



Our Vision

Our Vision expresses the future we are striving to achieve.

Calcutta Rescue will continue and develop its decades-long programme of essential help to people in the harsh conditions of poverty in Kolkata. We will provide free health care, education and ways of combating poverty until people who are disadvantaged and neglected achieve universal and affordable high quality health care together with full educational opportunities for their children.

Our Mission

Our Mission is the means by which we will achieve the vision

To provide free high quality medical, education and employment services to the poorest and most excluded people of Calcutta with the practical support and care which provides for their health and survival, together with opportunities and routes out of poverty. We will work to achieve the lowest possible cost for our services and administration so that more people can be helped with the funds we have.

We will

- Provide all our services free to the destitute poor of Kolkata and West Bengal.
- Improve levels of health, education and earning opportunities for current and new service users.
- Provide health clinics, schools, vocational training and preventive health programmes.
- Provide 'Health Plus' and 'Education Plus' services which also provides food and practical help with daily life.
- Monitor the impact of our services and respond to changing and new needs.

Our Values

- All people have equal rights to health, education and hope.
- All people have strengths and assets.

- It is possible to make a positive difference in the lives of poor people and their children.
- A well-trained and motivated staff makes a difference in the lives of the poor people.

This means that Calcutta Rescue:

- Treats all our service users with respect and as equals.
- Offers services to people irrespective of age, gender, caste, creed or religion.
- Always provides services free of cost.
- Empowers our service users to effectively manage their health and general well being.
- Treats the whole person with our 'Health Plus' and 'Education Plus' services.
- Works to fill gaps without duplicating services offered by others.
- Demonstrates compassion, support and concern for our service users and their families.
- Aims for the highest level of integrity in all its activities.
- Aims to provide services of the highest possible quality on which service users can rely.

Calcutta Rescue Annual Report 2017-2018

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A letter from Calcutta Rescue's CEO

Jaydeep Chakraborty



Dear Friends,

In March 2018, a devastating fire ripped the Phoolbazaar slum (Flower market) on the banks of the river Ganga under the iconic Howrah Bridge. Fifteen homes were decimated and reduced to ashes and families were unable to salvage anything except their lives. In four of the families, there were children who attended Calcutta Rescue (CR) schools including a mother who was 8 months pregnant and a father suffering from TB. CR immediately got into gear and provided food provisions, clothing and basic utensils. Within 72 hours the pregnant mother's home was rebuilt and within 12 days CR ensured the remaining three huts were erected. CR raised funds to help the other families also. This incident highlighted to me a couple of things. Firstly, that despite governmental bluster and flagship programs to help the poor, ground realities is very different. These families received almost nothing from local government to help rebuild their lives and the cleanup operation to rid the area of dangerous chemicals took months. Secondly the owner of the warehouse storing the chemicals, a wealthy businessman, is

out on bail and continuing to work. His case is pending in court, it may take years to complete and compensation for the victims is likely to never happen. Where the poor is concerned, governmental apathy and a lack of justice is the sad reality – and the whole experience drove home to me the reason for Calcutta Rescue's existence.

During FY 17-18, Calcutta Rescue served more than 17,000 patients in healthcare, over 700 children in education and provided clean, arsenic-free drinking water to around 1500 families. Key accomplishments include:

- * **Calcutta Rescue's highest ever fundraising in India (Rs. 79 L or €100,000) with more Indian corporates coming forward to support our projects**
- * **A more data-oriented approach to improve efficacy, efficiency and decision-making in our Street Medicine program**
- * **Installing clean drinking water and toilets in Dakhineswar, a desperately poor slum on the outskirts of the city**
- * **Restructuring the delivery of lessons for non-formal and formal children with a view to improving learning outcomes**
- * **Teaming up with Swayam, a rights-based organization committed to ending violence against women**
- * **Improving communication with all stakeholders through informative quarterly reports and more engaging newsletters**
- * **Creating a fantastic dance video that captures the spirit of the Calcutta Rescue's beneficiaries and staff**

On the financial front, despite CR's highest ever domestic fundraiser, total income for the year fell marginally by 2% to Rs 607 L (2016-17 Rs 618 L) due to the delay in receipt of a remittance from a support group and fall in interest rates on bank deposits. Programme costs account for 90% of our expenditure and management & administration costs are at 10% indicating financial efficiency of our spends. The financial year ended with a deficit of Rs 43 L (2016-17 : Surplus of Rs 39L) impacted by the aforementioned reduction in income and increased cost of medicines for cancer patients.

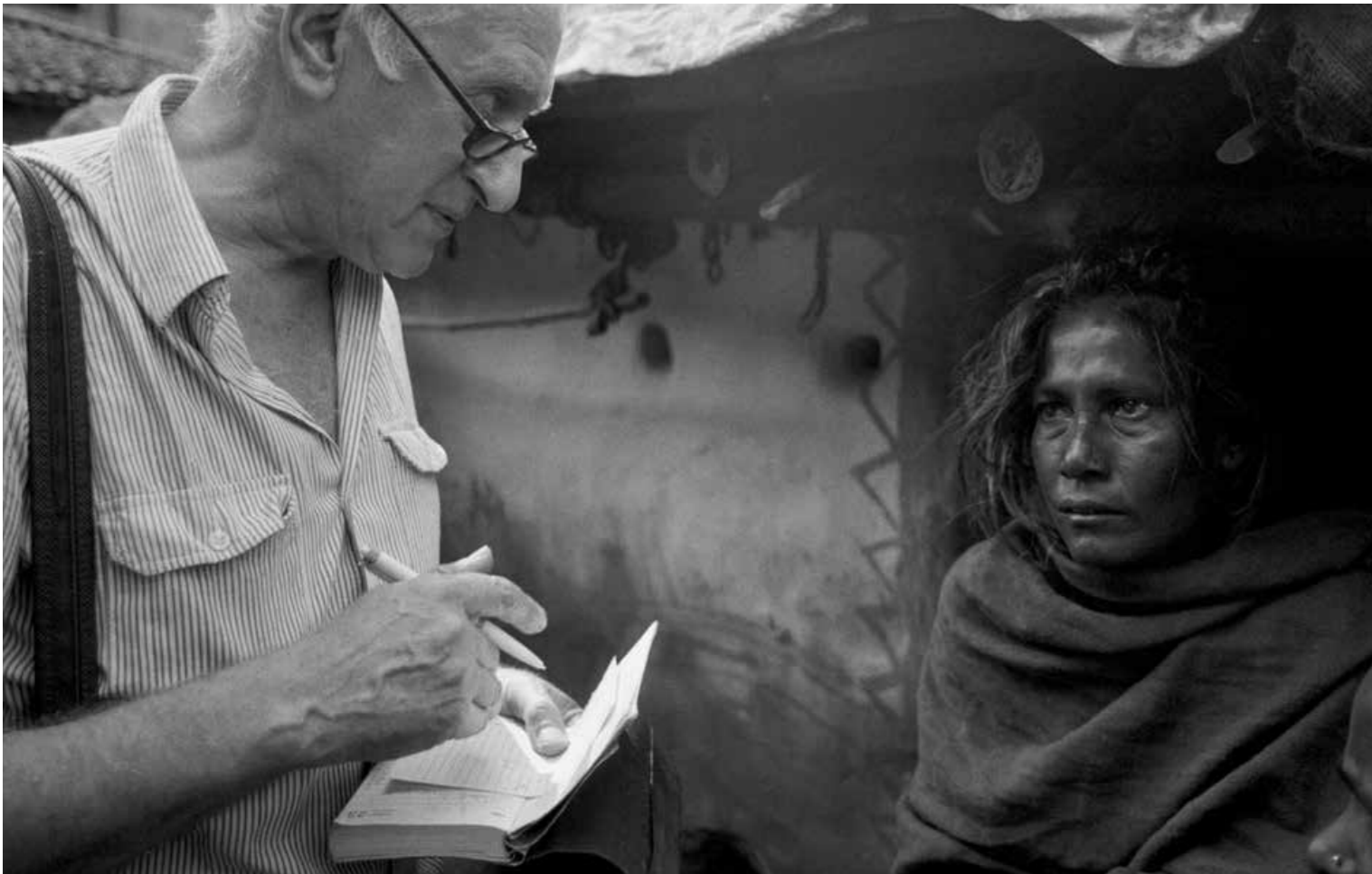
This has been a good year for Calcutta Rescue, and the stability and effectiveness of the organisation has allowed its founder, Dr Jack Preger, now 88, to finally consider his own needs, having spent so many years caring for others. Increasing age and health issues this year have meant that he has no longer been able to spend time at the projects in the way he has done for so many years. So he has announced that he will be retiring to Europe this autumn.

I would also like to thank Sister Cyril who resigned as Secretary in July 2017 and moved out from the Governing Council in January 2018 due to her failing health. Sister Cyril had served CR on its Governing Council for 14 years. Her wisdom, skills and guidance have played an important part in Calcutta Rescue's success.

Dr Jack has been the guiding spirit of Calcutta Rescue since its inception and his retirement will come as sad news for so many of us. But he has entrusted us all with continuing his mission - constantly to strive to improve the lives of the poor of Kolkata and West Bengal. And this is a challenge we commit ourselves to fulfilling. As Dr. Jack says: "the most important aspect of our work is continuity – that those we help know we continue to be there for them".

Thank you.

Jaydeep Chakraborty



Dr. Jack announces his retirement

In early July, Dr. Jack told close supporters and staff through a video message that he would be stepping down in the autumn. Here is the transcript of that video:

“I would like to explain the situation regarding my retirement from Calcutta Rescue.

I hope to retire in September 2018, possibly it might be delayed till October.

Well, I am very happy that when I do retire, I will be happily giving the leadership of the organization to people well able to manage in Calcutta and especially our Chief Executive Officer, Jaydeep Chakraborty. He leads an excellent team of field executives, chief medical officer, finance manager and staff manager.

These people are able to run this organization themselves; and not only are they competent to run it in Calcutta but are also very capable of maintaining liaison with Support Groups abroad. They are also able to raise funds to an increasingly impressive extent also in India.

And we have internal and external auditors, we have Governing Council and we also have society members.

All of those form a basis of this organization and I am fully confident that the help that you are giving, and have given, will be correctly used by these people in the work that we do.

I hope that your efforts as part of our organization will continue because some of the work that we do is outstanding and some of it is unique. Thank you very much for so many years of support. Thank you.”

Jack Preger

Thank You, Sister Cyril

Sister Cyril Mooney retired from Calcutta Rescue’s Governing Council in January 2018. Sister began her journey with CR way back in 1996 when she was head of Loreto Day School in Sealdah. Impressed by the work of CR, and in line with her commitment to serve the poor, she allowed the charity to run a health clinic in the school grounds.

In 2004 she joined CR’s Governing Council and served as its Secretary for over a decade. Sister Cyril is a Padma Shree award winner (India’s 4th highest civilian honour), and has been a nationwide leader in bringing quality education to India’s urban and rural poor.

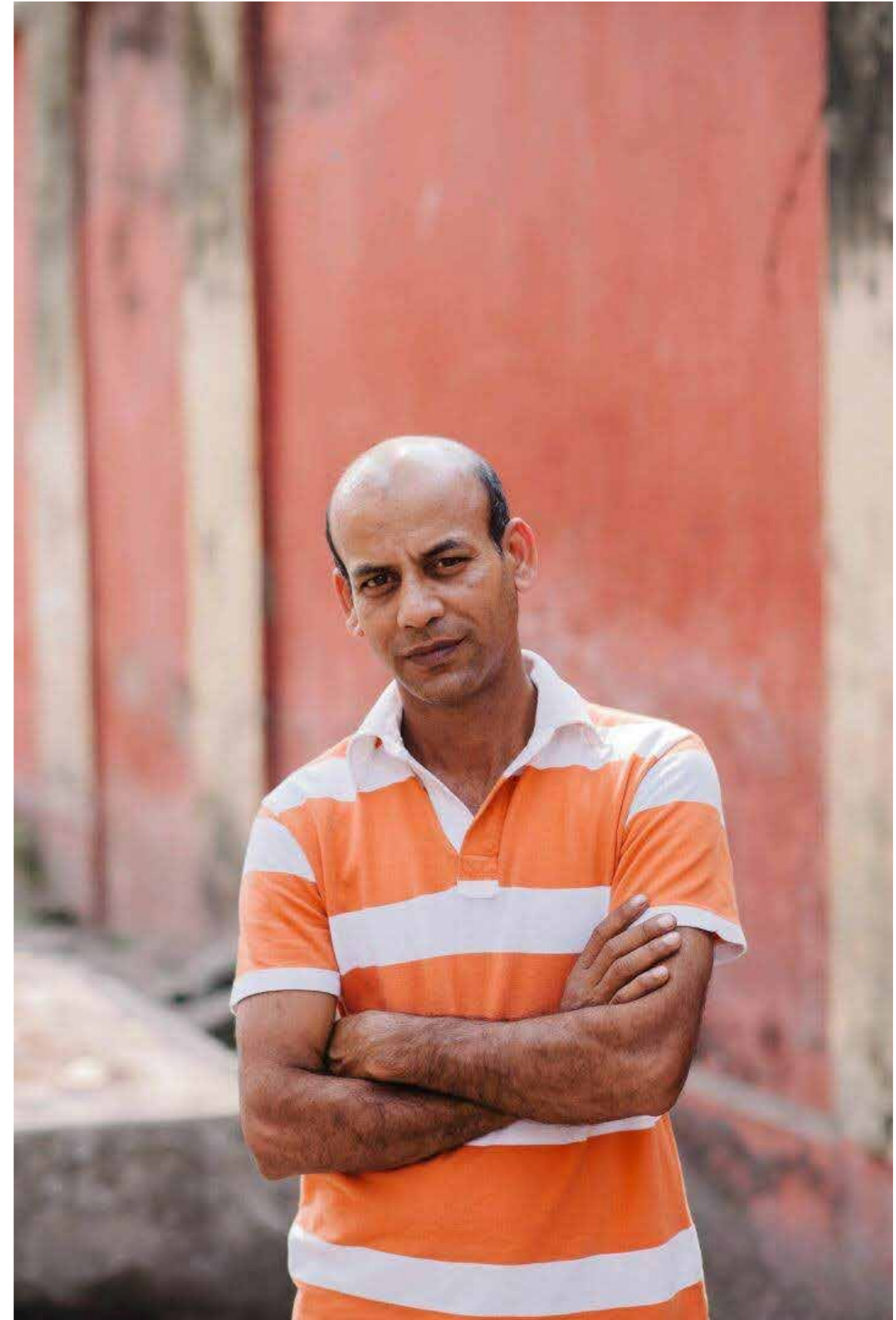
We thank Sister Cyril for her outstanding contribution to Calcutta Rescue and for the profound impact she has had in improving the lives of so many people, young and old.

Remembering our dear friend and colleague, Asit Maity

Asit Maity began working in Calcutta Rescue as a cook in No. 10 School in 2006. Later he moved to main store and pharmacy in 2009. Asit was popular with his colleagues. He was very punctual, sincere and committed to Calcutta Rescue. He always came to pharmacy with a big smile on his face which made people happy. He was a storyteller, and eloquent and loved telling jokes. He was a joy to be around.

In December 2017 he began to suffer from high fever and back pain and was admitted to hospital. Shortly after that he was diagnosed with cancer. He fought the terrible affliction but sadly his journey ended on 14 May 2018. He leaves behind a wife and two sons (20 and 12).

Asit, may you rest in peace.





Health Project

Medical care and much more

Calcutta Rescue's Health Programme aims to help the most vulnerable and disadvantaged people in Kolkata and rural West Bengal to get the medical treatment they desperately need. We have three clinics providing treatment and medicine, and a Street Medicine Programme, which gives treatment on Kolkata's streets to the most needy. We provide free medicine, including medicines not available at the government hospitals.

We always aim to anticipate the needs of the slum communities we serve and we try to improve their access to treatment and medicine. We also run specialist HIV and Leprosy clinics. All of this is provided free of charge.

During FY17-18, our Health Programmes have helped over 17,000 people directly, and positively touched the lives of many more – the families and communities of our patients.

832
immunized

17,000
individuals
reached

25,000
visits to
Talapark Clinic

Intentions and Reality

The Indian government approved the launch of the National Health Protection Mission (also known as “Modicare”) which was announced during Finance Budget in February 2018. The Mission aims to provide a cover of five lakh rupees (USD 7300) per family per year to about 11 million families belonging to poor and vulnerable populations. The insurance coverage is targeted for hospitalisation at the secondary and tertiary health care levels. Several factors have led to this decision by the current government.

The public health expenditure in India (total of centre and state governments) has remained constant at approximately 1.3% of the GDP between 2008 and 2015, and increased marginally to 1.4% in 2016-17. This is less than the world average of 6%. Note that the National Health Policy, 2017 proposes to increase this to 2.5% of GDP by 2025.

Including the private sector, the total health expenditure as a percentage of GDP is estimated at 3.9%. Out of the total expenditure, effectively about one-third (30%) is contributed by the public sector. This contribution is low compared to other developing and developed countries. Examples include Brazil (46%), China (56%), Indonesia (39%), USA

(48%), and UK (83%) (see Figure 1).

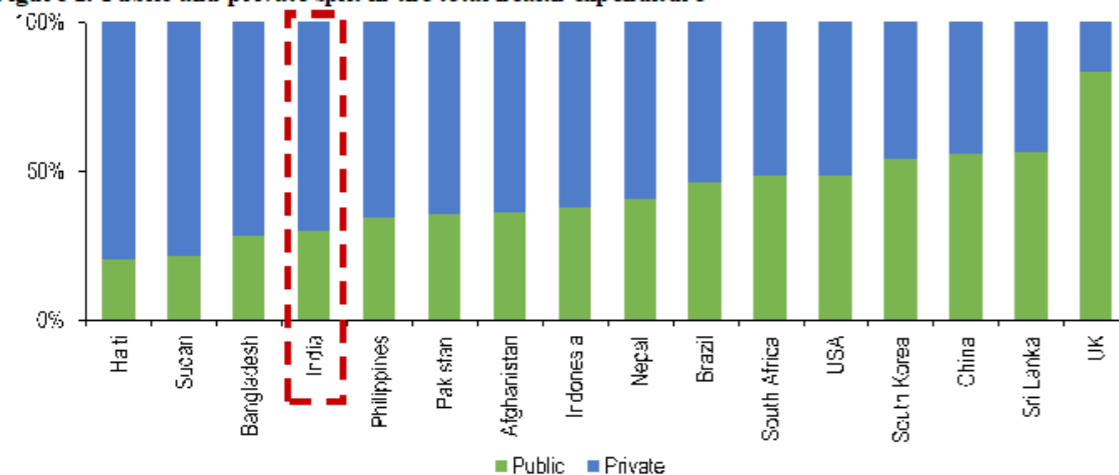
Further, differences in the cost of delivering health services have contributed to health disparities among and within states. In recent years there has been an increase in the states’ share in central pool of taxes and they were given greater autonomy and flexibility to spend according to their priorities. Despite the enhanced share of states in central taxes, the increase in health budgets by some states has been marginal. In fact in West Bengal, the expenditure on health as a proportion of total budget has decreased from 5.1% in 2014-15 to 4.4% in 2017-18.

Given the public-private split of health care expenditure, it is quite clear that it is the private expenditure which dominates, i.e., the individual consumer bears the cost of her own healthcare. And due to high out of pocket healthcare expenditure, about 7% population is pushed below the poverty threshold every year.

It is in this context that the newly proposed National Health Protection Mission will be implemented.

While it is most welcome, like many things in India, government promises do not translate to on-the-ground realities. Until it does, many poor across Kolkata and West Bengal will continue to rely on Calcutta Rescue’s medical services.

Figure 1: Public and private split in the total health expenditure



Source: World Development Indicators: Health systems, World Bank, 2014; PRS.

[This information was taken from an article in thewire.in – 14 April 2018]



Thank You to Exide for renovating our Tala Park Clinic.

Our Clinics

	Apr '17 to Mar '18	Apr '16 to Mar '17
Clinic	No. Patients	No. Patients
Chitpur	154	162
Tala Park	2,025	2,063
Nimtala	2,570	2,729
TB DOTs	148	122
Street Medicine 1	6,087	7,865
Street Medicine 2	5,570	
HIV	484	370
Disability	144	140
Total	17,182	13,451

Talapark Clinic

2,025 patients this year (including Disability patients)

Operating 6 days a week and resembling an airport hangar, Talapark Clinic, is our largest clinic situated in North Kolkata. We receive a large footfall of patients not only from Kolkata but from various regions of West Bengal and many of them travel hundreds of kilometres to seek our specialized treatment. Quite a few new patients are referred from Government Hospitals like Kolkata's School of Tropical Medicine and Nil Ratan Sarkar Medical College. These government hospitals refer the patients to CR in instances where they do not have the drugs or they are unable to cope with the demand. For example, in the latter half of FY17-18, CR experienced a sudden spike in Chronic Myeloid Leukemia patients being referred by government hospitals who required expensive drugs like Nilotinib and Dasatinib. Government hospitals had exhausted their supply of these drugs and did not have the funding to purchase new stock.

Having the most amount of space, Tala Park caters to a wide variety of treatments including wound dressing, physiotherapy, speech therapy, mother and childcare, disability and health education sessions..

There is a marginal fall in the individual number of general patients from 2,203

in the FY 16-17 to 2,169 in the FY 17-18 while the clinic catered to an average of 85 patients every day compared to 84 patients per day the previous year. General demand remains high with over 25,000 visits to clinic during the year.

Thank you, Exide Industries

Calcutta Rescue entered in Corporate Social Responsibility partnership with Exide Industries in FY17-18. Exide saw a big need to upgrade the infrastructure in Tala Park Clinic to improve the patient experience and very generously provided the following: 60 waiting chairs, renovation of speech and physiotherapy rooms, improvement of toilets for staff and patients, decoration of Mother and Child room and full roof replacement CR is very grateful.

Nimtala Clinic

2,570 patients this year

The clinic was inaugurated in 2015 with an aim to achieve this goal. Barely managing two meals a day and not even a basic roof to support them, this section of people can be claimed as the poorest of the poor residing in the city. While a few live in tiny huts cobbled together from dirty plastic sheets and packing cases which stretch alongside the railway tracks, the lesser fortunate ones sleep in the open each night on a concrete slab beside the burning ghat on the banks of the Hooghly River. If poverty wasn't already on the plate of their daily lives - pollution, intolerable heat, monsoon rains, cramped living conditions, diseases, prejudices and no proper facility of running water simply adds an excess baggage to their omnipresent harsh living condition. Mostly working as rickshaw pullers, daylaborers and beggars, life is so relentlessly hard here that many seek temporary escape in drink and drugs -which bring their own miseries and health issues.

With one dedicated doctor and six trained staff, the Nimtala Clinic provides

treatment to an average of 26 patients each day (compared to 27 patients per day in the previous year). While Kolkata Municipal Corporation healthcare centres are gradually improving in, wound-care is not adequately treated in local government hospitals and patients with chronic maggot-infested wounds are often neglected by them altogether. The clinic's dressing team sees an average of 10 wound-patients every day, caring for large and complex wounds.

Despite our attempts, some wounds cannot be cured in the clinic partly due to the living conditions of the patients since many do not have access to clean running water and will wash in the river causing further infection. Some of these patients are referred to the Hope Foundation hospital for surgery. This is a costly admission for Calcutta Rescue however the patients recovery is priority. The Clinic also treats other common medical problems like vitamin deficiency and burns and provides health education on topics such as tuberculosis and leprosy.

Chitpur Clinic

154 patients this year

Keeping its medical aspects aside, leprosy, also known as Hansen's disease, entails challenging prejudices and needs empowering of those affected to lead dignified and independent lives. It is nearly 11 years since leprosy was officially declared eliminated as a public health concern in India. India was officially declared to have eliminated leprosy in 2005 when new cases fell to less than 1 per 10,000. However India still accounts for the largest number of leprosy affected people in the world with 58 per cent of the total and a registered prevalence of 86,319 and 125,785 new detected cases. Leprosy had undergone the misconception of being a mutilating, incurable and contagious disease for a long time in the past. As a result, various social stigmas were associated with it affecting especially the poor who were

more vulnerable both medically as well as socially. Exclusion from their own households is a common adversity they undergo.

During the year, FY17-18, our Chitpur Clinic has provided treatment to 154 leprosy patients, with around 12 – 15 people coming to us for treatment each day. We anticipate the range of needs our patients have and provide treatment and support accordingly. We diagnose new leprosy cases, treat symptoms, dress wounds and provide medication. In addition, we support leprosy patients who suffer stigmatization, marginalization and loss of employment. Recently, 14 new leprosy cases were identified by Calcutta Rescue in which six have been cured and seven have been referred to the government hospital for treatment. Our clinic continues to support these patients with medicine, wound dressing, nutritional support and footwear. In FY17-18, 85 patients received new pairs of shoes and 69 pairs of shoes were repaired..

Urban Dots

148 patients this year

Tuberculosis (TB) has been a major public health problem in India. Over a quarter of the global TB and multidrug-resistant TB (MDR-TB) burden is in India. In 2016, 2.79 million people became ill from TB, and 435,000 died from it. India has the greatest number of new cases of MDR-TB (including rifampicin resistance), with an estimated 147,000 cases in 2016.

There are still more than 850,000 cases of TB each year in India that are either undetected and untreated or diagnosed and treated by private healthcare providers with potentially substandard drugs and treatment regimens. Such drugs and treatment regimens not only fail to fully eliminate the TB bacteria, but they also contribute to an increasing incidence of drug resistant TB (DR-TB), including both multidrug-resistant TB, and extensively drug-resistant TB (XDR-

TB).

Calcutta Rescue has recognized the need for this illness to be medicated properly and its Urban Dots was established in 1999. Since then the success rate of MDR TB patients has been 61% compared to an Indian average of 54% as per WHO 2014 report.

During FY17-18, our Urban Dots Programme has served 148 patients with around 24 patients attending each day.

Pharmacy

- *After implementation of GST from July 2017 (a new tax regime in India), CR Pharmacy faced lots of challenges to procure medicine from market. This is because it took time for suppliers to fix their rates following the introduction of the new tax system. As a result clinics experienced delays in the supply of medicines during the months of July to Sept.*
- *Internal Audit Report: - Audit report showed that just after GST implementation CR Pharmacy could not supply ordered medicines to the clinics on time for more 50% of occasions. Post-GST and once things had stabilized, volunteer, Juliane Serve, conducted a mini audit for the months of Jan to March 2018, . This yielded very different results - that medicine supplied by pharmacy was more than 78% on-time delivery. Of course, the Pharmacy must work smarter to get this figure close to 100%. As a result of the new tax regime, it was decided by the Governing Council to also float a new tender – only a year after the last one. The team worked hard and the new tender came into effect from 1 May 2018.*
- *Donations: A big in-kind donation of 322 jars of multivitamin tablet received from Meyer Organics. Thank you Meyer!*
- *Pharmacy lessons for medical staff:- During these lessons pharmaceutical*

background knowledge about commonly used drugs and compounds in the dispensaries of CR clinics has been provided. The training is provided by Calcutta Rescue's pharmacist Santanu, and volunteer pharmacist Juliane Serve.



Case Study RUKSHANA - AN ENDLESS EFFORT

Urban Dots Clinic

Rukshana, a patient in the Calcutta Rescue TB clinic in Belgachia, is a source of inspiration for anyone who is facing the adverse impacts of tuberculosis. Day after day Rukshana comes to the clinic, not just to take the drugs she needs to be cured, but to give health education lessons to other patients and to help out the staff when they are under pressure. But she wasn't always the strong, positive role model she is now.

Rukshana is a young mother who contracted TB when her son was less than a year old. Diagnosed at a government hospital, she was sent to this clinic for treatment due to financial constraints that she faced - her husband works in a machine shop earning INR 5,000 a month.

But when she got there she was facing depression. Her weight was dropping rapidly as she faced rejection by her parents and was being shunned by neighbours due to her illness.

Even after three months of treatment, her condition had not improved, in fact tests showed it had got a lot worse.

It turned out that Rukshana had contracted multi-drug-resistant TB which requires a cocktail of powerful drugs to control, and which can take up to two years to cure. Rukshana almost thought she would not survive long.

And if it wasn't for Babita, who runs the clinic, she might have. Hardships increased because, despite having a toddler to look after, Rukshana had to be at the clinic for hours each day. It was appalling that even she was at home, she wasn't even allowed to use the toilet in her slum because her neighbours feared catching the disease.

Babita worked endlessly at counselling and to motivate her every single day, to come to the clinic and take her drugs, and not lose hope.

The team also explained the condition to her family, to help reduce their fears, and get them to support Rukshana through this difficult period.

She said that Babita has been like a mother to her, her hands flying, her eyes shining. And she has ignited a passion in Rukshana to help other people in the same predicament.

Now, with pure dedication, she helps give health education lessons about the disease to patients in the surrounding community.

When the team is under pressure, she assists by doling out drug capsules into small plastic bowls for her fellow patients. Rukshana's last sputum test was now negative and a slight improvement was seen from the previous one.

In a few months time, her baby will turn three, and by then she will have been under treatment for two years, and hopes she will finally be cured.

In CR's DOTs clinic, Rukshana gives lessons to the patients waiting to take their drugs. She talks with enthusiasm and surprising confidence, and everyone listens to her.

Case Study ANIMA MUKHERJEE – A STRONG SURVIVER

Chitpur Clinic

Anima Mukherjee - who dances for a living.

Looking at her smile and exuberant dance style, you would never guess the amount of suffering she experienced in the past 15 years, ever since she was diagnosed with leprosy at the age of 14.

Shortly after the tell-tale marks began appearing on her face, her father also contracted it.

Her mother could not face the social stigma and walked out on them.

After initial treatment at hospital, Anima came to Chitpur Clinic for ongoing care.

A year later, when Anima was 15, she was married off to a 35-year-old auto rickshaw puller.

Five years later, her husband died of TB leaving her with three young children.

Unable to support them she ended up on the street begging, while her in-laws looked after her children.

Within months she was married to an unemployed man who began beating her, and cheating on her, as soon as he found out she had had leprosy.

Her mother-in-law's response was to pour boiling oil over her.

Eventually she fled and took refuge in a temple, but his family refused to hand over her new baby.

And every time her husband saw her on the streets, he attacked her. She has a knife scar on one cheek and another on her leg.

She reported him to the police but nothing was done.

Throughout the time she was attending the Chitpur Clinic which, in addition to medical care (currently she has a chest condition) and emotional support, gave her bags of high nutrition food, she shared it with her three children whenever she got to see them.

To top it, her only sibling, a sister, was trafficked into the sex trade and has vanished somewhere in Bihar.

She doesn't know if she is dead or alive. Anima has now found work dancing in a bar, where she earns between Rs. 3000 and Rs. 4000 a month.

But it is not enough to support her children who go out begging on the streets.

She is living there too, but it is not a safe environment. In fact her sister was taken from a similar bar. When asked what her hopes are for the future, she simply says, a safe place to live.

Throughout the trauma of the past 15 years, Chitpur Clinic has provided a vital element of stability and compassion in her life. Seeing her with the staff and patients it is clear she is among old friends.

She may have been rejected by those closest to her, but she knows she will never be turned away by them

Street Mobile Clinic

11,657 patients this year

Operating from two mobile clinics, our Street Medicine Program delivers medical and social support to Kolkata's sick and marginalized street and slum dwellers, offering both preventive and curative treatment. The clinics have been operating in 25 slums across city serving an average of 63 patients per day. Each mobile clinic consists of a doctor and 8 paramedics and provides not only medical treatment, but also provides structured lessons on health education – mainly to the women. These lessons include topics like deworming, vitamin-A, lice, leprosy, tuberculosis, HIV/ Aids, hygiene & sanitation, nutrition and immunization. The work is challenging and the conditions are difficult. Calcutta Rescue's team work in 40 degree heat and 70% humidity in the summer – and even drinking water is difficult because of limited toilet access in the slums.

During FY17-18 there has been a specific focus on immunization, antenatal and postnatal care. If needed, children and pregnant women are referred to our clinics for further treatment. Patients with general ailments like fevers coughs and colds, diarrhoea, minor dental problems and epilepsy are treated from the vehicle. However, patients requiring surgical intervention are referred to hospital for appropriate management.

The street medicine clinic continues to supply nutritional benefit to eligible patients as part of its holistic approach to care. Most of these patients suffer from diseases like tuberculosis or leprosy, or are elderly patients who are not able to feed themselves adequately. In addition, due to increased rates of dengue and malaria, CR also distributes mosquito nets within selected communities. During the winter period, supplies of winter garments are also provided.

STREET MEDICINE - - a more data oriented approach

The street medicine programme doubled its capacity in early 2017, and expanded to new areas of the city. The street medicine surveys, which began in the previous year (FY16-17) and continued in FY17-18 aims to gather baseline data on the health needs of communities. This information is now being used to plan targeted interventions, and to assess their impact in the future.

Based on the survey of 2017, CR aimed its focus to identify areas of priority for clinical work. The CR team worked to analyze the efficiency of clinical operations by summarizing the findings of the survey and their analyses, which were summarized in a table that allocated a numerical value to each area based on needs. The Needs Assessment is across three broad areas:

1. Medical Needs

- Number of acute diseases
- Number of chronic diseases
- Number of cases of diarrhea in children

2. Public Health Needs

- Proportion of unimmunized children
- Contraception use

3. Health Education Needs

- Usage of soap after toilet & before food
- Prevalence of vector borne diseases
- Prevalence of communicable diseases

Using this information, Calcutta Rescue is able to attribute a numeric score from 0 to 5 (where 0 is good and 5 is bad) that indicate which slum areas are most in need. Calcutta Rescue uses this information to tailor its interventions in a particular area and to decide which areas require greater frequencies of visit.

After examining the two regions of Liluah Baghar and Kolkata Station, Calcutta Rescue discovered that acute malnutrition, chronic under nutrition, stunting among

children in both these slum regions is very prevalent. Calcutta Rescue's medical team started to detect the causes and sought measures of treatment for precipitating the cause of malnutrition. It is also aimed to start distributing prophylactic medications as per Indian and WHO guidelines. Distribution of nutritional benefit packages and supplementary feeding such as with nutrimix, an Indian designed, high calorie-protein powder for the treatment of malnutrition. CR will also conduct a twice-monthly follow up and monitoring of height and weight measurements. The promotion of exclusive breast feeding will also take place to decrease the rate of stunting among children.

Calcutta Rescue will assess the impact of these piloted interventions in Liluah Baghar and Kolkata Station within 12-18 months and examine whether the metrics shown above have improved. If so, Calcutta Rescue will be then implement the same intervention across its other slum areas.

These issues are complex and difficult to address. However with a more data-oriented approach, Calcutta Rescue is able to allocate its resources more effectively and better measure its impact.

Area ² →	AN	DL	GR	MB	LV	KS
Medical needs						
N ^o of chronic diseases in HH (M, SD)	0.6 (0.9)	1.1 (1.3)	1.1 (0.9)	0.9 (1.1)	0.3 (0.6)	0.6 (0.9)
N ^o of acute diseases in area (M, SD) ^{3,4}	0.7 (0.9)	1.0 (0.9)	1.2 (0.9)	0.9 (1.1)	1.0 (0.8)	1.0 (0.9)
% of Diarrhoea in children <12	2.0%	10.3%	17.1%	9.2%	2.0%	11.7%
Medical needs score (M, SD)^{5,6}	1.08 (1.29)	2.06 (2.08)	2.62 (2.68)	7.42 (2.83)	0.85 (1.11)	1.61 (1.64)
Public health needs						
% no (UTD) immunization	64.8%	86.7%	83.3%	92.4%	57.0%	71.7%
% no contraceptive use	31.3%	45.0%	52.4%	37.7%	37.5%	42%
Public health needs score (M, SD)^{5,6}	5.63 (3.90)	7.42 (2.83)	7.65 (2.74)	7.85 (2.44)	5.25 (3.61)	6.39 (3.82)
Health education needs						
% No use of soap after toilet or before food	60.6%	53.3%	83.3%	68.2%	71.0%	86.7%
% Vector borne diseases in area ⁷	23.9%	28.3%	12.0%	1.3%	12.6%	1.4%
% Communicable diseases in area ⁸	1.1%	13.0%	12.0%	17.1%	4.9%	21.4%
Health education needs score (M, SD)^{5,6}	4.49 (1.41)	4.77 (1.92)	4.74 (1.63)	4.28 (1.60)	4.26 (1.86)	4.87 (1.35)
	3.8 (4.0)	2.1 (3.3)	3.5 (4.2)	1.3 (2.6)	2.0 (3.3)	2.2 (3.3)
Composite need score A^{2,5,6}n (95% CI)	3.1	4.5	5.0	4.5	3.0	4.0
N ^o of PHC Centers in the area	SM1	0	2	SL area	N.A.	4

PHOOLBAZAR MEDICAL RELIEF

On 15th March 2018, a devastating fire ripped through the Phool Bazaar (Flower Market) slum near Howrah Bridge. The homes of eleven families were reduced to ashes. While there were no injuries, these families lost everything - their shelter, savings, documents, assets, furniture, clothing, food, & utensils and all other possessions. In four of the families, there were children who attended CR's schools including a mother who was 8 months pregnant and a father suffering from TB. The CR School-1 team quickly got into gear that same night and worked tirelessly by providing food, drinking water and a set of new clothes to the students. Within 48 hours, Jaydeep and Ananya - School Administrator, visited the area for assessing the damage and trying to figure out what necessary steps were needed to be chalked out to reduce the damage. They then immediately took the mothers to CR's school and the CR team (the APO, teachers, helpers, accountant, driver, main store staff), quickly got into action. Within hours the following had been mobilized: two new sets of clothes, other usable clothes bought by the teachers, packets of grocery and staples for about a week, basic cookware, utensils, containers to store drinking water and tarpaulin to rebuild their sheds. Each family also received Rs. 2000/- to purchase bamboo to rebuild homes. For the next ten days, CR's carpenter spent time at the site rebuilding their homes. And within just 72 hours, the pregnant mother's home was rebuilt and after 12 days, CR ensured that the remaining three huts were erected. After a video appeal, CR raised funds to help the other families also



A drawing by a Calcutta Rescue student, Suman Sardar, who witnessed the fire





THE WAIT IS OVER – CLEAN WATER & TOILETS IN DAKSHINESWAR

There was no better way to understand the harsh realities of life in this slum than to go with some of the children to fetch drinking water. They used to dodge their way across a busy road carrying an assortment of plastic jars and then abseil 20ft down a steep concrete embankment using ropes knotted together. Once they had filled their jars from a standpipe they then carried them back up the embankment and across the road. It was dangerous by day, but much more so at night. It comes as no surprise that several youngsters had been knocked down by passing lorries and trucks.

There are two open wells in the settlement - a pool of dirty grey liquid surrounded by mud. It isn't fit for washing feet in but the women here use it to wash vegetables and clean out their plates and cooking pots.

On the other side of the settlement was the main toilet - the railway line where the community, including women, would openly defecate.

These hardships and indignities are now a thing of the past. 28th June '18 was a proud moment for Calcutta Rescue - as the organisation inaugurated toilets and clean drinking water for the families in Dakshineswar successfully executing Dr. Jack's vision of improving basic living standards for the poor as well as providing medical support. The work involved digging a 100 feet tubewell, installing electricity to pump the water into a 2000 litre tank and providing access to six water taps. In addition to installing water, six toilets have also been built with access to water to help maintain their cleanliness.

On inauguration day, CR's long term supporter and Swiss photographer, Benoit Lange was present as well as our Hony. Chairman, Mr. Soumitra

Bose. Calcutta Rescue worked in close collaboration with local councillors and the day was also graced by their presence.

In addition to Dakshineswar, Calcutta Rescue has brought clean water to another of its Street Medicine areas, Kolkata Station, for which slum dwellers earlier had to walk several hundred metres. Calcutta Rescue is working on gradually improving basic living standards across its slum communities. Improved sanitation and access to clean drinking water will result in better health for the communities and reduce dependency on CR medical services.



A big thank you to Magma Fincorp for sponsoring the toilets in Dakshineswar

HIV Project

484 patients this year

“Bengal was a low prevalence HIV state but gradually it’s going towards medium prevalence state as per studies,” said Kamalesh Sarkar, deputy director of the Division of Epidemiology (HIV/AIDS), National Institute of Cholera and Enteric Diseases.

It’s hard to believe that HIV/AIDS has only been a recognized for about 30 years. In that time, it has gone from a relatively unknown disease to a worldwide health crisis and claimed more than 30 million lives. HIV/AIDS is so much more frightening than other diseases due to its ability to bypass the immune system and then destroy it.

Calcutta Rescue’s HIV Project helps the poorest people living with HIV/AIDS. Over the last few years government hospitals are providing most of our patients with drugs including 2nd, 3rd line and even 4th line antiretroviral drugs. CR’s support has also shifted over the years. Today, CR focuses on the other areas of support for HIV patients - health education, counseling and nutritional support. Some anti retroviral therapy is poorly absorbed if food intake is poor, reducing its efficacy Therefore the WHO currently still recommends supplementation in HIV since weight loss and under nutrition are common in HIV and can accelerate disease progression

CR has developed an excellent nutritional element to its treatment program. Eating the right type and amount of food, in the right combinations, is a critical component of comprehensive prevention, care and treatment for people with HIV and AIDS. Our specialized health educator gives health education to each patient. Offering advice about food habits, how to prevent various health problems, improve immunity and increase HIV knowledge.

Today the HIV clinic still gets many referrals from STM, especially those

who require 4th line treatment. CR also takes in patients who are not able to get the medication from their government hospitals. TPC sees patients every Thursday and alternate Saturdays and currently has 484 patients. Most come from the outskirts of Kolkata and have little or no income of their own. Male patients often work as farmers, daily laborers or are unemployed. Female patients mostly work as domestic helpers or as farmers.

THE JOURNEY OF CALCUTTA RESCUE’S HIV CLINIC

Calcutta Rescue observed World’s AIDS day on 1st December throughout the entire month with all its HIV patients. A series of activities like quiz sessions related to HIV facts, prevention and management of the disease, anti-retroviral treatment (ART) was conducted.

In 2004 Dr. Jack Preger saw how people with HIV were suffering in Kolkata. The government was unable to provide life prolonging anti-retro-viral therapy (ART), as the treatment was far too expensive. So Dr Jack and Calcutta Rescue rented a small room in north Kolkata and started to treat these patients. The need was clear and patient numbers started increasing rapidly. CR soon ran out of space, and the HIV clinic was shifted to a room of a nursing home. Around this time the School of Tropical Medicine (STM) in Kolkata started providing 1st line ART to patients, but not 2nd line. Again Dr. Jack and CR recognized this service gap and started working with the STM, who would send those in need of 2nd line ART to CR. Patient numbers continued to grow and in 2006 the clinic was transferred to CR’s own Tala Park Clinic CR would spend around Rs. 6 Lakhs per week due to the very expensive 2nd line medication, but the need was there, and CR had to find the funding – otherwise patients would die.

Dr. Jack Preger expressed, **“We have saved a lot of lives. Government Hospitals always did the initial treatment and they refer to CR for further help. I want to thank all the Support Groups, especially Switzerland and Ireland. We spent on average, 40 Lakh per year for the treatment of HIV patients and for that we are really dependent on our donors and are extremely thankful for their ongoing support.”**

Disability

“Able does not mean enabled. Disabled does not mean less able.”
— Khang Kijarro Nguyen

India has a staggering 60 million people living with a disability, almost equivalent to the entire population of the United Kingdom. High poverty levels, low literacy, few jobs and widespread social stigma make disabled people among the most excluded in India. But Calcutta Rescue believes that disability is just a term, and that it does not limit one’s ability to lead a normal life. Keeping this philosophy in mind, Calcutta Rescue believes in equipping those who are disabled with better treatment, training and care.

Over the years ,the Disability Department (DD) at Calcutta Rescue has provided an integrated range of services, educational, therapeutic and rehabilitative covering all disability groups. The Disability Department budget has a wider sphere of-activity for targeting services it perceives as fundamental to increasing disabled peoples potential quality of life From our small beginnings we have grown rapidly realising some hopes, strengthening our foundations, expanding our services and maintaining quality rehabilitation facility for the persons with special needs.

Participation of children with disabilities in sports and recreational activities promotes reconditioning, optimizes physical functioning, and enhances

overall well-being. Therefore, during this year, implementing gaming activities has been CR’s most prominent and prime focus in addition to the medical, nutritional, educational and therapeutic support.

WORLD HEALTH DAY- DEPRESSION: LET'S TALK

Mental health is integral to our wellbeing and as important as physical health. At Calcutta Rescue we see the most deprived children and adults, and work in communities where mental health problems are common. Samsood is a 14 year old boy from Calcutta Rescue's Tala Park School. He developed depression and stopped coming to school. But he was referred to our school psychologist, who was able to help him through regular counseling. For other children, it is more complex. Samsood studies in class 7. His biological mother passed away when he was young. His mother and father had a disturbing relationship. His father used to hit her and verbally abuse her. They had a dispute and his mother burnt herself. Four years ago, his father remarried. This traumatic event had an emotional impact on him. He cries for his own mother. He developed hopelessness regarding his future and became depressed. His friends used to tease him and bully him about his family history and father's remarriage. As a result Samsood's academic performance was poor. He also developed disciplinary problems, he was regularly absent from school, and expressed anger towards the teachers. But counseling with our school psychologist Rajeswari Basu helped. Through talk therapy, he was better able to deal with his pent up emotions about his biological mother. Using role play techniques, his inter-personal skills improved and he was able to deal with conflict in more constructive ways. He has no traces of depression. He is attending to school regularly and his academic performance has improved. His relations with teachers have improved and he no longer expresses anger if criticized by teachers. He is showing more interest in studies and has an increased concentration too. He has developed an aim to become a heart doctor to provide service to humanity.

His peer relations have also improved. He enjoys participating in activities like cricket and dancing, although he is shy to perform. His step-mother has accepted him and proves him love and care. He also has a step sister. The relation with step sister is good. He is protective about her. He enjoys eating food especially cooked by his step mother. This year's World Health Day was devoted to the theme of depression. To mark the day, Calcutta Rescue's School organized an awareness camp on depression. School Psychologist explained about the symptoms, effects and management plan of depression. Depression is the leading cause of ill-health and disability worldwide. According to the latest estimates from WHO, more than 300 million people are now living with depression, an increase of more than 18% between 2005 and 2015. Lack of support for people with mental disorders, coupled with a fear of stigma; prevent many from accessing the treatment they need to live healthy, productive lives.



Education Project

Learning and much more



Access to quality education in India really depends on where you stand in the country's income distribution, and whether you reside in rural or urban areas. These figures shows what everybody knows – that there is enormous inequality in access to quality education in India, which results in massive inequality of opportunity. That is the recurring stark message from the Annual Status of Education 2017 (ASER) report published last year. The depressing message is this: only 43% of 14-18-year-olds could do simple division, improving only marginally between the years; slightly less than half could not add weights in kilograms; more than 40% could not tell hours and minutes from a clock; 46% did not know which city was the capital of India. Following the Right to Education Act, India has done a commendable job of herding these kids into school (enrollment rates for primary school-going children is close to 100%) – but we have forgotten to teach them anything.

There's no question that the global economy is changing and the much-heralded Fourth Industrial Revolution calls for higher skills from workers. There is no reason why the top echelons of the Indian population won't be able to master those skills and compete with the best of the world. And, given India's size, the top 10% or 20% add up to a very big number, bigger than entire nations.

What about the rest who cannot do basic division? They will fall even further behind – they will do the backbreaking work in our sweatshops and at our construction sites; or they will provide the army of maids and watchmen and sweepers and other servants so necessary for the comfort of their richer countrymen.

Calcutta Rescue does not want this outcome for its slum and street children. While they may live in harsh environments, where alcohol, drugs and physical abuse is common and where access to basic human needs like clean drinking water, toilets and electricity is difficult, it is CR's strongly felt belief that these children can succeed and realise their potential.

Calcutta Rescue runs two educational institutes in Kolkata, and during FY17-18, provided tuition and a safe learning environment to 680 children aged 4 to 18. At our schools we do more than just teach. We know that in order to learn, children must be well fed, healthy, active and have the appropriate clothing and equipment – we try to provide everything the children need that they are not able to get at home. In addition to the children in its two schools, CR financially supported 37 children in boarding school in FY17-18, up from 22 the previous year, and 10 students in university

INEQUALITY OF OPPORTUNITY

The richest 5% in urban India spend 29 times more on education than households in the middle of the rural income distribution

	Monthly per capita expenditure on education (in Rs)	
	Rural	Urban
Poorest 5%	7.54	16.32
5-10%	10.88	25.26
10-20%	14.88	37.59
20-30%	19.66	53.92
30-40%	22.45	72.01
40-50%	28.35	100.84
50-60%	31.47	125.49
60-70%	40.82	158.01
70-80%	54.28	220.37
80-90%	79.09	326.22
90-95%	121.49	491.57
Richest 5%	277.5	908.12

Source: NSSO

Metrics

Dropout Ratio	2016	2017
Tala Park School	35	19
No. 10 School	35	31
Total	70	50
Ratio	10.3%	7.3%

While the overall dropout ratio has decreased from the previous year, it has increased for formal children (& decreased for non-formal preschool children). The increase has mainly been in No. 10 School where 31 children dropped out compared to 19 in Tala Park School.

The attendance figures show a similar trend – with Tala Park School (79% & 61% for non-formal and formal children respectively) showing better attendance than No. 10 School (67% & 49%). Naturally this is also reflected in learning outcomes with Tala Park students outperforming their No.10 School counterparts:

Proportion of students with score above 50% - classes I to IX

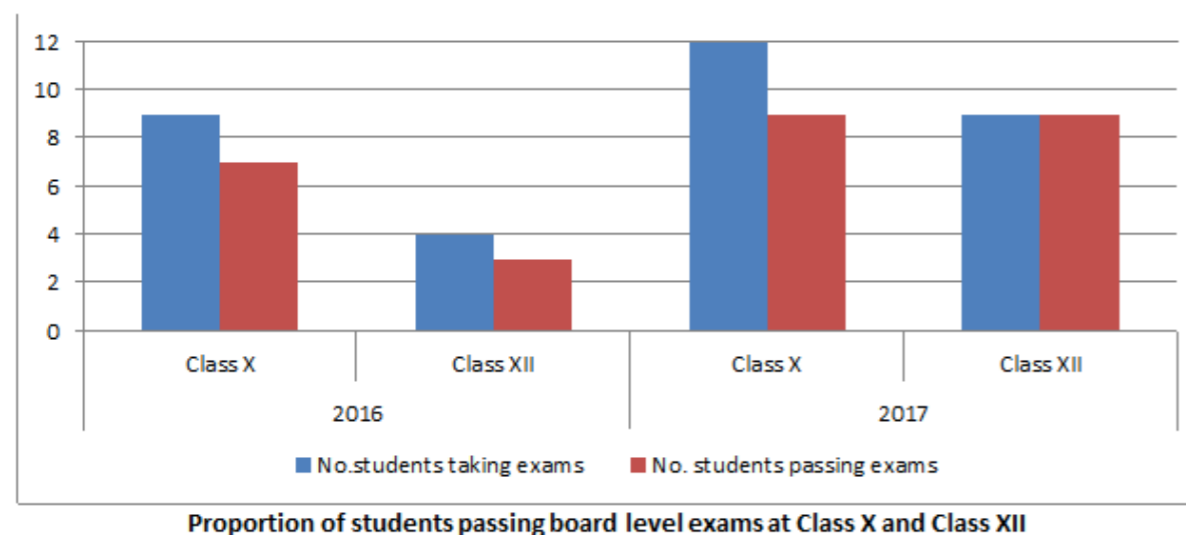
	Hindi or Bengali	English	Maths
Tala Park School	58%	55%	55%
No. 10 School	37%	40%	37%

While attendance and dropout remain a cause for concern, those who get to the higher grades do manage to get those all-important school certifications at Class X (16 years old) and Class XII (18 years old). During academic year 2017, our pass rate at these levels increased to 86% from 77% the previous year.

What is very encouraging is that the students who have passed their Class XII exams are keen to kick on, pursue higher studies and enhance their skills. Two students are using their artistic talent to pursue 12-month diplomas in animation at production houses where they may get paid employment following the course. One student has passed the polytechnic entrance exam and got chance in a diploma course in Mechanical Engineering at a good engineering college outside of Kolkata in Burdwan. Others have taken admission in B.Com and B.A courses under the University of Calcutta. Three of them are also pursuing diploma course in texture painting under NSDC along with their studies.



During FY 17-18, CR entered into a partnership with SONY. Apart from funding the annual cost of 120 children, SONY's employees will help CR's children in building 21st skills like spoken English and computer coding. We thank SONY for their generous support and this exciting collaboration.





SANTOSH – A HERO WITHIN

Santosh, 21 is studying hard to pass the end of school exams most children have completed at the age of 18. But, his is not a story of failure, but of determination and talent and hope. Santosh works endlessly as a teacher to earn money to support his sick father and alcoholic elder brother. And he is a talented young actor who is trying to establish himself in the cut-throat and competitive entertainment industry in Kolkata.

His mother died when he was seven. By then she had been abandoned by his father who returned to Bihar to be with his first wife. Santosh started at Calcutta Rescue's No 10 School at the age of four, and the charity has provided a vital lifeline of continuity and support for him over the past 17 years.

Left without anyone to care for him, Santosh survived on the food he received at school and the extra nutritional support it gave him.

For protracted periods he never had an evening meal and was hungry for much of the time. This made it hard for him to study, but he didn't give up. And at the age of seven he managed to get a place in the first year at formal school, sitting next to children several years younger.

When he was older he tried to make money as a cart-puller but he didn't have the

strength or physique to do such demanding physical work.

But fortunately a man doing it suggested that he should try and earn money by teaching children as Santosh could read and write.

So Santosh went round his slum in Phoolbazaar near Howrah Bridge and asked mothers if they would let him teach their young children the basics. He gave it a go and attracted 30 young students. But even though he wasn't asking for much money he never got paid for his work with most of them.

But now he has 10 students and gets a little money from each. Along with the support that he receives from CR it is enough for the essentials for him, his addict brother and his ailing father.

His talent and grit has touched the hearts of many within CR. And we all held our breath when his Class XII results came out earlier this year. He passed in all subjects including English, which had been the bane of his academic life so far.

He is determined to further his education and has enrolled in evening college and is also working part-time to support his family. In parallel, both he and CR will search for that break in the acting world. Watch this space!



Calcutta Rescue has a new Head of Schools

Ananya Chatterjee, the new head of CR's schools, has a quiet authority which commands respect from teachers and pupils alike.

But she is also very approachable and is working hard to empower and upskill her staff.

She often pops into lessons to assist teachers when she sees something that would benefit from her input, but does it in a way that make the teacher feel supported rather than undermined.

Ananya is also super-organised, vital when you are running two pre-schools with 110 children and also organising support for 572 students at attending many different formal schools.

After gaining a degree in History Ananya, now 45, did her Masters in Sociology in Kolkata before getting her Bachelor of Education degree.

For the past 22 years she has been a teacher and was working at one of the city's most expensive schools Delhi Public School before joining CR.

There she taught English and Sociology to teenagers as well as working as part of its pre-school team.

But she always had a passion for helping children from underprivileged backgrounds and often helped out at NGOs who were

doing this.

She also got involved with the Rotary Club and as a result went to Thailand to learn how to use storytelling to help youngsters and illiterate adults to read.

Since taking over in September she has already introduced Phonics, a system which has been proven to make it easier for kids to learn to read, and in the next few months she will introduce some of the skills she learned in Thailand.

Ananya says that teachers at CR's non-formal schools have to work very hard to engage children from such difficult backgrounds, using every tool at their disposal.

Ananya says: "If we can create interest in education from the start then the children can go all the way."

Asked what her ambitions for the youngsters are she says: "To give them a platform where they are able to lead a good life, run a family, be a good father or mother. Where they can choose their own job and earn money to help their families."

Shifting from a superbly endowed school for rich children to CR's cramped and basic schools for the children of the poorest of the poor cannot have been easy.

But Ananya is clearly relishing her new role. She said: "Every day is giving me inspiration to find new ways of working. Yes, the work is challenging but it is immensely satisfying."

A Quiet Revolution in CR's Schools for Non-formal students.

Kids in the two non-formal schools are now all studying the same lessons at the same time.

This may not sound that revolutionary, but it is probably the first time it has happened here.

In the past the teachers were working off a curriculum they had been taught them by the Sisters of Loreto (famous for running good schools here). But that was more than a decade ago, and over time the understanding and particularly the implementation had decayed. So teachers were covering lessons at different times in different ways. There was little coordination, monitoring or quality control.

Before the start of academic year 2017, the School Administrator drew up an academic plan for the next three months which lays down exactly what is covered on what day.

Each month has a theme, and each week a topic within it is covered. And it doesn't just specify what will be covered, but how it should be taught.

Up to now there has been too much reliance on book and blackboard. Different learning styles are effective for different people. And children from challenging backgrounds in particular need stimulus and variety to hold their attention.

Rhymes, powerpoint, play, videos, diagrams are all now being used in a way which is bringing lessons to life. While these methods are all being encouraged the system is not so prescriptive that teachers cannot also use their own creativity and initiative.

In fact teachers have set up a whatsapp group where they are proudly sharing photos and videos of their lessons.

Back to Basics - Formal students

For students attending formal schools CR has made a radical change to the way it supports them, based on a back-to-basics approach.

There is only eight hours teaching time per pupil per week - before or after they go to the formal school, which in reality usually means just six or seven.

In the past CR has tried to support them in all the subjects they study in the formal school curriculum, which by the upper years is nine.

Which meant that there was less than an hour a week on each subject - really not enough time to make any meaningful progress.

So now for the first five years they are working on just three subjects, numeracy, literacy in English and either Hindi or Bengali - doing half hour of each every day.

And the theory is that being able to read well will improve a child's performance in history, for example, while really understanding maths will boost their capacity to master science.

After the fifth year at formal school the CR curriculum now starts to phase in other subjects but the approach is to get the youngsters to identify areas where they need help and target the time on those.

It is a bold, and potentially risky, strategy as in many schools progression to the next year depends on passing exams in all subjects. But the teachers themselves knew the old approach, while it seemed to cover everything on paper, simply wasn't working.

The proof will come when the exam results start arriving, but we are confident the new system should give CR schoolchildren a boost they badly need.



NILU – THE NEXT NEYMAR

Nilu Khokon's face comes alive the moment you mention football.

To say that is his passion really does not capture the full significance of the game for him. In front of others, talking about his life, his face is impassive; his speech verges on the monosyllabic. Life dealt Nilu with a difficult hand from the start. He does not remember his mother, and his father died in an accident when he was very young.

An elderly lady, who looked after him for a while after his father died, brought him to Calcutta Rescue which has tried to fill the gap where a family should have been ever since.

Now 15, Nilu is at St Paul's boarding school in Kolkata and, because he has no home to go to, in the holidays CR arranges for him to stay at a hostel where he gets extra coaching in math, one of his problem areas. Nilu is quite withdrawn and struggles with academics.

But put a ball in front of him and he breaks into a smile and instantly morphs into a magician. His ball control is exceptional.

Every morning Nilu wakes at 4am and does two hours of football practice before school. He is a striker and a very good one, who scored two goals and won a trophy in a recent school tournament. Calcutta Rescue bought him his first pair of football boots before the competition. Nilu has been offered trials at East Bengal and their rivals Mohun Bagan. You may never heard of them but they are very big in this neck of the woods.

But the boarding school rules prevent him from taking up the offer. So he may have to wait until he leaves school to pursue his one and only dream, to become a professional footballer. His idol is the Brazilian player Neymar - famous for his dribbling and his skill with both feet.

Can Nilu make his dream come true? We hope so.

But unlike his hero, he does not have a father at his side supporting him every step of the way.

But he does have us at Calcutta Rescue and it our belief that every child deserves a real chance in life, however hard the hand they have been dealt.



WORLD'S CRAZIEST DANCE VIDEO

Dubbed the #worldscraziestdancevideo, it aims to challenge the stereotypical image that working with the poor people in slums is depressing and unrelentingly grim.

It was inspired by two women who danced for joy in a TB clinic there in November when told they had been cured of the potentially fatal disease by charity Calcutta Rescue. It stars hundreds of patients, schoolchildren, doctors, health workers and teachers all dancing to the soundtrack of Living in the City by British artist Rhys Lewis, who is supporting the project. The charity

hopes people will share this video widely on social media so many others will learn about its work.

Watch it here and please share it if you like it. <https://youtu.be/HWxC-Lm9jRo>

Handicrafts and Weaving Project



This project grew out of the need to help former patients and school dropouts acquire vocational skills. It provides them with a fair wage and transferrable skills in embroidery, printing and product design.

FY17-18 has been a year of consolidation for Calcutta Rescue's Handicraft unit. Calcutta Rescue's CEO looked the challenges of the unit early in the year and made the following assessment:

1. A manager was required to steer the unit in the right direction
2. Sales & marketing efforts and customer base needed to increase
3. Products and design could be improved and have a fresher, more contemporary look

To improve these areas, CR hired a manager with 18 years of experience in sales, Arunava Ghosh-Roy. Arunava has worked with household names like Bata, the shoe company, and is keen to apply his commercial skills with Calcutta Rescue and improve its sales. CR also hired a part-time consultant to work on products and design. Both the new members of staff joined in September 2017.

Arunava told, "It's a wonderful heart touching experience to meet our founder Dr. Jack Preger whose tireless effort made Calcutta Rescue where it is today. I am so lucky and honored to have such responsibility that Dr. Jack as well as Calcutta Rescue has given to me. I certainly will try my best to make handicraft project more successful."

The unit's mission remains undiluted and is currently providing livelihoods to 47 people – 37 of whom are women. This includes a beggar who had previously suffered from leprosy and who joined last year on a part-time basis.

On the sales and marketing front, 112 potential customers were contacted and met throughout the year, resulting in 3 new retailers stocking Calcutta Rescue products in their shops. With respect to products, CR has rationalized its product range slashing it from 220 distinct products to 100 – the idea being that it will focus on quality rather than variety. CR has tried to innovate with a few new products like using the stem of water hyacinth plants to make bags and notebooks. – but with limited success. It has however become a supplier to Koko Collective, an ethical enterprise providing pet accessories and products to markets in the UK and Europe. CR is also in discussions with a fashion designer in the Netherlands, who believes boutique fashion stores in the Europe would be interested in the ethical value of products made by CR and designed by her. CR will further pursue this idea in FY 18-19.

While CR absolutely intends for its Handicrafts unit to stay true to its original mission, we believe we can do this in a sustainable manner, i.e. without making losses. However FY17-18 has been a poor year as far as financial performance is concerned showing a Rs. 7 lakh loss. Around 55% of the loss can be attributed to the 6 month salaries of the aforementioned two new staff members. While they have worked hard to improve sales and products, we expect the fruits of their labour to take some time and to be reflected in the current financial year. Sales for FY17-18 remain almost identical to FY16-17.



Safe Drinking Water

The ministry said West Bengal leads in arsenic contamination with 9756 areas affected while Assam is second with 4416 areas. Bihar and Uttar Pradesh also have arsenic affected areas.

around 30,000 litres of water to over 1500 families across 12 villages in Malda.

While the total number of habitations with contaminated water has come down in the last five years, the figures are rising again. The number of habitations affected had come down from 9,504 in 2009 to 1800 in 2015 before they began rising again from 2016 when it touched 14,143.

Arsenic is one of the most dangerous contaminants of drinking water. Long-term exposure to arsenic in drinking water can cause cancer in the skin, lungs, bladder and kidney.

In its reply in Parliament, the government said the national water quality submission was launched on March 22, 2017 to provide safe drinking water to arsenic/fluoride affected habitations within four years. But it was subject to availability of funds.

During its visits to Malda where CR has 12 filters installed, we have come to know that the West Bengal has installed a total of 680 filters across the state at a cost of Rs. 84 Cr (USD 12MM). Some of these filters have been positioned next to CR filters and stopped working shortly after installation due to non-maintenance.

During FY17-18, CR met with government departments in Malda and Kolkata responsible for these filters – to offer its hand in partnership – if the government is unable to maintain them, CR might be able help. The discussions till date have not been productive; however CR will continue to persevere since the potential upside is large.

In FY 16-17, CR planned to replace 6 old filters with new ones. It replaced 5 filters and the 6th filter planned for Imamnagar was unutilized since a school was built on the site. During FY 17-18, CR installed this filter in a new area, Kamtulpara, in November 2017. These filters provide

VOLUNTEER STORIES

DOCTOR MARCELLO SCOPAZZINI

Clinical Fellow in Global Health and Leadership

The unrelenting heat of summer finally dissipates

The monsoon rains have just hit Kolkata, and the entire city has breathed a sigh of relief as the unrelenting heat of summer finally dissipates. This relief will be short-lived as the city sinks under a sustained assault of pouring rain that gives everything a musty damp smell for three months. Nonetheless, there is nothing as spectacular as a wall of water thundering down: people, dogs, rats, geckos, mosquitoes all scurry for shelter. Seeking shelter from nature defines most months of the year in India. During the winter months, one shelters from the nippy winds that blow from the hinterland, seeping in through the cracks of shoddily built houses better geared for heat than cold. Whilst the wind is sufficiently piercing as to render the winter months uncomfortably chilly, it is nowhere near powerful enough to dislodge the dense smog emanating from countless small coal fired stoves and poorly maintained diesel cars. The trees and the grass turn a greyish-brown, and, at night, the air is eerily yellow. The smog finally lifts as the heat rises and residents switch their coal fires for fans and air-conditioning.

For three months, India is gripped by intolerable heat that strips anyone of any dignity as they collapse in a sweat-drenched mess.

And so I reach the end of my year in Kolkata: I moved here at the tail end of the monsoon, and return to the UK as the rains batter the country again.



India truly embodies extremes

Much like its weather, India truly embodies extremes. Whilst it is on the cusp of economic greatness, the distribution of that greatness is seriously wanting. The burgeoning middle class, no longer concerned about the provenance of their next meal or the security of their weather-worn shelters, are afflicted with the same obesity problems that afflict Western democracies. On the flip side, up to 300 million children - or roughly 50% of all Indian children in any given year - under the age of five are stunted.

True hunger is no longer as pervasive as it was two generations ago, but India still has a massive nutrition problem at either extreme of its society. We demonstrated this recently in Liluah Bhagar, the newest slum that Calcutta Rescue started operations in: The growth curves among children are dramatically shifted to the left of WHO aggregate averages.

Indian television, advertising and cinema would have you believe that most Indians now eat too much and can switch on their air-conditioner from the other side of the country on their 4G network that puts our British connectivity to shame. Yet in Kolkata - as in many other major Indian cities - more than 50% of the population of anywhere between 14 and 17 million people is crammed into densely packed slums where residents still use the canals that criss cross the north of the city as their toilet, and where periodic outbreaks of cholera are still very much an issue. This year, a sewage pipe burst in South Kolkata, sparking an E. Coli epidemic in which dozens died: it made the news because it affected middle-class districts.

The Pavement Doctor and Calcutta Rescue

It is in this Indian world that Calcutta Rescue has worked since 1979, when Dr Jack Preger, a British doctor, sat down and started treating patients on the side-walk opposite Loreto School, the most exclusive girls' school in Calcutta. Over the next 38 years, Calcutta Rescue grew with the support of networks in Europe and North America and now runs three fixed clinics, two schools, an arsenic mitigation project, a handicrafts vocational training unit, and

two street medicine ambulances that criss cross the city's slums. At its helm, Jaydeep Chakraborty, a genial Londoner who returned to his roots much to his parents' complete bewilderment, is gently shaping the indefatigable work of his staff base in an effort to produce concrete numbers that accurately reflect the success and importance - and above all, continued relevance - of Calcutta Rescue's work.

I stepped in on the heels of a work colleague and friend, Amy, who had spent the previous year in Kolkata. My brief was to continue the quality improvement work she had started, and I jumped at the opportunity to take a year out of training following a gruelling two years of core medical training in London.

In my first week, Jaydeep set me a task: to help improve the street medicine team. I spent two months observing how the street ambulance teams worked. I carried out a month long audit of consultations, which highlighted some worrying gaps in consistency and accuracy in patient care. I noted the lack of formal training amongst most healthcare workers, and, above all else, the lack of a regulatory structure that ensured staff members could be held accountable for the care they delivered. With Jaydeep's help, I crafted a three-pronged strategy to improve the administration, delivery of care, and training of the street medicine programme.

Achieving some quality improvement

In the second six months I spent here, I spent approximately half my time performing clinical duties - mainly trying to achieve glycaemic control in poorly controlled diabetics, and trying to fatten TB patients with BMIs in the low teens - and the other half corralling other volunteers into a teaching and training programme.

With the help of a British ICU nurse, a German pharmacist, an Austrian pediatrician, and a Swiss medical student, our crack team spent an afternoon or two a week in a rowdy classroom teaching staff about child growth measurements; recognition and onward referral of the unwell or malnourished child; and introducing the concept of ABCD to help with patient triage.

We finished our curriculum with some success: we estimate that at least 50% of our class of 28 are now independently proficient in accurate growth measurement, and another 30% are proficient in applying

ABCD principles to the unwell patient.

In parallel, I worked with the Swiss Support Group to raise funds for basic infrastructure improvements for the street medicine programme to bring diagnostic tests to the field. We are negotiating purchasing a Swasthya Slate - an Indian designed, tablet-based machine that can perform up to 33 basic diagnostic tests in real time - from the Public Health Foundation of India. Next week, the street medicine teams will have a brand new observations machine to help health workers sort their patients into red, yellow and green priority groups. One of my TB nurses is secretly cursing me for enforcing monthly BMI calculations amongst our sickest TB patients, some of whom really look like concentration camp survivors.

The other half of my week I spent in the office crafting strategies with Jaydeep and other members of the management team. I was also responsible for coordinating volunteers coming from abroad, determining where their skills were needed and offering a shoulder to vent on, because Kolkata is as infuriating as it is loveable. I mistakenly mentioned I could touch-type, so I was in charge of taking minutes for most management meetings. I was an independent observer to the quarterly Governing Council - Calcutta Rescue's board - meetings.

Lastly, I collaborated with Swayam, a NGO whose focus is to promote and protect women's rights in West Bengal, to set up a gender-based violence programme in Calcutta Rescue. We hope that this might start alleviating the suffering endured by almost 80% of the mothers enrolled in our disability programme, who are frequently scapegoated for giving birth to children with physical or intellectual disabilities.

Epilogue

So in summary, I cannot speak highly enough of my experience in this last year. Despite the heat, the honking, the crowds,

the lack of anonymity - albeit, still privileged - caused by my white skin on the metro, I wish I could stay longer. I am intensely humbled by the dedication and selflessness of Calcutta Rescue's staff and I have developed skills and knowledge that will be invaluable to my career as a registrar. I can now confidently research and write a strategy; I can effectively win over a team of people, and lead them to move away from doing things the same way because it's always been done that way, improve their results; and I can almost make green mango dal.

The greatest thing about Calcutta Rescue is that a volunteer like Amy and me can mould his or her experience and priorities to just about any service improvement project, and Calcutta Rescue and Jaydeep will listen and enact those changes that we deem necessary.

VOLUNTEER STORIES **Doctor Saumya Kuruttuparambil**

My name is Saumya Kuruttuparambil, I was born and brought up in Vienna, Austria and I joined Calcutta Rescue as a volunteer doctor 9 months ago. As a pediatric trainee I mainly worked in both of CR's schools doing health screenings, treating sick children and monitoring and evaluating the Special Diet programme and Iron supplementary therapy. In the last 3 months I had also the opportunity to help running a pediatric clinic with the street medicine team in a slum in Liluah Bhagar, Howrah.

Most of the health issues the children here have are the same as anywhere else in the world - fever, cough, ear aches and skin infections. But what makes the work here so different from Europe is the socioeconomic background of these families, because poverty and the lack of education affect the outcomes of a treatment.

For example, even though we provide meals for the children in our schools, some of our school children go to bed without having dinner because their families can't afford it.

Issues like this have to be considered when figuring out why a malnourished child hasn't reached their target weight yet despite being on a special high protein diet. I really enjoyed working in the schools, because everyone from the teachers to the kitchen helpers are doing the best they can to make sure these children have a better life.

One of my personal highlights was the teaching programme, initiated by Dr. Marcello Scopazzini, where we taught the health care workers how to assess sick children and how to address malnutrition. It was wonderful to see how keen all the health care workers were to learn new things, but also how determined they are to utilize the newly gained skills and knowledge in their clinical work.

I gained a lot of experience professionally in the last year, but what I enjoyed the most is the humanitarian aspect of CR's work and seeing how cheerful everyone of CR's staff is while serving the underprivileged in Kolkata, whether they are sweating in 42°C or walking through flooded streets during monsoon season.

Unfortunately, my time here in Kolkata is coming to an end in August. But even though life in Kolkata has not been easy and the honking and pollution are still driving me crazy, I am very much looking forward to visiting Kolkata again and to supporting this amazing organization in the future.



Summary of Volunteers

Calcutta Rescue has had some amazing volunteers this year. We have really benefited from their expertise and support. Here are some of the achievements of volunteers over the past year:

Pharmacy: Juliane.

Juliane worked hard to improve the delivery of care in diabetic patients, and introduced a draft for a new diabetes card. She was also active in teaching and training, putting all staff to the test at the end of her stay. She was instrumental in supporting Shantanu as he eased back into his job, and making sure that donations were recorded appropriately.

Handicrafts: Clara, Jake.

Clara returned with partner in crime Jake for a two month stint this year. She worked daily with the staff to encourage and refine the production of her popular dog collars. Clara and Jake were also very active in promoting the media presence of CR, collaborating with the best dancers in all the projects to promote an engaging - and fun - music video.

Doctors: Marcello, Saumya, Corrine.

Corrine came for a whirlwind month where she singlehandedly redrafted the maternity protocols; got the doctors up to speed on best practice; and introduced a new set of maternity notes to improve documentation. Marcello focused on improving the programmatic management of the street medicine teams, and introduced a series of teaching modules with great success. Saumya, in her capacity as a volunteer paediatrician, overhauled the schools: she introduced a new card for supplementary feeding programme; performed the screenings that were stuck in a backlog; and collaborated closely with Marcello on teaching and running a new child wellness programme in the newest slum the SM team now operates in.

Nurses: Karin and Rachael.

Karin and Rachael both assisted in Nimtala, as well as in the teaching programme for the street medicine teams. Rachael worked closely with Marcello in formulating teaching sessions that were pitched to the right level for the health workers. She also carried out satellite teaching sessions in the different clinics, to great effect.

Medical Students: Megane.

Megane came for three months and assisted with the teaching programme for street medicine, as well as shadowing and observing the practices of the health education team. She produced an important report which will serve as the basis for improvements to the delivery of patient education.

Schools:

Saumya was of course instrumental in improving the delivery of healthcare in the schools, as mentioned above. Sarah returned for three weeks to work with children teaching them English at Tala Park School. Sandhya came from the UK to improve social services for children in the school, working closely with Suchandra and the teachers to promote child safety.

Office:

Matt Wallace. Matt Wallace returned several times to work alongside Jaydeep primarily assisting with fundraising.

Photography: Jake.

Jake snapped tirelessly throughout his stay in CR. He also produced a video for an exciting music video featuring CR staff.

Physiotherapy: Alex

Alex returned from Germany to set about improving the delivery of physiotherapy care in CR. She purchased a new bench, and inaugurated a new physio clinic at Nimtala. She will stay on until December.

Short term volunteers:

provided helpful feedback to our teams on their observations in physiotherapy, speech therapy, wound care, and the schools. Suggested ideas for research projects at Calcutta Rescue.

Position	Swiss	Swiss Espoir	USA	UK	New Zealand	Fiji	Germany	Austria	Canada	Netherlands	Kolkata
Medical (Student)	2		1								
Pharmacist	1						3				
Photography							1				
Teachers	1		2	1			3				
Nurse	1			1					1	1	
Doctor				3				1			
Local Students											6
MSW											1
Handicraft							1				1
Dance Therapy	1			1							
Social worker				1							
PR & Fund Raising				1	1	1					
Total (38)	6		3	8	1	1	8	1	1	1	8

Calcutta Rescue teams up with Swayam to deal with Gender Based Violence

Calcutta Rescue has teamed up with pioneering charity Swayam to train all its staff in how to identify and prevent violence against women.

Every day in India 311 women are tortured, 116 are kidnapped and 95 are raped, according to the official statistics for 2015.

But in reality that is only the tip of a huge, largely unacknowledged, iceberg of gender based violence which affects almost all women here, directly or indirectly.

This ranges from “Eve teasing” an anodyne euphemism for sexual harassment in public places, to domestic violence and West Bengal heads the national league of shame in India.

The manager of CR’s disability project reckons that 90 per cent of the mothers of the children who come to the project have been the victims of domestic violence.

Asked the reason why there is so much violence against women Amrita Das Gupta of Swayam tells doctors at a meeting in CR’s Tala Park clinic: “Men do it because they can, because they can get away with it.

“The root cause is patriarchy. It is the patriarchal system that teaches men it is OK to use women in this way. The system has to be broken.”

That is no easy task, but for the past 23 years Swayam has been working in an amazing variety of ways to do just that.

Started in Kolkata by Anuradha Kapoor, it now has a presence across India and is recognised internationally as a pioneer in the field.

From providing support and advocacy to the survivors of domestic violence,

to campaigning and lobbying on key policy areas such as child marriage, from publishing books and leaflets to training students to spread the word in other colleges and schools, Swayam is tackling the problem on so many fronts.

It aims to turn survivors into “agents for change” in their communities.

One of its most effective methods is to create groups of women who then work to prevent violence against women in their neighbourhood and change the prevailing mindset.

Chitpur, for instance where CR has its leprosy clinic, is known as a conservative Muslim area.

But you will see women on the streets there in headscarves using megaphones to promote the message that any form of violence against women will not be tolerated.

And last year the charity started working with men and boys because, as Amrita says, until they change nothing will change.

Amrita said that literacy, alcohol, mental health and poverty may all be factors in triggering abuse, but she stressed that the problem affects all classes and income brackets.

She says that most women who suffer violence from men in India don’t report what has happened, because there is so much stigma attached to doing so.

Sometimes women are rejected by their own families for speaking out.

Within a relationship they feel vulnerable and most want the violence to end, but not the relationship.

But what they often do is go to see a doctor reporting that they have headaches etc...

And this is where Calcutta Rescue can play a key role in breaking the cycle by identifying victims and providing them

with advice and support.

Amrita said: “This is very important and we are very excited to partner with Calcutta Rescue.”

Run for Rescue

On Sunday 17th December 2017, students of Calcutta Rescue participated in a mega-marathon event for the first time ever. Organized by TATA Steel and graced by cricketing legend Sourav Ganguly and former Olympian, Mike Powell, the event had various races starting from 2km to 25km through some of the most picturesque parts of the city. Calcutta Rescue’s children, aged between 12 and 16 years,



participated in the 6km race, enjoyed the day immensely and in the process raised Rs. 1.5 lakhs from Magma Fincorp to fund the building of toilets in Dakhineswar. Many of the children, running in such a race for the first time, did not have adequate footwear – turning up in leather school shoes or sandals. At CR’s Annual Day, a few weeks after the race, CR awarded each of the participants a pair of running shoes. Governing Council member & Hony. Secretary, Mr. Soumitra Bose, CEO, Jaydeep, and Finance Manager, Ruby Sen, also joined the students in the run. In December 2018, many of the students are keen to try their hand, or feet, at running the slightly longer distance of 10km.

International

Strasbourg

Calcutta Rescue’s annual international meeting took place in May 2018 in Strasbourg, France. Thirty seven delegates from support groups around

Europe and North America, along with four staff and trustees from the charity in



Charity founder Dr Jack could not attend for medical reasons but he sent a video message thanking everyone who has supported the charity in providing high quality care and education for the poor in Kolkata for so many years. CR’s performance and strategy were discussed over the two days.

London

A big thank you to everyone who came along to the Big Event in London on May 19, and to all involved in organising it. It was an action-packed afternoon with speeches, a screening of #theworldscraziestdancevideo, plus displays of singing and dancing. In the evening there was the first showing in the UK of the film “Dr Jack”. There was also food, wine and chai and it was a brilliant opportunity to catch up with Calcutta Rescue friends old and new. The food and entertainment was all organised, largely for free, by our new British Indian Group (BIG) - which was officially launched at the event. Around 90 people attended, and the feedback has been overwhelmingly positive, with many saying they felt inspired and motivated to do even more to support the charity in future.

Atlantic City

Calcutta Rescue had a booth at North American Bengali Conference in June 2018. The conference is attended by around 3000 Bengalis living in the US. Calcutta Rescue was there to increase its awareness among the Bengali community and generate support. CR attracted about 100 new donors.

Financial Summary 2017-2018

As ever, our support group members have continued to collaborate with all our projects. They have sent remittances as per agreed schedule barring one remittance where there was a timing difference (since received). Our drive on local donations have resulted in increased involvement of Indian corporates as part of their CSR initiatives. Sony India and Exide Industries are some of the new corporates which have contributed towards our new projects.

To ensure statutory compliance and reporting to donor agencies, the Annual Accounts have been prepared in accordance with the accounting principles generally accepted in India, including the relevant accounting standards. A summary of the same is presented below. Specific reports are prepared as per requirements of the donors and funding agencies. All items of income and expenditure have been accounted for on accrual basis.

SUMMARISED INCOME & EXPENDITURE STATEMENT

INCOME	2017-2018	2017-2018	2016-2017	2016-2017
	INR	% of Total	INR	% of Total
Donations				
Local	7,291,870	12	4,696,709	8
Local - in Kind	272,160	0	260,700	0
International	48,475,389	80	50,547,025	82
Grants				
Local	314,408	1	30,850	0
Earned/Self Generated Income (interest and sale of handicraft/handloom items)	4,300,875	7	6,157,990	10
Other Income	62,796	0	85,162	0
Profit on sale of Asset	3,988	0	33,559	0
TOTAL INCOME	60,721,486	100	61,811,995	100
EXPENDITURE				
Programme	58,781,231	90	51,464,123	89
Fund Raising	127,461	0	223,010	0
Management & Administration	6,114,691	10	6,226,738	11
TOTAL EXPENDITURE	65,023,383	100	57,913,871	100
SURPLUS / (DEFICIT)	(4,301,897)		3,898,124	

PROGRAMME-WISE EXPENDITURE

	2017-2018	2017-2018	2016-2017	2016-2017
	% of Total	Amount (INR)	% of Total	Amount (INR)
HEALTH (Clinics, HIV program)	50	32,278,052	48	27,655,648
URBAN / RURAL DOTS	1	869,044	1	800,686
STREET MEDICINE, ARSENIC AND DISABILITY	13	8,459,028	11	6,614,668
EDUCATION	19	12,301,540	20	11,280,607
WEAVING	1	829,415	3	1,593,866
HANDICRAFT	3	1,935,139	2	1,415,329
FUND RAISING, MANAGEMENT & ADMINISTRATION	10	6,242,152	11	6,449,748
MAIN STORE AND PHARMACY	3	2,109,013	4	2,103,319
TOTAL	100	65,023,383	100	57,913,871

UNSPENT BALANCES AS ON 31.03.2018

	INR
Depreciation fund	8,150,428
HIV	1,000,000
Mother & Child Health	390,248
Medical Project	1,040,734
Infrastructure cost for Handicraft project	849,145
Renovation fund	196,435
Dakshineswar Project	137,902
Families Relocation	3,188,362
Library	42,582
Pneumology	264,918
Boarding School	267,454
Education Program	1,495,748
Breast Cancer Project	136,588
Computer Training	10,000
Vocational Training	255,233
	17,425,777

Unspent balances in the above projects are earmarked and carried forward to the next FY 2018-2019

SUMMARISED BALANCE SHEET

	31.03.2018	31.03.2017
	INR	INR
ASSETS		
Fixed Assets	11,870,871	11,451,650
Investments	47,544,512	50,125,742
Inventory	2,042,513	1,948,251
Sundry Debtors	49,294	341,262
Cash & Bank Balances	5,494,535	5,877,425
Loans & Advances	2,094,644	1,775,163
Other Assets and Deposits	1,776,400	2,126,874
Total	70,872,769	73,646,367
LIABILITIES		
General Fund	31,310,534	36,974,571
Specific Fund	17,425,777	16,485,821
Building Fund	16,638,209	15,622,731
Current Liabilities & Provisions	5,498,249	4,563,244
Total	70,872,769	73,646,367



Key Financial Highlights

- Total income for the year fell marginally by 2% to Rs 607 L (2016-17 Rs 618 L) due to the delay in receipt of a remittance from a support group as mentioned above and fall in interest rates on bank deposits.
- Local donations and grants were Rs 79 L in 2017-18, representing 14.0% of total donations received during the year, the highest ever. This is vs. Rs 65 L in 2016-17 including the funding by SBI for capex, or 11.4% of total.
- Programme Costs account for 90% of our expenditure indicating financial efficiency of our spends. These increased by 14% over last year to Rs 588 L (2016-17: Rs 515 L), though well within budget and is largely due to increased costs of providing medical treatment and nutritional support to cancer, renal care and HIV patients, extension of the street medicine programme and increased intake of boarding students at our schools project . The implementation of Goods and Service Tax (GST) by the Government impacted the purchase cost of medicines adversely. New tenders for medicine procurement were floated in early 2018 to rationalise the revised pricing – this was implemented from May 2018.
- Management & Administration Costs are at 10% (2016-17 : 11%), the decrease being primarily due to the impact of higher gratuity provision in 2016-17 after the staff salary revision.
- The financial year ended with a deficit of Rs 43 L (2016-17 : Surplus of Rs 39L) impacted by the combination of the timing difference in receipt of the support group remittance, fall in bank interest rates and increased cost of medicines for cancer patients. Adjusting for the transfer of interest on deposit against Building Fund of Rs 10.2 L (2016-17 Rs.10 L) the effective

deficit for the year is Rs 53 L.

- The overall General & Specific Funds stand reduced to Rs 487 L. This is equivalent to only 9 months' expenditure. There were no major capex spends during the year.

Other Matters

- Pursuant to the Finance Act 2017, the 100% tax exemption u/s 35AC of the Income Tax Act had been withdrawn wef 1st April 2017. However, 50% tax deduction u/s 80G of the Income Tax Act continues. The FCRA certificate had been renewed for a further period of 5 years wef 01.11.2016.
- The Weaving operation has been discontinued – the Tamuldah weaving unit having been closed in January 2016 and Shantipur unit has been discontinued in September 2017.
- The donations to the School Building Fund had been invested in fixed deposits with SBI as required by the Income Tax Act till its ultimate utilisation. All interest accrued on these investments are directly transferred to the Building Fund and the year end balance is Rs 166 L. We have now identified a building for relocation of School No 1 – the legal due diligence is complete and we are in the process of signing an agreement for purchase of this property.
- M/s Bhattacharya, Roychaudhuri & Associates continued as statutory auditors for the FY 2017-18. The internal auditors KGRS & Co. were appointed during the year – their quarterly reviews have been submitted to the Governing Council and where required, necessary corrective actions have been initiated.

Compliance & Governance

Identity

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

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

Calcutta Rescue is exempted under Section 80G of the Income Tax Act 1961.

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

Memorandum and Articles of Association and Rules available on request.

Name and address of our main bankers

Standard Chartered Bank
SP No. 0103, Floor No. 01,
The Unitech Chambers,
1865, Rajdanga Main Road,
Kolkata-700107
Swift Code: SCBLINBB
IFSC Code: SCBL0036003
State Bank of India,
54 Rafi Ahmed Kidwai Road
Kolkata – 700 016
Branch Code: SBIN001792
MICR Code: 700002032

Name and address of auditors

M/s BHATTACHARYYA ROYCHAUDHURI &
ASSOCIATES, 36 Strand Road,
First Floor, Room No 13,
Kolkata 700 001

Governance

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

The Governing Council meets 4 times a year. Minutes of the Board meeting are documented and circulated to all Governing

Council members and Support Groups.

Members & their details are as below:

Name and position of the members

1. Dr. Jack Preger, Hon. Chairperson – Medicine and health care 26 years on the board
2. Soumitra Bose, Hon. Secretary, Chartered and Management Accountant 2 years on the board .
3. Wg.Cdr. Shomir Choudhuri, Hon. Treasurer Retd. Pilot & IT Business 9 years on the board
4. Dr. G. M. Rahaman, Member Medicine and health care 3 years on the board .
5. Shukla Rebeiro, Member Education 7 years on the board.
6. Amitava Poddar, Member Retd. Army Officer 2 years on the board.
7. Lionel Elloy, Member Electrical Engineering 2 years on the board .
8. Anup Mundle, Member Interior Design 2 years on the board.



International donors

Afroart World Crafts Import AB - Sweden
Calcutta Espoir France
Calcutta Rescue Fund UK
Calcutta Rescue Germany
Calcutta Rescue Ireland
Calcutta Rescue Netherlands
Calcutta Rescue Norway
Calcutta Rescue Ontario, Canada
Ciullo Alessandra - Switzerland
Fondation Calcutta Espoir - Switzerland
Jack Preger - UK
Kingshuk Mitra - Philippines
Knox Sarah - UK
Line Ruffiex - Switzerland
Margriet Jassen - Holland
Patricia Jones - Australia
Renu Makil - Austria
P. Tagore Brahma - Germany
Stiftung Calcutta Rescue - Switzerland
World Health and Education Network (WHEN) - USA
Yuen Yee Charity Foundation - Hong Kong

Indian donors

R. K. Nahata
Debasis Chaudhuri
Emami Frank Ross Ltd.
Majumder Pharmaceuticals
King Enterprise
Gopal Krishna Bhagat
Imran Khan
Sanjoy Roy
Tata Steel Processing and Distribution Limited
Priyanka Mukherjee
Shomir Choudhuri
Atoshi Basu
Fortis Hospitals Limited
Vishnupriya Sengupta
Anup Mundle
Monica Datta
Ritwika Sanyal
Janathan Anthony Mason
Small Change
Esha Chowdhury
Exide Industries Lt.
Amitava Debroy
Rolls Pack Pvt. Ltd.
Inner Wheel Club

Soumen Dutta
Debraj Roy
Biswajit Chandra
DebjaniSengupta
Haridas Meghji Gori
Mini Bose
Jayati Ghosh
Kalipada Chakraborty
Constance Chatterjee
Sangeeta Rai
Panchapagesan Ramani
Suhasini Singh
Nabarun Sengupta
Meghnath Mukherjee
Swapan Kumar Bhowmik
Riya Chakrabarti
Cal-Med
Joydeep Solomon Biswas
Anup Kumar Thakur
Sharon Ishika Ghose
Magma Fincorp Ltd.
Sipra
Switz Foods Pvt. Ltd.
Arup Mukhopadhyay
Dipan Chopra
Mr Biddu
Salma Khalid Syed
Sony India Private Limited
Society for United Way
John D'Souza
Arabinda Poddar
Amal Kumar Poddar
Asok Baral
Dream Bake Pvt. Ltd.
Dr. Marcello Scoppazzini
SBLADIES
Rumia Mukherjee
Heritage River Journeys Private Limited
Debasis Saha
Leaves N Aroma
Partha S Mukherjee
Soumitra Bose
Inditrade Capital Limited
JRG Fincorp Limited
Rabin Das
Raka Kar
West Bengal Electronics Development
Dr. Chandra Shekhar Das
Wg. Cdr. Subir Sen (Retd.)

Corporate donors



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