

THE HOPE FOUNDATION OVERVIEW 2008/2009

**43% OF INDIA'S POPULATION
LIVE IN SLUMS**

(1999 CU)

**AN ESTIMATED 400,000
INDIAN CHILDREN
UNDER FIVE YEARS OF AGE
DIE EACH YEAR
DUE TO DIARRHOEA**

(UNICEF)

**47% OF INDIA'S CHILDREN
DROPOUT OF SCHOOL
BEFORE GRADE 5**

(2004 DISE)

**267 MILLION PEOPLE IN
INDIA LIVE BELOW THE
NATIONAL POVERTY LINE**

(2005 WB)

**IT IS ESTIMATED THAT
ONLY 30% OF THE RURAL
INDIAN POPULATION HAVE
ACCESS TO IMPROVED
WATER SOURCES**

(2009 THIRST RELIEF INTERNATIONAL)

**MORE THAN 122 MILLION
HOUSEHOLDS IN INDIA ARE
WITHOUT TOILETS**

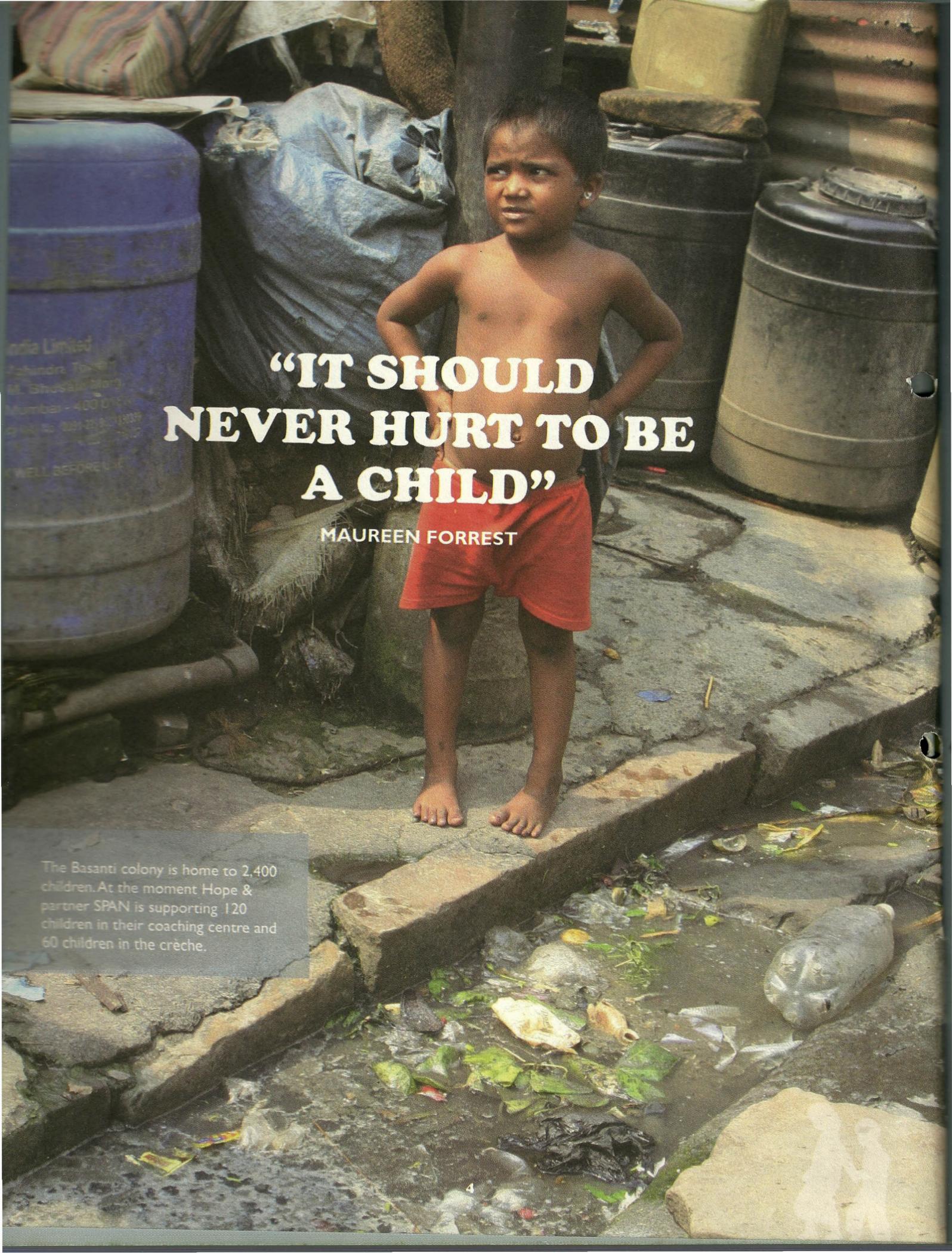
(UNICEF)

COVER PHOTO:

**THE NONADANGA SLUM SETTLEMENT WAS BADLY HIT BY CYCLONE AILA
IN MAY 09. 300 HUTS WERE DAMAGED, ALL ELECTRICITY WAS CUT OFF
AND THE SCHOOL WAS DESTROYED. HOPE PROVIDED EMERGENCY RELIEF
TO THE SLUM-DWELLERS.**

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A young boy with dark skin and short black hair stands barefoot on a concrete step. He is wearing red shorts and has his hands on his hips, looking off to the side with a serious expression. The background is a cluttered outdoor area in a slum, featuring large blue and grey plastic water jugs, a blue tarp, and various pieces of trash like plastic bottles and food waste scattered on the ground.

**“IT SHOULD
NEVER HURT TO BE
A CHILD”**

MAUREEN FORREST

The Basanti colony is home to 2,400 children. At the moment Hope & partner SPAN is supporting 120 children in their coaching centre and 60 children in the crèche.

THE DIRECTOR, HOPE FOUNDATION IRELAND WELCOME TO THE 2009/2010 ANNUAL HOPE FOUNDATION OVERVIEW



Despite the downturn in the world economy, The Hope Foundation was again in a fortunate position to meet all our commitments as a donor, which has enabled us to sustain our work, supporting our beneficiaries in our many projects. This was only made possible by the generosity of the general public, our various private and corporate donors, Irish Aid and the huge commitment of our staff and many volunteers.

The Hope Foundation launched its UK Branch last October. This new office has already held a number of fund-raising initiatives in the UK to expand the charity's reach and bring its message to a wider audience. Visits to the projects have been made by Ambassador Andrea Catherwood and Patron Christopher Biggins and also by many members of the Board.

As the global financial crisis deepens, many governments are now unable to keep their promises on aid and will not reach their Millennium Goals of 0.7% of Gross National Income to Official Development Assistance (ODA) by 2012. We are in fact likely to see cuts in ODA with analysts predicting anything from a few percentage points to cuts of as much as one third of current aid levels. Cutting the aid budget is wrong, as it hits the most vulnerable in our society, the poorest of the poor and will of course affect our work.

Until recently, the general consensus was that the economy would pick up again this year or next, but this now seems unlikely. The global financial crisis is having a huge negative impact on all our personal lives but unfortunately those suffering most are again the most marginalised in our society.

There are many injustices in the world but few are as harsh as a child's future stolen; a child denied their basic rights to a birth certificate, food, shelter, education and love and instead forced to endure a life of child-labour or trafficked into a life of child prostitution, the simple truth is: "It should never hurt to be a child".

For people to have to live in abject poverty in the slums and on the streets in grinding hopeless poverty is an assault on all our senses and is a gross injustice.

We in the west can escape it by boarding a plane for a ten hour flight to our cocooned world of comfort. I never get over the huge yawning gulf I encounter on my visits, between the rich of this world and the poor.

The work must go on. No words can express my gratitude to each and every one of you for your support. Your continued help is needed now more than ever. Please help us to continue our work for the children.

Every Blessing and Good Wish to all.

Kindest Regards
Maureen Forrest
Director



Amongst the poor in India it is common that children take care of each other whilst the parents are out working as day labourers. These children need all the help HOPE can provide.

CHAPTER I

ABOUT 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 the education of children, the 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 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 and health care services to vulnerable children in order to ensure the survival, development, participation and protection of these children.
- Achieve positive health and nutrition status for these women and children.
- Promote change in the community by developing positive health actions and educational actions achieving sustainable growth.
- Ensure quality of life for the most vulnerable section of the society.
- Sensitise the local government about the health, education and protection needs of the community and develop effective relationships at different levels.

AREAS OF WORK :

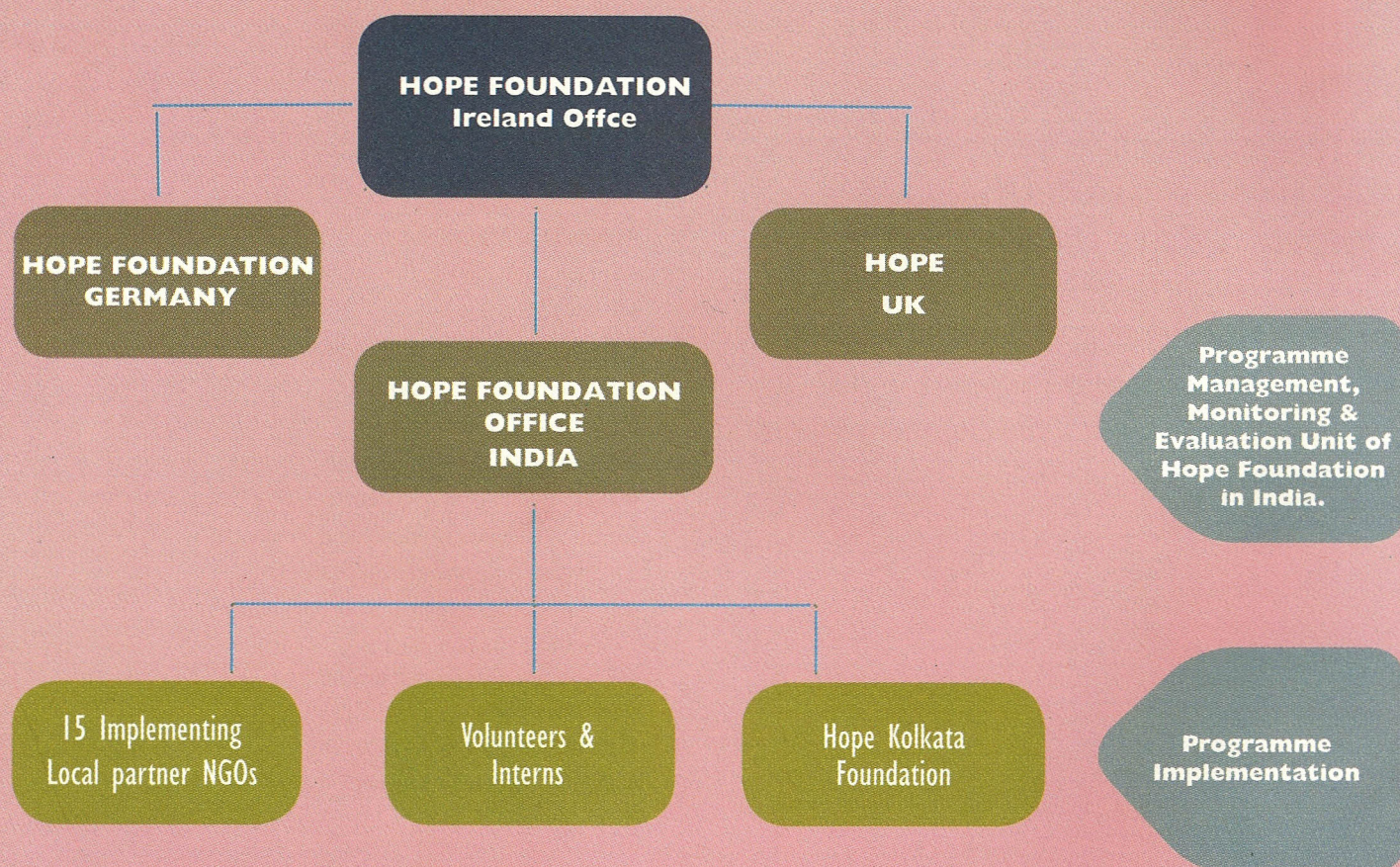
- Child Protection
- Child Education
- Reproductive and Child Health Care
- Primary Health Care
- Mental Health Care
- Emergency Health Care
- Anti Trafficking Measures
- HIV/AIDS Awareness and Protection
- Care and Support for PLWHA
- Income Generation and Vocational Training
- Capacity Building Training and Workshop
- Monitoring and Evaluation
- Advocacy and Networking

THE HOPE FOUNDATION ORGANOGRAM AND CHART

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.

IMPLEMENTING PARTNER ORGANISATION :

- 1) Hope Kolkata Foundation - HKF
- 2) Society for Peoples' Awareness - SPAN
- 3) Society for Educational and Environmental Development - SEED
- 4) Mayurbhanj Joint Citizen Centre - 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 Indian Children Welfare- SICW
- 12) Rehabilitation Centres For Children - RCFC
- 13) Jayaprakash Institute of Social Change- JPISC
- 14) Mukti Rehabilitation Centre / Iswar Sankalpa - MRC
- 15) Arunima Hospice -AH
- 16) Human Rights Law Network - HRLN



CHAPTER 2

INDIA'S CHILDREN

India has 375 million children, more than any other country in the world. Their condition has improved in the last five decades, with child survival rates up, school dropout rates down, and several policy commitments made by the government at the national and international levels. Resource allocations by the State, however, remain quite inadequate to take care of the survival and health-care needs of infants and children, their education, development and protection. India has made some significant commitments towards ensuring the basic rights of children. There has been progress, 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 globalization on the other.

With State support to the social sector being systematically reduced, more than 360 million people, about 36% of the population (1999-2000 statistics) are living below the poverty line, though the government estimates this figure at 26%. It is estimated that women and children account for 73% of those below the poverty line. The cuts in the social sector are therefore bound to have a direct impact on the lives of children. More than 75 million children continue to suffer from malnutrition, in spite of buffer food stocks, because of the abeyance of an equitable distribution system and the withdrawal of the public distribution system. Socio-economic factors must also be taken into account. The girl-child has a lower status in India and enjoys fewer rights, opportunities and benefits of childhood as compared to the boy-child. The boy-child has first right on family and community resources. The girl-child is also neglected in matters of feeding and health care. The dietary consumption data of the National Nutrition Monitoring Bureau (NNMB) suggests that the girl in the age group 13-15 years consumes less than two-thirds of the recommended calorie intake. She remains intellectually underdeveloped, being denied the opportunity to attend

school. Most tragically, the girl-child in India is unwanted and considered a liability by her own family. Marriage is considered a priority as soon as she attains puberty. Children are also the main targets of the labour market. They can be hired at much lower wages than adults. Many of India's children are forced into the labour market when they are only three years old.

WHO IS A CHILD?

The Convention on the Rights of the Child, which India has ratified, defines children as persons below the age of 18. However, in India there are several different definitions of the child. The Census of India defines children as those below the age of 14. But social scientists include females in the age group of 15-19 years in the girl-child demographic data.

According to the Constitution of India (Article 23), no child below the age of 14 must be employed in a factory or mine or engaged in any other hazardous employment. Article 45 says that the State will provide free and compulsory education to all children up to the age of 14.

The legal conception of a child varies, however. The age of majority is 18 years for girls and 21 years for boys under the Indian Majority Act. On the other hand, under the Indian Penal Code, the age of sexual consent for girls is 16 years. These different age specifics under different laws confound the very definition of a child.

The Committee on the Rights of the Child says in its Concluding Observations of January 2000: "In light of Article 1, the Committee is concerned that the various age limits set by the law are not in accordance with the general principles and other provisions of the Convention. Of particular concern to the Committee is the very low age of criminal responsibility under the Penal Code, which is set at seven years; and the possibility of trying boys between 16 and 18 years as adults. The Committee is concerned that there is no minimum age for sexual consent for boys. The Committee is further concerned

that minimum-age standards are poorly enforced (e.g. the 1929 Child Marriages Restraint Act)."

RESOURCE ALLOCATION FOR CHILDREN

Legal and programmatic commitments have to be matched by financial commitments, as reflected in the national and provincial budgets. The allocation and spending of adequate financial resources on children, although not the only indicator, is an important reflection of the government's commitment.

A HAQ-Centre for Child study indicates an increase in allocation and spending on children over the last decade. However, this rise is from 0.6% at the beginning of the last decade to 1.2% of the union Budget in 1998-99. Thus, for every Rs 100 spent by the Union Government of India, only Rs 1.20 was, on an average, spent on children in the last decade! The highest percentage spent by the Government in a single year was Rs 1.80 in 1997-98. This declined to Rs 1.60 in 1998-99.

SURVIVAL AND HEALTH CARE

- Of every 1,000 children born in a year, 48 die within 28 days of birth. The incidence is much higher in the rural areas: 52 child deaths at birth.
- There are not enough beds to accommodate the 25 million annual births. - One in 13 infants dies before reaching the age of one year.
- One in nine children dies before reaching the age of five. (This figure corresponds to official figures for 1961.)
- Approximately 70% of infant deaths occur in the first week of life.
- Acute Lower Respiratory Infection (ALRI) continues to claim 15-20% of infant deaths, especially in the first three or four months of life.



- 380,000 deaths occur each year due to Vitamin A, iron and iodine deficiencies. 210,000 children are born cretins, or turn blind at pre-school age.
- Every year 700,000-800,000 children die from a preventable disease, like diarrhoea.
- In a country that has buffer stocks of food grains, nearly 75 million children below the age of 5 years are malnourished.
- 45% of children below three are severely and chronically malnourished. Only 44% of children have completed the immunisation schedule. A massive 14% have not received a single vaccine.

EDUCATION AND DEVELOPMENT

- It is estimated that between 40-60% of children in the 6-14 age group are out of school.
- About 40% of children drop out of school before they reach Class V.
- 54% of children drop out of school before they complete their elementary education. Of them, 51% are boys and 59% girls.
- Enrolment rate at the primary level is 88%; 98% for boys and 81% for girls. The enrolment rate at the middle level drops to 59% - 67% for girls and 50% for boys.
- As far back as 1962, the Kothari Commission had recommended a minimum of 6% of the GNP as allocation for education. Four decades later, our allocation for education is a mere 3.5%.
- 12% of primary schools have only one teacher, 58% had only two rooms, 60% had leaking roofs, and only 25% of teachers were found teaching.

PROTECTION AND RIGHTS

There are children who are particularly disadvantaged because of their social, economic, physical or mental condition. These children are placed under the category of children under special or difficult circumstances. The following groups of children have been included in this category by the Government of India:

- Children in labour
- Slum and migrant children
- Street children
- Children who are neglected or treated as juvenile offenders
- Children who are physically or mentally challenged
- Destitute children in need of adoption
- Drug addicts

- Children in prostitution
- Children of prostitutes
- Children of prisoners
- Refugee Children

In spite of the achievements in health, nutrition and education, the government admits that the special needs and rights of children in difficult circumstances have remained "subdued" in the larger framework of meeting other basic needs of children. The National Plan of Action emphasises the need for tackling the root causes of such situations. The major constraint in providing services is the paucity of reliable data on children in difficult circumstances. Some of the data that is available is as follows, but it must be remembered that these data are guess-estimates and projections:

CHILD LABOUR

India has the largest number of working children in the world. Estimates on the magnitude of child labour vary from approximately 11.28 million (Census of India, 1991) to 23.2 million estimated by the International Labour Organisation. The government admits that about 2 million children are employed in hazardous industries, occupations and processes. Other unofficial sources estimate 100 million working children in the country. There are about 74.4 million children, according to the National Labour Institute, who are neither enrolled in schools nor accountable for in the labour force. These are all potential child labourers. The 45% of children who are out of school are also prospective child labourers.

STREET CHILDREN

India has the dubious distinction of having the largest population of street children. Street children suffer from destitution, neglect, abuse and exploitation. It is estimated that in urban areas alone there are 11 million children on the streets. Of them 420,000 street children live in the six metropolitan cities of the country. The problem of destitution persists in the country in spite of a network of institutional and non-institutional programmes, and services being provided by the government and voluntary organisations.

CHILD PROSTITUTES

Over the years there has been an increase in the number of child prostitutes. Government of India estimates put the number at 400,000. According to UNICEF, almost 15% of prostitutes enter the profession before the age of 15, and 25%

number at 400,000. According to UNICEF, almost 15% of prostitutes enter the profession before the age of 15, and 25% enter between 15-18. A number of children in prostitution are children of prostitutes. Furthermore, three out of four rape victims are minors. In the last 10 years, rape of minors below 16 has accounted for more than 25% of the total rape cases and rape of children below the age of 10 years increased by 10%. Incestuous rape is the commonest form of sexual abuse.

CHILDREN WITH DISABILITIES

According to government estimates, one in every 10 children is born with, or acquires, a physical, mental or sensory disability. So India could have 12 million disabled children. It is estimated that 75% of the disabilities are preventable. Official agencies estimate that only 1% of children with disabilities have access to education. It is unfortunate that society continues to treat disability with apathy or at best pity, on the one hand, and revulsion on the other. In spite of recognition of the need to make special efforts for the physically and mentally challenged, the efforts have been inadequate.

Text :
Paulami De Sarkar
Programme Manager
Hope Foundation





**46% of India's children under
the age of three years old are
malnourished**

(2009 UNICEF)

At the Howrah clinic 1772
patients were seen to over the
past year.

through the awareness camps and campaigns. They have been provided with intense and effective training on basic hygiene, nutrition, drug compliance, immunisation, first aid, seasonal illnesses, sexual health and reproductive health. Social workers have done regular awareness camps and campaigns in collaboration with the CHG in order to increase awareness and sensitivity to these issues in the community.

Overall, 5,728 people attended the training sessions, this is a significant rise in numbers from the previous year and show that as people are becoming more aware of health issues and their primary health rights, they gradually start taking a bigger interest in being able to support their communities.

Over the past year 14,609 people attended the 256 Awareness Camps and in addition 14,363 people attended the 143 CHG campaigns held in the communities. Healthcare is a basic human right and we help societies to realise this by supporting the CHGs in educating their communities. This is done through events and campaigns organized by CHGs, involving the community and helping slum dwellers access health services.

One of the major issues the CHGs works on is based around reproduction, and as such social workers visit households to ensure complete antenatal check ups and postnatal check ups. These visits are designed to educate expectant mothers about care needed during pregnancy and possible danger signs. The Janani Suraksha Yojana (JSY) scheme provides women with post and ante-natal care and support. The incorporation of the JSY into the health awareness component of this programme has greatly improved women's realization that healthcare is a human right and as such is available to them. JSY camps have been organized to motivate pregnant women to deliver their babies in hospitals, and to minimize mother and infant mortality through regular check ups in govt. institutions. Efforts are being made to form motherhood groups that can encourage the young pregnant mothers to access these facilities.

In terms of supporting communities to gain access to resources for local development, Hope collaborates with the Kolkata Municipal Corporation (KMC) to involve the communities in identifying existing needs for water and sanitation facilities. Water and Sanitation (W&S) committees have been created and are working with local councils for the maintenance of new and existing facilities. This not only ensures communities have access to resources, but is a good tool for local development and generating basic health awareness. So far 33 new latrine systems and 8 new tube wells where constructed in different slum areas in 08/09.

Networking with the Health Departments of West Bengal: A good working relationship with govt. run institutions is vital to Hope's work in Kolkata. Here are some of the outcomes this years outcomes:

- In Chetla area, it was found that the clinics of Hope coincided with those of Calcutta Rescue (CR). As such the clinics at Chetla was put to a halt as the government of West Bengal funds CR, and it is a more sustainable option to keep CR for their clinics. ated on.

- A blood donation camp was organized with a Partner organization of Hope who specializes in such events and is funded by the government, so if any crisis occurs blood will be available in the communities.

- Networking with the Calcutta Lions Bimal Poddar Eye Hospital resulted in free eye check ups for people in Banderpatti and Bedford Lane. 219 were diagnosed with eye problems, most of which were given special discounts on spectacles and those with cataract were operated on.

- Networking with Manipal Health Systems resulted in cardiac camp for children in Panditya.

- In Mothertala, an unregistered slum, inhabitants do not have a recognized address and as such cannot seek government identity cards. In light of this, it is almost impossible for pregnant women to avail of the JSY scheme. Advocacy conducted with the Borough office has resulted in them providing a special form for inhabitants which ensures that even though they do not have the relevant documentation, they can still benefit from the scheme. The CHVs are responsible for helping people fill out these forms and will be able to do so long after the completion of this programme.

- The organization intervening in the Mothertala area has worked to identify

partially immunized children and contacted with M. R Bangur Govt. Hospital are now providing vaccination of these children.

- K MUHO are a government sponsored healthcare provider with a specific remit in the area of immunization. K MUHO (a government sponsored healthcare provider) has been motivated to hold a general health clinic in Basanti colony after highlighting the need in this locality. Through follow up visits it had been learnt that the people of this community are now actively availing of the healthcare facility.

- In the Nareldanga area, one of the partners has identified and motivated 20 youths to take part in an initiative by the Kolkata Police Authority: Green Police. The aim of this programme is to involve local youths in maintaining law and order in their communities. The youths have received training from Kolkata Police and may also have the opportunity in the future to join the police force. This initiative gives the youths status within their communities and a voice within a civic body.

- One of the partner organizations has conducted advocacy meetings with the local panchayat working in the area who appreciated this effort and asked the organization to attend an administrative meeting with them. This led to the Integrated Child Development Scheme (ICDS), Shyamoli Ahmed, to express her wish to cooperate in future activities- like immunization of children, mid-day meals etc. Now the organization identifies the malnourished children within the community and sends them to the local ICDS where they are provided with the regular mid-day meal.

ATTENDANCE OF COMMUNITY HEALTH VOLUNTEERS IN TRAINING :		
	07/08	08/09
Adult Males	933	1,014
Adult Females	1,954	2,297
Adolescent Boys	1,047	1,030
Adolescent Girls	1,239	1,381

ATTENDANCE AT AWARENESS CAMP AND EVENTS :		
	07/08	08/09
Adult Males	2,932	1,522
Adult Females	8,388	8,549
Adolescent Boys	1,840	1,337
Adolescent Girls	2,787	2,578

These tables clearly show that a greater number of females attend awareness camps and training sessions when compared to their male counterparts.

- The organization has also developed an effective partnership with ICDS centers. There are many poor patients identified with tuberculosis within the community. The organization helps the patients to get regular Direct Observation Treatment (DOT) from Govt. hospitals, the organization works with ICDS centers and provides nutrition to patients who are suffering from TB and are under DOT treatment.

- The Primary Health Care team of one of the partners of Hope was invited to an Eye Donation Seminar at the premises of the Sambhunath Pandith Hospital, with the objective of network-ing with the local civil society to demolish blindness and was honored with a Memento for combined intervention in coming future.

EMERGENCY HEALTH CARE PROGRAMME

The Emergency Response Unit (ERU) works towards networking between the local police stations and hospitals and rehabilitation centres. The ERU responds to people in crisis and in need of any kind of physical and psychological emergency support. It runs 24 hrs a day, 365 days a year. This project includes the rescue of abandoned children, trafficked children and women, injured individuals on the street in need of emergency treatment and mentally ill people on the street. Psychological support, hospitalisation and treatment for the poor and homeless is provided to these individuals if required. The project also includes repatriation of the rescued victims and follow-ups to ensure there is no fallback.

Another component entails developing an effective networking and referral system. The project responds to the emergency calls from the Police, Fire Brigade and clubs and other key stakeholders. They are networking with 31 other local NGO's, GO's, Clubs, and Institutions, Police Stations and Fire Brigade stations for referral services. In fact, the projects is successfully running under all 48 Police Stations of Kolkata Police and District (North and South 24 parganas) Police stations of West Bengal Police adjacent to Kolkata Metropolitan city.

Over the past year the ERU responded to 426 emergency calls, out of which 388 cases were followed up for further intervention. 17 were sent to rehabilitation homes for psychiatric treatments, as they were mentally ill people living on street. Out of 222 cases hospitalised, 133 were restored back with their families, 40 were placed with rehabilitation centres/halfway homes, and finally 16 people are still undergoing treatments at hospitals.

There is a separate Crisis Intervention unit for girls and boys. Here they provide support to the rescued children and provides them with emergency treatment. After which a councillor is brought in to work with the child so any child in need can be rehabilitated.

THE CHALLENGES FACED WITH THIS PROJECT ARE ONGOING AND INCLUDE:

- Rejection from hospitals
- Indifferent attitude of police to lodge the General Diary (GD)
- Difficulty placing mentally ill people persons due to scarcity of proper rehabilitation centres
- Hospital authorities take a long time at the time of hospitalisation
- Refusals from government restoration centres whilst trying to place senior citizens into their care

MENTAL HEALTH CARE PROGRAMME

400,000 mentally ill homeless people in India. They are often seen, in various states of mental distress and physical abuse, around railway stations, bus stands, pilgrim centres and on street corners. They are some of the invisible people, often separated from or neglected by their families. Nine out of 10 mentally ill people have diagnosable and treatable mental disorders. As a result of treatments and services being difficult to access, MRC started Project Naya Daur as a community based care and support programme for the home-less mentally ill in Kolkata. The specific focus of the project for the period was to initiate the care and treatment of the beneficiaries of the project, mobilize community resources and simultaneously continue with the baseline survey and community resource mapping for the care and treatment of the patients.

CHALLENGES FACED ON THIS PROJECT:

- Mobile nature of the patients
- Lack of a mobile mental health unit
- Lack of community motivation and responsibility
- The absence of family members willing to provide support
- Poor physical conditions of mentally ill patients forcing the project to take care of patients general health needs first,
- A complicated legal process is required to ensure the admittance of a patient to a government mental hospital

ACTIVITIES:

- Identify homeless mentally ill people.
- Provide emergency hospitalisations of 50 patients.
- Provide essentials like food and clothing.
- Run two Drop In Centres for providing necessary care and treatment to mentally ill people.
- Treat 300 homeless mentally ill people.
- Repatriation of homeless mentally ill people
- Follow up on patients

COUNSELLING PROJECT: There is a special counselling training unit and observation and psychometric testing for the children. The Counselling Programme aims at providing special support to destitute traumatized children in difficult circum-stances, who are residents of the protection home – Children's Welfare Home. The overall objective of the project is to ensure proper rehabilitation and mainstreaming of the children and young girls of the Children's Welfare Home.

DANCE THERAPY: Dance for Healing, Self-expression & Rehabilitation: Many of the children coming to the Children's Welfare Home have experienced severe trauma, a substantial number are mentally challenged while several require psychiatric treatment. These children do not avail from traditional counselling. In most cases they do not have the ability to understand or benefit from talking to a counsellor as they lack the ability of normal reasoning. It was therefore decided by experts that non-traditional forms of counselling must be provided for these children. Dance therapy is one of the methods used to counsel the special children who are un-able to follow regular methods of therapy.

OBSERVATION & SCREENING FOR IMPROVING THE MENTAL HEALTH STATUS OF CHILDREN: The Children's Welfare Home of ABWU provides housing to children who mainly come there from government shelters and homes with court directives and also through the Juvenile Justice Board. Many of these children are suffering from mental traumas when they come to the home due to family conflicts, or because they have been abandoned or lost. These are the main factors responsible for the children's personality and behavioural problems. These are therefore the major areas observed when formulating rehabilitation strategies. The Observation and Screening Centre sets out to use a panel of psychiatrists, counsellors and psychologists, to whom the cases may be referred. The Advisory Body will consist of three psychiatrists, three counsellors and three psychologists. These reports will help to create a rehabilitation plan for these children.

HOSPITAL AND POLYCLINIC FOR POOR, UNDER-PRIVILEGED CHILDREN

The Hope Hospital, funded by Weight Watchers Ireland, is now running in its second year. It aims to make basic health care services available to poor underprivileged children in Kolkata.

The hospital's In-Patient services include 30 beds, an operating theatre, recovery room, sister's rooms and nursing stations. Specialised doctors and nurses are on hand to provide constant supervision of patients. Both In-Patients and Out-Patients can all access different specialist consultant doctors: Child Specialist, General Physician, General Medicine, Cardiologist, ENT Specialist, Gynaecologist, Orthopaedics Specialist, Surgeons and Dermatologist. Poor patients avail the services from the hospital's Out-Patients Department as it gives them access to basic healthcare which they would otherwise not be able to access.

The hospital also consists of a fully equipped Pathology Department; a qualified team is available including an experienced pathologist, biochemist and laboratory technician. To date, tests for blood sugar, haemoglobin, blood group, lipid profile, cholesterol, triglycerides, bilirubin, AST and ALT have been performed for patients. In addition to the above mentioned, the hospital also contains is also a x-ray department equipped with modern instruments, a qualified radiologist and technicians.

ACHIEVEMENTS:

- 152 patients have been admitted to the hospital In-Patient department.
- 46 patients have gone through specialised surgeries and treatment in the hospital
- 4,041 patients have been provided with treatment through the Out-Patient Department
- 2,441 patients, have received pathological tests

- 205 patients have received ECG
- 781 patients have used the X-ray facilities.
- The hospital has organised 19 Immunization Camps for children, including children suffering from HIV and AIDS.



In the HOPE Children's Hospital poor underprivileged children receive the treatment they so desperately need.

REHABILITATION OF ORTHOPAEDICALLY HANDICAPPED CHILDREN (RCFC)

The rehabilitation centre for children has been up and running since 1973. The main mission is the comprehensive rehabilitation of orthopaedically handicapped children aged 0-14 years from underprivileged families.

The following areas are intervened: Metropolitan City of Kolkata, North & South 24 Pgs, Howrah, Birbhum, Burdwan, Malda, Murshidabad, Bankura, Midnapur Districts and Districts of Jharkhand and Bihar adjacent to West Bengal. This project faces major challenges; based on a total of 300 million children aged 0-14 in India approximately 30 million are orthopaedically hand-icapped. (2002, JICA Country Profile on Disability) With such a high number at hand, the hospital reaches out to as many children as possible in its area through awareness camps and campaigns to identify and assess the children. Those found likely to benefit from the services are referred to the centre, whilst others are referred to state hospitals. The hospital can provide surgery, physiotherapy, mobility aids, education and pre-vocational training as well as psycho-social rehabilitation. A cerebral palsy clinic where trained specialists improve the functional skills of patients through physiotherapy is run twice a week.

In 08/09 14 campaigns and 19 Early Identification camps were conducted in order to reach out to the far-fung areas where there is no access of health services to identify the orthopaedically challenged children. The camps and awareness programmes provide these communities with access to appropriate rehabilitation services at RCFC, and generate a better health awareness. Such camps involve the family, community and the service providers. Through such interactive discussions they are able to generate awareness highlighting the importance of health. RCFC has worked in co-operation with the local bodies to make the scheme successful. In fact, the campaigns and camps have been a great success, and are fully backed up by the local bodies who have demanded more camps and campaigning take place in their areas. Over the past year RCFC had 735 beneficiaries (old and new patients), they performed corrective surgery on 219 children and worked with 257 sufferers of Cerebral Palsy.

HOSPICE FOR HIV INFECTED AND AFFECTED CHILDREN IN WEST BENGAL

There is a community care centre, which cares for 20 patients infected and affected by HIV and AIDS where 10 beds are reserved 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 execution of this schedule. There is a unique teamwork comprising of expert doctors, nurses, counsellors, peer outreach workers and a strong contingent of volunteers.

TARGET GROUPS:

- HIV infected children
- Affected children below 18 months of indeterminate serostatus (post natal care)
- Affected children even if negative, who have lost either both parents or the earning member among the parents due to HIV infection 0 months-12 yrs
- Pregnant infected mothers

THE HOSPICE OFFERS THE FOLLOWING SERVICES:

- A 10 bedded in-patient care for children with primary level emergency management and procedures
- Bi-weekly Out-Patient clinics
- Structured counselling services
- Elaborate nutritional care
- Weekly in-house psychiatric consultation
- Socio-legal support as and when necessary through networking with competent organisations
- Home based care (at a rudimentary stage) Rehabilitation support

CHICKEN POX AND LIFE ON THE STREET

One hot April day, HIVE ambulance rescue workers where contacted about a small family who where in bad physical condition and in need of medical help. The mother, Alo Roy and her two young girls, Debeka (8) and Sangita (7); were suffering from a severe case of chicken pox. In any western country, the pox is an easily treated disease, for one of Kolkata's street dwellers however, the story is a completely different one.

HIVE had been informed about the family's situation by Lake Police who run a police-community project. The family members had been ill for some time when ambulance rescue workers located them in the emergency ward of a govt. hospital where they were denied treatment. As the case of unfortunately often is with street dwellers, the family had experienced immense difficulties getting a doctor to see them, not to mention the troubles they would have to have gone to in order to cover medical costs. The mother works as a domestic worker earning Rs. 1,100 a month. Her husband died several years ago and she was already struggling to take care of her daughters. After a brief initial examination, it became clear that the two girls needed immediate treatment. As their illness had taken hold, both girls tried to ease their suffering by scratching and small wounds had inevitably taken hold. In the hot climate that is Kol-kata in mid-summer, wounds take a long time to heal for anyone. Without treatment, and with the girls being exposed to the elements and the street filth, the wounds never healed, and were quickly infected by bacteria. The bones in their skulls were eaten away by the bacteria, one could clearly see holes in their skulls. Before long, flylarva's also started hatching in the wounds.

As both girls' heads were covered in several big and deep wounds, severely infected and with maggots feasting on their flesh, HIVE subsequently took the family to other state hospitals. The ambulance rescue workers where following normal procedure, hoping a govt. hospitals would admit the family. Everywhere they went, they were denied treatment. After visiting all the govt. run hospitals in Kolkata, they contacted The Hope Children's Hospital who happily admitted the entire family. After only a few days in the hospital, receiving proper treatment the girls condition improved immensely. The hospital was able to kill the maggots and start proper treatment of the wounds. After a few weeks of treatment the family could be discharged from the hospital. As we speak the family is back on the streets, the place they call home. A neighbour is looking after them, supporting them and helping in every way he can. HIVE is in regular contact with the family and their neighbour, and is working hard to place the family in a home.



Debeka Roy, 8, was admitted to the HOPE Children's Hospital with a severe case of Chicken Pox along with her mother and younger sister.

CHAPTER 4

EDUCATION

PROJECT	NAME OF THE PARTNERING NGOS
Holistic Education Project	HKF, HIVE, SEED, SPAN, MJCC, PBKOJP, SICW, MBBCDS, ABWU, BPWT
Education Sponsorship for Poor Children	SEED, SICW, ABWU, HKF, PBKOJP
Strengthening Institutional Care through Education	JPISC

The Hope Foundation is involved in the sustainable development of the debilitated community of Kolkata city and its encircling environs. the foundation has an emphasis on providing education and nutrition for the indigent children of vulnerable families, securing health of those children and their families, mainstreaming street children through education and addressing adolescent issues. Intervention strategies have been developed to reach these disfavoured children of the city and its surrounds, through associate organisations as well as the foundation itself.

THE AIMS OF HOPE'S EDUCATION PROGRAMME ARE:

- To create awareness among the disadvantaged sections of the society regarding the need and benefit of children's education
- To facilitate processes of education for poor children by supporting them
- To encourage the parent community, the community leaders, the child employers, the political system and the bureaucracy into taking children out of work and enrolling them in school.

HOLISTIC EDUCATION PROJECT

Pre-primary education and coaching support for underprivileged children: In this Holistic education project Hope, with its local partner NGOs, aims to improve the educational level of the poor slum dwelling children to ensure basic educational rights for them.

We run crèches for the children under the age of six years old where they receive:


- Nutritious food
- Health checkups
- Mainstreaming
- Educational support

We also run educational guidance centres for first generation learners who are already mainstreamed into formal schools. In these centres qualified teachers guide the children, ensuring an improvement in school performance and increases the probability that the children will stay in school. In the educational centres the children receive:

- Nutritious food
- Health checkups
- Mainstreaming
- Educational support
- School uniforms
- Education materials

Within the last year alone, Hope has supported 2,279 children in gaining admittance to, and to continue school education, with the help of coaching support. mothers of these children also have an opportunity to be involved in economic activity. With the support of Hope, local NGOs have succeeded in reducing the incidents of school dropouts.

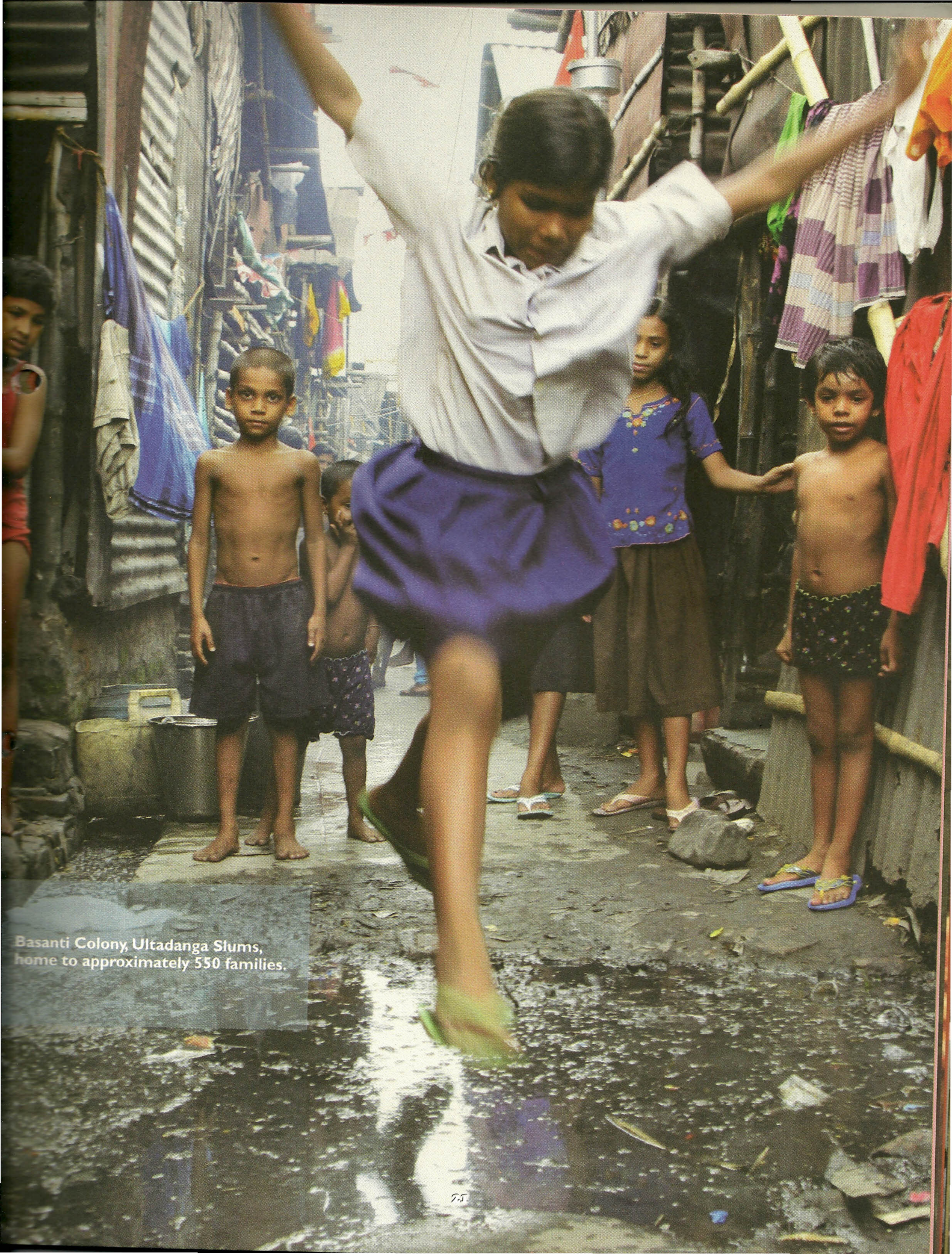
For psychological development, all the children are provided with counselling support and all the children have access to recreational activities. they celebrated different festivals together throughout the year. the project has involved community key representatives in those celebrations in order to motivate them.



In the HOPE Tollygunge Coaching centre 41 children in the age group 5 - 15, benefit from Hope's educational support project

**39% of India's
adult population
are illiterate**

(2007 UNDP Human Development Report)



Basanti Colony, Ultadanga Slums,
home to approximately 550 families.

Achievements at a Glance	HKF	HIVE	SEED	SPAN	PBKOJP	MJCC	BPWT	MBBCDS	ABWU
Children catered for through coaching centres	442	255	325	556	161	380	35	70	55
Children catered for through crèches	100	100	50	120	40	-	-	30	100
Children in receipt of educational materials and uniform	189	320	372	490	52	302	24	39	-
Dropouts 50	33	24	31	20	30	-	-	15	

ENSURING BASIC EDUCATION RIGHTS:

Over the last year there have been 9,687 children attending the coaching centre and 16,183 children attending the crèche. These children have been provided with supplementary nutrition on a regular basis to help them cope with malnutrition. Hence, most of the children under the project enjoy good health. In the short-term, regular food has encouraged children to enrol and motivates them to come to centres and attend regularly. In addition, regular interactions with school authorities have improved the attendance of children in schools, 126 children have attended formal school regularly

AWARENESS GENERATION :

This project aims to generate an enabling child friendly environment within the community, so that the children can continue their education in schools. Throughout last year the project has organised 100 awareness and sensitisation camps or campaigns in different pockets of Kolkata and Howrah. Hope with the help of grass root level organisations has been able to generate awareness among 6,774 people living in the slums and streets of Kolkata and Howrah, this is over 2,000 people more than in 07/08. The project has increased community awareness on many issues including:

- Basic Rights of Children
- Concept of Child Protection
- Need and Benefit of Education
- Basic Health Needs of Children
- Basic Psychological Needs of Children
- Procedure for School Admission.

Capacity Building of Formal School Teachers: Research has shown that formal

schoolteachers often lack awareness and knowledge of child protection issues and children's rights. It has been found that this lack of knowledge is a contributing factor to dropout issues in formal schools. Thus Hope designed a training module for these teachers to help improve their ability to deal with these children in regards to teaching, motivating and disciplining. Last year 209 teachers attended formal training sessions, and 13 teachers have successfully completed their training.

THE CONTENTS COVERED IN THE TRAINING COURSES PROVIDED ARE AS FOLLOWS:

- A child friendly school ensures physical safety, emotional security and psychological well being for every child.
- Teachers are the single most important factor in creating an effective classroom.
- A child friendly school aims to develop a learning environment in which children are motivated and able to learn. Staff members are friendly and welcoming to the children.
- Teachers will be motivated towards cognitive, social & ethical development etc.
- Discussion was participatory in nature, teachers were actively involved in the process and positive feedback was given.

ADVOCACY BUILDING AND STAKEHOLDER MEETING.

The organisations raised awareness about the project through networking and advocacy building among the stakeholders both at governmental and non-governmental levels. Throughout the year, 47 stakeholder meetings were held across the partner organisations and a total of 497 networking visits to key community members were made in order to advocate children's rights. As a result of the group

meetings, awareness camps and numerous visits conducted, greater society is becoming aware of the dehumanised condition of these vulnerable communities.

THE ISSUES ADDRESSED IN THE MEETINGS ARE AS FOLLOWS :

- The problems associated with these children
- The roles and responsibilities of the stakeholders necessary to protect children's rights
- The problems and challenges faced by these families in order to ensure the educational rights of their children.- Participatory discussions; most of the stakeholders participated very actively and assured their necessary cooperation in future.



EDUCATIONAL SUPPORT FOR THE DEVELOPMENT OF SPECIAL NEED CHILDREN:

There is a residential unit for children with special needs. This centre is dedicated to the special needs of 10 children between 2 to 7 years of age who have special needs due to cerebral palsy. The centre aims to make the children as self reliant as possible and offer them a quality standard of living.

As these children are dependant on care givers for all their needs, they are taught daily living skills, including toilet training, feeding themselves if possible, bathing, changing, indicating needs, following instructions, how to become more aware of their surroundings, and connecting with peers and adults around them. Initially, the project aimed to cater for 10 children. The project has been able to serve 12 special needs children. In the last financial year around 313 number of self help skills sessions were held, 2434 children participated in these sessions.

As these children require help with activities of daily living, all opportunities throughout the day are seen as a learning process. Children are taught with picture books and posters. It has been found that the intense educational and speech stimulation process for these children is

influencing the children in a positive way. Physiotherapy forms an integral part of their rehabilitation to improve their motor skills. Last year 102 Physiotherapy sessions were organized, and a total of 642 children benefited from these.

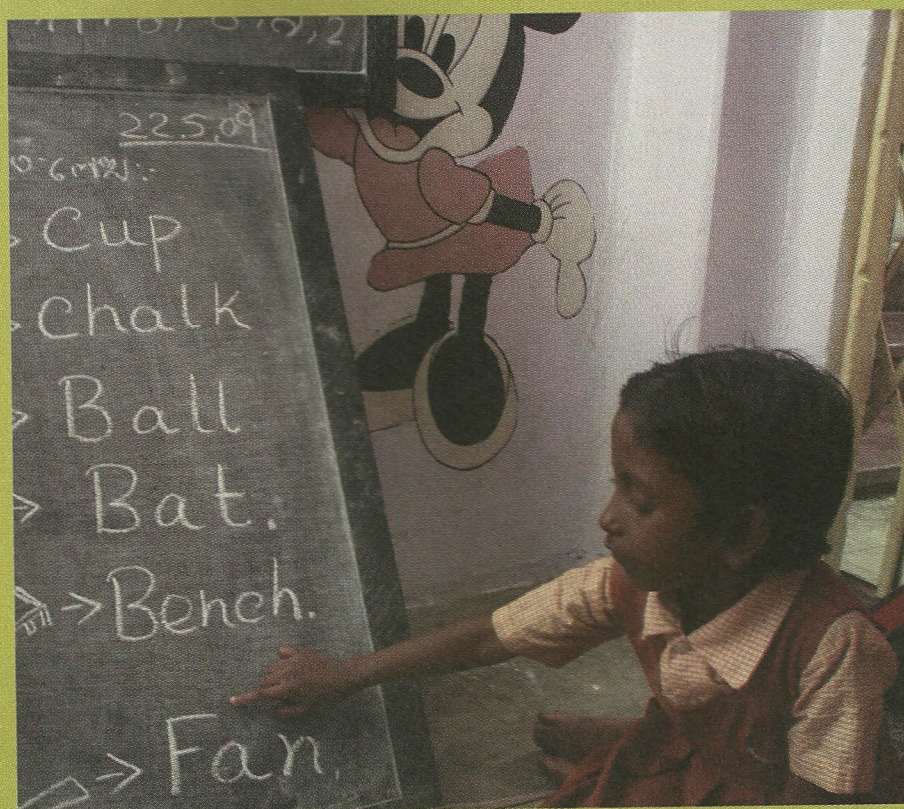
EDUCATIONAL SUPPORT FOR THE TRIBAL CHILDREN:

The poor marginalized tribal children of Birbhum district are provided with educational support for their holistic development as they are excluded from the mainstream society. The area is predominately inhabited by the Santhal Tribe. In the initial year, there were interventions among the children for education, health and some little activities. This year the community has become integrated in the project for comprehensive development. The Santhal are living in some of the worst socio-economic conditions, they have been neglected, oppressed and exploited. The tribe as a whole suffers from illiteracy, poverty, exploitation, lack of access and other injustices caused by poverty. The project is planned with the direct involvement of the locals and provides pre primary education to 30 children below the age of 5 years and coaching support to 70 children who are in formal school in order to prevent dropouts.

EDUCATIONAL SPONSORSHIP PROJECT:

Education is a critical invasive instrument for bringing about social, economic and political inclusion and a holistic integration of people especially those excluded from mainstream society. Education is considered to be a tool for social progress and transformation. Equity and social justice enshrined in the constitution can be translated into reality through quality education for all children. Education being the fundamental right of every child who is born in the democratic republic of India, the onus is to provide education customized to the micro needs of the society especially the marginalized class who has been left in the dark alleys during the past decade of rapid growth. Hope firmly believes the effort of an NGOs engaged in delivering educational services should complement the existing effort of the Government and seek ways to further augment them rather than foat them as a parallel body with the same aim. The project will try to evolve a process of education and attainments that will ensure capability of acquiring knowledge, communication, and participation in community life. It would alter an individual and community's collective perceptions, aspirations, goals as well as the ability and means to attain them.

Hope recognised the importance of supporting destitute marginalized children who are meritorious but do not have the financial capacity to continue their education. The partners of Hope through this project, supports these underprivileged children; especially girls; to continue their secondary and higher secondary level education primarily and if needed higher education levels. Improving the educational status of this marginalized poor section of society will bring about social change in society. From our past experience, Hope believes that education cannot be viewed as an isolated support; rather a student's educational performance is very much linked with her/his health condition, nutritional status and psychological status. These children are mostly malnourished; which is also an important reason for the under-performance of these students. Hope also helps the children to improve their physical and psychological health in order to maximise their performances in formal education.



Children attending the Tollygunge coaching centre are provided with HOPE uniforms as well as education materials

STRENGTHENING INSTITUTIONAL CARE THROUGH EDUCATION PROJECT:

The challenge of children in conflict with the law and children in need of care and protection has been the subject of constant and widespread public discussion in recent years. Whenever the problem assumed alarming proportions, the government exercised its power to contain the problem through institutionalising the offenders. Unfortunately, few systematic coordinated and planned efforts to understand their problem behaviour and its varied consequences, or to evolve appropriate strategies and institutional arrangements to meet these challenges have been implemented.

HOPE with its local partner has implemented programmes of a multi dimensional nature both in urban and rural settings to initiate and pursue action-oriented changes in the micro societies. It seeks to remedy the problems, which are a consequent of poverty through capacity building initiatives of those who are the victims. The homes provide care and support to child victims of various forms of social oppression and facilitate social reintegration. The counselling component of the project aims to reduce a child's distress and discomfort and help her/him recuperate physically and emotionally. About 200 children have been provided with coaching and remedial support in developing and sustaining an interest in studies. From the experience of running the education project in three govt. run homes, it was noted that the personnel of these homes were lacking knowledge on counselling, guidance and the methods of treatment for children who have been subjected to various forms of trauma. Being an important area for intervention of professional social work methods, the treatment aspects could not make much headway because of inadequate appreciation and application of social work techniques in planning the treatment and rehabilitation strategies.

In order to achieve its goal, about 120 home functionaries are being provided with skill development training. The targeted participants are superintendents, social workers, teachers, and councillors, as well as all other staff involved in giving care and support to the children. All three govt. run homes are being targeted.

OBJECTIVES OF THE SKILL DEVELOPMENT TRAINING:

- To sensitize and orient participants on the rights based approach to child development and the basic tenets of Juvenile Justice (Care and Protection of Children) Act 2000.
- To create clarity and understanding of the roles and responsibilities of different personnel involved in managing the homes.
- To enhance their scientific knowledge with regard to the theories and practices in the field of managing behavioural problems of the children and treatment in the context of the newly emerging problems and patterns of social deviance.
- To equip them with the modern methods and techniques of correction based on social work methods.
- To provide the participants with an opportunity for professional interaction and exchange of technical knowledge and experience pertaining to their specific areas of work and role performance.
- To encourage a better appreciation and realization of the need to adopt an integrated approach towards the social reintegration of the children.

All the children in the Tollygunge Boys Home and Kasba Girls Home attend formal education. HOPE provides all children in their homes with uniforms and school books.



Expression



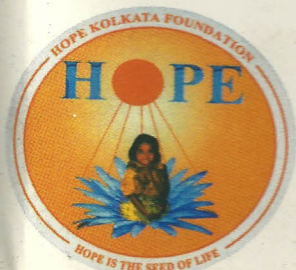
comes
alive
with us



ANNUAL REPORT 2008 - 2009



We see Hope in every eye



Transforming Tears into Smiles...

CHAPTER 5

PROTECTION

PROJECT	NAME OF THE PARTNERING NGOS
Child Watch Project	HKE, HIVE, ABWU, SPAN, MJCC, PBKOJP, BPWT
Protection Homes for Boys and Girls	HKE, SEED, PBKOJP, BPWT, HRLN, ABWU
Anti-trafficking Project	HCWS

India is home to millions of children who grow up without having any of their basic human rights met. They live in hopeless poverty without access to education, medical support and treatment, shelter or even regular access to food. Due to the rampant growth of India, into a mass of metropolitan cities, the number of vulnerable street children is increasing in a regular pace. These are children for whom the streets have become their real and only home and they rely on the streets for survival, nourishment and protection. In Kolkata, it is estimated that a staggering 250,000 children are forced to exist on the streets. This number refers to the term street child in its fullest sense - children whose only shelter, if any, may be plastic sheeting or tiny shacks. Some of these children migrated to the city, alone or with their families, whilst others of were born on the streets and grew up in the city's open public places. Hope believes that protecting street children from violence, exploitation and abuse is an integral component of protecting their rights to survival, growth and development. Hope projects spread across Kolkata and Howrah is working with the problems faced by these children such as child trafficking and labour, sexual abuse including prostitution, solvent abuse and forced marriages, to mention but a few.

Through our Child Protection projects we aim to protect children from physical, emotional and sexual abuse as well as neglect. We help children grow up into confident, healthy and happy adults. The project originated from Hopes staff concern for the hungry, sick and exploited street and working children of Kolkata. 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, counselling, recreation, support and love.

CHILD WATCH PROJECT

Hope has developed an Integrated Programme for At Risk Children in order to promote and ensure child rights in vulnerable pockets of Kolkata & Howrah.

The Child Watch Project aims to eliminate child labour, protect children from all kinds of abuse, rehabilitate addicted children and ensure all children's rights of basic education and health rights are met. We do this through advocacy, networking with government or non-government organisations and awareness generation in the greater community.

One of the issues faced in India with regards to children's rights, is that of child labour. This problem is one of immense scale, though child labour is abolished by Indian law, streets, houses, shops and rubbish piles are still filled with children forced into labour. India is in fact home to the largest child labour force, though it is difficult to provide an exact number of children affected as many children are never registered in official files, not even at birth. On paper, they never even existed. Official Indian statistics claim that 12.59 million children are affected by child labour; UNICEF on the other hand, claims the number is more than twice that at a staggering 35 million.

Through our Child Watch Programme we aim to serve children who are at high risk as a result of being exposed to and affected by criminal and violent acts such as assaults, physical abuse, sexual abuse and domestic violence. It aims to ensure a improved quality with all that entails for vulnerable children through the provision of holistic care, 24hrs support and other

necessary activities. Our target group is around 20,000 street children deprived of basic rights - some lost or abandoned, others have run away from a life of poverty or violent violence. These children are fending for themselves alone or in groups in extremely harsh environments. Others live with their families, but in equally harsh conditions, many children are suffering from various diseases including HIV/Aids, they are vulnerable to drug abuse due to the extremity of their lives.

Many have lived a life of violence and have been victims of physical, sexual and mental abuse and exploitation. All these children are deprived of their basic human rights.

Working with its partners, the police, hospitals and the community, Hope identifies the children at "high risk" and protects them by providing medical assistance, counselling, education and recreational facilities. The project hopes to address the fact that there are many unreached children living in vulnerable situations. Through a combined effort by all the above participants, this project aims to improve the lives of children on the street.

EDUCATIONAL INTERVENTION: Education is provided to street children, child labourers, and slum children on a daily basis. For this purpose, 30 drop-in centres have been established in areas where street children congregate. Each such centre caters for approximately 50 children. These centres are meant to be a safe environment for children while they make the transition to become regular school goers. As these children often have had no form of education or regulations in their lives, the teaching methodology follows an informal structure in these centres.

The Nabadisha Education Programme for

street children is quite unique in that it is an example of what total synergy can achieve. It works with the Kolkata Police in Nabadisha programme for street children in Gariahat, Topsia, Tollygunge and New Market police stations. Hope Foundation Child Watch Project has four centres located in four po-lice stations all over the city and its suburbs where classes are held for approximately 345 children who have been denied access to formal schooling.

ECONOMIC INTERVENTION:

The high levels of tenacity of the hardcore and sheltered street children has been used to their advantage when designing rehabilitation program-mers for them in the Child Watch Project. Rehabilitation programmes for such children has therefore incorporated skills, which will enable them to be admitted for training in similar professions in the future. Rehabilitation through these vocational training programmes is aimed at assisting the children in finding meaning and purpose with life.

HEALTH INTERVENTION: Child Watch Project has been successful in its attempt to identify approaches for preventative measures for example through its health education programme. The benefits of this training can now be seen, as children in attendance at the programme are well disciplined and well educated in basic behaviour, hygiene and grooming for everyday living.

With provision for medicines for day-to-day ailments the activity is a step forward towards improvement of socio-economic and hygienic condition of street children and this programme has received much praise from the community. The organisation is well known and respected at a number of nursing homes and private hospitals in and around Howrah. Agreements have been made with these institutions so reduced rates are charged for children admitted from the health clinic drops off. These costs are paid by the health clinic. 175 children from the partner organization has been referred to various hospitals.

PROTECTIVE INTERVENTION: The Emergency Response Unit was initiated to provide a dignified life to these street people by providing palliative care and treatment at times of need so that they can live an independent life. The service reaches out to people who face emergencies on the streets of the city, mainly the underprivileged children of society.

Through the night round programme, starving street children have been given

food, clothing and temporary shelter at night. Sick and injured children have been hospitalised. High-risk girls have been placed in homes/night shelter.

The program is responsible for carefully assessing the capability of the respective family to take care of the child, to receive and protect the child, and the child's wish to be reunited. If the assess-ment results in a positive outcome, counselling is provided to both the child and family and both are then reunited. The Night round programme has had a great impact on the number of children rescued and rehabilitated.

Counselling: By using techniques such as problem solving, relaxation training, story telling, self-monitoring and demonstration, children have been educated on subjects such as reproduction and sexual abuse, which may otherwise be difficult to cope with. In order to guard themselves against dangers of the streets, children develop protection skills. It is therefore necessary to ensure that the child is allowed enough time to talk, and counselling sessions focus on giving them this opportunity. There is a massive need for counselling for many of these children, when it comes to the area of child labourers alone, Hope and its partners has provided individual interaction to 916 children, and 247 children through group interactions.

Development based Intervention: With the Child Watch Project, whenever possible artistic and entertainment aspects have been linked to educational contents (culture of peace, human and cultural rights through participatory games and sports). Children have been able to understand other members' realities, express their feelings, construct their identities, and develop dreams and aspirations. Such activities have provided an organised space for the children to act in a demo-cratic manner i.e. to cooperate, respect others, and voice opinions and concerns in the form of group dialogue. Street plays have played a very important role in generating awareness on Child

Rights and the importance of child education. Drawing, painting and craftwork has also given children an avenue to improve interpersonal and communication skills. The children have gained self-confidence and they have learned to trust others.

PROTECTION HOMES FOR BOYS AND GIRLS:

The issue of street and slum dwellers is a prominent one in Kolkata; approximately 20,000 children have made the streets of the city their home. They live in over 200 different pockets of the city where they eat, sleep, work and grow up. For these children every day is a battle, for food, for shelter for the right to live.

The Hope Foundation works with local NGOs and runs protection homes for street children and vulnerable at-risk children. Many of the children have been physically and physiologically abused, victims of sexual abuse and trafficking, and all are in desperate need of guidance and support.

There is a home for at-risk boys called **Protection Home for Vulnerable Boys below 14 Years** and two homes for young at-risk girls called **Protection Home for Vulnerable Adolescent Girls above 14 years. In the Homes these children receive:**

- 24 hours round the clock service
- Shelter
- Clothing
- Education
- Health care cum insurance
- Counselling
- Various recreation choices (yoga, swimming, dance, drawing, excursions etc)
- Life skills training

In addition there are staff capacity building programmes in place are all available to support these young children. There are currently 30 boys staying in the Boys Home and 11 boys at boarding school. The homes provide a healing touch to traumatised children who have faced acute loneliness and helplessness on the streets, especially those without families.

HOPE PROTECTION HOMES FOR CHILDREN:

HKF

90 Girls

40 Boys

34 Rehabilitated Addicted Boys

PBKOJP

21 Girls

BPWT

25 HIV Infected and Affected Children

SEED

36 Girls

HRLN

15 Girls

HKF also runs a rehabilitation home for solvent addicted boys. Drug abuse is often an underestimated problem for young people in India. Howrah Station, one of the biggest railway stations in Asia, sees approximately one million commuters a day and has become the home to many rough sleepers. In Howrah people can make a living by taking on various small jobs; looking for recyclables, carrying luggage, setting up and working at food stalls and inevitably some thieving. Solvent abuse is a widespread problem amongst the children who live at Howrah, through drug abuse they can deal with the realities of their life and survive yet another day.

In 2005 a Rehabilitation and Intervention Programme, and a Drop-In Centre was initiated at the station. The children of Howrah can come to the centre, get food, attend some classes and as they can be.

These children often make their living from jumping on the trains to collect recyclables and as they are often high throughout the day many children have accidents as they are caught under the railways. Many lose limbs or have massive scars to tell of their life stories.

In order to follow up these children once they have gone through the Rehabilitation and Intervention Programme, Punorjibon rehabilitation home for boys was set-up in August 2005.

The project aims to:

- Rehabilitate children after detoxification to lead a drug free life
- Place the children in formal schools / hostels
- Provide vocational training
- Provide jobs through referrals
- Support the individuals towards independent living

In 08/09 Hope and its partners have identified and sent 27 vulnerable children to detox programmes. 17 children have so far this year successfully finished the detox phase. The next step entails taking the children through a rehab programme and is a much more complex situation as it includes taking the children away from their surroundings and placing them in homes

PROTECTION HOME FOR THE GIRL, CHILD OF THE SEX WORKERS OF KALIGHAT RED LIGHT AREA:

This project aims to improve the quality of life for children of commercial sex workers in red light areas of Kalighat. The purpose of this project is to provide a safe and secure environment for girls who are at risk of being forced into their mother's profession. The overall objective of the project is to mainstream high-risk girls of Kalighat red light area for a better future. The Home currently has 18 girls from 7-13-years-old staying in their short stay home. suffering from various diseases including HIV/Aids, they are vulnerable to drug abuse due to the extremity of their lives.

PROTECTION HOME FOR VULNERABLE GIRLS IN HOWRAH:

Urban and rural poverty, disrupted and disintegrated families, accumulated family debts passed from one generation to the next, lacking educational facilities, school dropouts, ineffective government policies and many others make youngsters become children of the streets. They are dispersed throughout urban centres and the inhuman reality of their lives remains mostly hidden and ignored. Girls are the worst victims of this situation. SEED runs a protection home for such girl children. Thirty-six girls are supported by this Home. At present, 20 girls are living in the home and 14 girls are attending boarding school. Each of these children will be provided with shelter, nutrition, clothing, education and healthcare, in a caring and secure environment.



A man supervises as children work in the family run kite factories.

ENSURING CARE, TREATMENT & SUPPORT TO HIV INFECTED & AFFECTED CHILDREN THROUGH SHELTER HOME:

This Home is especially for children who are infected and affected by HIV/Aids; it has a capacity of 25 beds. At Snehaneer Home, the children are provided with holistic care and support, they receive nutritious meals and all 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 by HIV/Aids.

PROTECTION HOME FOR WOMEN/GIRLS, VICTIMS OF TRAFFICKING AND OTHER FORMS OF VIOLENCE IN KOLKATA:

This is a Protection Home for victims of trafficking and other forms of violence in Kolkata. The project provides temporary shelter to women and young girls who have been victims of this type of abuse, or who are in the danger zone of becoming victims. In the protection home they are also prepared for restoration to families where this is possible, and in other cases help them stand on their own feet. The project deals with needy women in general as well as trafficked women and girls in transit in the course of its regular jail and court work.

Such women and girls are always in need of shelter as they face tremendous personal stress and trauma and social pressures and stigmatism when they are rescued from the traffickers and other perpetrators of violence. These women are provided shelter in the interim period. With this help, these women and girls are saved from being repetitive victims of trafficking and other forms of violence. Some of these women also require legal aid in their ongoing battles against perpetrators, and through the legal aid expertises these cases are supported along with the support provided to these women with temporary accommodation. The project provides:

- Shelter
- Food
- Medical care
- Psychological counselling
- Vocational training to the women according to their aptitudes
- Legal aid/legal counselling
- Education as required

MIDWAY HOME FOR GIRLS:

The overall aim of the Midway Home Project is to overcome the problems arising out of admission of disturbed and traumatised children to the Children's Welfare Home by providing intensive counselling support, which enables them to adjust to the home with greater ease. The children remain at the Midway Home for varying lengths of time depending on individual needs. Two dormitories at the home accommodate 10 girls each. Two counsellors provide counselling support and qualified psychometrists conduct psychometric tests. These children are entitled to join the dance and work therapies as well as extra-curricular activities and participate in all excursions and competitions.

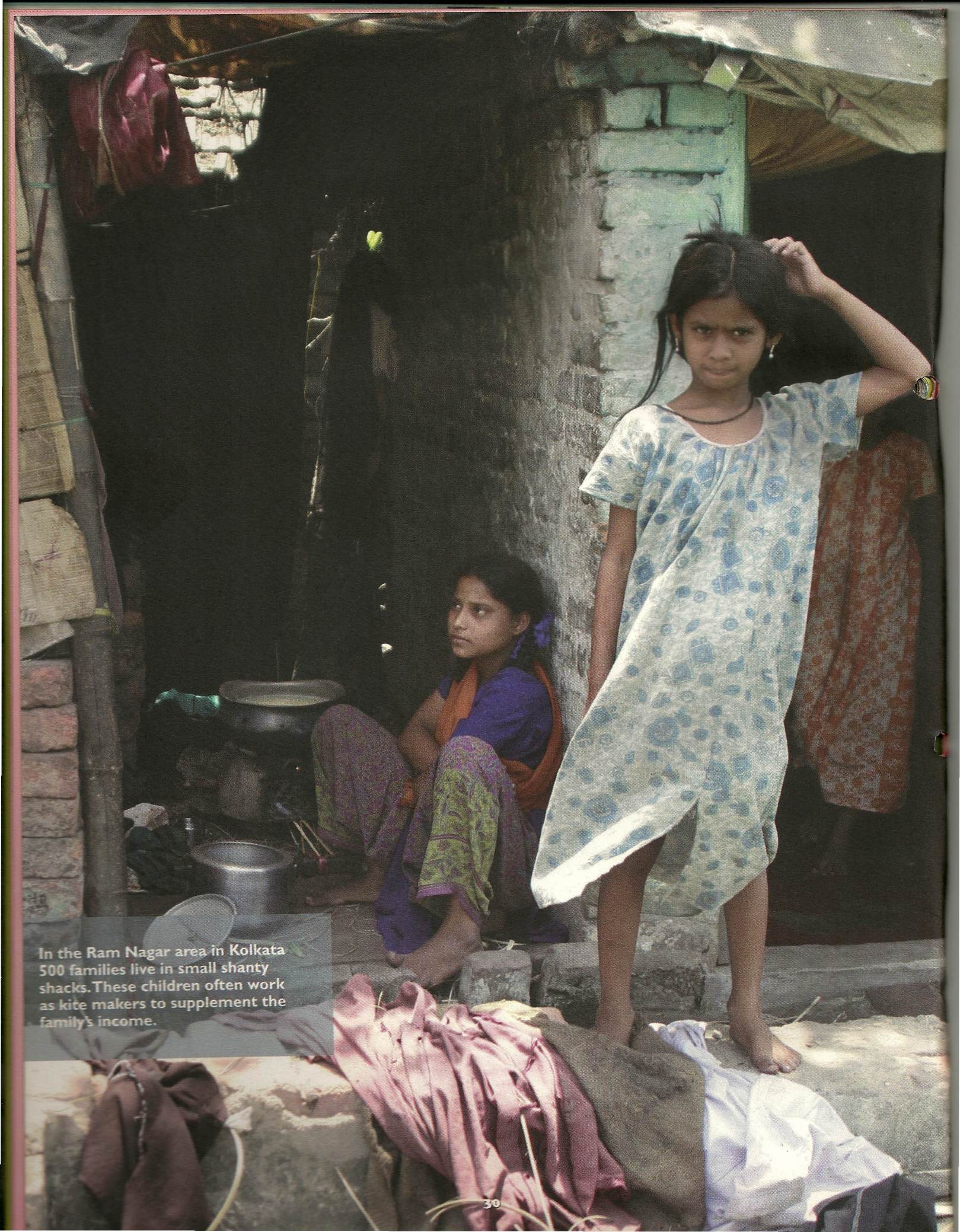
ANTI-TRAFFICKING PROTECT:

Child trafficking is the recruitment transportation, transfer, harbouring or receipt of a child for the purpose of exploitation, within or outside a country, including (but not limited to sexual exploitation) child labour, and services, slavery, servitude, removal and sale of organs, use in illicit/ illegal activities and participation in armed conflict. It also includes the recruitment, transportation, transfer, harbouring or receipt of a child by means of adoption or marriage for the purpose of exploitation.


Trafficking of women and children is one of the distressing realities of India. 10% of human trafficking in India is international, while almost 90% is inter-state. As West Bengal shares international borders with Bangladesh, Bhutan and Nepal, it occupies a place on the international trafficking route. A range of socio-economic factors in the region, along with weak regulatory measures, have lead to burgeoning human trafficking across these borders, particularly in women and children. Kolkata is both a destination and a source for trafficking in humans, many of whom face sexual exploitation. Women and children are kidnapped, sold or duped by traffickers with promises of marriage or employment. They frequently end up in red-light districts across India.

In spite of the existence of rampant trafficking of women and children in West Bengal, there is very limited focused intervention on combating the issue. Joining the fight against trafficking, Hope Foundation has formed partnerships with organisations committed to the rescue and rehabilitation of victims, aiding their reintegration into society. Through community awareness campaigns they endeavour to mobilise society to stamp out this illegal business. The issues of rescue, rehabilitation, reintegration and repatriation of trafficked persons through community interaction and awareness raising and policy level intervention are addressed through the Partner organizations. On the issue of trafficking there were 368 awareness meetings over the past year to and the attendance was high, with 6,935 total attendants. In 08/09 12 victims were rescued from trafficking and four were provided with the legal support.





In the Ram Nagar area in Kolkata 500 families live in small shanty shacks. These children often work as kite makers to supplement the family's income.



Mariam Laskar, 42, a sex worker
in Kalighat, the poorest red-light
district in Calcutta

A Life in the Day:

Mariam Laskar, sex worker

I wake up around 5am so i can use the latrine early, while it's still quiet.

I share it with nine other households. Each has one room about 8ft square. Although Kalighat is a red-light district, families live here too, street vendors and stall workers, but most prostitutes live alone like me.

My room doesn't smell so good because it's next to rotting rubbish and the latrine, but it is away from the street.

I go back to sleep until 8. My bed is a thin mattress on a board lifted off the ground by red bricks at each corner. Under the bed are the pots I use for cooking and washing.

My saris and underclothes are strung on a wire across the small window. I have electricity, a light bulb, a fan, a black-and-white television and a suitcase.

If I'm on my own, as I mostly am, I make tea, heating the water on a kerosene stove in my doorway. If my babu — he's like a special client, a temporary husband, you could say — is with me, I give him naan bread and sweets. Calcutta is famous for its sweets: all colours and varieties you can buy here.

Then I go to the vegetable stalls outside and buy ladies' fingers, brinjal, potatoes, tomatoes and garlic to cook later.

I put on eyeliner, a bindi on my forehead, my jewelled earrings and gold bangles, and I am working the street by 10am. There are three of us who mostly go together — Arati, my best friend, and I watch for each other. I work a little strip just outside the slum beside the Mohambagam football club.

There is a disused pitch and that's where I go with my clients. Mostly they are strangers, rickshaw drivers or hawkers.

Kalighat is the cheapest red-light district, but I have to work here because I'm old now. I need to make 250 rupees a day [about £3.50]; my rent is 45 rupees a day and I am paying off a loan to my landlord for hospital treatment. My clients don't have much money — maybe I get 50 rupees a time. I try to make them wear a condom but mostly they don't. I have been very lucky: I don't think I have any sexual diseases. There is a clinic in Kalighat run by the Hope Foundation for us. I go a few times each year.

When I was young I worked on a jetty on the Ganges — they call it Babughat. I would go with men on boats they rent. Then I would have 10 or 12 clients a day easily, shopkeepers or truck drivers, and each would pay me 250 rupees. My own family in Bangladesh has no idea if I am alive or dead. I grew up in a small village with three older brothers and a baby sister.

I was trafficked here when I was 14 by a man who married me. His real wife and children were here in Calcutta, and he brought me here. He sold me to a brothel. I was terrified, but he was my husband and I thought I had to do what he said. I did not have the guts to tell my family what had happened to me, so I never contacted them again.

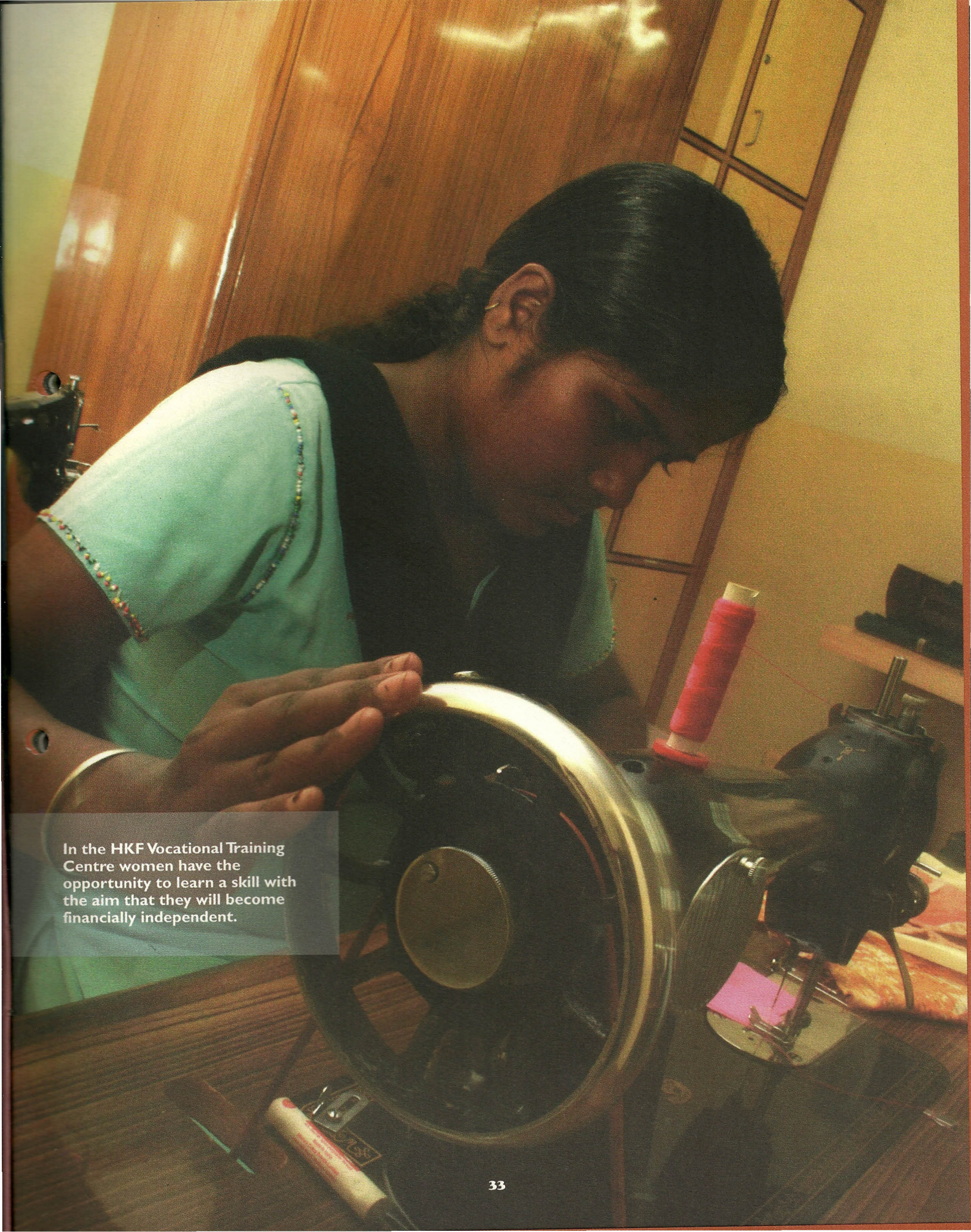
If I'm lucky I finish around 9.30. There is a lot of waiting around now, so we drink Bangla liquor, a strong illegal drink they sell on the streets. I drink it quite a lot — it helps. If I have made enough money I go home with Arati, and maybe we go to my room or her room and share some food. But if business is slow I stay out all night.

Even if I finish early, I can't sleep until 2 in the morning. I worry about so many things. I have had six pregnancies, but I only have one child, Sheila Khatoon. She's 14 now and she lives in a girls' home run by the Hope Foundation. I visit her on the last Saturday of every month. I tell her I sweep in a hospital, and I wish I did, but no one would employ me now. She lived with me until she was seven.

She didn't go to school and I couldn't really look after her, but I didn't bring men back to the room with her there. Then the Hope Foundation found her on the street. I wanted them to take her. If my daughter was to take up this trade, I would want to die. No mother can imagine such a thing as this. But she would have had no choice if she'd stayed here.

At night I think of my parents and my daughter. I think of what would happen to her if I died suddenly. I worry about how I got myself into this situation and what will happen to me in the future when I cannot make money any more. Around 2am I fall asleep, and then I don't dream.

Published by:
The Sunday Times, May 17 2009
Interview:
Andrea Catherwood,
UK ambassador for
The Hope Foundation



In the HKF Vocational Training Centre women have the opportunity to learn a skill with the aim that they will become financially independent.

GENDER, SKILL DEVELOPMENT & INCOME GENERATION

PROJECT	NAME OF THE PARTNERING NGOS
Empowering Marginalized Underprivileged Women through Self Help Group, Micro Credit, Vocational Training and Income Generation	HKE, PBKOJP, MJCC
Skill Development Project	PBKOJP, ABWU

Poverty and unemployment are the major problems of any under developed countries, including India. The country's unemployment rate is approximately 7.20%. (2008 CIA World Factbook) India's labour force is growing and unfortunately employment opportunities are growing at a slower pace, thus the country is faced with the challenge of not only absorbing new entrants to the job market (7 millions a year), but also clearing the backlog. More than 90% of the labour force is employed in the "unorganised sector", sectors which do not provide the social security and other benefits of employment in the "organised sector". Over half of the workforce is self-employed and many of these remain very poor. Nearly 30% are casual workers (i.e. they work on a day-today basis). When it comes to the female population, the unemployment rate is estimated at 8.5%, and the rate of unemployment growth for rural areas is 9.8%. This is due to the low growth rate of new and productive employment.

Education for deprived urban children is a major focus for The Hope Foundation, but many children are unable to continue education after they hit the age of 14 due to financial difficulties, or a general lack of interest in studies. Boys often engage themselves in informal occupations like pulling cycle vans, selling vegetables, running petty grocery shops, tea and snacks stalls, and some get involved in criminal activities. Income for this group of boys varies some but is usually around the Rs. 500 mark a month (though many earn even less than this).

The difficulties which often occurs at this stage in life is more prominent with the female population, many of whom are either married of at an early age or lured into the sex trade. Girls earning money as non-brothel based mobile commercial sex workers, is a big problem in poor communities as the girls can make a substantial amount of money, ranging from Rs. 1,000 to 3,000 per month. Most of these girls practice unsafe sex with multiple partners and have little knowledge about STD/HIV/AIDS. Therefore the need for life skill and vocational training is necessary and has a huge impact on basic education and empowering people to be self-supportive.

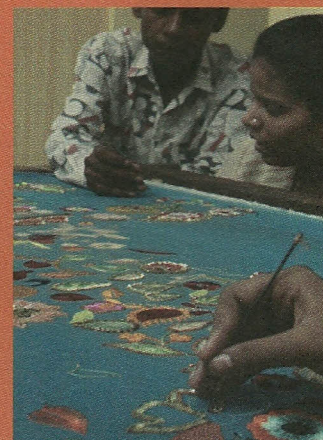
One of the most attractive and successful schemes to reduce poverty and improve rural development is Self Help Groups (SHGs). (Sabyasachi Das. 2003).

A SHG is a small economically homogeneous affinity group of the rural poor, voluntarily coming together to save small amounts of money regularly. Such savings are deposited in a common fund to meet members' emergency needs and to provide collateral free loans decided by the group. (Abhaskumar Jha 2000). The SHG system has proven to be very relevant and effective in offering women the possibility to break gradually away from exploitation and isolation. For various historic and socio cultural reasons, women are a vulnerable section of our society and several macro indicators related to education, health, employment, economic participation etc point towards an adverse status women vis-à-vis men.

HOPE, along with two of its partners has formed SHGs in different slum pockets of Kolkata: where women and children are worst victims of poverty and unemployment is the main problem for their families.

It has been found that the women's income has increased after joining the SHGs resulting in the monthly household expenditure also increasing at a considerable rate. They are being taught different types of skill to ensure that these vulnerable women will be able to come out from their bad economic condition.

These groups are given professional assistance in acquiring skills, finance, raw material procurement, production and marketing of the products. The women are taught under trained instructors. The products are sold via exhibitions where the women have the opportunity to participate in the exhibition as well as in the show room. Every effort is made to market these products on an ongoing basis so that these women can continue to earn a living from these groups.



EMPOWERING MARGINALIZED UNDER-PRIVILEGED WOMEN THROUGH SELF HELP GROUP, MICRO CREDIT, VOCATIONAL TRAINING & INCOME GENERATION

Empowering Marginalized Women through Self Help Group (SHG), Savings and Micro Credit: The areas where this SHG is operating is Khidderpore, South West area of Kolkata, in Wards 75, 76 and 78, Panditya, Chetla and Rashbihari areas. SHGs were formed to allow the women to save on a regular basis. The aim of this savings project is to ensure that a fund is available for each woman to allow her to explore an alternative means of earning a once successfully trained in a trade. As these projects progress we are already seeing how this is empowering the society as women invest money in their own professions and, equally important, in their children's education. The groups are self-funding; and the process is being facilitated so that these groups can be self-sustainable. Presently in the Khidderpore, South West areas of Kolkata 20 SHGs have been formed with 208 members. They have agreements in place with three local banks. Members of the SHGs are becoming more conscious on a daily basis to strengthen their economic conditions. In the wards of 82, 85 & 90 there is 134 SHG with a total of 297 members. In addition to this an adult literacy class with 112 students has been created in Chetla. At present eighteen mothers are enrolled in the adult literacy class, and are attending regular classes.

Empowering Marginalized Women through Vocational Training and Income Generation: This project is an integrated vocational training and income generation programme for underprivileged poor women living in selected slums and colony wards. This project aims to enhance their skills, knowledge, potential, self-belief and sufficiency. Hundreds of women have been trained in knitting, tailoring, fabric, tie and dye, embroidery, hand made paper craftwork and bakery. After the vocational training, the trainees joined the production unit where they are introduced to an outside local market, where they learn how to secure orders, produce materials and products to match those orders and deliver final goods to market. Any profit made is distributed amongst the women.

Some successes regarding the shG over the past year includes:

Over the past year includes:

- 82 trainees in the production unit in Panditya Vocational Centre
- 42 production unit trainees in Chetla.
- 538 individuals attending the tailoring training in Panditya
- 134 individuals attending the tailoring training in Chetla.
- In the production units a total of 25,902 pieces were completed, enabling the SHGs to make a profit of Rs 68,495.

- A massive order of Christmas Cards were sent to the UK and Irish offices, 9,000 in total, and every mother working on this project made approximately one thousand rupees.
- A four-month tailoring course has been completed by the members of the SHG under the Swarna Jatyanti Sahiri Rojkar yojana programme of Kolkata Municipal Corporation. 24 women completed the tailoring course and received certificates. The women now will receive sewing machines from the Kolkata Municipal Corporation and will get loans duly to set up their own businesses.

The training activities have been segregated in three different parts:

- Tailoring, which includes; drawing, cutting, stitching of Jangia for one month, drawing, cutting and stitching petticoats for the second month, and finally creating Kameez, Churidar.
- Archie Work; where they are trained in the use of needle, different types of knots and of stitches.
- Craft Work: In this section they are receiving training about drawing creating jewellery, patchwork, photo albums and wall hangings. The trainees will have to pass the initial section before they can move onto.

Some of their successes include:

- 30 trainees enrolled in craftwork
- 30 trainees have completed the drawing & jewellery course.
- In the tailoring units the 25 trainees have completed the training, a 100% success rate.
- In addition the craftwork unit had various external orders and these trainees gained experience from an exhibition at Tollygunge Club.

CASE STUDY

NAME: GANGA DAS, PROJECT: HOPE CAFÉ

Ganga lives in a slum in Chetla. She is married with two children and in 2005 her husband was involved in an accident that damaged both of his legs, leaving him unable to work. Ganga has had to support the entire family since the accident and found employment as a maidservant. The family did not have sufficient income to provide for their basic needs and the children's education was stopped. In 2007 Ganga joined a self-help group to learn about saving money and currently holds a bank account. Having started to save money she was able to organize the readmission of her children to school and has since secured a permanent job in The Hope Café. She is now able to provide for her family, care for her husband and support her children in their education.

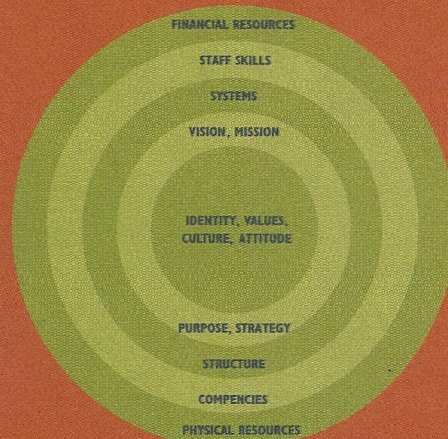
SKILL DEVELOPMENT:

This project provides a cricket coaching camp for distressed children. The past experience and inter-relations with other NGO's have revealed that although most NGO's work with children, none have explored the zone of a "child's comfort" which can best be highlighted through regular emphasis on games and sports. This initiative involves 40 children attending regular cricket sessions, with serious effort irrespective of age and class. It also includes rigorous health check-ups, proper nutrition and networking at a professional level with the hope of placing children in those associations. There is always the possibility of children engaged in sports and games losing their interest after training on a regular basis. To sustain their interest in this field, the partaking in different tournaments is pursued.

Workshop & Training on Counselling for Care Givers of Institutional Homes: While working with disadvantaged women and children, it was noted that rehabilitation was not always possible without psychological therapy. Hence a one-year training course in psychological counselling for the care givers of shelter homes was started.

CAPACITY BUILDING PROGRAMME FOR GRASS ROOT LEVEL LOCAL NGOS

Development work used to be largely a matter of making decisions based on the technical appraisal of projects. But over the past few years, Hope Foundation have come to the conclusion that focusing purely on technical programmes while ignoring the organisations that manage them is short sighted and superficial. The result is a consensus that building the capacities of individuals, organisations and institutions is vital for the strengthening of civil society and grassroots development. By increasing the capacity of organisations involved in development, interventions can be made more effective, and their results longer lasting.



CAPACITY BUILDING AS A MEANS		CAPACITY BUILDING AS A PROCESS	CAPACITY BUILDING AS AN END
In an NGO	...to strengthen the organisation to perform specified activities	...of reflection, leadership, inspiration adaptation and search for greater coherence between NGO mission, structure and activities.	...to strengthen an NGO to survive and fulfil its mission, as defined by the organisation itself
In civil society	...to strengthen the capacity of primary stakeholders to implement defined activities.	...of fostering communication: processes of debate, relationship building, conflict resolution and improved ability of society to deal with its differences.	...to strengthen the capacity of primary stakeholders to participate in political, social and economic arena according to the objectives defined by themselves.

IN RESPONSE TO THIS NEED, HOPE FOUNDATION REGULARLY ORGANISES CAPACITY BUILDING PROGRAMMES TO PROVIDE SERVICES THAT EMPOWER INSTITUTIONS AND INDIVIDUALS TO:

- Assess their own information needs
- Set their own priorities
- Build own information systems

The main aims of the training programme are detailed below:

- The training programmes have been organised with the focus of assisting individual staff members in understanding the importance of performing and completing their tasks within the given timeframe. The programme also encourages staff members to learn to take initiative when responding to the emerging needs of the communities they serve. In addition, the staff also needs to understand their responsibilities better vis-à-vis their beneficiaries.

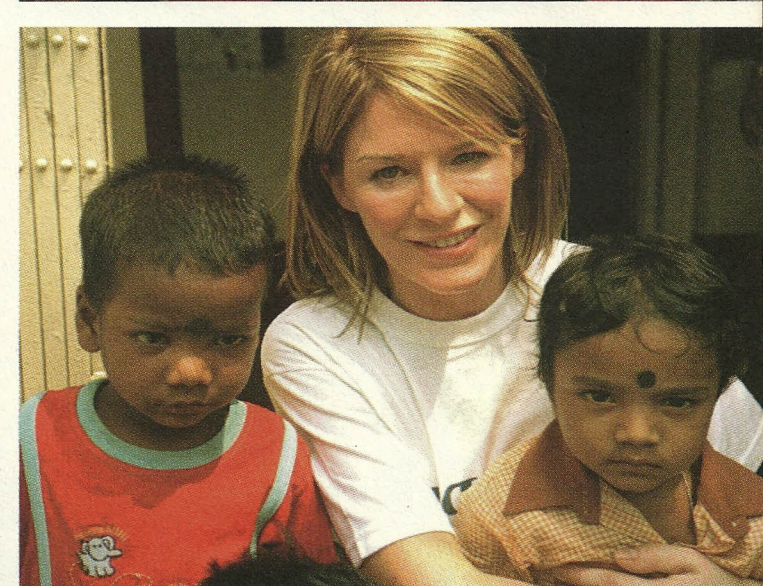
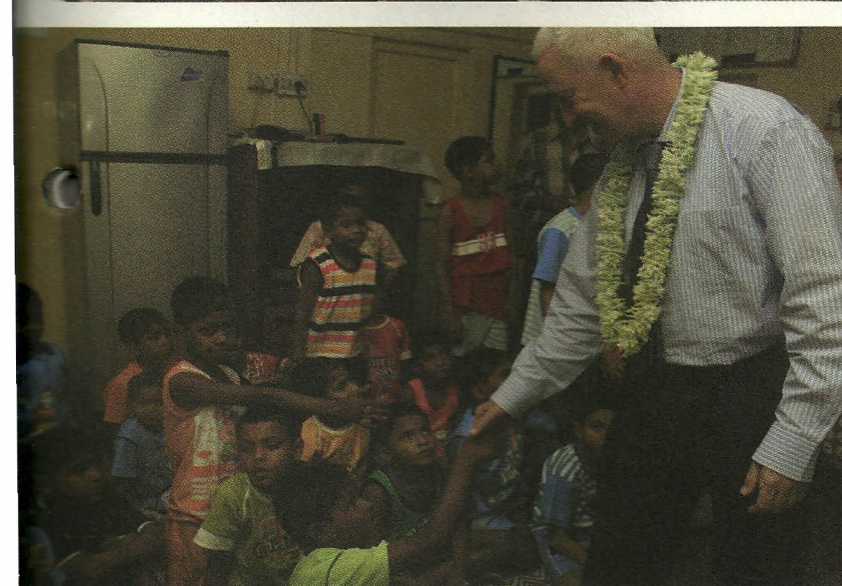
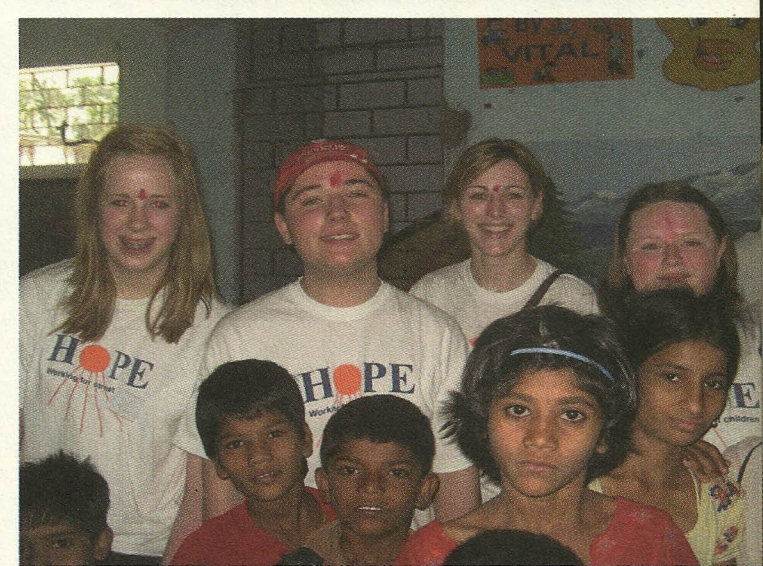
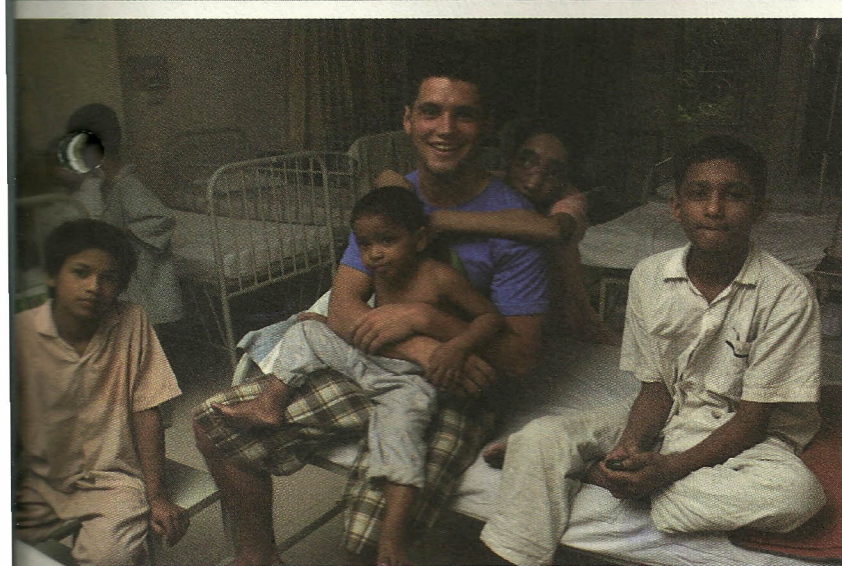
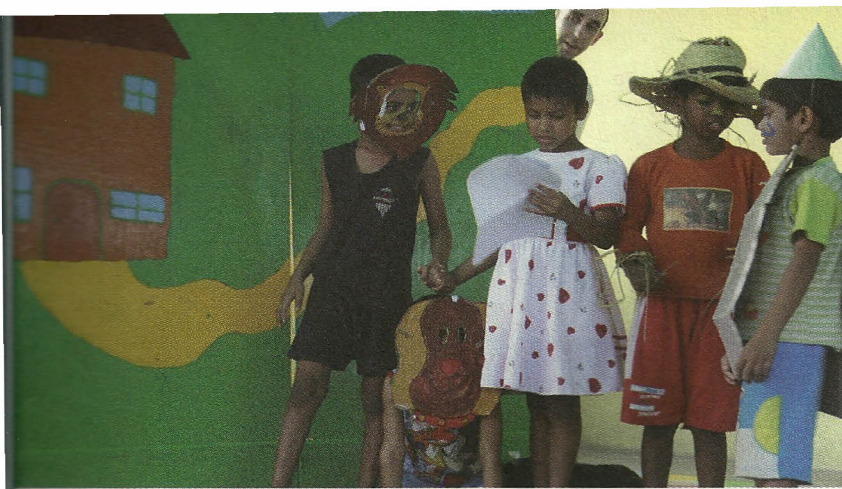
- Strengthen participants' understanding of the characteristics of NGOs.
- Strengthen the accountability and credibility of local NGOs in the eyes of donors and the community.
- Improve the financial skills of local NGO.
- Increase conceptual and practical understanding of the basic principles of result based management work, communication skills and the process of social audit.
- Enhance and develop confidence, leadership and skills to drive forward improvement, developing their capacity to learn, innovate and share knowledge and expertise about what works and how".
- Information access, use and dissemination.
- Team building to form an effective NGO.

- Development of negotiation skills for working effectively with governments and building alliances, coalitions, networks, and intersectoral partnerships with other NGOs.

Establishing these simple but core work principles have made the partner NGOs more effective in implementing development programs. The training programmes have enabled NGOs staff and social workers to understand the process that has helped them to understand their strengths better and identify areas where they should concentrate most establishing priority. This approach will lead to efficiency, transparency, and accountability.



The annual football match between two of our projects is a big event and the children train for months to prepare themselves.



VOLUNTEERS & VISITORS

KOLKATA VISITORS

Over 200 people including walkers, students, teachers, UK board members, celebrities, well-wishers and friends visited The Hope Foundation's projects in Kolkata this year. They visited many of the shelter homes, education projects and rehabilitation centers funded by Hope. They also visited Hope's Children's Hospital funded by Weight Watchers Ireland and saw first hand the huge need that exists here in Kolkata for such projects.

The students were well prepared and arrived laden down with toys, clothes, education and health supplies. They threw themselves into interacting with the children with great gusto and enthusiasm and overcame any barriers of language or culture.

All of the groups held Indian themed nights and dressed accordingly in Saris, Salwars and Punjabis. The students from Alexandra College had the opportunity to attend the Hope Charity Ball along with hope staff and some of our patrons.

KOLKATA VOLUNTEERS

Volunteers play a strong supportive role to the projects run by the Hope Foundation in Kolkata. Most volunteers have an educational, medical or social background. However, Hope welcomes anyone who has the skills and the motivation to work in the project areas. Generally volunteers come for three to six month terms and are placed in projects, which maximises their skills while also taking into consideration the immediate project needs of the Foundation. The first week a volunteer arrives is spent visiting.

Hope projects in order to can gain an understanding of the overall aims of Hope's work in Kolkata. In the second week they begin their placement. The role of the volunteer is very much a partnership with the Indian staff working on the ground supporting their needs. There is also a volunteer coordinator to help in the induction, placement and continued support of volunteers.

FROM CLOCKWISE TOP LEFT:

Dramatization of the Wizard of Oz at Tollygunge Boys Home, the volunteer in charge whispering lines from behind the set.

A volunteer with the children she teaches at Arunima HIV and Aids Hospice

Visitors from Carraignavar School Immersion Programme

UK HOPE Ambassador Andrea Catherwood and the two HOPE children she sponsors.

The 2009 Goa walkers.

The 2008 Himalayan walkers.

The Ambassador for Ireland in India, Kenneth Thompson visited HOPE on his first official trip to Kolkata.

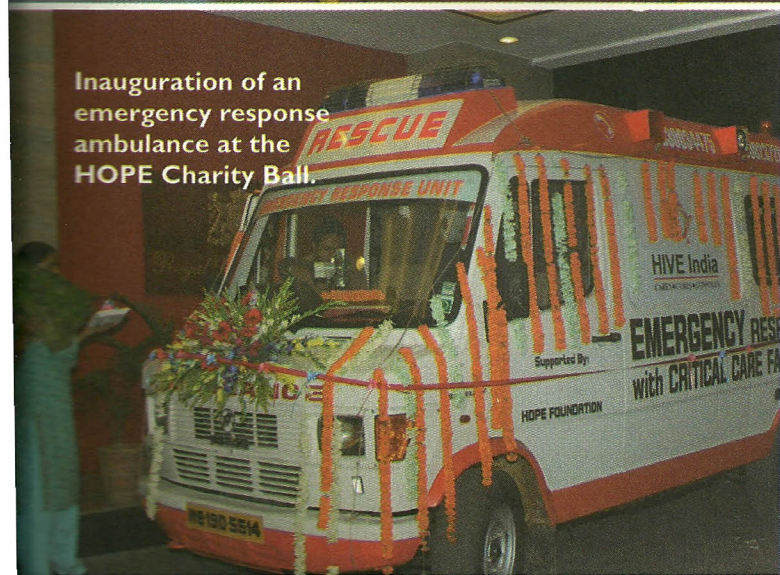
In the hospital time can pass very slowly, volunteers bring a smile to the children's faces even as they give them math's homework.



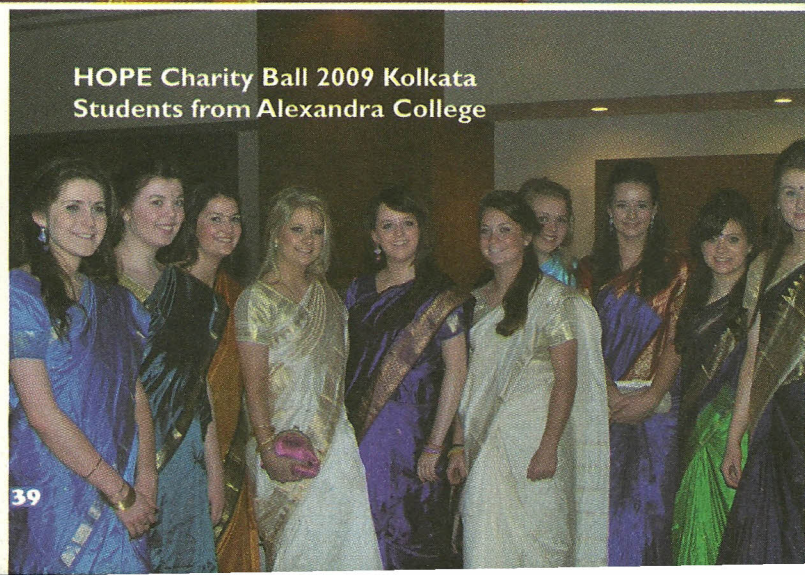
EVENTS



HOPE Charity Ball 2009 Kolkata
Performance by the Kalakhethram group



Inauguration of an
emergency response
ambulance at the
HOPE Charity Ball.



HOPE Charity Ball 2009 Kolkata
Students from Alexandra College

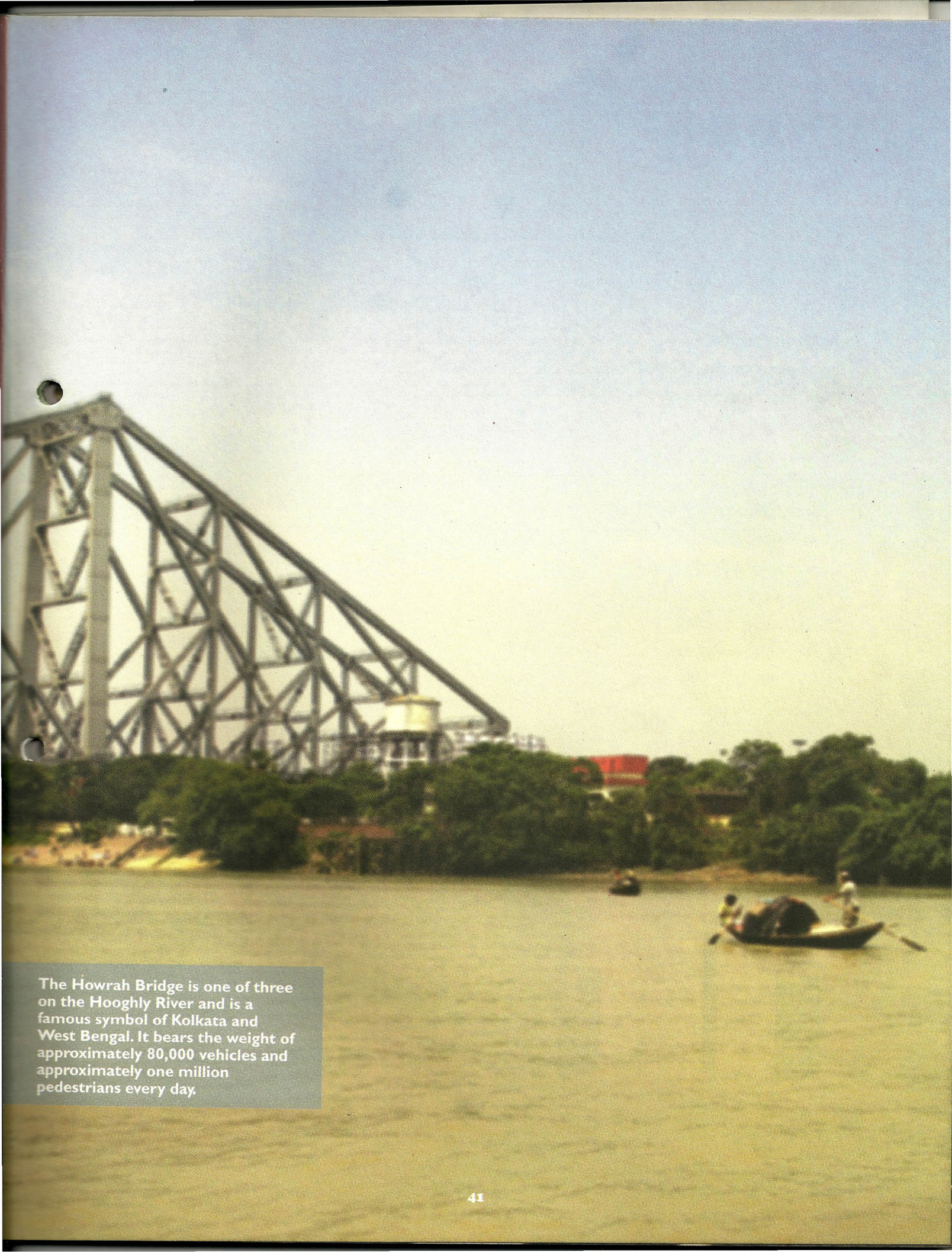


FROM CLOCKWISE TOP RIGHT:

HOPE's Child Protection Campaign took place on International Day Against Child Abuse in November 2008.

In October 2008 we launched our HOPE UK branch. Attendees at the launch included: Director Maureen Forrest, Tim Vincent, Board Member Lotte Ducan, and Patrons Christopher Biggins and Robert Duncan, Board Member Mairead Sorensen amongst many others.





The Howrah Bridge is one of three on the Hooghly River and is a famous symbol of Kolkata and West Bengal. It bears the weight of approximately 80,000 vehicles and approximately one million pedestrians every day.

FUNDING

Summary of Incoming & Outgoing Funds

1st April 2008 - 31st March 2009

2008-09
(Rs. lakh)

Incoming funds

Received from Head Office

753.47

Total incoming funds

753.47

Outgoing funds

Education

179.02

Health

272.37

Income Generation / Skill Development

48.91

Child Protection

207.68

Consultancy & Audit Fees

6.37

Management & Administration

23.81

Staff Capacity Building

0.24

Systems Development

0.94

Head Office Visit - Overseas

2.51

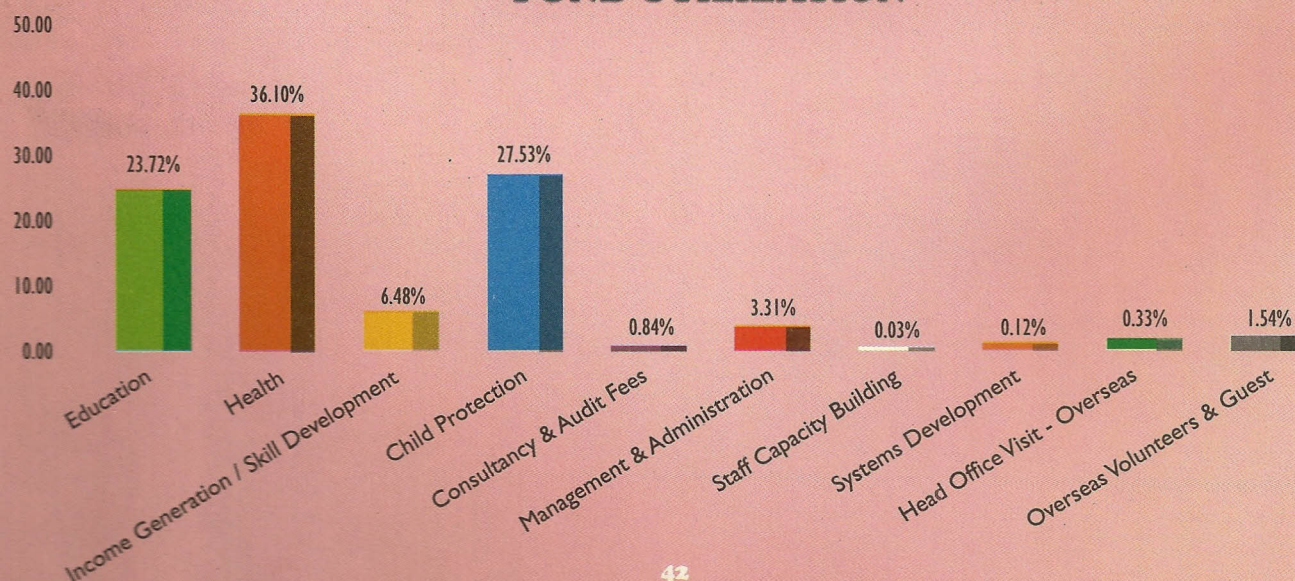
Overseas Volunteers & Guest

11.62

Total outgoing funds

753.47

FUND UTILIZATION





DETAILS OF THE HOPE FOUNDATION

THE CORE GROUP

HOPE FOUNDATION IRELAND
Company Number: 3030111
Registered Charity No: CHY 13237

BOARD OF DIRECTORS

Dermot O'Mahoney – Chairman
Maureen Forrest – Hon. Secretary /
Director
Celena Daly – Director
Shea O'Dwyer – Treasurer
Madeleine Cummins – Member
Dr Catherine Molloy – Director
Rosaleen Thomas – Member
Anne Copplestone – Member
Mairead Sorensen – Director
Noel Harrington – Member
Margaret Browne – Member
Jenny Browne – Overseas Director
Michael Murphy – Member
Gerry Coleman – Member
Frank O'Connell – Member

AUDIT AND ADVISORY BOARD

Kevin O'Donovan – Accountant
Donal Daly – Solicitor
Paul Derham – Solicitor
Donal Daly – Solicitor

Auditor

Kevin O'Donovan & Partners,
Bridge Street, Cork

BANKER

Allied Irish Bank,
66 South Mall, Cork

STAFF STRENGTH

Ireland Office

Maureen Forrest
Madeleine Cummins
Margaret Doyle
Sinead Harrington
Fiona Heraghty
Eunice Tait
Serdar Suer
Rosaleen Thomas
Linda Lee Wright - UK
Anke Frank- Germany

HOPE KOLKATA FOUNDATION
Registered Society Number: S 96057
Indian Foreign Registration:
420161082

BOARD

Sadre Alam – Hon President
Sr.Tina – Vice President
Swaran Chaudhury – Hon. Secretary
Dipak Biswas – Hon Treasurer
Geeta Venkadakrishnan – Director
Anand Agarwal – Member
Joy Kar – Member
Sheila Banaerjee – Member
Pushpa Basu – Member
Dr. Rakesh Agrawal - Member

ADVISORY BOARD

Sr Tina – Educationist
N. P. Agarwalla – Solicitor
Arunabha Banerjee – Auditor
Mr.Vijay Bahandari

AUDITOR

M/s.A. R Banerjee & Co,
Chartered Accountants
79/2A, Raja Naba Kissen Street,
Kolkata- 700005

BANKER

Standard Chartered Bank,
1 Old Court Street, kolkata-700 001

STAFF INDIA (LIAISON OFFICE) HOPE FOUNDATION

Jenny Browne
Sachidananda Das
Paulami De Sarkar
Sharmistha Nandi
Arunava Das
Swarup Bhattacharya
Sutithi Bose
Annemarie Murray
Sajal Mukherjee

AUDITOR

M/s.A. R Banerjee & Co,
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Kolkata- 700005

BANKER

Deutsche Bank
Brooke House
Ground Floor, Shakespeare Sarani, Kolkata
- 700 071



**The Hope Foundation would like
to thank all our benefactors
and supporters for your generosity,
hard work and support.**

**It is thanks to your efforts that
The Hope Foundation can continue
to reach out to increasing numbers
of children and families in need.**



