

# NETAJI SUBHAS OPEN UNIVERSITY



Name :

Enrollment No :

Roll No :

Course :

Study Centre :

Session :

Part :

Subject :

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**DECLARATION**

I, Mr. [REDACTED], the part one students, field work from 13th October 2020 to 06th December 2020 by the help of N.S.O.U. I hereby declare that all information and details mentioned in the report are true and correct in the best of my knowledge.

Place: [REDACTED]

Yours Sincerely,

Date : [REDACTED]

[REDACTED]

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# **GROUP ~~A~~**

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## **ANDREWSPALLI CENTRE FOR INTEGRATED DEVELOPMENT.**

### **1. Name of The Organization:-**

Andrewspalli Centre for Integrated Development. ( A.C.I.D. )

**2. Year of Established :-** 1997 in Shantiniketan.

**3. Registration with year :-** Registered under W.B Society Registration Act 1961 , No. S/ 89612 of 1997-98.

### **4. Staffing Pattern:-**

- |                                  |                          |
|----------------------------------|--------------------------|
| A) Honorary President            | → Dr. Sukamar Pal.       |
| B) Vice President                | → Dr. Bholanath Mondal.  |
| C) Secretary & chief Functionary | → Mr. Debnarayan Bej.    |
| D) Joint Secretary               | → Miss. Chandrima Bag.   |
| E) Executive Member              | → Mr. Alok Bhattacharya. |

### **5. Funding & Collaborating Partners :-**

- I) FADV ( L' Alberodella vita Foundations ) from Italy supporting ACID's Aila Amphan and Education project.
- II) Confrenza Episcopale Italian (C.E.I.) , an Italian based international organizations supporting scicence 2016 for a project entitle Water for Food in the coastal area of Sundarban , India & Bangladesh.
- III) Prettti Foundation supporting for Emergency support and Livelihood activity after Amphan
- IV) Bose Institute , Kolkata.
- V) Visva-Bharati University has been supporting to carry out valuable research studies.
- VI) Department of health, Government of West Bengal for health check up of children and families.
- VII) Sri. Rattan Tata Trust, Mumbai.
- VIII) Ministry of environment , GOI, new Delhi.

### **\*Historical Background & Mission\***

Andrewspalli Centre for Integrated Development (ACID) in a non-profit organization registered in 1997 with its Headquarters in Andrewspalli Shantiniketan West Bengal – 731236.

**\* VISSION \***

Nourishment of poor , deprived and socially marginalized groups.

**\* MISSION \***

To develop self-help and self reliant rural communities through participatory approach.

**\*Activities Covered \***

- I) Amphan situation
- II) Humanitarian Assistance.
- III) Purifier plant for RO Water installed by ACID
- IV) Support to homeless people
- V) Shelter to homeless during Amphan.
- VI) During unlock period Covid-19 study Center for children in small group.
- VII) Covid-19 ; Mental health Educational activities.

**\* Schemes & Programmes take up by the organizations \***

- I) 4 Learning centres are running under the Project.
- II) There are 13 teachers providing supplementary education support to the children.
- III) The sponsored children are provided with nutritious meal at the learning centre.

**\* Social Method Applied and its Result \***

- i) An Improvement in the marks scored by the children.
  - ii) The children are receiving education support in the.
  - iii) There has been improvement in the health status of the children.
  - iv) Attendance rate in school has increased to 85 %.
-

## UDDAMI

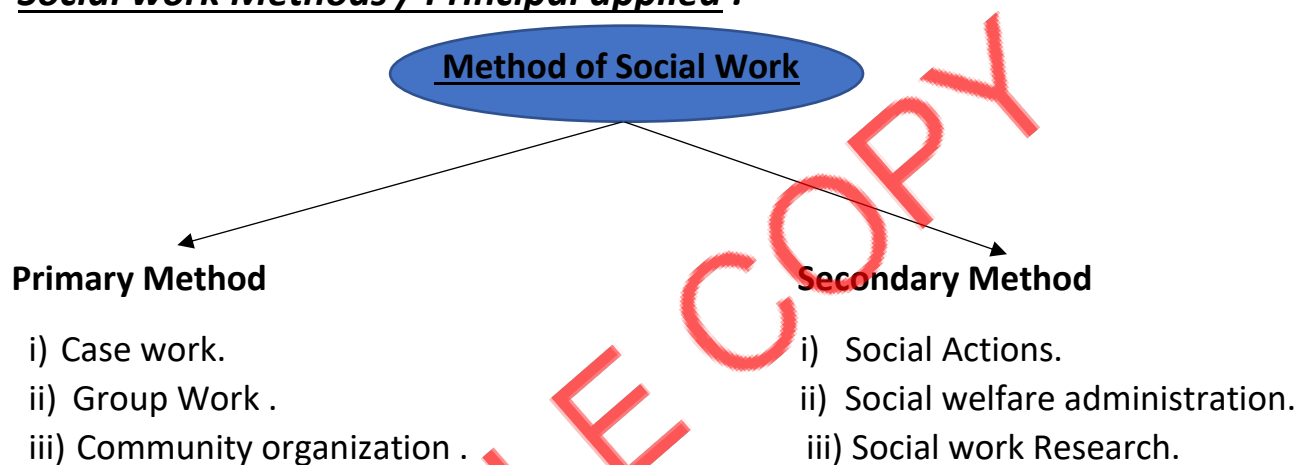
1. **Name of The Organization:-** UDDAMI INDIA FOUNDATION.
2. **Year of Established :-** 1999 at Prince Anwar Shas Road in South Kolkata.
3. **Registration with year :-** Under the Indian Trust Act 1961.
4. **Staffing Pattern:-**
  - A) Honorary President (Executive Director) → Harshamanjari Nanda
  - B) Trustees →
    - i) Nivediata Pal.
    - ii) Dr.Amrita Day and many others.
5. **Funding :-** a) An annual budget is devised by the staff and approve by the Trustces.
6. **Collaborating Partners :-** a) Unddmi's philosophy is that every individual deserve the chance to reach their full potential.  
b) Supporting Uddami Computer Training Centre that provides Face Computer access and practical skill training to young people from disadvantaged communities in Kolkata.
7. **Historical background :-** UIF is a non-profit educations organization located at Prince Anwar Shah Road in South Kolkata. Computer training started in 1999with the very humble but noble vision of empowering the talents of the under sustainable livelihood and a better life.
8. **Mission :-** Empowering the disadvantaged for Sustainable Livelihoods.
9. **Activities Covered :-** a) Under vision for child Protections.
  - b) Definition under the child protections policy.
  - c) Scope of the child protections policy.
  - d) Responsibilities under the child protections police
10. **Target Group and Stake Holders :-**
  1. Practical Job Oriented Computer Training.
  2. Computer teacher's Training.
  3. life and soft skill course.

4. communicative English class.
5. Menstrual hygiene management program.
6. Psychological well being.
7. Gender Resource Centre.

**11. Schemes and programmes taken up by the organization :-**

- i) Health core professional training supported by smile Foundation.
- ii) Uddami as Rotary Community crop.

**12. Social work Methods / Principal applied :-**



**13. Principles :-**

- i) Principles of Acceptance.
  - ii) Principles of Individualization.
  - iii) Principles of Communication.
  - iv) Principles of Confidentiality.
  - v) Principles of Self Determination.
  - vi) Principles of Non-Judgment Attitude.
  - vii) Principles of Controlled Emotional Involvement.
-



## **SABUJ SANGHA.**

**1. Name of The Organization:-** Sabuj Sangha.

**2. Year of Established :-** Sabuj Sangha traces Its roots to a school club initiated in 1954 in the village of Nandakumarpur in the South 24 parganas district of West Bengal.

**3. Registration with year :-** Under West Bengal Society Registration Act 1961 in 1975.  
This organization is also registered under Foreign contribution (Regulation) Act 1976, Section 12A Income tax Act 1961.

**4. Staffing Pattern:-**

- |   |   |                                  |
|---|---|----------------------------------|
| a) President  | : | Shri Sibankar Giri.              |
| b) Member Senior Secondary                          | : | Mr. Plan Chandra.                |
| c) Secretary  | : | Shri Ansuman Das.                |
| d) Assistant  | : | Smt. Alok Rani Bhumia.           |
| e) Treasurer  | : | bhabesh Chandra Mondal.          |
| f) Vice President                                   | : | Sri Samadinbu Banerjee.          |
| g) Senior proramme officer                          | : | Mr. Mans Kr. Chakarabarty.       |
| h) Head Resource Mobilisation and external Relation | : | Mr. Arunabha Das.                |
| i) Senior Finance coordinator                       | : | Sajalendu Deb.                   |
| j) Executive Assistant                              | : | Ms. Tanjeena Mukherjee.          |
| k) Regional Manager                                 | : | Mr. Asok Kumar Bhatta Charya.    |
| l) Regional Manager                                 | : | Ms.Soma Maity, Mr. Montu mondal. |
| m) Accounts Officers                                | : | Mr Sumanta Jana.                 |

- 5. Funding:-**
- Corporate Companies.
  - Individual Support.
  - Government.
  - income Generating programme (IGPS) through Project.
  - Online donation platforms.
  - Beneficiary Contribution.
  - International organization, trusts and foundations.
  - National organization, trust and foundations.

**6. Collaborating Partners :-** Apart from usual programme implementation Sabuj Sangha has active initiative establishment Act works with different likeminded civil societies, government departments.

Panchayati Raj Institution (PRI) national and inter national organization different forums and grass root level groups.

**7. Historical Background :-** Sabuj Sangha is a non-profit , Non-government development organization committed to improving the lives of peoples less fortunate in West Bengal , India , through Participation and empowerment. Sabuj Sangha traces it's roots to a social club in 1954 in the village of Nankumarpur in the South 24 parganas district of West Bengal. It soon become involved in local efforts to Enhance wellbeing of the communities caught between the vagaries of nature and shifting tides in the Sundarban delta.

**8. Mission:-** mission is the sustainable development of marginalised and vulnerable people improve quality of life through empowerment education , information intro structure development health care provision and economie self reliance through convergence of service provided by local self governments.

**9. Target Groups and Stake holders :-**

- a. Ensure and safe child Birth for rural women in Sundarban.
- b. Help child laboures get back into education.
- c. Provide clean water and toilets to the needy.
- d. Model school in Sundarban.
- e. Community Health programme in Sundarban.

**10. Schemes and programmes taken up by the Organization :-**

- a) Provide a road map for Sabuj Sangha, enabling it to remain a responsive , relevant and successfully organization.
- b) Out line organization goals over the short , medium lonnger term, ensure Sabuj Sangha works in a focused , strategic manner.
  - A) Health and Nutrition.
  - B) Education and child projection.
  - C) Livelihood and woman empowerment
  - D) Water , sanitation and hygiene
  - E) Environment and hygiene.

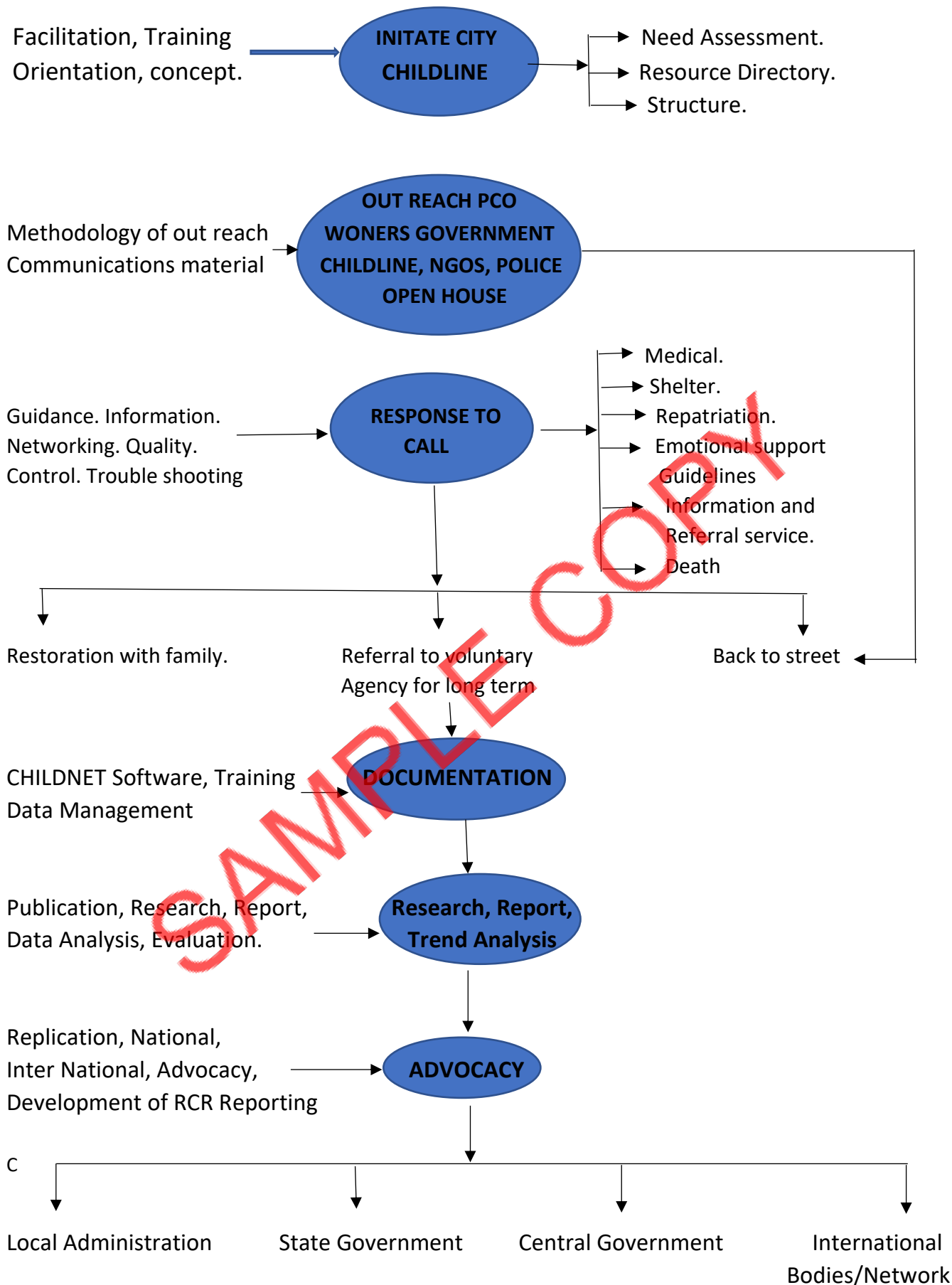
**11. Social work Methods / Principles applied :-**

1. Equality
  2. Respect
  3. Service
  4. Transparency
  5. Accountability.
-

## **CHILD LINE INDIA FOUNDATION**

- 1. Name of The Organization:-** CHILD LINE India Foundation.
- 2. Year of Established :-** 1996
- 3. Registration with year :-** 1996
- 4. Staffing Pattern:-**
  - i) Ms. Leena Nair (chairperson, Ex- Officio).
  - ii) Mr. Rashmi Savena sahani ( Member, Ex- officio).
  - iii) Prof. S. Paradurasuraman (Member, Ex- officio).
  - iv) Mr. Vidya Reddy ( Member )
  - v) Ms. S. Ramadoria (Member)
  - vi) Dr.Anjaian Pandiri ( Excutive Director, CIF & member secretary
- 5. Funding :** - CHILD LINE is a project of Ministry of women and development, Government of India.
- 6. Collaborating Partners :-** CHILD LINE has a unique public – private model of operation. It works in partnership between the Government of India, development of Telecommunications academic institutes the corporate sector concerned individuals, Children and the community.
- 7. Historical background :-** CHILD LINE first started as a field action project of the department of family and child welfare, Tata Institute of Social Science (T.I.S.S.) Mumbai in June 1996. It was founded by Ms. Jeroo Billimoria , then a professor at T.I.S.S. MS.
- 8. Vision :-** A child friendly notion that guarantees the rights and protection of all children.
- 9. Mission :-** CHILLINE aims to reach out to every child in need and ensure their rights and protection. Our four Cs model – Connect , catalyze, Communicate – is the system that enables us to reach out to more and more children , every year.
- 10. Activities Covered :-** Child labour , Abuse and violence , Sexual abuse , Child trafficking , Missing , Runaway ,Child health. Addiction, Education related, Child Marriage , conflict with the low , Homeless.

**11. Target group and stake holders :-**



**12. Schemes and programmes– taken up by the organization:-**

Childline has many programs and schemes for child right and protection. Childline to providing the child to medical assistance for first and physically problems. Childline organized

Many programs for missing children who ore lost and children reported lost by parents.

### **13 . Social Work Methods/Principles applied :-**

As a phone service CHILDLINF has the opportunity to listen to children voicing their won problems and concerns. This section describes the documentation process followed at CHILD LINE and out lines the processes under taken in the compilation and analysis of data presented in this publication.

#### **A. Principles of Documentation In Childline:-**

- i) Documentation to respect the confidentiality of children.
- ii) Documentation system in partnership with the frontline workers.

#### **B. The Process of Documentation:-**

- I) Calls for direct assistance.
  - II) Information related calls.
  - III) Miscellaneous calls.
- 

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**GROUP -B**

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## **FIELD WORK**

### **What is COVID 19 ?**

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

### **SYMPTOMS:**

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization.

#### *Most common symptoms:*

- fever.
- dry cough.
- tiredness.

#### *Less common symptoms:*

- aches and pains.
- sore throat.
- diarrhoea.
- conjunctivitis.

- headache.
- loss of taste or smell.
- a rash on skin, or discolouration of fingers or toes.

*Serious symptoms:*

- difficulty breathing or shortness of breath.
- chest pain or pressure.
- loss of speech or movement.

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

People with mild symptoms who are otherwise healthy should manage their symptoms at home.

Murshidabad is one of the major district of West Bengal. As of 2011 Indian census. Murshidabad had total population of 44019 . This district is a consider as a major district of India in terms of minority population most of the people of this district depend on agriculture for lively wood.

■ Sagardighi is one of the major teritorry in Jangipur subdivision of Murshidabad in the state of West Bengal. It has population of three lack ten thousand four sixty one people. Those this area is per dependent by agriculture fields but local economic of this area is infloment largely due to stabismeter Sagardighi thermal power station. It is a thermal power plant located at Manigram. Thirty KM north of Sagardighi in the India state of West Bengal. The power plant is operated by West Bengal power Development corporation limited many rural have get there job in this area.

■ We all no the fact the Covid-19 is a highly infected viral disease which spreads through the world and our country as well as our state is also not an exception know definite majors of treatments are identify till now . These disease can only controlled or prevented by waring mask, using hand sanitizer and maintaining social distance. Though rote of infection is still loss in this area but



due to prolong lockdown, economic structure of this area is greatly effected . Due to pandemic situation is become difficult for agriculture farmers to distribute their crops an vegetables in the market. But in this sectors it is also affected due to covid situation.

■ Beside that in Murshidabad district problems of majority workers is hire . Lot of people of this area work a migratory workers in different parts of workers country during the period of covid this migratory workers , Los their jobs. Due to unemployment this migratory workers are forced to return back in their home towns. This migraine workers who works Masomsm, Delhi , Kerala , Maharashtra, etc. Some of them also wok in overseas like Saudiaribia During the early period of covid of covid State like Maharashtra , Delhi , Kerala highly infected by Covid . So Migraine workers of this district not only loss there jobs but also some of them infected by disease. As unemployment hits , migraine workers who return home a unsafe manurer to this area during the period of covid , This migraine worker not only be come the source of secondary intention in this rural area . But also economic condition of this rural area is this highly effected because those migraine workers are only earning members of these family .

■ In this junctions area of various NGO's become extremely imparted . Though various of this area have NGO of this area have place signified role to provide food, arrange from quarantine to this migraine workers . Now this NGO (s) to take responsibility for returning back of this migraine workers to their previous place of occupation during covid situation communication through local train is stopped for last seven months loss of persons of this locality depend on perningis also highly affected during covid . NGO (s) have also take signifier early marriage of guls trafficking mal nutrition of addelosence exit up to same large exit in this area. Problems live early massage increased covid situation.

■ Beside covid problems due to economic problem number of child labour also increased up to same extended in this junction role of NGO (s) are same greeter important to elliminated all those problems.

**GROUP-C**

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## **JANMITRAM KALYAN SAMITI.**

**1. Name of The Organization:-** Janmitra Kalyan Samiti.

**2. Year of Established :-** 31 October ,2002.

**3. Registration with year:-** 31 October ,2002.

**4. Staffing Pattern:-**

- i) Janmitram Board is made up of 7 person who are responsible for
- ii) Taking Policy decision.
- iii) Monitoring overall programme of the organization.
- iv) Guiding the President and Division heads when even required, on policy and Operational matters.
- v) Lead the organization.
- vi) Give direction.

**5. Funding :-** i) NABARD – SHG Formation and REDP Training.

- ii) CGDRP – IS PROVIDING HONORARIUM FOR PRA wealth RANKING AND TO PREPARE development action plan Gram Panchayets under is World Bank Assisted project.
- iii) SSA – is assisting to alternative education centers for drop out and enrolled children.
- iv) DRDA- Compere sates nurturing and training expenses of SHGS under SGSY.
- v) OTHER SOURCE-Like Municipal corporation of Raigarh, employment department, other NGOS, individual donations, member's contribution and membership fee etc.

**6. Collaborating Partners :-**

### **A) Non-government.**

- i) State health resource center , Kalibadi, Chwk, Raipur
- ii) Youth United for voluntary Actions (Y.U.V.A), Sri Ram Colony, Behind stadium Raigarh (C.G.)
- iii) Indian Social Action forum .
- iv) Child Line Foundation of India, Mumbai.

### **B) Government.**

- I) District R-ch Society, Office of C.M.H.O. Raigarh, district, ChattisGhar.
- II) District rural development authority (D.R.D.A.), South Chakardhar Nagar, righar.

- III) S.P.M.U. Chattisgarh poverty reduction project A-I, Gaytri Nagar Raipur, Chattisgarh.
- IV) D.P.U. , S.S.A. , COLLECTORATR COMPLEX, Raigar (C.G.)

**7. Historical Background :-** The rapid growth of population in India, Without corresponding growth of resources and wealth has distorteal the population resource

balance. This imbalance is resulting in poverty. Hunger. Malnutrition. And many other Forms of Socio-economic evils.

Though government is putting cnomous effort for poverty alleviation, there is still big gap to fill. Over 300 Million.

Population still lives bellow poverty line and face endless suffering Chhattisgarh state is on different from other parts of India.

- 8. Mission :-**
- i) Improving health and educational status for women and children
  - ii) Consenvation and management of natural resouces though people's participation.
  - iii) Strengthening community organizations local bodies and Panchayti Raj Institutions for effective self-Governance.
  - v) Advocacy for human rights and people's initiatives for social Justice.

**9. Vision :-** To intervene among backward and disadvantaged communities by rising for recognizing better opportunities offered by our great democratic nation.

**10. Activities Covered :-**

- i) Health
- ii) Education
- iii) Employment
- iv) Rural Development
- v) PRA, Survey and research
- vi) Social service

**11. Target Groups And Stake Holders :-** Janmitram works for poor without discrimination of caste, creed, sex, age religion and community. It's target group falls under scheduled cast scheduled tribe category. It primary work in rural aneas.

Organization head quarter of Janmitram is situated in Raigarh district working of Janmitram is dominated by SC/ST people. Pahadi korvas Uraon , Birhor and Kanvar are chief Primitirel tribal groups of the area.

Agricultural and forest product are chief source in livelihood. Most of artisans are traditionally associated with their craft, hence traditional methods area fall under low-in come.

Lack of employment opportunities force People to leave home for work. Thereby human trafficking is also a big Problem.

**12. Schemes and programmes taken up by the orgonation :-**

NAWAR ANJOR ( CHATTISGHAR POVERTY REDUCTION PROJRCT) : The Nawar Anjor ( Chattisghar Poverty Redaction Project) is being implemented as a major Proverty Alleviation Initiative of GOGG with help of WORLD BANK. It is being implemented in about 2000 gram Panchayats in 10 blocks of 16 district of Chattisghar.

**13. HARIYALI INTEGRATED WATTERSHED DEVELOPMENT PROJECT :-**

Janmitram IS Nominated as Facilitating agency for this Project in Lailunga block of Raighar district Mille- watershed Code – 4G2C3F. NGO is especially supporting PIA in community. Mobilization and Training Component. We have arranged Many work shop for orientation of PIA and village Community , Panchayat , SHGS etc. for implementation of project.

**14. LAC CULTIVATION PROJECT :-** State forest Department (SFD) in Chhhatidghar has Constituted joint forest management . Committees in forest – dominated arias to induce grater People’s Participation in forest Conversation and management. Janmitram in 2003 was assigned to Prepare in forest conservation and management and community development micro-plans for these committees.

**15. Social Work Method / Principles :**

- i) Social services Division.
  - ii) Flood relief.
  - iii) Tsunami relief.
  - iv) Road Safety.
  - vi) AIDS Awareness camp.
  - vii) Legal AID camp.
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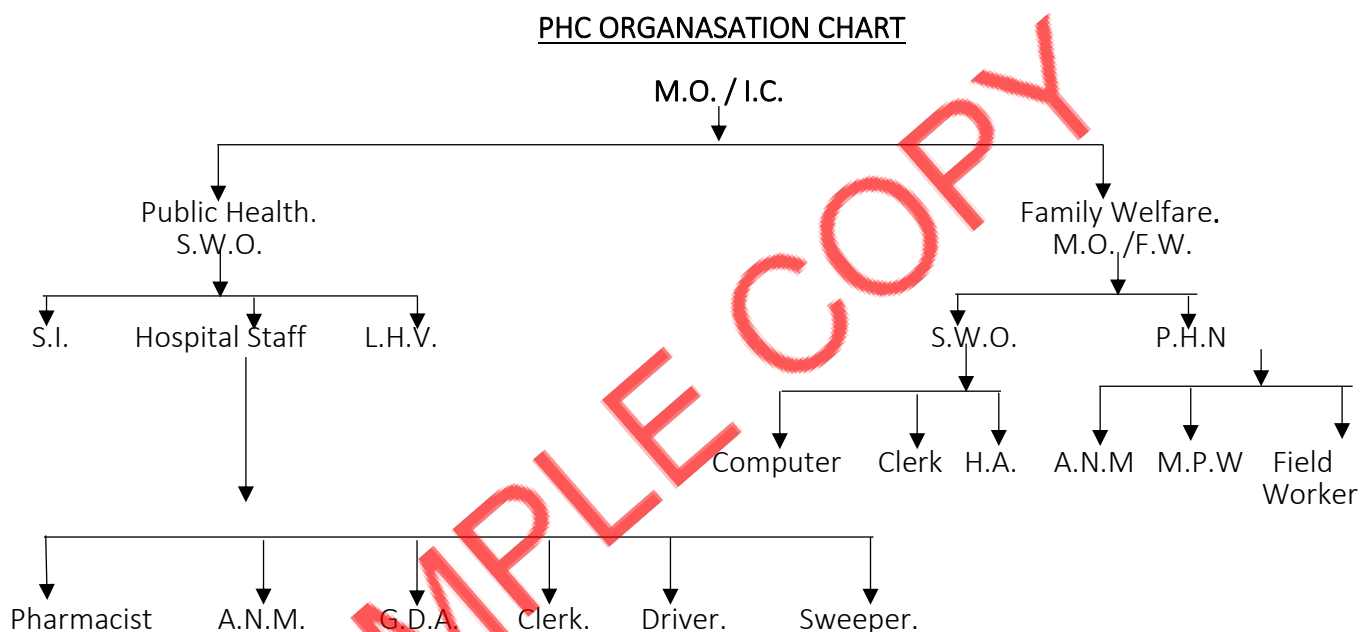
# **CHILD IN NEED INSTITUTE**

1. **Name of the Organization**:- CINI, or the Child in Need Institute, often known internationally as Child in Need India.

2. **Year of Establishment**:- Founded by pediatrician [Samir Chaudhuri](#) in 1974.

3. **Registration with year** :- 1974.

4. **Staffing Pattern** :-



## **- : Abbreviations :-**

- S.O.W. – Social Welfare.
- P.H.N. - Public Health Nurse.
- S.I. - Sanitary inspector.
- L.H.V. - Lady Health Visitor.
- H.A. - Health Assist.
- G.D.A - General Duty Attendant.
- M.P.W. - Multi Purpose Worker.
- C.H.G. - Community Health Guide.

5. **Funding**:- CINI raises funds from the community it serves (10%), the state and central government against grants for projects (15%), its own fund raising efforts in India and internationally (10%), and national and international donors (65%).

6. **Collaborating Partners** :- CINI draws its financial resources from a variety of donors, primarily, Government of India and State Governments, UN agencies, international, national and bilateral trusts and foundations, corporates, individuals, and CINI support groups.

### : National Partner :

- American India Foundation Trust, Sarvapriya Vihar, New Delhi, India.
- Calcutta University, Dept. of Psychology.
- Childline India Foundation, Kolkata, West Bengal, India.
- Department of Health & Family Welfare, Govt. West Bengal, India.
- National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Gol, New Delhi, India.
- SBI Life.
- United Nations Development Fund for Women (UNIFEM), New Delhi, India.
- West Bengal State AIDS Prevention Control Society (WBSAPCS), Kolkata, West Bengal, India.

### :International Partner :

Baal Dan, USA. Belvedere College, Dublin, Ireland. Center for Disease Control & Prevention, Atlanta, USA. ChildHope, UK. CINI Australia. CINI Belgium. CINI Holland. CINI Italia ONLUS, Italy.

### 7. Historical Background :-

CINI emerged in part from the work of its founder, Dr. Samir Chaudhuri, who began his medical career working in the villages and slums of West Bengal in the 1970s. His professional collaboration with Sister Pauline Prince, an Australian Loreto nun and nutritionist, and Rev Fr J. Henrichs S. J., led to the Child In Need Institute's foundation in 1974. CINI has gone on to become one of the leading humanitarian NGOs of India.

In 1998 CINI was recognised as a National Mother NGO, under the Reproductive and Child Health (RCH) program by the Ministry of Health and Family Welfare, Government of India.[6] That same year it was also recognized as a collaborative training institute by the National Institute of Health and Family Welfare (NIHFW), New Delhi.

Having grown from humble roots, CINI's work has achieved increasing recognition. The organization has twice been awarded the National Award of Child Welfare by the Government of India. In 2007, Dr. Chaudhuri received the World of Children Health Award for making "a significant lifetime contribution to children in the fields of health, medicine or the sciences.

### 8. Mission :-

“Sustainable development in health, nutrition, education and protection of child, adolescent and woman in need”.

### 9. Activities Covered :-

All of CINI's work aims for the sensitization of the local self-government (the Panchayat) about the health and education needs of the community and the

development of effective communication at different levels of the community - especially between the Panchayat and the government health systems.

i) Malnutrition

'Maternal and child under-nutrition have a life-long impact on the health and prospects of the child, potentially affecting future generations' and India has one of the worst records of malnutrition among its population, despite its recent economic growth.

ii) Maternal Health

CINI continues to remain active in the field of improving maternal health. Specifically it runs an emergency ward that provides emergency nutrition for the dangerously underweight and counselling for new mothers.

iii) Education for all

CINI has mainstreamed over 10,000 children into formal schools, both residential and non-residential. The majority of these children are from the slums, squatter colonies, railway platforms and red light areas.

iv) HIV/AIDS prevention

With the creation of the HIV /AIDS unit, CINI has become involved in reducing the increasing magnitude of HIV/AIDS in rural belt of South 24 Parganas district and other parts of West Bengal.

## **10. Target Groups and Stake Holders:-**

The Sustainable Development Goals adopted in 2016, include a range of global targets for mothers and children. Progress towards these targets requires both health, nutrition as well as allied interventions across sectors. Health sector improvements may include immunization, family planning, skilled birth attendance and the provision of antenatal and postnatal care while nutrition interventions involve support for breastfeeding, focus on infant and child feeding practices and nutrition-sensitive interventions across a range of sectors.

**11. Core Value Statement:-** A professional non-government development organization, dedicated to work with self-help groups, communities, elected representatives, local service providers, government functionaries and all stake holders, to build and sustain Child Friendly Communities (CFC).

## **12. Schemes and Programmes taken up by the Organization**

Adolescence is one of the crucial periods in an individual's life since the body and mind goes through several unexpected and unknown changes. CINI sensitises the adolescents regarding sexual and reproductive health, nutrition and education for helping them get prepared for the unknown challenges of this age. Prioritising adolescent health and nutrition forms a critical component of the LCA since a healthy girl will develop into a healthy woman and subsequently will deliver a healthy baby.



CINI provides handholding support to district administrations for successful functioning of various social welfare schemes such as Sabla, RKSK, Kanyasree, etc., for combating gender-based violence, child marriage and trafficking in various districts of the state. Key Highlights ÿ CINI provided training to 1015 adolescent girls on the issue of creating “Early Marriage free villages” from 15 villages of Malda district in West Bengal. In the districts of South 24 Parganas, Murshidabad and Jalpaiguri, 150 adolescent groups were formed reaching out to 2250 members. 985 peer leaders from these groups were trained on basic issues of health, hygiene and nutrition.

**13. Social Work Methods / Principles applied**

CINI's Rights-Based Approach to Development: Creating Child Friendly Community. Over the recent past, CINI has undergone a methodological shift in its policy and action by adopting a human rights-based approach in the development work that it carries out among poor Indian communities.

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