

THE HOPE FOUNDATION OVERVIEW 2007-08



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The Director, Hope Foundation Ireland



Welcome to the 2007/2008 Annual Report of The Hope Kolkata Foundation. During the past year the work of HOPE has seen phenomenal progress. This is due to the overwhelming generosity of all our supporters. No matter how great or small a gesture is, whether it is volunteering of your time, making a donation or taking part in one of our many events, it will make a positive difference to the life of a street child. Like all children, they are innocent, vulnerable, dependent and yearn to be loved. Their lives should be full of joy, happiness, peace, fun and enriched by education, helping them towards a fulfilled and happy future.

Those of you who volunteer of your time fundraising at home or working in India are major contributors to our cause and often represent its unsung heroes. We value you for the passion, commitment and energy that you have brought to HOPE.

Highlights of the past year have been the opening of the WeightWatchers-funded Hope Children's Hospital, a beautiful, bright, modern facility badly needed for underprivileged children; the new HOPE Kasba Girls' Home funded by The Louis and Zèlie Foundation, and our EDUCEO-funded Educational Centre.

The HOPE Primary Healthcare Programme co-funded with Irish Aid, through the provision of 35 clinics, 51 community health groups and improved access to safe drinking water and proper sanitation facilities, is making a huge difference to the lives of 75,000 people living in some of the worst slums in the world.

It is only with the continued support of our staff, friends in Ireland and India that we can help realise the dreams of thousands of children. Words cannot express my gratitude to you all. To see their smiling, happy faces is the greatest reward that we could ever receive.

Every Blessing and Good Wish.

Maureen Forrest
Honorary Director
Hope Foundation, Ireland

The Hope Foundation

The Hope Foundation, a leading Organisation 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

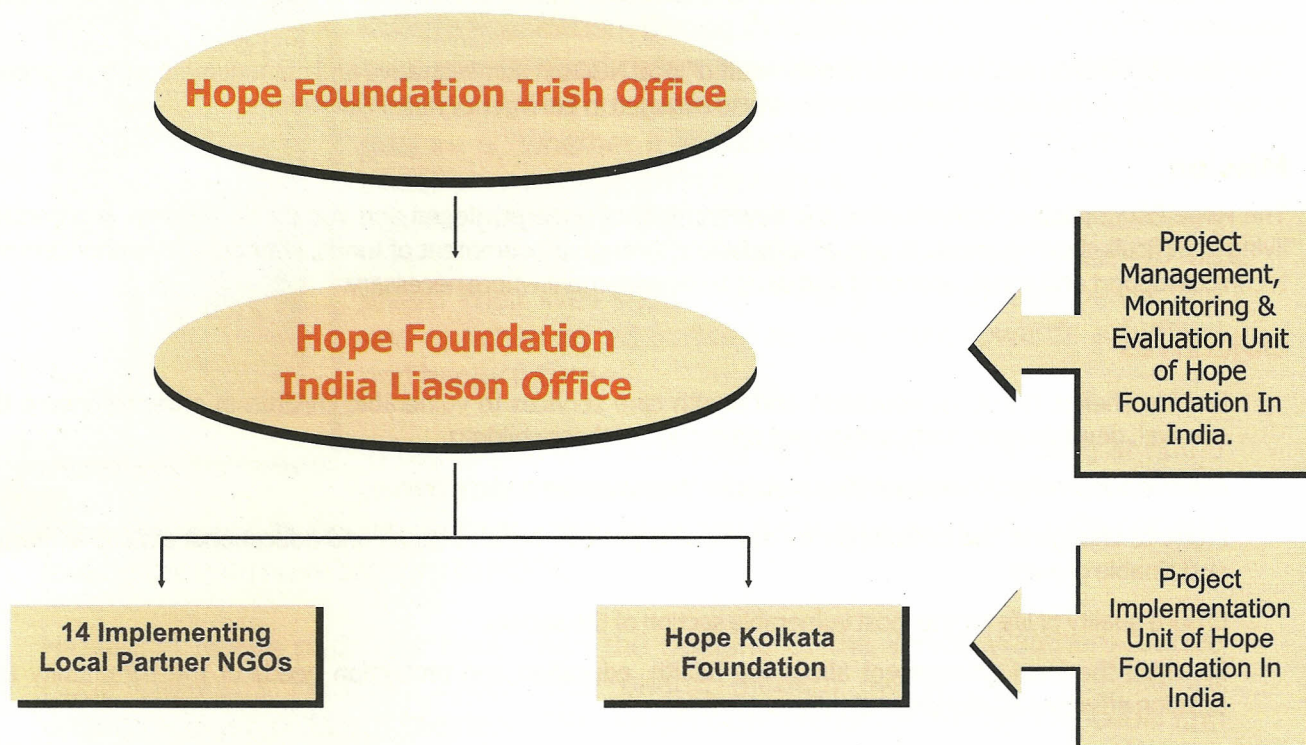
- Provide shelter, nutrition, education and health care services to vulnerable children in order to ensure the survival, development, participation and protection of these children.
- Achieve positive health and nutrition status for these women and children.
- Promote change in the community by developing 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 | ▪ Monitoring and Evaluation |
| ▪ Child Education | ▪ Capacity Building Training and Workshop |
| ▪ Reproductive and Child Health Care | ▪ Advocacy and Networking |
| ▪ 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 | |

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.



The followings are our Implementing Partner organisations.

- 1) Hope Kolkata Foundation- HKF
- 2) Society for People's Awareness and Action- SPAN
- 3) Society for Educational and Environmental Development- SEED
- 4) Mayurbhanj Joint Citizen Center- MJCC
- 5) HIVE India- HIVE
- 6) All Bengal Women's Union- ABWU
- 7) Paschim Banga Krira O Janakalyan Porishad- PBKOJP
- 8) Halderchawk Chetana Welfare Society- HCWS
- 9) Mohammadbazar Backwardclass Development Society- MBBCDS
- 10) Bhoruka Public Welfare Trust- BPWT
- 11) Society for Indian Children Welfare- SICW
- 12) Rehabilitation Centre For Children- RCFC
- 13) Jayaprakash Institute of Social Change- JPISC
- 14) Mukti Rehabilitation Center- MRC

"Do not train a child to learn by force or harshness; but direct them to it by what amuses their minds, so that you may be better able to discover with accuracy the peculiar bent of the genius of each."

-Plato

Country at a Glance

The Millennium Development Goals (MDGs) have become globally accepted benchmarks and form a blueprint agreed to by all the world's countries and all the world's leading development institutions to meet the needs of the world's poorest. These goals range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015. Consistent progress toward achievement of these targets would help all nations specifically those in the developing world to march towards sustainable development.

The eight-goal action plan was signed in September 2000 at the Millennium Summit. One hundred and eighty nine governments reached one of the most significant decisions of the 21st Century. All parties agreed to work together to end extreme poverty. The eight goals adopted through 21 enlisted targets aim at finding solutions to a wide range of challenges. These include working on extreme poverty, hunger, universal primary education, gender equality, child mortality, maternal health, HIV/AIDS and other diseases, environmental sustainability and creation of a global partnership for development.

A review midway through the target achievement date confirms there is a lot to look forward to. Thirty-four countries are on track to meet the infant mortality goal; 44 countries look likely to meet the poverty goal; and 47 countries should meet the education goal. In the General Assembly thematic debate on the MDGs, President Srgjan Kerim stated, "The key issue is that we all have to deliver on our commitments, scale up our efforts and accelerate progress." A large number of government agencies and organisations all over the world are working on achieving the targets but as the President explains, a lot more has to be done to see the light of success.

When we say that today's world is to be our future world, what we mean is, today's children and their contribution will mould the world, its ways, and its life for the future. Children of the world are innocent, curious, active and full of hope and our expectation is that today's children will survive. However, every day millions of children are exposed to danger and suffer from the scourges of poverty and economic crisis.

The rights of these children are protected by the UN General Assembly (World Summit for Children 'Rights of the child' 1989). The Indian Constitution and the National Plan of Action implemented by the Government of India also pledge to safeguard these rights. The Millennium Development Goals (MDGs) agreed as part of the Millennium Declaration in September 2000 also aim to protect our future children's rights.

India is a booming country now, as the share market indicates but the basic indicators, which reflect the country's development, are giving us dangerous and alarming figures.

India Country Profile

DFID Assessment of likelihood of reaching MDG	1990	1993	1999	2004	Data Source
1. Eradicate extreme poverty		HUNGER			
Population below \$1 a day (%)		42		34	UN
Population below \$2 a day (%)		85		80	WB
Proportion of the population below the national poverty line (%)		36		28	NSSO
Poverty gap at \$1 a day (%)		11			UN
Percentage share of income or consumption held by poorest 20%				8	UN
Prevalence of underweight children (under 3 years of age)*		52	47	46	NFHS
2. Achieve universal primary education					
Net primary enrolment ratio (% of relevant age group)			87	96	UN
Percentage of cohort reaching grade 5 (%)	58		61	63	DISE

Youth literacy rate (% ages 15-24)	62		76		UN
3. Promote Gender Equality					
Ratio of girls to boys in primary education	0.75	0.82	0.82	0.90	DISE
Ratio of girls to boys in secondary education	0.05	0.57	0.65	0.73	SES
Share of women employed in the non-agricultural sector (%)	13	14	16	18	UN
Proportion of seats held by women in national parliament (%)	5		8	9	UN
4. Reduce Child Mortality					
Under 5 mortality rate (per 1000)		109	95	74	NFHS
Infant mortality rate (per 1000 live births)	80	74	70	58	ORGI
Immunization, measles (% of children under 12 months)					
5. Improve maternal health					
Maternal mortality ratio (modelled estimate, per 100,000 live births)	570	440	540		UN
Proportion of births attended by skilled health personnel (%)		33	43	48	NFHS
6. Combat HIV/AIDS, malaria and other diseases					
Prevalence of HIV, adults				0.4	NSCO
Contraceptive use among currently married women 15-49 years old, any method (%)		41	48	56	NFHS
Tuberculosis prevalence rate per 100,000 population	570		495	312	UN
Tuberculosis cases detected under DOTS (%)			7	57	UN
Malaria			NO DATA		
7. Ensure environmental sustainability					
Forest area (% of total land area)	22		23	23	UN
Nationally protected areas (% of total land area)	4.8	5.2	5.4	5.4	UN
CO2 emissions (metric tons per capita)	0.8	0.9	1.1	1.2	UN
Proportion of the population using improved drinking water sources (%)	70			86	UN
Proportion of the population using improved sanitation facilities (%)	14			33	UN
8. Develop a Global Partnership for Development					
Youth unemployment rate (% of total labour force ages 15-24)		8	10	11	UN
Telephone lines and cellular subscribers per 100 population	0.6	0.9	2.9	8.4	UN
Personal computers per 100 population	0.03	0.06	0.33	1.21	UN
General indicators*					
Aid (% of GNI)	0.45	0.54	0.33	0.10	W.B
Population growth (annual %)	2.0	1.9	1.7	1.4	W.B
Population, total (millions)	849m	899m	990m	1079m	W.B
GNI index				37	W.B
GNI per capita, Atlas method (current US \$)	390	310	440	630	W.B
GNI pre capita, PPP (current international \$)	1330	1520	2240	3090	W.B
Fertility rate, total (birth per women)	3.8	3.5	3.3	2.9	W.B
Life expectancy at birth, total (years)	59	61	63	64	W.B
Literacy rate, adult total (% of people ages 15 and above)	49			61	W.B
Slum population, reported to central government			43		ORGI

Source : International sources: UNSD (Millennium Development Goals Indicators) Aug 07 and World Bank (World Development Indicators) Jul 07.

National data sources: NSSO (National Sample Survey Organization, Government of India); NFHS (National Family Health Survey); ORGI (Office of the Register General of India)

DISE (District Information System for Education); SES (Selected Education Statistics), NACO (National Aids Control Organization). * Nutrition calculations based on US National

Center for Health Statistics (NCHS) growth standards to allow trend analysis

Calcutta - The City of Joy, once synonymous with decrepit roads, urban filth, poverty, is changing very fast with India's Economic Boom. It is one of the booming metropolises in India. There are signs of change everywhere in the city. It is becoming a hub for information technology. The city's information technology industry is growing at an astonishing 70 per cent a year. That's twice the national average. Everyday all the capitalist giants are investing millions of dollars in this city. Expensive hotels, glitzy shopping malls, swanky high-rise apartments are being built. But not everyone is profiting. Millions of people are still mired in poverty, their presence obscured by shiny, glass fronted office towers, malls and billboards.

The government's main objective is in the negotiation of investment opportunities with industrialists. In order to explore growth, government has implemented the Special Economic Zone policy. Due to these changes, the gap between rich and poor is ever increasing, resulting in social and economic problems among the marginalized poor people of society.

With the growth of the modern nation, social development has increasingly been viewed as the responsibility of government. The growth of social democracies and the welfare state during the twentieth century clearly reflects this belief. However, despite massive investment in social programs, governments have never been able to address fully the many needs of their citizens, nor are these needs met by the corporate sector. NGOs have emerged for a large part to bridge the gap between what governments and corporations can do and what society needs or expects. India is a vast country with a huge population, 16.7% of the world population, and the second most populated country in the world. Government spends a maximum of its budget on defence resulting in minimum budget spend on health, education and other social sectors. Therefore there is the need for inter country cooperation and collaboration in order to change the quality of life of the marginalized, vulnerable people of this society.

Government is now realising that for social development they need to develop an effective partnership with NGOs or Civil Society Organisations. These organisations closely relate to the people. For grass root level development, these organisations can bridge the gap between government services and the needs of the people. Government has also realised that it is not possible for them alone to improve the conditions of millions of people in these vulnerable situations. Thus the government encourages overseas donors and local civil society organisations to perform a supportive role in order to contribute to the national developments goals and at large to the Millennium Development Goals.



Where are our RIGHTS...?

SURVIVAL • PROTECTION • PARTICIPATION • DEVELOPMENT



We Need...

LOVE • CARE • AFFECTION • RESPECT • RECOGNITION

Health Care

Project	Name of the Partnering NGOS
Primary Health Care	HKF, HIVE, SEED, SPAN, MJCC, PBKOJP
Emergency Response Project	HIYE, HKF
Community Based Intervention For Homeless Mentally Ill	Mukti Rehabilitation Center
Counselling for Mental Health	ABWU
Dance Therapy	ABWU
Observation & Screening Center	ABWU
Hospital for Underprivileged Children	HKF
Rehabilitation of Orthopaedically Handicapped Children	RCFC

For the Hope Foundation, the goal of our health care programme is to improve the health status of the street and slum dwelling population within their operational areas in Kolkata and surroundings. Hope Foundation is working with different Government and Non- Government Organisations in order to contribute to the health indicators set in MDGs:

Research on the health of street and slum dwellers revealed the following main concern factors:

- Extreme poverty
- High illiteracy
- Unhygienic living conditions
- Extreme climatic conditions
- Minimum awareness

These factors not only slow down progress made to improve living conditions of those people but in some cases also inhibit it.

With regards to the primary health care objectives, the Hope Foundation works towards increasing access to healthcare facilities, improving water and sanitation facilities and improving health awareness. Therefore both directly and indirectly Hope Foundation works towards achieving the MDGs. Reduction of child and maternal mortalities, prevention of HIV, malaria and other diseases will be achieved by creating a base of improved primary health care facilities and increasing the awareness levels of our underprivileged population.

The Hope Foundation began by listing the indicators for its Primary Health Care Programme. Various indicators were used for women, children, and adolescent health, male involvement, family planning, morbidity, quality of care, and sustainability.

Primary Health Care Programme

Encompassing the WHO's Declaration of Alma Ata (WHO 1978) and recent Primary Health Care: A Framework for Future Strategic Directions (WHO 2003), we define primary health care as:

Socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those in most need, maximises community and individual self-reliance and participation and involves collaboration with other sectors.

The goal of the primary health programme is to improve the health status of the street and slum dwelling population within our operational areas in Kolkata. This project was originally conceived through the observations of Hope Foundation partners on the health status of street and slum dwellers. The six partners involved (Hope Kolkata Foundation, HIVE, SPAN, SEED, PBKOJP, MJCC) began conducting research through focus group discussions and baseline surveys to discover the real needs of the communities they served.

Their research found that there are a number of factors contributing to the low health status of these communities. The migrant nature of this population coupled with high illiteracy rates and overwhelming poverty renders even pre-existing government services inaccessible to them. Poor knowledge among these communities on what healthcare services are available and limited access to these services has meant that their health needs have not been met.

The living conditions endured by street and slum dwellers only heighten their vulnerability to sickness. The lack of basic hygiene and the filth surrounding their temporary shelters helps the spread of the communicable diseases. The extreme climatic conditions, (monsoon season) add to the hardship and increase the incidence of seasonal illnesses. The lack of proper sanitation facilities and the limited access to clean drinking water exacerbate the problem further.

The research found that another factor contributing to the low health status of street and slum dwellers is directly related to the low level of health awareness present. Poor hygienic standards and malnourishment are affecting people's ability to fight off sickness. Poor drug compliances and low levels of immunization are ensuring that the communicable diseases remain prevalent. The lack of knowledge on reproductive and sexual health is leading to a rise in STD but is also affecting the health status of mother and child with the high numbers of home births and low levels of ante-natal (ANC) and post-natal care (PNC).

In 2007, the Hope Foundation along with six local partner organisations implemented the Primary Healthcare Project receiving funds from Irish Aid (donor body of the Irish Government). This program spans across 24 wards and 2 Gram Panchayats affecting 34 street, slum and other resistant but vulnerable communities. Major components of this project include:

- Curative and Emergency Health Support through Static and Mobile Clinics.
- Preventive Health Support through Awareness Generation and Community Health Group Formation.
- Construction and Maintenance of Drinking Water and Sanitation Facilities.
- Networking and advocacy building resulting in improved accessibility for people to existing government health services.

The aim of this project is to provide ancillary services to strengthen the existing health services being provided by the Government of West Bengal with the three main objectives, which provide the interventions necessary to achieve this ultimate goal, outlined below;

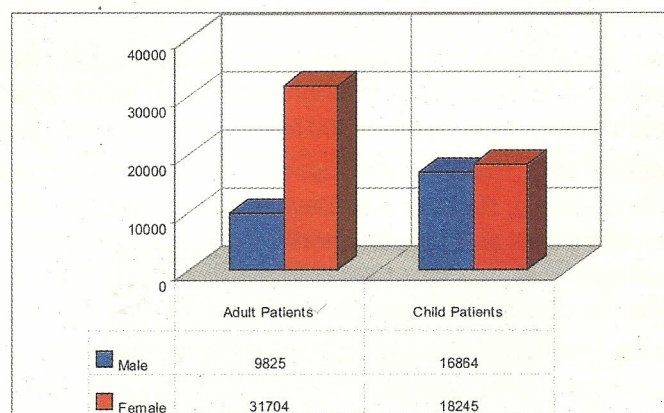
- 1) The provision of accessible and equitable healthcare clinics
- 2) Improved Health Awareness
- 3) Improved access to Water and Sanitation Facilities.

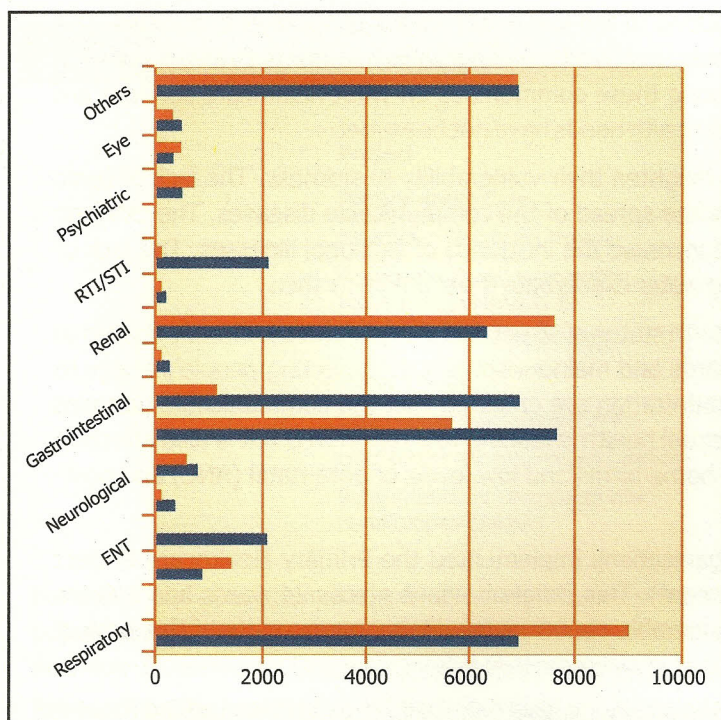
(i) Healthcare Clinics

Within one year of project initiation, 35 clinics have provided quality health care through diagnosis, treatment and medication to 76,638 patients including 41,529 adult and 35,109 child patients. Among the adult patient population, 9,825 are male and 31,704 are female. Among the total child patient population, 16,864 boy children and 18,245 girl children have been treated through these clinics.

This trend shows the following factors:

- 1) Communities are becoming more aware and conscious of their girl children's health. As a result the number of girl children attending the clinic and receiving treatment is higher than the boy children.
- 2) These statistics also reveal that women are becoming more aware of their own health rights. They have started taking care of their own health; this is reflected in the number of women attending the clinics.
- 3) Women and children are primarily the major focus of the programme and the above figures confirm that there is gender equality and equity in the clinics.





The clinic has thoroughly monitored the illness profile of the patients. The following graph reveals among the adult population; 6,912 patients presented with respiratory infections, 37 with tuberculosis, 2,084 with cardiovascular infections, and 765 with malnutrition, 7,595 with gastrointestinal infections, 6,864 with musculoskeletal infections, 6,286 with skin diseases and 174 with reproductive/urinary tract infections.

Among the children; 8,991 presented with respiratory infections, 17 with tuberculosis, 598 with malnutrition, 5,620 with gastrointestinal infections and 7,562 with skin diseases.

Within the year, 4,541 adult patients and 19,212 child patients have been referred to government run health care institutions by the doctors and nurses. Social workers have developed a good and effective rapport with these health institutions. The health staff has followed up these referred patients. 1170 people have been provided with information about other NGO facilities and government run health care facilities through focus group discussions in the clinics.

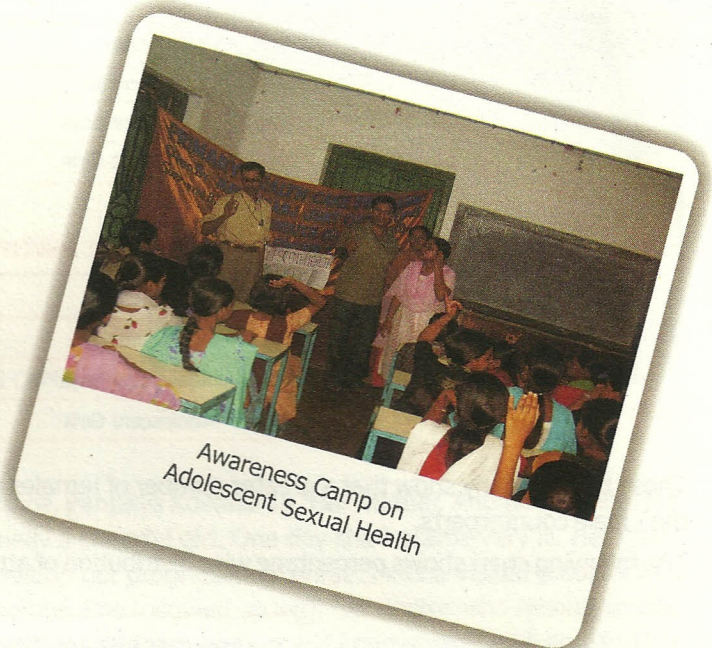
(ii) Health Awareness and Community Health Groups

The Hope Foundation is strengthening the voice of our partner organisations by funding and facilitating advocacy meetings and workshops. However, to ensure the effectiveness of this, it was first necessary to equip partner organisations with in-depth knowledge on the Government of India and West Bengal's health policies as well as providing training on how to develop long lasting relationships with the government institutions. In preparation for the expansion of our primary healthcare programme, the Hope Foundation funded a Health Advocacy Workshop where partner organisations could learn about state planning and policies relating to health, as well as, develop relationships with state government and learn the mechanisms to enter into an effective partnership with government. 10 partner organisations attended this workshop, including the six partners involved in this programme.

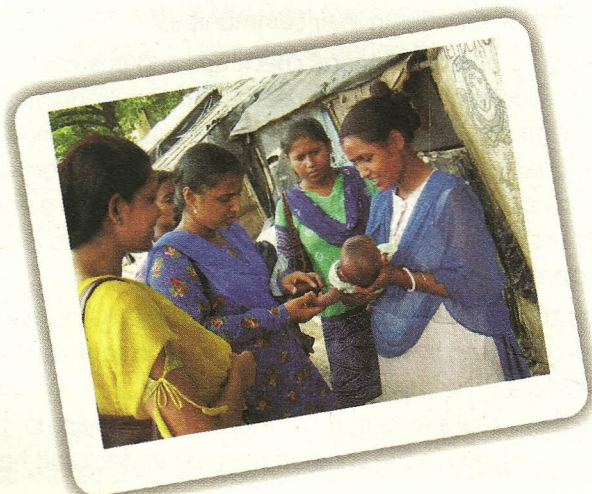
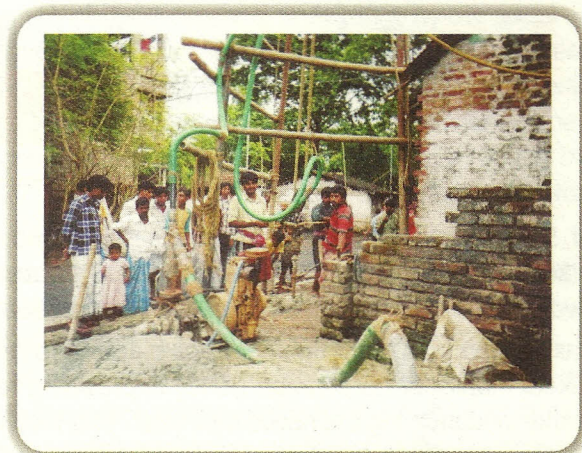
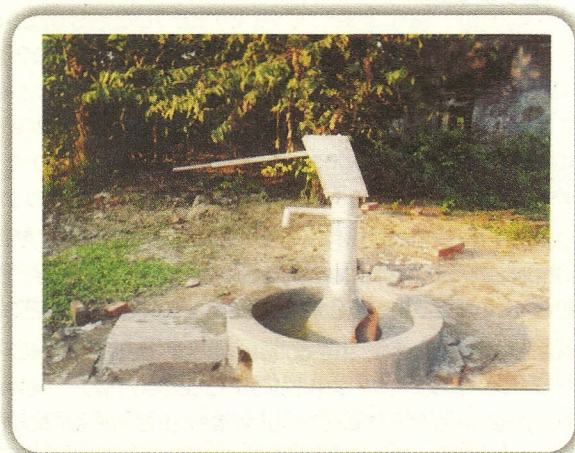
At local level, this programme empowers its Community Health Groups (CHGs) to progress the development of health seeking behaviour in its community through conducting health awareness events and camps at least once a quarter and through its efforts to improve the health of 300 households in its community each year.

At national level, the CHG's participate in development through organising their events to coincide with the Government National Health Days, e.g. National Aids Day. This has a two-tier effect in that the CHG's and communities become aware of what the government sees as its health priorities, and it also helps the government to reach people that in the past it couldn't due to the lack of resources. In effect this component of the project bridges the gap between slum dwellers and government and ensures both are working side by side to improve the health status of the population.

A training manual has been prepared for the social workers to educate the community people and community groups at the very beginning of the project period. In addition, 15 days training has been given to all the social workers on basic health care to equip them with the necessary knowledge required for fieldwork. 3 days training has been given to the social workers on facilitation skills in order to develop their teaching and communication skill. Training was provided by ASK-Association for Stimulation Know How, a capacity building organisation. As planned, 51 CHGs have been formed in different parts of the field areas. Each CHG consists of 4 adult males, 4 adult females, 2 adolescent girls and 2 adolescent boys. They have been provided with intense and effective training on Basic Hygiene, Nutrition, Drug Compliance, Immunisation, Seasonal Illnesses, Sexual Health and Reproductive Health in order to develop their knowledge and skill. Social workers have done regular awareness camps and campaigns in order to increase awareness and sensitivity to these issues in the community. Community health volunteers also actively participated in celebrating National Health Days. Throughout the year there were 256 camps and 172 campaigns on different issues related to primary and reproductive health care.



Construction of Tube well in SEED



Social Worker in attendance at New Born Child's Immunisation Follow Up Visit

Attendance of Community Health Volunteers in training

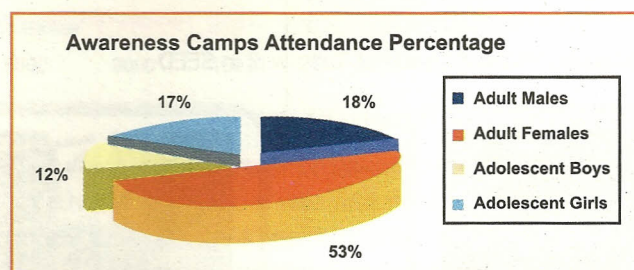
Adult Males	933
Adult Females	1954
Adolescent Boys	1047
Adolescent Girls	1239

People attending awareness camp and events

Adult Males	2932
Adult Females	8388
Adolescent Boys	1840
Adolescent Girls	2787

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

The following chart shows percentage wise distribution of attending population.



Overall, 5125 people attended the training sessions and about 15947 people attended the awareness camps. World AIDS day took place on the 1st of December and the CHG's observed the day through different camps and campaigns. 1128 people attended the camp / campaign on HIV/AIDS whereas 958 people attended the Awareness Camps/Campaign on STI/RTI/STD.

In terms of supporting communities to gain access to resources for local development, the collaboration between HOPE and the Kolkata Municipal Corporation (KMC) in providing resources to improve water and sanitation facilities has involved the community in identifying the needs that exist. This involvement will progress into the creation of water and sanitation (W&S) committees who will work with local council for the maintenance of new and existing facilities thus ensuring communities have access to resources for local development. At the end of this programme, these W&S committees will be equipped to continually work with local council for the improvement of water and sanitation facilities in their communities.

During the year the social workers have visited 750 households ensuring complete antenatal check ups and postnatal check ups for pregnant women. During these visits, pregnant women were educated about care needed during pregnancy and possible danger signs. As a result, only 1 case of complication during pregnancy was identified over this one year period. The social workers have facilitated and ensured that pregnant women who qualify, obtain the financial assistance available under the Janani Suraksha Yojana (JSY) Scheme from the government health institutions. In addition, the number of babies delivered within a hospital environment has increased. Social workers have also ensured proper immunization of children. No cases of infant death, neo-natal and natal death have been registered in the field area.

Healthcare is a human right and our support for communities to realise this right, is through supporting the CHGs to educate their communities on this. This is done through events and campaigns organised by CHGs which involve the community and through the CHV's facilitation of slum dwellers to access health services. The incorporation of the JSY into the health awareness component of this programme has especially improved women's realisation that healthcare is a human right and available to them. As the JSY scheme will continue after this programme, women in the communities will understand how to access it.



AWARENESS CAMP



Case Studies

Meena Mondol is a 14-year-old girl who resides in 12/2 Dover Terrace, Panditya Kolkata-19. Her mother, Anumati Mondol is a poor woman and earns her living as a maidservant. Meena is usually a cheerful girl. One day she became very ill. Her gland was swollen and she was unable to eat food. Day by day her condition got progressively worse. Meena visited a doctor and was prescribed medication but her condition continued to deteriorate. She followed up with her doctor who recommended that she have a FNAC test. She contacted the Hope Kolkata Foundation (HKF) for support and cooperation. HKF assisted her by covering the cost of this test. Meena was diagnosed with tuberculosis. She followed up with the Hope Clinic and was later referred to the DOT center by Dr. Sanchyan Malakar. Meena was taken to the DOT center at Ballygunge by our social worker. At the DOT center she undertook a sputum test as per her doctors recommendation. After the test medication was prescribed for Meena from the DOT center. HKF also provided nutritional food for Meena over this period. She continued her medication and treatment at the DOT center. During the course of her treatment, Meena was found to have vitamin deficiency. The HOPE clinic provided vitamin supplements to Meena. Our social workers continued to follow up with Meena on a regular basis to ensure that she continued to take her medication appropriately. On 27th August 2007 her course of treatment was completed and she is now completely fit to work.

On 19th March 2008 a woman was walking aimlessly in Khidirpur area around 11 pm. Two ladies noticed her erratic behaviour and informed the police. The police contacted Hive India. The HIVE team members visited the area and talked to the woman. They discovered the woman was Anguri Begum, a mentally disturbed woman in a state of shock and restlessness. Sabitri Kundu, a social worker talked to her but she was unable to communicate. She was out of breath and was acting in an insecure and vulnerable state. The team members rescued her and took her to the police station and from there she was admitted to Amropalit Hospital under the supervision of Dr. K.L.Narayan. While she was undergoing treatment in the hospital she was interviewed and asked about her home. Anguri informed social workers that she lived in Tamlok. HIVE members contacted Tamlok police station and from there sourced the address of Anguri Begum's in laws. The police informed HIVE that Anguri's husband Murtaja Ali was also suffering from a mental ailment. Anguri Begum's in laws confirmed that Anguri was separated from her husband and was now living with her brother in Madhyamgram. HIVE managed to source Anguri's brother's home address. On discharge from the hospital, Anguri stayed for a short term in the Dhapa Welfare Society home to recuperate fully. An emergency response unit worker informed her brother Mr. Sk. Shajahan of his sister's whereabouts. Mr Sk Shajahan visited his sister. Angurai recognised her brother and was happy to return with him. HIVE India contacted the Madhyamgram police service and with their help, Anguri Begum was reunited with her brother in her Madhyamgram home.

Emergency Health Care Programme

Emergency Response Unit (ERU) works towards networking between the local police stations and hospitals and rehabilitation centers. 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 or women, people who have had an accident on the road and mentally ill people on the street. Psychological support is provided to these people if required, as well as hospitalisation and treatment in cases of poor and homeless people and includes repatriation of the rescued victims and follow-up.

Another component of this project is developing an effective networking and referral system. It responds to the emergency calls from the Police, Fire Brigade and clubs and other key stakeholders.

The direct beneficiaries include approximately 30 adult men and 45 adult women under rescue and treatment, almost 250 people with provision of tarpaulin sheets and more than 1100 people with night-round food. Multiple challenges have been faced while implementing this project including lack of follow up by the patient or family, non-cooperation from hospitals, difficulty in responding to all calls through availability of one ambulance and inability to place all the mentally ill.

HKF has two Crisis Intervention Unit for Girls and Boys. Here they provide support to the rescued children and provide them with emergency treatment. After that a Counsellor Counsels the child and rehabilitates them. This project now networks between 21 police stations, 9 hospitals, 4 nursing homes, Child Welfare Committee, Missionaries of Charity and other NGOs working for violence against women, and for those with mental illness.

Mental Health Care Programme

(i) Community Based Care and Treatment for Homeless Mentally Ill Patients: Mukti started Project "Naya Daur" as a community based care and support program for the homeless mentally ill population 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.

This project also faced challenges mainly the mobile nature of the patients, lack of a mobile mental health unit, very poor physical conditions of mentally ill patients forcing the project to take care of patients general health needs first, and the tedious and complicated legal process required to gain admittance for a patient to a government mental hospital.

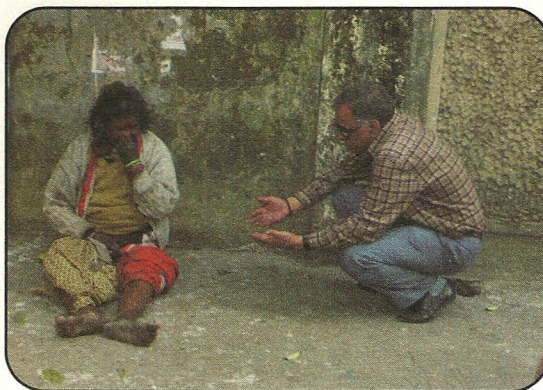
The Metamorphosis - SARASWATI

Ms. Saraswati Sahani, aged 35 years was first discovered at Gariahat Road by social workers in a violent condition. Saraswati was acting in an erratic fashion and her behaviour was out of control. She was counselled and admitted to our medical camp at 66, Pally immediately. She was examined by our psychiatrists and was diagnosed with schizophrenia and was prescribed haloperidol. An ulcer was also noted on her right leg and she was treated for this also. She was admitted to a nursing home for a period of recuperation. After that she was moved to a psychiatric centre.

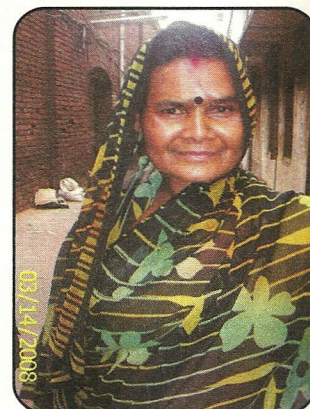
During her stay at the psychiatric centre, she was interviewed and her husbands name and address were discovered. She later claimed that her leg was injured by dog bite. She was discharged from the Psychiatric Institute, and was reunited with her husband. Her husband is a labourer and is currently looking after her.



Before



During the treatment



After

(ii) Counselling Project - ABWU has been in partnership with The Hope Foundation since 1999. It is involved in a counselling training unit and observation and psychometric testing of children. The Counselling Programme aims at providing special support to destitute traumatized children in difficult circumstances, who are residents of the ABWU – 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.

(iii) 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 cannot avail of traditional counselling. They do not have the ability to understand or benefit from counsellor's talking to them as they lack the ability to reason. Therefore it was decided by experts that non-traditional forms of counselling must be provided for such children. Dance therapy is a method to counsel the special children who are unable to follow regular counselling.

(iv) Observation & Screening for Improving the Mental Health Status of Children -The Children's Welfare Home of ABWU provides shelter 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 mainly due to family discord, or because they have been abandoned or lost, it is such factors, which are mainly responsible for their personality and behavioural problems. These are therefore the major areas to be observed when formulating rehabilitation strategies for them. 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 3 Psychiatrists, 3 Counsellors and 3 Psychologists. These reports will help to formulate rehabilitation for these children.

Hospital and Polyclinic for Poor Under Privileged Children

Hope Kolkata Foundation has recently set up a hospital for treatment of underprivileged children. The hospital building was purchased in May 2007 funded by WeightWatchers, Ireland through Hope Foundation Ireland. The building spans across four floors and includes a polyclinic and diagnostic center, a pathology department and an x-ray department as well as capacity for 30 beds within the hospital.

The polyclinic & diagnostic center was initiated on 21st of November, 2007 and has been fully operational since with two paediatric doctors, one general physician and one surgeon engaged. The clinic is open to patient admissions in the morning and in the evening.

Rehabilitation of Orthopaedically Handicapped Children

A rehabilitation centre for children was established on 24th April, 1973 by an English lady, the late Jane Pamela Webb. The main mission of the organisation is the comprehensive rehabilitation of orthopaedically handicapped children in the age group of 0-14 years from underprivileged families. The services provided include surgery, physiotherapy, mobility aids, education and pre-vocational training as well as psychosocial rehabilitation. Through this project, children with orthopaedic deformities are identified, assessed and provided with medical rehabilitation including surgery. Cases are assessed and if children are identified that would benefit from the RCFC services, they are referred to the center. Others are referred to state hospitals. A cerebral palsy clinic is run every Thursday and Saturday where trained cerebral palsy specialists improve the functional skills of cerebral palsy patients with physiotherapy.



Education

Project	Name of the Partnering NGOS
Holistic Education Project	HKF, HIVE, SEED, SPAN, MJCC
Education Sponsorship for Children	SEED, SICW, ABWU, HKF, PBKOJP
Strengthening Institutional for 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 goals of the foundation's education programme are threefold.

- 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

(I) 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. Crèches are day care centres where slum children of 6 years and under, receive nutritious food, health checkups, mainstreaming and



educational support. Mothers of these children also have an opportunity to be involved in economic activity. The project provides coaching support to the poor children, who are the first generation learners and have been mainstreamed in formal school. In order to achieve this objective the organisation runs community based coaching centres. In these educational guidance centres, first generation learners already admitted to formal school are guided by qualified teachers resulting in improved performance in school and ensuring children remain in school resulting in a positive impact on dropout statistics. In these coaching centres, children also receive nutritious food, required health check-ups, mainstream support and educational support. Within the last year alone, HOPE has supported 1,440 children to gain admittance to and to continue school education with the help of coaching support. All these children have

been provided with regular nutrition, clothes, and education materials. With the support of HOPE, local NGOs have succeeded in reducing the incidents of school dropouts.

Achievements at a Glance	HKF	HIVE	SEED	SPAN	PBKOJP	MJCC	ABWU
Glance							
Number of poor children catered for through coaching centres	200	160	250	420	110	300	-
Number of poor children catered for through crèches	100	100	20	120	40	-	100
Children in receipt of educational materials, uniform and festival dress	300	260	300	540	150	300	100
Dropouts	18	21	21	37	12	34	-

Success Stories

Of 60 students coached by SEED, 24 from Panchpara coaching center received 50% marks in their half yearly school examination. Two students received 100% in Bengali, 2 received 100% in mathematics, 1 received 99% in English, 6 received 90% in mathematics, 7 received 90% in Bengali and 8 received 90% in English.

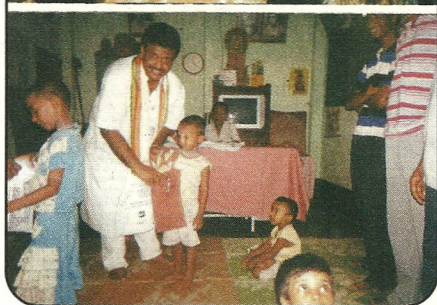
Bishakha, a daughter of a sex worker of the Kalighat red light district has been studying in the coaching centre of PBKOJP since 1999. Before her Madhyamik Test Examination, her father had an accident fracturing his leg. As a result of this

ailment, her father was unable to continue his daily work of selling alcohol and food to customers, mainly sex workers in the area. PBKOJP intervened and supported her family by providing 500 rupees per month over this period. Bishakha continued her study and at the same time cared for her father. Finally she passed the Madhyamik final examination in 2nd division and is now studying in class XI.

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.



Children celebrating Teacher's Day



Children celebrating Independence Day

Success Story

Mahammad, a boy of 8 years studying in class – I in Shalimar Hindi Primary School, was attending one of SEED's coaching centres. It was noted that he did not attend the coaching centre regularly. During a home visit, it was discovered that Mahammad was gambling in the evenings near Shalimar railway station. He had also dropped out of formal school. After regular counselling he has given up the practice

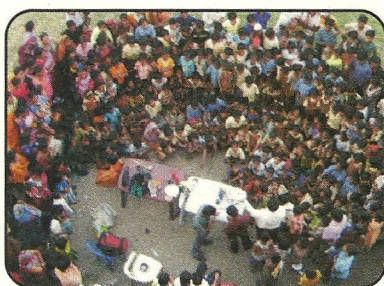
of gambling and now comes to the coaching centre daily.

(ii) 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 74 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 4,899 people living in the slums and streets of Kolkata and Howrah. 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.



Addressing the Community through Awareness and Sensitisation Camp in order to make them aware of the benefit of Education



(iii) Capacity Building of Formal School Teachers: Many researchers have shown that formal teachers 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.

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.

Success Story

Initially, schoolteachers showed little interest in attending these training courses. After attending, teachers were much more enthusiastic about these courses. The children of PBKOJP center attended the Calcutta Port Trust School (CPTS). The CPTS Annual Sports Day and the schoolteacher's training from PBKOJP was scheduled for the same date. The CPTS

changed the date of their programme to accommodate both. The reason for this date change was due to the teachers' request to participate in the training day. Each of the schools confirmed with PBKOJP participation of their teachers in the training programme. Two schools, Jawaharlal Nehru Vidyapith and Kalighat Mahakali Pathshala have permitted PBKOJP to organise their teacher training programmes in their conference halls.

Students of Panchapara coaching center were not allowed to use the toilets in their formal schools as they were seen as destitute and were stigmatised. These children returned to their homes to use facilities. Thus dropout rates were continuously increasing. Following training and motivation of the teachers in three schools, the teachers are now sensitive to these issues and this is no longer an issue.

(iv) 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, 60 stakeholder meetings were held across the partner organisations and a total of 806 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 the rights of children
- The problems and challenges faced by these families in order to ensure the educational rights of their children
- Discussion was participatory in nature : most of the stakeholders participated very actively and assured their necessary cooperation in future

Success Stories



Two awareness programmes were organised in Yubak Sangha club on 11th February 2008 in ward no. 82 and on 18th March 2008 in ward no. 85. The topic for discussion was "Child labour becomes a hurdle in the path of education and development". It was observed that programme attendees believe that a child is born only to work and to earn. After long discussions and dialogue, programme attendees were made to understand the importance of child education and expressed positive feelings on education on completion of the programme.

A student of HKF coaching center, studying in class VIII, had a marriage arranged for her by guardians. Both of her parents are suffering from tuberculosis. Her family pressurised her not to inform HKF of her approaching

marriage. Both the local Mothers Peer Group and the community people visited her home. With this joint effort her marriage was stopped. Now she is regularly attending school and regularly attends the coaching center. This is a result of generating awareness within the community regarding marriage at a very young age.

Ganesh, studying in class X is a student of the coaching center of HKF. Another young boy of his hamlet was addicted to drugs. He had an accident while under the influence of drugs and was severely injured. Ganesh mobilised his community and brought the family members to HKF, as he was a previous student of the organisation. The teachers of the center took the young boy to a detoxification center. Now the community is keeping a close watch over the boy. It proves that the community is gradually owning up to and solving the problems of vulnerable people within their communities.

(V) Educational Support for the Development of Special Need Children: SICW has been in partnership with The Hope Foundation since 2005.

It has 25 years experience in running the special needs educational centre. It also runs a residential unit for children with special needs. SICW is based in Ward 61.



Education 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 NGO engaged in delivering educational services should complement the existing effort of the Government and seek ways to further augment them rather than float 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 marginalised children who are meritorious but do not have the financial capacity to continue their education. SICW, SEED, PBKOJP, HKF, ABWU 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 marginalised 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 underperformance of these students. HOPE also helps the children to improve their physical and psychological health in order to maximise their performances in formal education.

Presently HOPE is sponsoring 369 poor underprivileged children from different parts of West Bengal through HKF, ABWU, SEED, PBKOJP, BPWT and SICW.

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, co-ordinated 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. The knowledge available as a result of developments in behavioural sciences as well as physical and natural sciences does not appear to have influenced policies and programmes in social defence to any discernible extent. The entire Juvenile Justice system continues to operate on the basis of questionable assumptions, archaic procedures and dysfunctional institutions without serving the social defence function satisfactorily.

Some academic exercises have to some extent illuminated our knowledge of problem behaviour in children and of its treatment and control. Yet the challenge of managing the conflicts the child faces has increased in intensity and impact. This is no less a major impediment to the nations' planned socio-economic development. Obviously, the situation demands consistent, co-ordinated and constant effort in increasing the knowledge base of the personnel who are directly associated with the managing functions of the children institutions. In this ongoing endeavour, government and academic bodies must work hand in hand if resources are not to be wasted and optimum results are to be obtained.

HOPE with its local partner JPISC 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. The Institute seeks to remedy the problems, which are a consequent of poverty through capacity building initiatives of those who are the victims. The children homes provide care and support to child victims of various forms of social oppression and facilitate social reintegration. JPISC has always been an active partner in this process.

The project goal is to create interest and provide opportunities for growth among children through academic input exercises and also to build up capacities of the functionaries to create an enabling environment. 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 and about 120 home functionaries were provided with skill development training leading to their increased strengths.



ভোম্বাং-বিশ্বদ-আম্বাং, ভোম্বাং
 ভোম্বাং হু-ভে (এসে ভোম্বাং-
 পড়াশুনা ও আম্বাং কবিভে,
 আম্বাং-এর ভোম্বাং
 নেভেভে।
 ভোম্বাং-আম্বাং চার চার-
 মনে রাখব।
 ভোম্বাং-ভোম্বাং ভেভে।

We thank you for coming from far away
 and helping us to study and play
 we are delighted.
 We will always keep you in our mind.
 Take care.

Protection

Project	Name of the Partnering NGOS
Child Watch Project	HKF, HIVE, ABWU, SPAN, MJCC, PBKOJP, BPWT
Protection Homes for Boys and Girls	HKF, SEED, PBKOJP, BPWT, HRLN, ABWU
Anti-trafficking Project	HCWS

In today's India, growing urbanisation, migration from rural areas and the disintegration of the traditional community structure have changed the socio-economic scenario and given rise to a new, vulnerable group of children in the metropolitan cities called "street children". The term street children refer to those children for whom the street has become their real home. Not all of these children are necessarily homeless or without families, but they live in situations where there is no protection or direction from responsible adults. They are children who rely completely on the streets for survival, nourishment and protection. Some of these children migrated to the city, alone or with their families, while some of them were born on the streets and grew up in the city's open public places.

In Kolkata, it is estimated that a staggering 200,000 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 shacks. These children are very likely to be exposed to intense risks to their mental and physical health, such as kidnapping and abduction, child marriage, hazardous labour, sexual abuse and even prostitution. HOPE believes that protecting street children from violence, exploitation and abuse is an integral component of protecting their rights to survival, growth and development.

Child Protection means protecting children from physical, emotional or sexual abuse or neglect. It also entails helping children to grow up into confident, healthy and happy adults. HOPE Foundation's Child Protection Project originated out of the concern of our staff for the hungry, sick, exploited street and working children of Kolkata. In co-operation with its partners, HOPE Foundation runs 9 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

In 2007/2008, by coordinating the efforts of its partner organisations, HOPE has developed an Integrated Programme for At Risk Children in order to promote and ensure child rights in vulnerable pockets of Kolkata & Howrah. This project aims to eliminate child labour, protect children from different kinds of abuse, rehabilitate addicted children and ensure all children's rights of basic education and health through advocacy, networking with government or non-government organisations and awareness generation in the greater community.

The Child Watch Programme serves 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 secured future, improved quality of life and basic rights for needy, vulnerable children who are at risk, through the provision of holistic care, 24hrs support and other necessary activities.

Our target group are around 20,000 street children deprived of basic rights - lost or abandoned, fending for themselves alone or in groups in extremely harsh environments, suffering from various diseases, vulnerable to drug taking, HIV/Aids, vulnerable to violence and victims of physical, sexual and mental abuse and exploitation. These children live in shanties, under the open sky, mostly on the streets. They work as rag pickers, clean or beg in the trains, deal in drugs. Some are living with their families, some are lost or abandoned and others chose to live on the streets as an alternative to poverty or violence at home. All these children are deprived of their basic 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.



(i) Educational Intervention: Education was provided to over 688 street children, child labourers, and slum children everyday. For this purpose, thirty drop-in centres have been established in areas where street children congregate. Each such centre caters for approximately 50 children. The children are encouraged to come in and feel at home, and are provided a warm and supportive atmosphere. These centres are meant to be a safe environment for children while they make the transition to become regular school goers. The teaching methodology followed is informal in the centres, thus making it learner- friendly.

The Nabadisha Education Programme for street children is quite unique in that it is an example of what total synergy can achieve. Hope Kolkata Foundation works with Kolkata Police in Nabadisha program for street children in Gariahat, Topsia, and Tollygunge & New Market police stations. Hope Foundation Child Watch Project has 4 centres located in 4 police stations all over the city and its suburbs where classes are held for approximately 345 children who have been denied access to formal schooling.

(ii) Economic Intervention: The high levels of tenacity of the hardcore and sheltered street children has been used to their advantage when designing rehabilitation programmers 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. Their rehabilitation through these vocational training programmes has been aimed at assisting them in finding some meaning and purpose to their existence.

The vocational educational programme with emphasis on carpentry skills has proved to be very successful and very popular. The boys were very enthusiastic and showed interest in the programme. Over the course of this training, the boys designed and crafted wooden furniture such as cabinet holders, small showcases, tables, file cabinets, etc for Hope Kolkata Foundation Office in Tollygunge. The Child Watch project receives many referrals for vocational training throughout the year. Apart from organisations the Child Watch project have also contacted local shops and laboratories for the purposes of training the children in these skills. Children can now choose training in many areas including driving and mobile phone repair. In Chetla open shelter of Hope Kolkata Foundation Child Watch project, the organisation has been able to run a sewing class at the local club. The Child Watch Project has identified two clubs and has networked with them resulting in 27 girls aged 16 – 25 receiving sewing skills training.

(iii) 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.

Quarterly program reports have showed that between 15-40% of children reached by NGO partners have accessed basic health services in any given month. NGO partners also participated in events such as National Immunization Day. In 2007, 50 children aged 0-5 years of age from Gariahat centre of Nabadisha received polio immunisation according to police information.

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 referrals. These costs are paid by the health clinic. To date, Bhoruka has referred 175 children to various hospitals.

(iv) 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, Hope Kolkata Foundation rescue team, has rescued 253 children aged between 5-18 years old at risk. 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. In 2007, HIVE rehabilitated 15 children.



Hope Kolkata Foundation have repatriated 24 children and HIVE night round team have also helped 47 children be reunited with their families in cases where this is the best option. 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 assessment 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.



(V) 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. Children have developed self-protection skills to guard themselves against physical dangers on the streets. It is ensured that the child is allowed enough time to talk, and the main focus of all counselling sessions is given to listening. The counselling team tries to be non-judgmental and treats children with respect and sensitivity. MJCC has provided individual and group counselling sessions. In 2007-2008 alone, MJCC have provided individual counselling sessions to 97 children.

Bhoruka has organized various group counselling sessions on abuse also. Victims of any kind of abuse are believed, and efforts are made that children are put at ease and are not in fear as any sense of disbelief may lead children to retreat and not speak out in the future about injustices they are subjected to.

(Vi) Development based Intervention: With the Child Watch programme, 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 democratic 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.

Success Story

Ganesh was rescued from the platform of Sealdah Station on a winter night, 21st December 2007 by the Hope Child Watch team, who were on their regular night rounds. He was lying at one corner, dressed in ragged and soiled clothes and had a huge swelling on his forehead, in between his eyebrows. Ganesh was in pain but was friendly, responsive and willing to undergo treatment. We brought him to the Hope Crisis Intervention Centre for Boys, where his initial check up and consultation with doctors was performed on the very next day. The details of his journey with us are given as follows.

Ganesh is a cheerful and loveable boy. He loves to play with toy cars and listen to the radio. He has not told us anything about his family but that he is from Delhi and his family owns a herd of cattle. He has informed us that his house is near the Delhi airport. This aside, he has never talked about his family members. He starts crying if he is asked to give details of his family members. We are trying to find his family through other means.

HOPE started his treatment immediately after his rescue. He was first admitted to Park Site Nursing Home where a CT Scan and MRI were performed at Quadra Medical Services (Pvt). On the basis of these reports, Ganesh was referred to Bangur Neurology Department on 16th January 2008, where he was diagnosed with Front Nasal Encephalacele. We took Ganesh to P.G. Hospital where we consulted a Paediatrician and an Ophthalmologist. The doctors discovered that Ganesh does not have vision in his right eye. We were then informed that the tumour on Ganesh's forehead had penetrated to his brain. An operation could be performed on the outer growth area only, i.e. on the nose, but the inner area of the tumour could not be treated.

HOPE has planned to reunite Ganesh with his family. In the time he is with us, we wish to provide him with education, support and shelter. We also wish to provide financial support to his family to continue his treatment if necessary. We all hope that Ganesh is cured and that he returns to normal life again with his family. We all wish him health and good luck in these tough times of his life.

Protection Homes for Boys and Girls

HOPE Protection Homes for children

	90 Girls
HKF	40 Boys
	34 Rehabilitated Addicted Boys
PBKOJP	21 Girls
BPWT	25 HIV Infected and Affected Children
SEED	36 Girls
HRLN	15 Girls

According to World Bank statistics, Kolkata has the highest number of street children, 10714, concentrated mostly in 208 pockets such as Park Circus, Kalighat, Dhakuria among others. These are children who have been forced by extreme poverty to find refuge in the uncertainty of the streets, half naked, rag picking, begging and indulging in petty crimes to survive. Deprived of basic nutrition, health, education and shelter, their problems are many and disturbing. However, the efforts of our change makers towards addressing the needs of the street children personify the spirit of our city- a city that cares.

The Hope Foundation works with the local NGOs and runs protection homes for the street children and vulnerable at risk children. The organisation wants to "break the cycle of poverty and free them from a life of horror and fear",

(i) Hope Kolkata Foundation Protection Homes: There are currently 30 boys staying in the Boys Home and 11 boys at boarding school. 24 hours round the clock service, education, health care cum insurance, counselling (children and staff), recreation, excursion, yoga, life skill training & staff capacity building programmes are all available to support the boys. The Home provides a healing touch to traumatised children who have faced acute loneliness and helplessness on the streets, especially those without families. The home is a shelter for those unfortunate children who could not relish the comfort of a home, had no parents, or who had lost valuable innocent years living on the street. Counselling support for those children is ongoing. HKF also runs two protection homes for girls; the organisation is serving 90 girls through shelter home and boarding placements. Each of these children is provided with shelter, nutrition, clothing, education, health, counselling, recreational activities including excursions and life skills training in a caring and secure environment.

HKF also runs a Rehabilitation Home for Solvent Addicted Children. Solvent Abuse is often an underestimated problem for many young people. Howrah Station is home to many homeless people. Since June 2005, a Rehabilitation and Intervention programme was initiated as well as a Drop In Centre.

In follow up, a rehabilitation home, Punorjibon was set-up in August 2005. The project aims to:

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

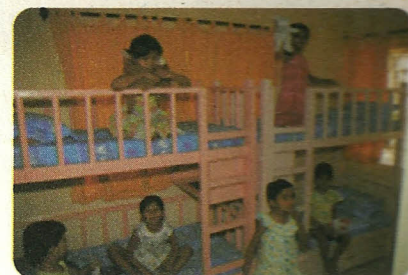
(ii) PBKOJP Girls Home : This project aims to improve the quality of life for children of commercial sex workers in red light areas of Kalighat. The purpose of this project is to provide a safe and secure environment for girls who are at risk of being forced into their mother's profession. The overall objective of the project is to mainstream high-risk girls of Kalighat red light area for a better future.

(iii) SEED Girls Home: 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.

(iv) Children's Home : for HIV Infected and Affected Children: Bhoruka runs a home for up to 25 infected and affected children of HIV. At Snehaneer Home, the children are provided with holistic care and support, together with proper nutrition, and health care facilities. The aim of this project is to create an enabling environment in the society by ensuring basic rights of the children infected and affected by HIV/AIDS.

(v) Protection Home : for Women/Girls, Victims of Trafficking and Other Forms of Violence in Kolkata: The project was conceived to address a long-felt need to provide temporary shelter to trafficked women and young girls and victims of many

other forms of violence against women and girls whom HRLN, Kolkata has to deal with 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 stigmatisation when they are rescued from the traffickers and other perpetrators of violence. It was felt that if HRLN, Kolkata, can provide shelter to such women in the interim period and can also prepare them for restoration to families or help them stand on their own feet, these women and girls would be saved from falling once again into the hands of traffickers and other perpetrators of violence. Some of these women were also found to have required legal aid in their ongoing battles against these wrong doers and it was deemed fit to make use of HRLN's legal aid expertise in such cases after having brought them to the proposed shelter. The project provides: shelter, food, medical care and psychological counselling to 14 distressed women; vocational training to the women according to their aptitudes, legal aid/ legal counselling and other forms of assistance to the needy women in general as well as to trafficked women and girls in transit in particular; and education, pre-primary, primary or secondary, as required.



(vi) ABWU 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 Mid Way Home for varying lengths of time depending on individual needs. Two dormitories at the Mid Way Home accommodate 10 girls each. A superintendent and two house mothers are in charge of the Project. Two counsellors provide counselling support and psychometrists conduct psychometric tests. These children are entitled to join Dance and Work therapy as well as extra-curricular activities and participate in all excursions and competitions at All Bengal Women's Union.

Anti-Trafficking Project

The trafficking of women and children is one of the distressing realities of India today. 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 led 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. Halderchak Chetana Welfare Society (HCWS), with the help of The HOPE Foundation, has conducted a nine month pilot project on "Community Based Anti-Trafficking Programme and Initiatives (CAPI)" in the rural communities of the Sunderbans. HCWS address the issues of rescue, rehabilitation, reintegration and repatriation of trafficked persons through community and policy level intervention. HOPE partner Human Rights Law Network (HRLN) have a Protection Home for 14 victims of trafficking and violence, where they provide shelter, food, medical care, education, legal aid, counselling and support.

Success Story

Rani is from Swarupnagar Block, North 24 Parganas district of West Bengal. Her father was a rickshaw puller. Rani and her siblings used to experience the pain of poverty each and everyday. She used to study in a near by school. Her father was unable to bear the cost of her education due to poor economic condition. The family used to buy groceries from the near by shop in credit. The name of the shop owner was Abdulla. He used to lure her by giving small gifts; like cosmetics, cream, clips and etc. One day he told her of the plan to take her to a place to work. He told her that he would take her to Barasat for work, where she could earn money for her family. One day without advance notice he took her to Sonagachi, one of the most popular brothels in India. He was about to sell her to the madam. While he was bargaining with the madam in order to fix her price, the local boys became suspicious as the girl was in school uniform and they reported them to the local police station. After that with the help of HOPE the girl has appeared in local court and has been rehabilitated in a protection home. After long negotiation with the Protection Home HOPE has reunited Rani with her own family, she is attending vocational training with the aim of self-employment & income generation. The case against Abdulla is still active as he has absconded to Bangladesh.

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.	HKF, PBKOJP, MJCC
Skill Development Project	PBKOJP, ABWU

Poverty and unemployment are the major problems of any under developed countries, to which India is no exception. In India, at the end of the ninth five-year plan 26.1% of the population was living below the poverty line. In the rural area 27.1% of the population was living in poverty. The overall unemployment rate is estimated at 7.32%. The female unemployment rate is estimated at 8.5%. The rate of growth of women unemployment in the rural area is 9.8%. This is because of the low growth rate of new and productive employment. The more attractive scheme to reduce poverty and to promote the gainful employment with less financial effort is "Self Help Groups" (SHGs). It is a tool to remove poverty and improve the rural development (Sabyasachi Das. 2003).

The origin of SHGs is from the brainchild of Grameen Bank of Bangladesh, which was founded by Mohammed Yunus. SHGs were started and formed in 1975. In India NABARD was initiated in 1986-87. Real progress was not made with SHGs until their union with the national banks in 1991/1992. 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). SHGs have been recognized as a useful tool to help the poor and as an alternative mechanism to meet the urgent credit needs of the poor through savings (V. M. Rao 2002). SHG is a medium for the development of saving habits among women (S. Rajamohan 2003). SHGs enhance the equality status of women as participants, decision-makers and beneficiaries in the democratic, economic, social and cultural spheres of life. (Ritu Jain 2003). The basic principles of the SHGs are group approach, mutual trust, organisation of small and manageable groups, group cohesiveness, spirit of thrift, demand based lending, collateral free, women friendly loan, peer group pressure in repayment, skill training capacity building and empowerment (N.Lalitha).

HOPE with MJCC and HKF has formed self-help groups in different slum pockets of Kolkata; where women and children are the 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. Savings is therefore increasing at a slow rate, as the incremental expenditure is higher. Mostly they are spending for present consumption. Under this project, women SHGs are motivated, trained, and assisted in setting up various group ventures. 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 Underprivileged Women through Self Help Group, Micro Credit, Vocational Training & Income Generation

(I) Empowering Marginalized Women through Self Help Group (SHG), Savings and Micro Credit: HKF and MJCC have been in partnership with The Hope Foundation since 1999. MJCC operate in the South West area of Kolkata in a place called Khidderpore in Wards 75-80 and HKF operates in Panditya, Chetla, Rashbihari areas. This project aims to empower women through entrepreneurship development. Self-help group was 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 each woman explore an alternative means of earning a living when she has completed her training course in a specific trade. Some of the women are using these savings for their children's education. Loans are also available to these women for business start up ventures. The group is self-funding. HOPE and MJCC facilitate the process so that these groups can self-sustain. Presently MJCC has formed 20 SHGs with 230 members. Ten of those Self Help Groups have agreements in place with the local banks

and 10 members have received loans for various income generation projects. HKF also targeted 90 women of low socio-economic status from the adjacent community around Hope Kolkata Foundation and provided them with handicraft training. The organisation has developed good relationships with many of the local banks and credit societies.

(ii) Empowering Marginalized Women through Vocational Training and Income Generation:

This project is an integrated vocational training cum income generation programme for underprivileged poor women. PBKOJP and HKF have trained hundreds of women in Knitting, Tailoring, Fabric, Tie and Dye, Embroidery, Bakery, Hand Made Paper Craft Work and Bakery. The aim of this project is to give every mother and adolescent girl an opportunity to enhance their potential. In addition, mothers are given the opportunity to have quality time for themselves while earning to provide a better future for their families. After the vocational training, the trainees joined the production unit where they are introduced to an outside local market. Here, they secure orders, produce materials/products to match those orders and deliver final goods to market. The profit earned is distributed among themselves.



Skill Development

(i) Cricket Coaching for Skill Development of Poor Distressed Children:

This project provides a cricket coaching camp for distressed children. PBKOJP's 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 by PBKOJP involves children playing cricket with serious effort irrespective of age and class.

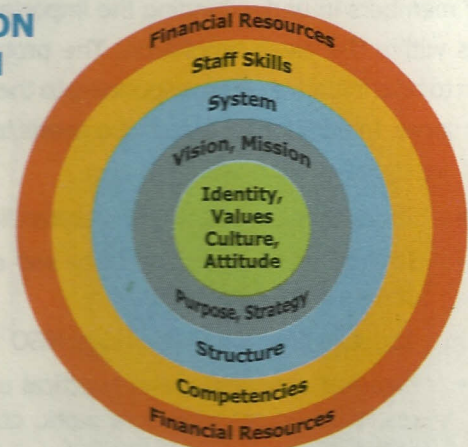
(ii) Workshop & Training on Counselling for Care Givers of Institutional Homes:

While working with disadvantaged women and children, it was noted that rehabilitation was not always possible without psychological therapy. Hence ABWU started a one-year training course in psychological counselling for the caregivers of shelter homes.

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

ONION SKIN



	Capacity building as a Means :	Capacity building as a process:	Capacity building as a
In an NGO	to strengthen the organisation to perform specified actives	of reflection, leadership, inspiration, adaptation and Search for greater coherence Between NGO mission, structure And actives	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 stakeholder to Implement defined actives	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 stakeholdera to participate in political, social and economic arena according to the objectives defined by themselves

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.

In response to this need, Hope Foundation has organised several capacity building programmes to provide services that empower institutions and individuals to:

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

The Hope Foundation has organised the following workshops, given by Association For Stimulating Know How (ASK). The workshops are as follows:

- Workshop on Result Based Management – Conceptual Training Planning and Documentation (5th Feb-9th Feb 2007)
- Workshop on Result Based Management-Training – Monitoring and Evaluation (3rd Sept – 6th Sept 2007)
- Facilitation Skills Training (18th Oct - 20th Oct 2007)
- Training on Social Audit (21st Jan - 25th Jan 2008)

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 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 intersectorial partnerships with other NGOs.

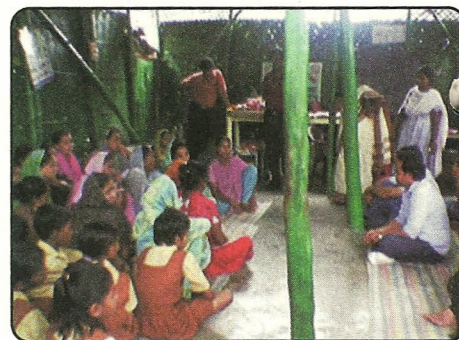
Establishing these simple but core work principles have made the partner NGOs more effective in implementing development programs. The training programmes have enabled NGOs staff and social workers to understand the process that has helped them to understand their strengths better and identify areas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



Participants busy in the Training Programme



Facilitator conducting a training session



Participants at fieldwork as part of a training session

Events



Mayor of Kolkata,
Sri Bikash Ranjan Bhattacharya
& Minister of Health,
Mr. Surya Kanta Mishra
at the Hope Foundation Day, Science City.

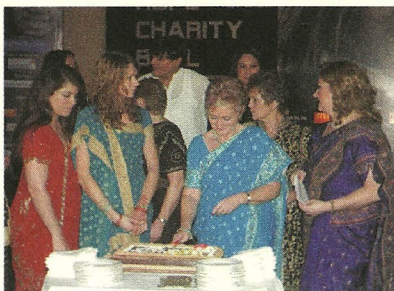


Prize distribution ceremony on
Foundation Day
at Science City Auditorium.



Children performing
at Science City
on Foundation Day

HOPE CHARITY BALL 2008 - CELEBRATING St. PATRICK'S DAY IN KOLKATA



Director Ms. Maureen Forrest
at the Hope Charity Ball
with Irish Volunteers



Famous opera singer,
Ms. Cara O Sullivan performing
at the Hope Charity Ball 2008

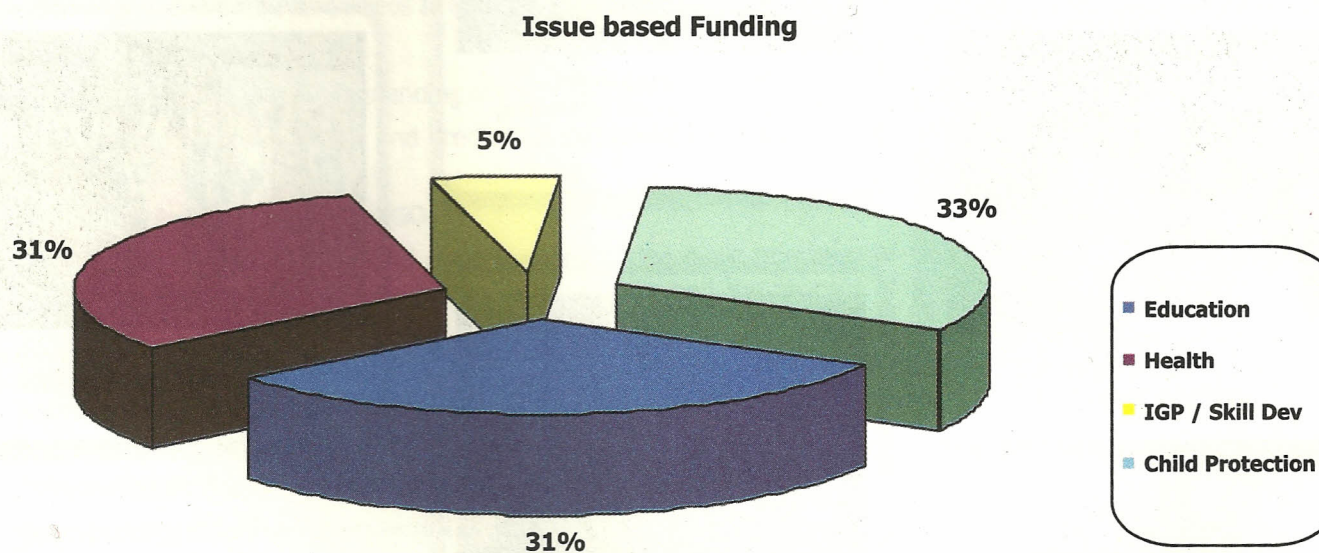
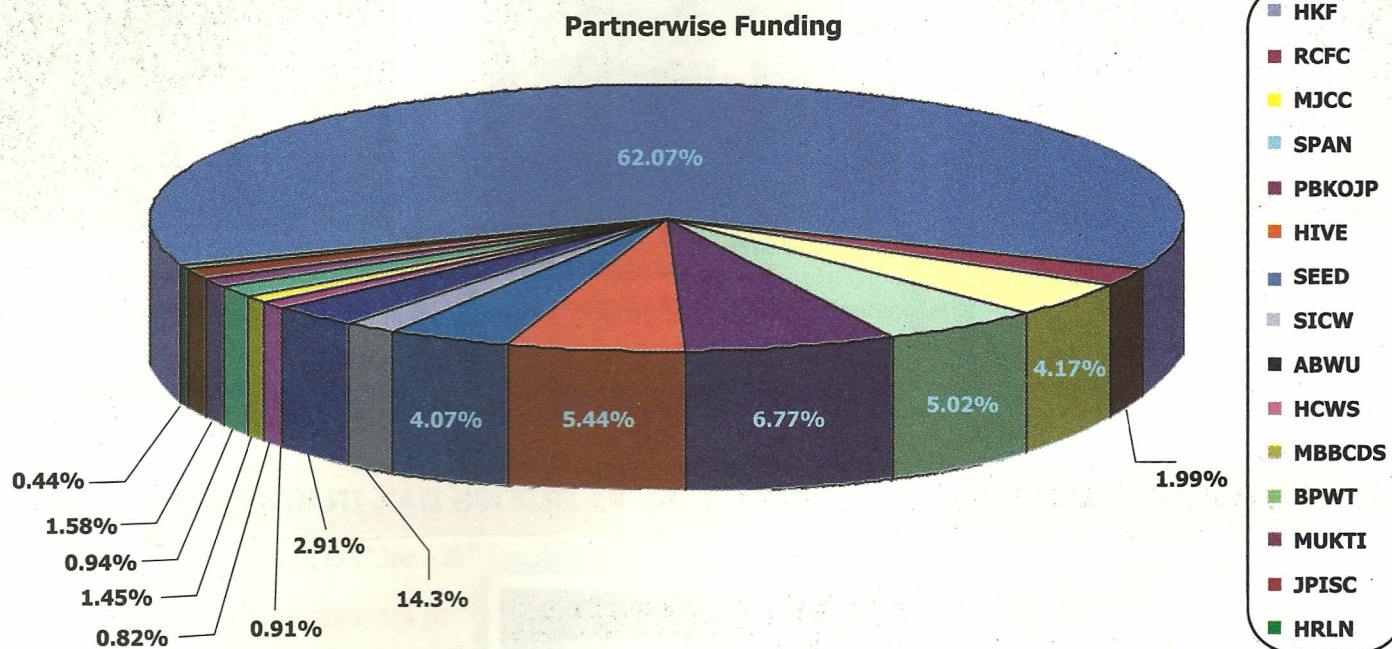


Standing for the same Cause



Irish Volunteers in attendance at
the HOPE Charity Ball 2008

Funding details



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Hope Foundation Ireland

Company Number: 3030111
Registered Charity No: CHY 13237

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Maureen Forrest – Hon. Secretary/ Director
Celena Daly – Director
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Hope Kolkata Foundation

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Indian Foreign Registration: 420161082

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Arunabha Banerjee – Auditor
Tapas Ganguly – Advisory Editor of "WEEK" magazine

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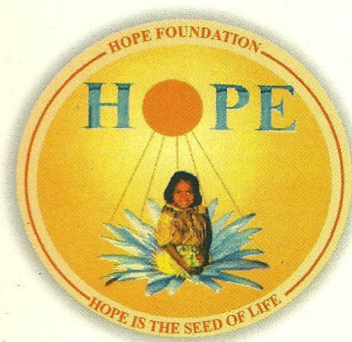
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The Hope Foundation would like to thank all our benefactors and supporters for your generosity, hard work and support. It is thanks to your efforts that HOPE can continue to reach out to increasing numbers of children and families in need.





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