National Neonatology Forum in partnership with the Ministry of Health and Family Welfare, Government of India, World Health Organisation (South East Asia Region), Unicef India, the World Bank and Saving Newborn Lives, Save the Children/US

4 Ibid

5 <http://www.unicef.org/india/nutrition.html>

6 India Alliance for Child Rights (IACR), review note submitted at the September 17, 2004, Day of Discussion of the UN Committee on the Rights of the Child on the issue 'Implementing Child Rights in Early Childhood', CRC review note #1: 'India's Girl Child: Crisis of 'Early Disposal' (Declining Juvenile Sex Ratio - 0-6 years)

7 Census of India 2001, <http://www.censusindia.net/results/resultsmain.html>

8 Convention on the Rights of the Child, India, First Periodic Report, 2001, Department of Women and Child Development, Government of India

activists feel that this is the right time to seek appropriate amendments to ensure child-friendly legal procedures within the CRPC (Criminal Procedure Code) and the Indian Evidence Act.

The government has set up a National Coordination Group on the Rights of the Child for implementation of child rights in the country, and has instituted a Chair on the theme of Protection of Child Rights as part of the 10 Rajiv Gandhi Chairs in Contemporary Studies in central and state universities. These mechanisms, however, are not functional.

Recognising the importance of child budget analysis, the Ministry of Women and Child Development has institutionalised child budgeting and has included it in the new National Plan of Action for Children, 2005.

All of the above are important measures. However, what is required is a complete re-examination of the legal framework for children as whole, identification of gaps and reconciliation of existing anomalies within the law and the implementation of policies, programmes and schemes meant for children.

Only a recognition of children as individuals with rights can pave the way for future action. In the absence of this, all efforts will be sporadic, addressing only some symptoms and not the root cause of the problems that affect the children of this country.

By Paulami De Sarkar, Project Manager, The Hope Foundation

9 India Alliance for Child Rights (IACR), 'India's Girl Child: Early Childhood -- or Early Disposal? (Declining Juvenile Sex Ratio - 0-6 years)', review note submitted to the September 17, 2004, Day of Discussion of the UN Committee on the Rights of the Child on the issue 'Implementing Child Rights in Early Childhood'

10 '2005 Education For All Global Monitoring Report'(UNESCO's Education For All Development Index [EDI] for 2004)

11 Census of India 2001

12 Office of the Registrar General, India. Census of India 1991 and Census of India 2001, New Delhi

13 HAQ: Centre for Child Rights, 'Status of Children in India Inc', 2005, page 169

14 Trade Union World, Briefing. International Confederation of Free Trade Unions, ICFTU, October 2004, No 6, in 'Status of Children in India Inc', HAQ: Centre for Child Rights, 2005, page 176

15 Office of the Registrar General of India. Census of India 2001

16 Dr (Brig) M L Kataria, 'War against disability -- Fighting for the right of the child', May 29, 2002, www.tribuneindia.com

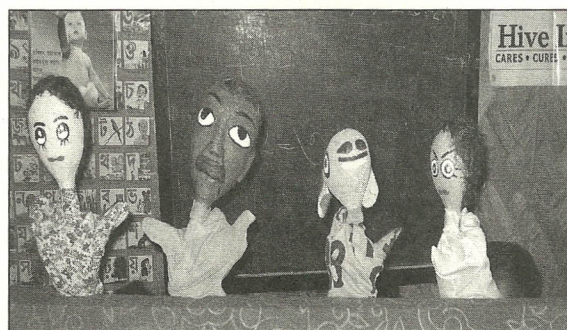
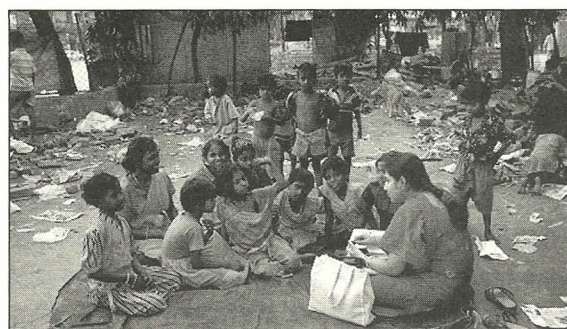
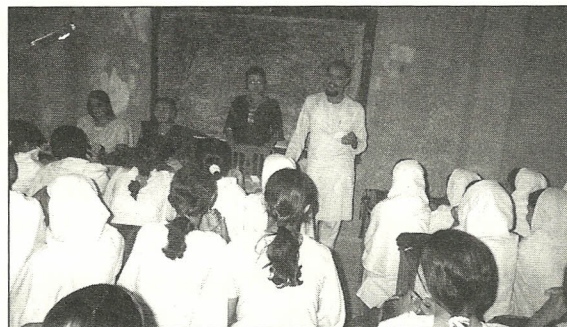
▣ Activities

Educational Intervention

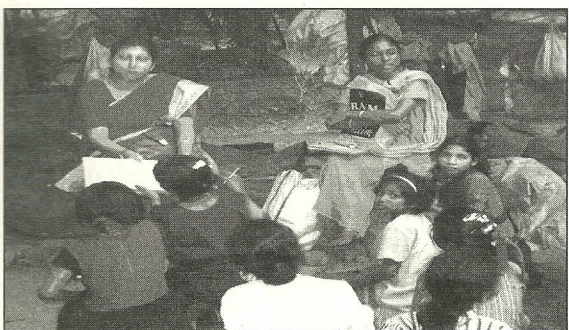
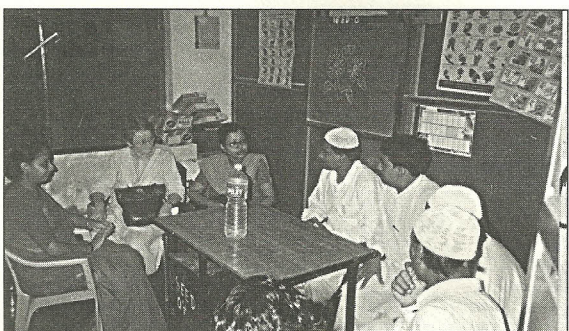
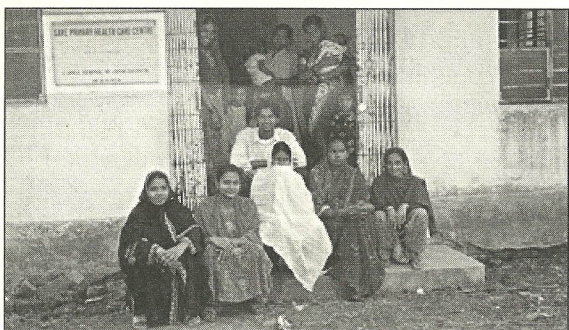
- ▣ Running Crèches for below 6 years old children
- ▣ Running Preparatory Centers for preparing the poor first generation learners in order to admit them in formal schools.
- ▣ Running Coaching Centers to guide the children who have mainstreamed into formal school in order to prevent drop out.
- ▣ Counselling support to the family and the children.
- ▣ Advocacy with formal schools and different stakeholders.
- ▣ Organizing various recreational activities in order to develop cognitive development of the child.
- ▣ Providing nutritional support to the children.

Health Intervention

- ▣ Running clinics in different vulnerable target areas in order to provide necessary medical check up, treatment and medication.
- ▣ Providing emergency and referral service to the patients.
- ▣ Awareness and Sensitization camps on Mother and Child Health.
- ▣ Awareness and Sensitization camps on Community Health.
- ▣ Awareness camps and School Health Camps on Adolescent Reproductive Life.
- ▣ Conducting health events and campaigns.



■ Activities



Mother and Child Health Intervention

RCH Tracking

- Identification of Pregnant Women who are at risk.
- Providing necessary Immunization and Medication (Iron Folic Acid Tablets) to the poor pregnant woman.
- Ensuring full ANC (Ante Natal Check Up).
- Ensuring institutional safe delivery.
- Ensuring exclusive breast feeding of the baby.
- Securing the money under JSY Scheme.
- Providing necessary immunization to the new born child.
- Ensuring full PNC (Post Natal Check Up).
- Emergency and Referral.
- Pregnancy Counseling.
- Networking and advocacy building with the different agencies.

Protective Intervention

Protection Homes for Girls and Boys

- Providing nutritional support for physical development.
- Providing recreational support through dance, drawing classes and different exposure visits.
- Providing educational support.
- Providing health support and life skill education.
- Counselling support

Drop In Centers

- Running Drop In Center for street children, out of school children and child labourers and providing life skill education to them.
- Child Group Formation who will advocate their rights by themselves.
- Providing nutritional and recreational support to these children

▣ Activities

Economic Intervention

- ▣ Running vocational training centers for adolescent girls and women.
- ▣ Providing vocational training and service oriented training to economically empower them in future.
- ▣ Providing necessary training on leadership and marketing to make them self reliant.
- ▣ Formation of self-help groups and linking them with the banks so that they can go for income generation activities in a sustainable way.

Running vocational training centers for adolescent girls and women.

- ▣ Providing vocational training and service oriented training in order to economically empower them in future.
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Capacity Building Programme (2006-2007)

The Hope Foundation believes in quality of service and to ensure this quality of service The Hope Foundation organized different Capacity Building Training and Workshop for the staff of different partner organization. Following is the list of trainings given in 2006-2007.

1. Joyful Teaching and Learning Training for the Teachers who are involved in teaching the children in different crèche, preparatory, coaching and other educational centers.
2. Reproductive Child Health Training for the Social Workers, Doctors, Health Workers who are involved in preventive and curative health services and activities.
3. Adolescent Reproductive Sexual Health Training for the Social Workers, Doctors, Health Workers who are involved in preventive and curative health services and activities.

4. Child Protection Policy Workshop for the Chief Functionaries, Coordinators, Counsellors so that a common guideline could be developed and organization can able to draw individual child protection policy.
5. Training on Gestalt Therapy for the Counsellors to develop their skills in counseling.
6. Training on Project Cycle and Result Based Management for the staff of the partners to ensure the proper planning, implementation, management, monitoring and evaluation of the project.
7. CLE Training for the teachers to develop their teaching skill in the centers.
8. Child Protection Policy Workshop for the chief functionaries, councilors, project coordinators and few other staff of the project. In this workshop Manab Roy from Save the Children, Joydev Majumdar from JPISC have taken an important role give a more clearer picture to the participants.

Monitoring and Evaluation

Monitoring is an important component for The Hope Foundation funded projects. HOPE monitors all of the projects and programmes it funds for accountability, effectiveness, value for money, organisational and development learning, and to inform decision making.

The Hope Foundation is funded by Irish Aid, Govt. of Ireland, Elton John AIDS Foundation, Irish and Indian people. The Hope Foundation has a responsibility to ensure that those funds are being used effectively and efficiently in compliance with the agreements governing their use.

The Hope Foundation evaluates the projects at the end of each financial year by an internal and external monitoring team.

The Project Implementing Partners submit their monthly, quarterly reports on the basis of which the organisation evaluates the projects. Day to day activity and financial monitoring is also one of the important activities performed by the organisation.

■ A Note From Our Global Ambassador



Dear friends,

I feel extremely lucky to have had the opportunity to visit Hope Foundation Kolkata and all of the associated projects. My father and I had a wonderful week and we would like to thank each and every one of you for extending such a warm welcome to us during our visit.

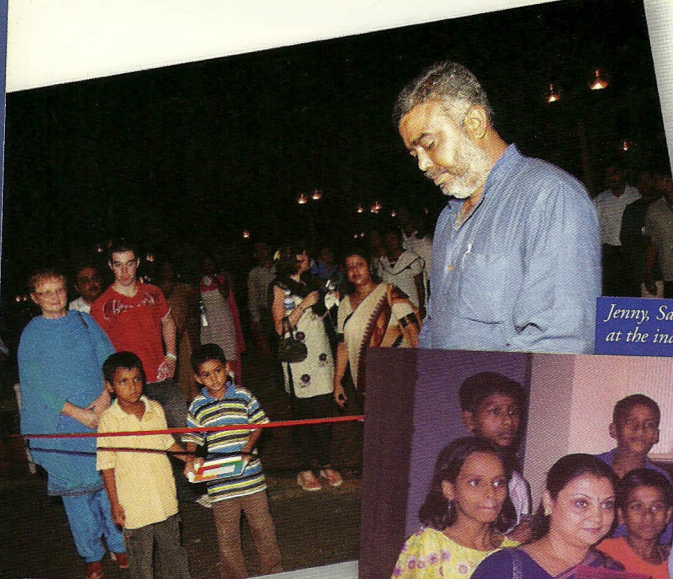
It has been a real privilege to meet all of you who work and volunteer with the Hope Foundation. I greatly admire the generosity of time, spirit and dedication with which you strive to better the lives of the underprivileged in our society. I am

delighted to be an ambassador for this wonderful charity and I hope my role raise awareness and funds in Ireland. I will tell everyone about the wonderful people I have met, the beautiful children, the vibrant culture and the hustle and bustle of the city of Kolkata.

I look forward to returning to see you in the future.

Le buiochas

Aoibhinn Ni Shuilleabhain
(Rose of Tralee)



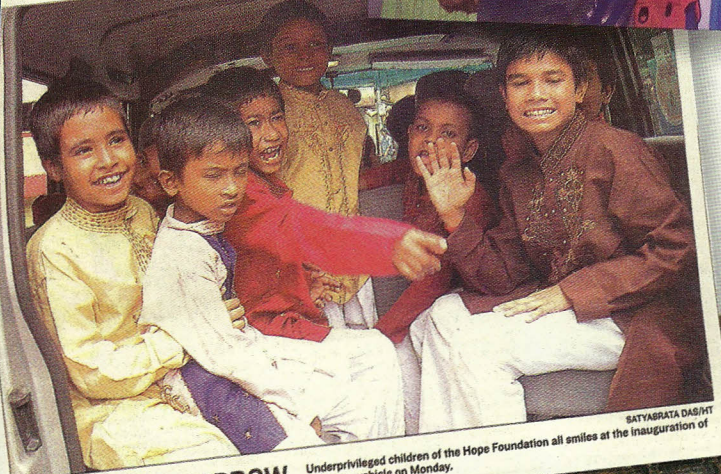
Jenny, Sarbani, Paulami & Debasish Kumar at the inauguration program of Primary Health Care Project



Ms. Jenny Browne & Municipal Councillor Mr. Debasish Kumar at the inauguration program of Primary Health Care Project

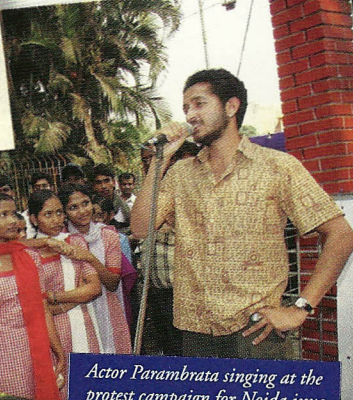


Actors Sabyasachi & Mithu Chakraborty at Child Advocacy Programme, Birla Academy

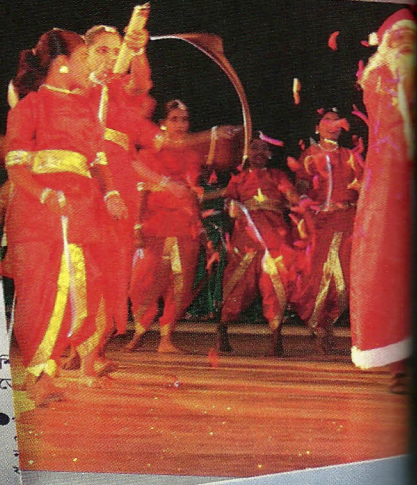


A BETTER TOMORROW

Underprivileged children of the Hope Foundation all smiles at the inauguration of their new vehicle on Monday.



Actor Parambrata singing at the protest campaign for Noida issue



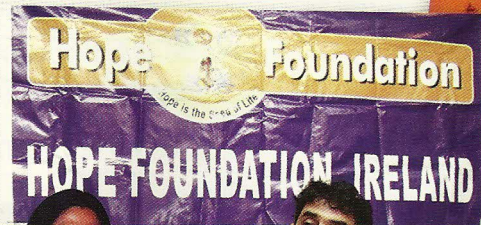
Actress Rituparna Sengupta signing at the protest campaign of Noida issue



Sushan Mantosh & Maureen Forrester at Bharat Nirman Award

EVENTS

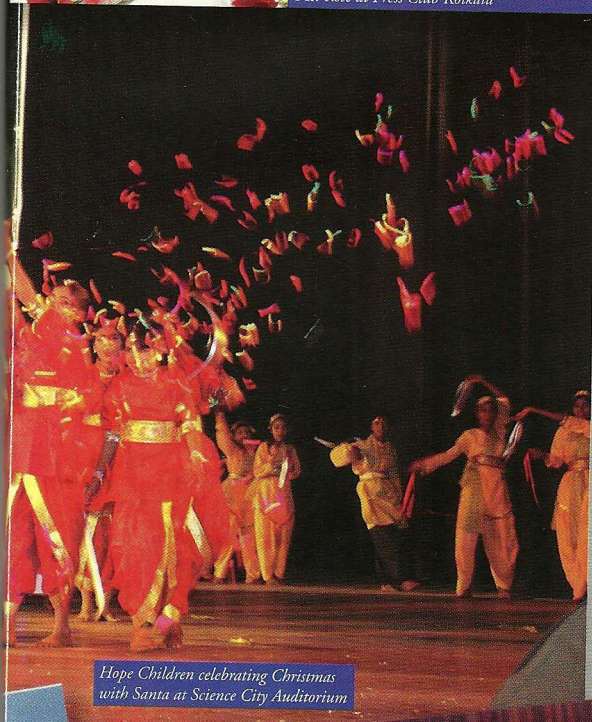
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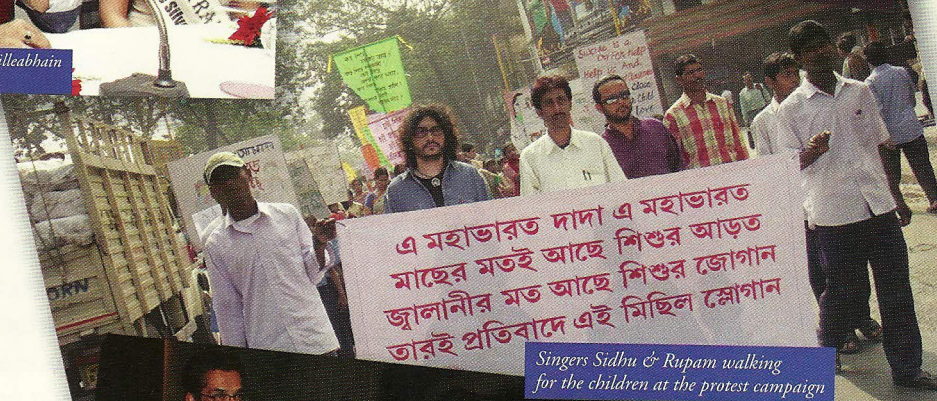
Sarbani, Geeta, Singer Silajit with Aoibhinn Ni Shuilleabhain Ms. Rose at Press Club Kolkata



Mr. Wasim Kapoor & Ms. Maureen Forrest at Bharat Nirman Award



Hope Children celebrating Christmas with Santa at Science City Auditorium



Singers Sidhu & Rupam walking for the children at the protest campaign



Actors Sabyasachi, Locket, Parambrata, Mithu & Puspita with Hope Children at Science City Programme



Indo Occidental Symbiosis giving a donation cheque to Ms. Maureen Forrest at Kalamandir, Kolkata

GoodLife THE TELEVISION CALCUTTA SATURDAY 23 DECEMBER 2006 31

Santa comes calling

What: Christmas celebrations by Monginis with children from Hope Foundation.

Where: Science City

When: Thursday, 6.30 pm onwards.

Take a look: The evening kicked off with a song and dance performance by Hope Foundation children. Tollywood celebrities Sabyasachi Chakraborty, Parambrata Chatterjee and Locket Chatterjee dropped in to be part of the fun.

This was followed by a musical performance by the band Agnir parashrami, followed by another cultural performance by the children.



Tollywood celebrities with children of Hope Foundation at Science City on Thursday. Picture by Radhikanta Das

Volunteer: "Today's event heralds the Christmas season of goodwill and well-being and also creates awareness about social needs," said Sarbani Das Roy, executive director, Hope Foundation.

Carol corner

What: Inauguration of Christmas celebrations.

Where: Hyatt Regency Calcutta.

Make merry: With Christmas knocking on the door, the lobby at the star address is all geared up to welcome the best val in style.

colourful decorations dot the space, sounds from The Calcutta Chamber Orchestra comprising students of The Calcutta School of Music fill the air from 5 pm to 10 pm. On December 18, The Calcutta Chamber Orchestra members played for an audience comprising the city's conular crowd.

The violinists, bassist and cello player performed popular Christmas carols like Jingle bells, Silent night, Jesus in a manger, Rudolph the red nosed reindeer and White Christmas.

Volunteer: "The members enjoy playing to set the Christmas mood. Since most of them don't come from sound financial backgrounds, the special Christmas celebration, the Calcutta Chamber Orchestra.

Deepika Jaitika, administrator of The Calcutta School of Music and relationship manager, The Calcutta Chamber Orchestra.

Karo Christine Kumar, Anumita Ghosh

■ Success Stories



My Feeling about Hope Foundation is that it has really helped me in many ways and especially in my education. I am very lucky that I'm in Hope Home. Hope is family for me. It is always ready to help anyone in need, especially the children. I see Hope climbing the ladder and I know that one day Hope will be on top. What I am today, its because of Hope.

Hope is helping the society in many ways. The Child Watch every night, they go on the roads to see if any one is in need of any help for example an old lady was sick she was immediately admitted in the hospital. Later her family members came and said "thank you"

My future plan is to get a good job and to do well in life and to fulfill my family's desire

I'm just waiting for that bright day to come.

I really thank Maureen and Jenny aunty for each and everything May the good lord bless and help them in good health.

Shobha Shaw

Kajal Gupta - A Story of a Girl

Education Sponsorship

Kajal is sweet natured sixteen- year- old girl. She is a brilliant student and shows talent in all spheres, but due to financial constraints her father might choose her brothers to study instead of her. Her father Mr.



Ashok Gupta earns a living

by polishing mosaic floorings . He does not get a consistent earning as he does not get work daily. Her mother being a house wife is unable to contribute financially. Kajal also has two brothers who are going to school. Sometimes the family could not afford to eat two square meals. Kajal appeared thin and lacked proper nutrition.

Kajal has benefited immensely since she has received educational as well as nutritional support from Hope Foundation.

She has excelled in both her terminal examinations and is popular with her peers and teachers who speak highly of her.

Kajal is a talented dancer and is learning to play the guitar.

Health wise she has shown remarkable improvement and has gained good weight and looks more healthy and lively.

Kajal looks forward to appearing for her State Board Examination next year and is confident that she will perform well. She and her mother are indebted to Hope Foundation for their support.

Success of The Hope Foundation at a glance

HOPE reaches out to 110,00 of the rural population and 250,000 of the urban poor population in Kolkata, 18,000 street children in Kolkata and 1,000 sex workers in red light areas.

Direct beneficiary coverage at a glance

	HCWS	MBBCWS	HKF	SEED	SPAN	MJCC	ABWU	SICW	BPWT	PBKOJP	HIVE	Total
Boys Home			30									30
Girls Home			70	34						15		119
Rehabilitation Home for Solvent Addicted			20									20
Home for HIV Infected and Affected Children									20			20
Home for Special Need Children								12				12
Crèches			46	50	50	0	110				65	321
Preparatory Centers		50	250	250	400	0				90	165	1205
Coaching Centers			127	125	300	250				70	120	992
Computer Training Center			53									53
Educational Sponsorship outreach			22	20			20	30		23		115
Vocational Training			97	67						58		222
Cricket Coaching										40		40
Treatment Clinics			7258	2979	6393	23595					8970	49195
Emergency health support			172	6	1	1					284	464
Awareness Camps			881	1049	2503	1388					578	6399
Counselling Training			18				26					44
Counselling			180				413					593
Psychometric Test and Counselling							168					168
Emergency Health Support			104	8							172	284
Rescued through night & day roads	2		59								61	122
Children repatriated back to family	10		17								42	69
Children rehabilitated in shelter homes			27								14	41
Children referred to Childline			15								23	38
Children received emergency health support			13								32	45
Emergency relief service - living on the street			400								275	675
Addicted Children de-toxified			6									6
Education for street children at police station / open shelter			256		65	85	45		25	40	92	608
TOTAL	12	50	10121	4588	9712	25319	782	42	45	336	10893	61900

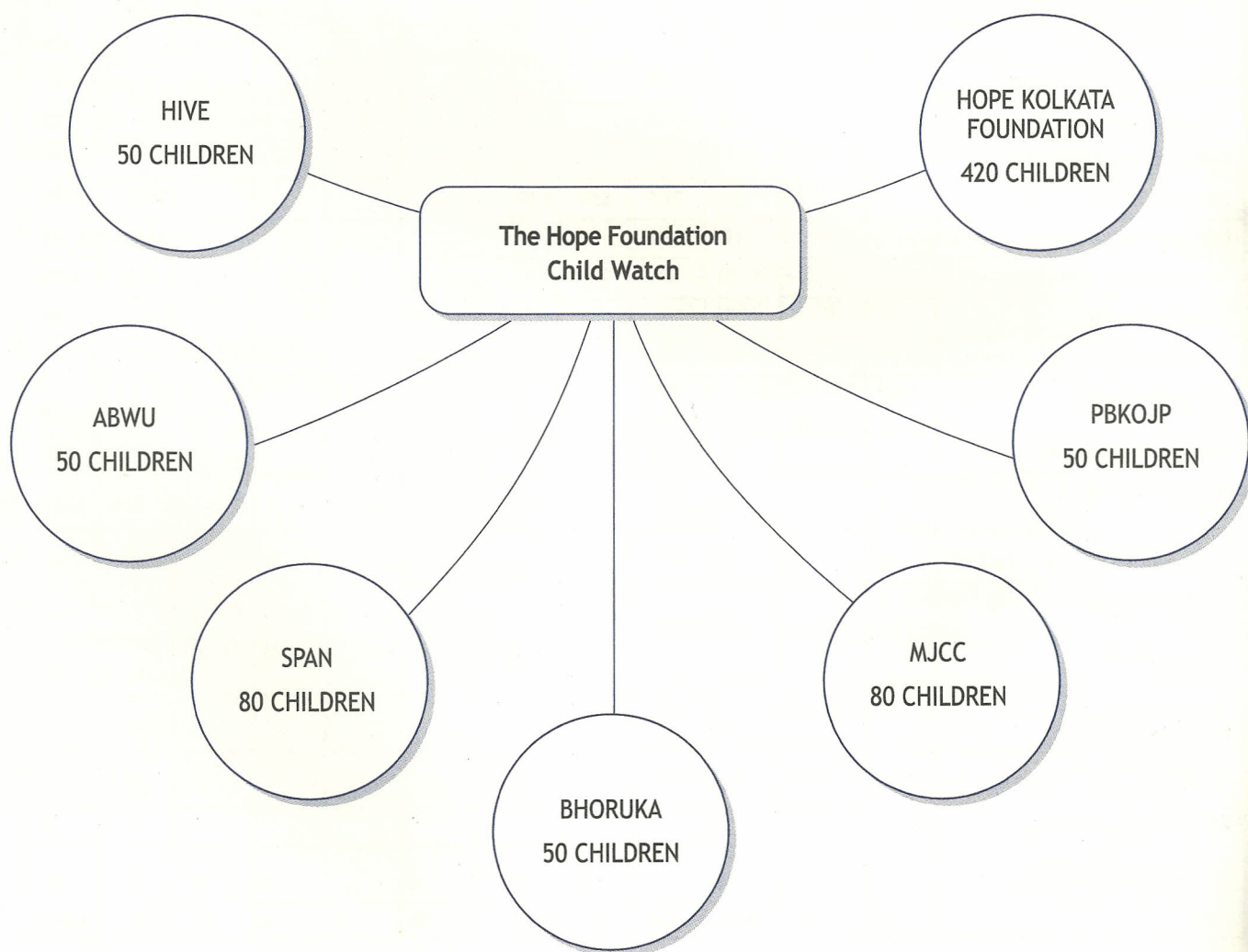
▣ CHILD WATCH

Kolkata is teeming to the brim with a population of over 15 million. The rapid growth reflected by state of art factories, office complexes, shopping malls, towering sky scrapers fill us with awe whether in the dazzling sunlight of the day or in the flashing neon lights at night. The shadow, which lies behind the bright flame of the lighted, glittering lamp of kolkata, surrounds approximately 100,000 children who have a single address - The Streets and Pavements of Kolkata.

The street children in Kolkata do not enjoy basic amenities such as health, education, nutrition and recreation. They live in an unhygienic and polluted atmosphere. Their working and living environment puts a lot of strain on their physical and mental conditions.

Malnourishment and other diseases are common in them. Public, municipal officials, railway officials and hooligans, always harass them and this problem is very acute in the case of adolescent girls.

Since November, 2003 The Hope Foundation has launched its CHILD WATCH programme for these vulnerable children on the streets. Hope along with six of its partner NGO's are ensuring the Rights of Education, Health and Protection to 780 children on the streets. The project also provides Night patrolling on the streets of Kolkata to rescue children at risk, extend help and support at a time when the whole world dwells in peaceful slumber.



▣ CHILD WATCH

Hope Kolkata Foundation rescued a family of three on the 12th of January, 2007 from the Sealdah Station. Rukmini Khatoon(28 yrs), her son Ali(4 yrs) and daughter Mini(7 yrs). (General Diary No 502: Sealdah Government Railway Police Station)

At the time of rescue the Child Watch team found the mother was in a distressed condition, she was not able to speak, could not move properly, traumatized & shocked. The children were in similar condition. The daughter was taking care of both the mother & the little boy. They had not eaten for a long time, their clothes were shabby and they were scared of everything around them.

Immediately after rescuing them they were brought to Hope Kolkata Girls' Home at 39 panditya Place, Kolkata 29 with the help of our ambulance (24hour mobile child protection unit). There our psychological counselor Suparna Rudra attended the mother. Thereafter we placed them for that night at a Shelter Home .But it was very difficult to motivate the children, specially the little son since he was crying profusely & was not willing to adjust with the situation.

Whatever information we could gather initially from that 7year old Mini indicated that they were from a neighbouring country Nepal & her father had got married with another woman & beaten their mother. Thus they had been forced to run away. Enroute they had stayed at Delhi for some time.

It was shocking to see the level of trauma and risk which had transformed this 7 year old girl into the seemingly matured and solely responsible member of this broken family. It was too heavy a burden to bear on the young shoulder. Then we contacted psychiatrist Dr. Narayanan, who suggested to bring the lady at Antara-a mental health institution the next day.

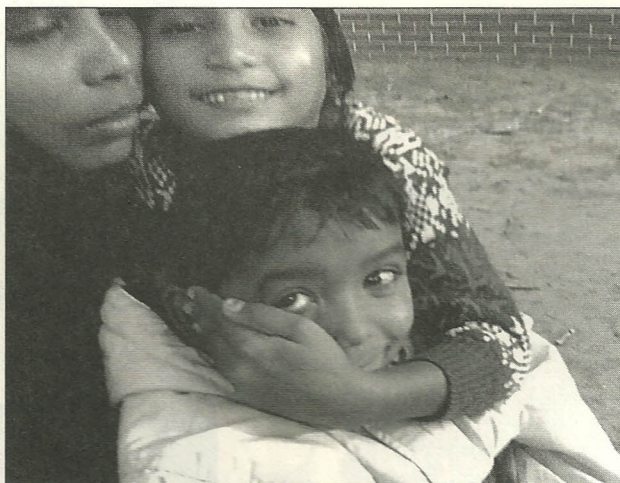
OUR FAITH IN FAMILY BONDS

Next day the child watch team took them to Antara, where she was admitted after being dignosed with Catatonic stupor (severe depressive Disorder) under Dr. Bapadittya Mondal. Since then she was there up to 1st March 2007. And we placed the boy & girl at our boys' home & girls' home

respectively (after keeping the boy with his elder sister at girls home for initial few days in order to help him to cope up with the situation).

We kept in touch with the mother & used to take the children to meet their mother in the mean time. Gradually her condition developed . It was a poignant moment when after 15 days of her admission, she first spoke by calling out her daughters name. The Hope Foundation believes in trying to keep a family together. Therefore we have placed the children along with their mother in a home called

'Nabadiganta' which has the facility for shelter to families. The education and health needs of the children are being supported by us.



Hope Partners

Hope Kolkata Foundation (HKF)

Ward: 65 to 95

Thousands of children are living in appalling conditions on streets, railway platforms, in markets, slums and squatter colonies in The City Of Joy - Kolkata. Surviving on the edge, these vulnerable children are exposed to physical, economic and sexual exploitation. Hope Kolkata Foundation was launched in 1999, in response to the silent cry of these deprived children. It seeks to improve the quality of life of urban disadvantaged population and protect the rights of the child through education, health and social resource mobilization.

Developmental Projects

- ▣ Boys Protection Home
- ▣ Girls Protection Home
- ▣ Counseling Unit
- ▣ Crèche (1)
- ▣ Preparatory Centers (3)
- ▣ Coaching Centers (4)
- ▣ Vocational Training Center (2)
- ▣ Computer Education Center
- ▣ Income Generation and Micro Credit Centers (2)
- ▣ Health Clinics (11)
- ▣ Educational Sponsorship Programme
- ▣ Emergency Relief and Rehabilitation

Child Watch Project

- ▣ Nabadisha /Drop In Centers (5)
- ▣ Open Shelter (1)
- ▣ Howrah De Addiction Center (1)
- ▣ Punorjibon- Rehabilitation Center of Solvent Addicted boys
- ▣ Day & Night Rounds



Hope Partners

Hive India

Wards: 84, 86, 87, 88, 93, 94, 108

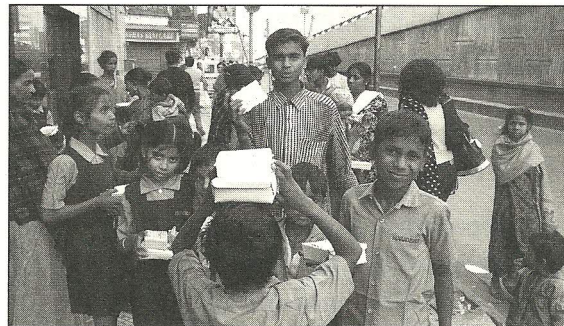
Hive India is dedicated to empower the deprived, underprivileged and marginalized sections of the society by providing basic education, improving economic condition and giving them access to basic health care services.

Development Project

- Crèche (1)
- Preparatory Centers (2)
- Coaching Centers (2)
- Health Clinics (6)
- 24 hour Emergency Response unit

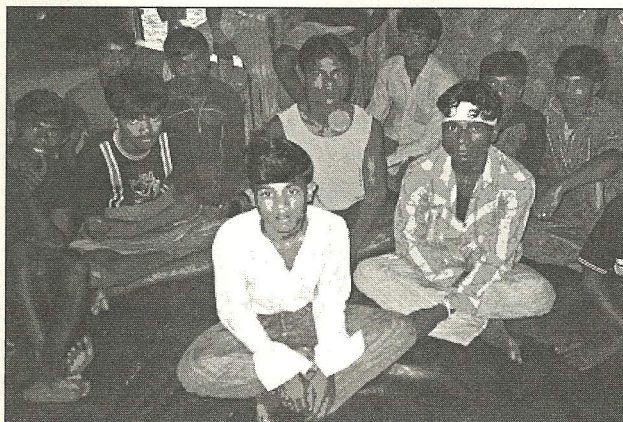
Child Watch Project

- Drop In Centers (2)
- Day & Night Rounds



A ray of Hope from Hope...

Ramesh Das a 12 years old boy staying presently in Nonadanga slum. He is a student of class VI and also very brilliant one among all our beneficiaries. He is the only son of his parents. He is also very good in drawing and drama. We admitted him to a drawing school near our Hive office. His father is a daily labour and his mother is a maidservant. He is studying at Rajendra Nath Vidhyava Bhavan, Tollygunj. When they were evicted from the Tollygunj Rail Colony and placed in Nonadanga Tent our teachers gave them full support and he has been



able to continue his studies. But then he was suffering from Tuberculosis. So we arranged for his treatment and medicine while he continued to study. He also suffered a Brain Hemorrhage and was admitted to hospital. Hope Foundation gave full support for his treatment. But he was able to recover from this situation. And he is continuing his studies with our teachers helping him and is preparing for his annual school exam. Presently he has completed his annual school examination.

▣ Hope Partners

Society for Educational and Environmental Development

Ward: Howrah ward 39, 40, 41, Panchpara Village of Sakrail block.

SEED is providing a platform to the children who are deprived of all the basic rights of existence. SEED is solely dedicated towards the upliftment of the underprivileged children of the society.

Development Project

- ▣ Girls Protection Home
- ▣ Crèche (1)
- ▣ Preparatory Centers (4)

- ▣ Coaching Centers (4)
- ▣ Health Clinic (3)
- ▣ Vocational Training Centers (2)
- ▣ Formal School



Educational Sponsorship Programme: Raja- Story of a little boy

Raja was only 7/8 years of age when his mother left him with his father & one brother, two step brothers. He had no one to take care of him or his studies at all. Their economic condition was not good as well. When he was in class one he left school, no one motivated him to go back to school. The area where he lives is a corner of hell where young boys drinking, engaging in different addictions, and anti-social activities were rampant.

He used to mix with a lot of adolescent boys there, move around here & there, taking various substances as addiction, for e.g., alcohol, charas, pan masaala, hashish etc. He became ill through using all this & totally isolated from mainstream society, & he was gradually getting detached from formal education & other positive sides of life. He was sinking into oblivion day by day. Hope Foundation supported a drop in centre in the locality, and it



became a kind of messiah for these little angles. With the love, care motivation, psychological counselling, nutritional support & process of mainstreaming, not only Raja, most of the boys benefited. Substance abuse has almost stopped among the boys, they are engaged in various extra

curricular activities like dancing, drama performance, recitation, sports, singing, mimics etc.

Raja had not only showed interest in football, acting, dancing etc, he became willing to go to school again, and through

networking with corporation school near by, we have become able to admit him in class one again, & he is regularly attending the classes with full interest & sincerity. He wants to continue with his studies & be self sustaining in future. He wants to take care of his father by earning. He wants to forget that dark phase of his life now.

▣ Hope Partners

Bhoruka Public Welfare Trust

Ward: South 24 Pgs., Howrah

Protection and HIV/AIDS

Snehaneer- Home for HIV Infected and Affected Children is a home away from home, a home for the innocent victim, for the infected and affected children of HIV. The children are provided holistic care and support, together with proper nutrition and health care facilities.

The aim of this project is to create an enabling environment in the society by ensuring basic rights of the children infected and affected with HIV / AIDS.

The beneficiaries of the project are children affected and infected with HIV / AIDS. The number of residents is 18, out of which 6 are girls and the rest are boys. There are 2 residential house mothers to look after the residents. The services offered are:

- ▣ Nutritional support
- ▣ Educational support
- ▣ Psychological support
- ▣ Medical facilities
- ▣ Recreation and entertainment

Child Watch Programme

- ▣ Community Sensitization on HIV/AIDS
- ▣ VCTC Promotion Drop In Center (1)

All Bengal Womens Union

Ward: 61

ABWU started in the year 1932, when a group of courageous women in Bengal took up the challenge of helping helpless, exploited and victimized fellow sisters. Since then ABWU has been working for the development of vulnerable children and women.

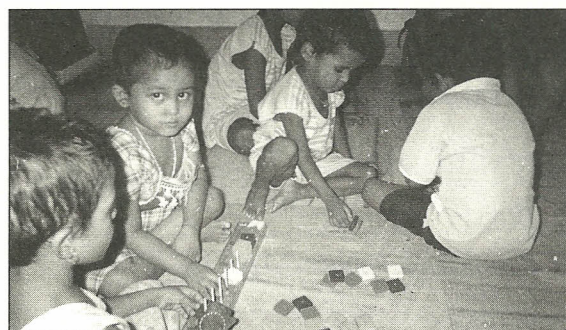
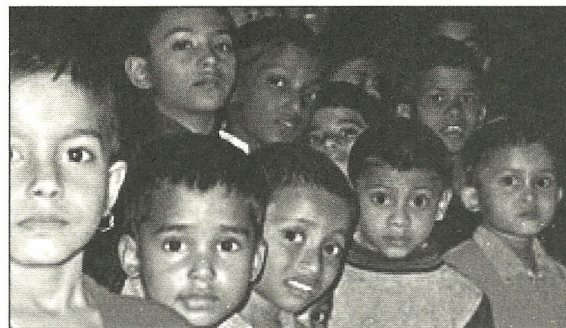
Development Project

- ▣ Crèche

- ▣ Counselling Training Center
- ▣ Observation, Screening and Counselling Unit
- ▣ Educational Sponsorship Programme

Child Watch Project

- ▣ Drop In Centers (2)
- ▣ Literacy Centers (2)
- ▣ Health Clinics (2)



▣ Hope Partners

Mahammadbazar Backward Classes Development Society

Mahammadbazar Block, Birbhum District

MBBCDS works with the Tribal community of Kandighi village in the district of Birbhum.

Development Project

- ▣ Preparatory center
- ▣ Clinic
- ▣ Emergency Health Support
- ▣ Awareness Camps

Mayurbhanj Joint Citizen Centre

Wards: 75 - 80

MJCC is an organisation working in the vulnerable pockets of Kolkata. They are dedicated to ensure the child rights and basic rights of women.

Development Project

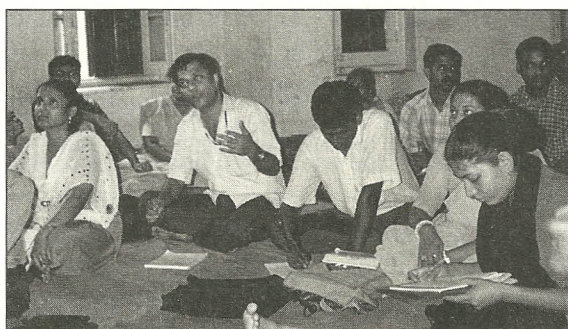
- ▣ Coaching Center
- ▣ Health Clinics (12)

Child Watch Project

- ▣ Drop In Centers (2)
- ▣ Day & Night Rounds (12)



▣ Hope Partners



Paschim Banga Krira O Janakalyan Parishad

Wards: 73, 76, 79, 80, 81, 82, 83, 121, 130, 132

PBKJP started its activities in the urban areas in the year 1999 with special emphasis on street & working children, sex workers (Kalighat) and their children, platform children and the children of other marginalised sections of the society. Over the period, this social welfare organisation has initiated programs in health, nutrition, income generation, counselling, medical support, coaching, relief & rehabilitation.

Development Project

- ▣ Girls Protection Home
- ▣ Preparatory Centers (2)
- ▣ Coaching Centers (2)
- ▣ Vocational Unit (1)
- ▣ Hand Made Paper Unit (1)
- ▣ Cricket Coaching Center (1)

Educational Sponsorship Programme

Child Watch Project

- ▣ Drop In Centers (3)
- ▣ Day & Night Rounds



▣ Hope Partners

Society for People's Awareness & Action

Wards: 3, 6, 20, 32, 39, 29, 59

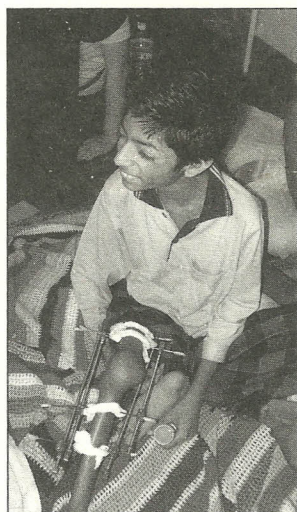
A group of like-minded friends concerned with the unhappy state of the under privileged in our society started work among some slum communities in Calcutta. This effort was given a concrete shape in the formation of Society for Peoples' Awareness (SPAN) as a registered organisation in 1989 under the Society Registration Act. And over the years SPAN has evolved through its concern and multifaceted involvement with issues like child development, women empowerment, livelihood concerns of marginal sections, especially unorganised labour (including child labour), and integrated rural development through natural resource management for food security.

Development Project

- ▣ Crèche (1)
- ▣ Preparatory Centers (8)
- ▣ Coaching Centers (8)
- ▣ Health Clinics (8)

Child Watch Project

- ▣ Drop In Centers (3)



Rehabilitation Centre for Children

Ward: 112

The fundamental approach of RCFC is to provide medical and emotional support to physically challenged children.

HEALTH

- ▣ Surgical intervention for disadvantaged children suffering from polio or other physical disability.
- ▣ Physiotherapy for the affected children.
- ▣ Outreach identification and awareness camps.

Hope Partners

Society for Indian Children's Welfare

Ward: 61

The mantra of SICW is to give a home to abandoned, orphaned and helpless children who have no one to turn to. Our commitment to these children is very deep and the possibility of making a difference in the life of a single child makes our work worthwhile. Over the past 25 years, SICW has placed over 2,000 children worldwide through adoption. Many of the babies cared for by SICW were high risk at birth, the babies who suffer from Cerebral Palsy and Mental Impairment are our Special Needs Children.

Development Project

SICW Protection Homes For Special Needs Children

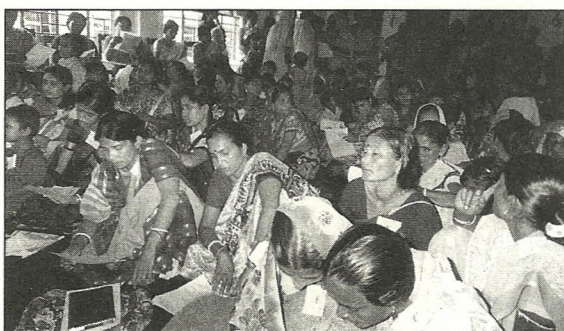
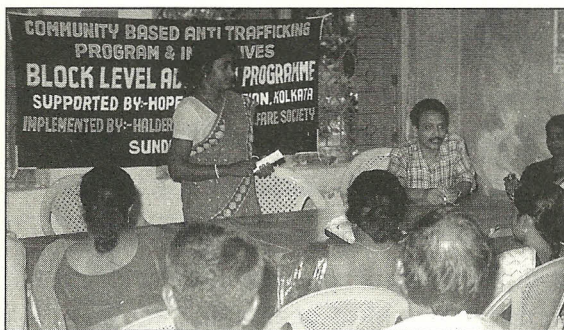
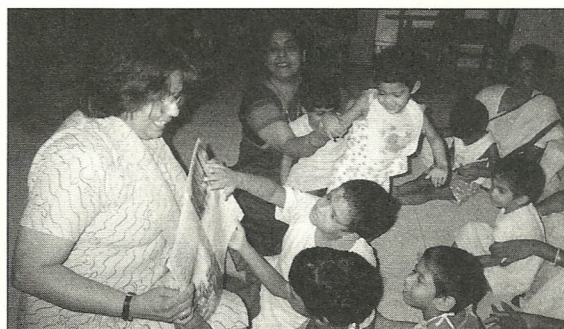
Halderchak Chetana Welfare Society

Swarupnagar, Gaighata, Kakdip, Namkhana blocks of North 24 Pgs., South 24 Pgs.

In rural India, extreme poverty exists. Agricultural practices -mono cropping, erosion of agricultural land, seasonal employment, a high level of illiteracy and limited access to information compound the problem. Trafficking of girls and children from rural villages to metropolitan red light areas occurs at a cross border, interstate, and inter district level. HCWS works in 4 blocks of the 2 districts in West Bengal.

Development Programme

- ❑ Rescue of trafficked victims.
- ❑ Social reintegration and repatriation of victims. (10 Trafficked Victims)
- ❑ Legal support to the victims. (5 Trafficked Victims)
- ❑ Rescue Cases (2 Victims had been rescued).
- ❑ Community Sensitization
- ❑ Networking with the judiciary and other stakeholders
- ❑ IEC Materials (Posters) on Education and Health Developed by The Hope Foundation for its project partners.



■ The Hope Foundation: Relief Projects

During times of crisis as flooding, earthquakes and hurricanes etc. Hope together with its partners, pool their resources in a massive effort to respond to the crisis.

Tsunami

The tsunami hit the states of TamilNadu, Kerela, Andhra Pradesh on the morning of December 26, 2004. The wave swallowed up the shoreline and spread inland for almost 2 kilometres leaving devastation and havoc in its wake. By December 28, Hope Foundation, Ireland were sending contributions for relief work which was implemented by Hope Kolkata on December 30. Hope Kolkata Response was:

- To provide emergency assistance to the people of Tamil Nadu.
- To rehabilitate the people through restoration of livelihoods
- To administer counselling for to the traumatised population

REHABILITATION OF LIVELISOODS

- Replacement of fishing boats
- Repair of boats and engines in workshops
- Supply of fishing nets and other essentials
- Provision of Temporary Shelter:
- Rebuilding of community hall and shopen
- Counselling Psychosocial Intervention
- Construction of houses for Tsunami-affected people. 90 houses have been constructed in Vanagari

Gujarat Earthquake

In 2001 an earthquake struck the area of Gujarat. Hope Foundation's response was the construction of 110 earthquake-resistant houses and a community hall for those victims worst affected by the earthquake through its partner NGO PBKOJP. 880 people benefitted from this initiative.

As part of its development policy, Hope encouraged

local NGO group to develop income generation and educational programmes. These were developed in conjunction with the communities involved in the reconstruction phase. Funding for this project was provided by Ireland Aid, Government of Ireland.



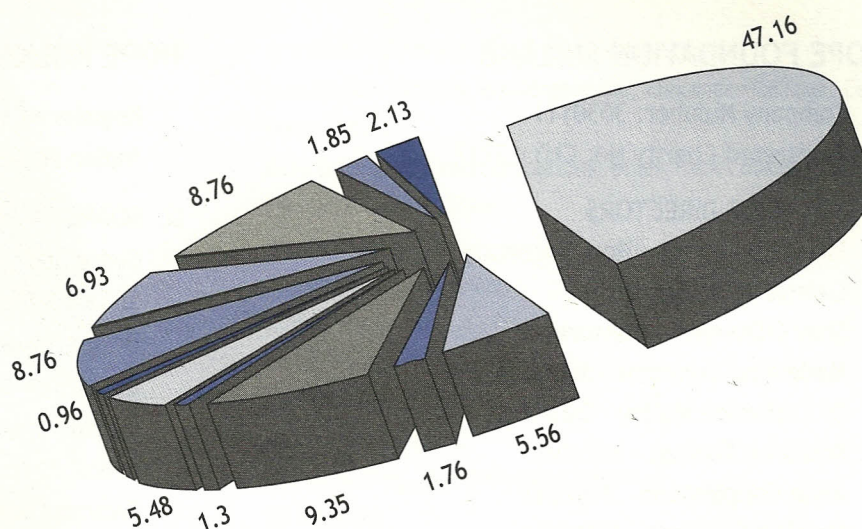
■ Future Plans

- Opening of a second Home for Girls
- Opening of Children's Hospital
- Advocacy building with the district officials to provide potable drinking water and sanitary system to the poor households.
- SPONSORSHIP PROGRAMME for Providing Nutritional Supplementation and necessary care to the mothers and the new born child.
- Formation of community health volunteers who will be trained by social workers and will act as the community based resource center.
- Project on 'Against Stigma and Discrimination- HIV/AIDS'
- Holistic project on Mental Health.
- Conducting various researches from Health, Education and Child Protection perspective.
- Formation of a core staff group for health and educational activities and Capacity building of staff in order to give the best service to the target beneficiary.
- Fund raising

Financial Report 2006 - 2007

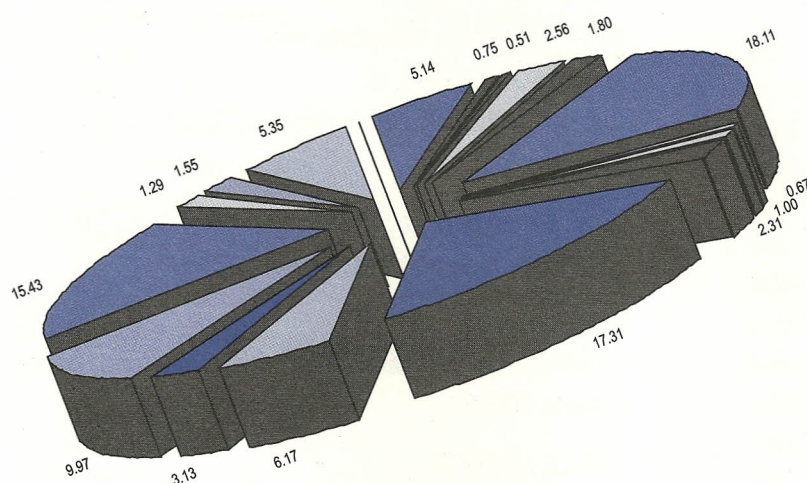
**The Hope Foundation
% of Fund Distribution 2006 - 2007**

	HKF	47.16
	ABWU	5.56
	Bhoruka	1.76
	Hive	9.35
	HCWS	1.3
	MJCC	5.48
	MBBCWS	0.96
	PBKOJP	8.76
	SPAN	6.93
	SEED	8.76
	SICW	1.85
	RCFC	2.13



Project Expenditure in India

	Administration (Liaison)	5.14
	Community Development	0.75
	Self Help Group	0.51
	Vocational Training	2.56
	Creche	1.80
	Education	18.11
	Criquet Coaching	0.67
	Special needs	1.00
	Educational Sponsorship	2.31
	Punorjibon Drug rehab centre Building	17.31
	Health	6.17
	Counselling	3.13
	Childwatch	15.44
	Residential Care (Home)	16.91
	Anti Child Trafficking Project	1.29
	Holistic Hospice;Hiv/Aids	1.55
	Partners Support Cost	5.35



■ We are indebted to

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 West Bengal Police
 Arnab Basu (Director)-Monginis
 Tathagoto Roy-Xenitis
 Chinmoy Roy- Actor
 Sabyasachi Chakraborty-Actor
 Rituparna Sen Gupta-Actress
 Parombrata Chatterjee- Actor
 Mithu Chakraborty- Actress
 Vikram Ghosh - Musician & Actor
 Jaya Shil- Actress
 Saswata Chatterjee- Actor
 Chaiti Ghoshal - Actress
 Kanchan Mallick - Actor
 Biswanath Basu- Actor
 Surajit Chatterjee - Singer
 Arindam Ganguly - Actor & Singer
 Paroma Mitra - Singer
 Chaitali Das Gupta - Actress
 Rupam - Singer
 Sidhu - Singer
 Locket Chatterjee - Actress
 ING Vysya Bank
 TCS
 Amar PC
 Behala Natun Dal
 Ashok Kalurauria - Chairman of Bharat Nirman Award
 committee
 Bharat Nirman Award Committee
 Mokam - Bengali Music Band
 Bhoomi - Bengali Music Band
 All Print and Electronics Media

HOPE is the seed of Life

An Appeal

Please help Raju & Nazma to fulfill their dreams



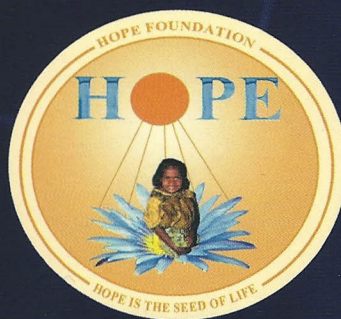
Raju and Nazma were born into a world of poverty and hunger. Their prized possessions comprise of a small patch on the pavement that they call home and a jute bag that they use as a substitute for a bed. They scavenge through garbage bins and dumps, hopeful of finding some scrap that they can sell. Raju at the age of 11 and Nazma at the age of 9, have to shoulder the responsibility of their family members.

At night Raju and Nazma are oblivious to the world - they escape into a magical world of their own. They imagine themselves as a pilot and doctor, overcoming the pain and misery that surround them. These are their happy moments - but unfortunately they are shortlived.

There are countless children like Raju and Nazma, on the streets of Kolkata - destitute and on the verge of starvation. Hope Kolkata Foundation helps these children by providing them with an education for a better life and helping them realise their dreams.

Help children like Raju and Nazma





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