



Calcutta Rescue

ANNUAL REPORT 2018/19



Creating opportunities,
transforming lives



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Front cover: These children live in Liluah Bhagar, a bustee in Howrah, west of Kolkata. Their homes are right beside the enormous garbage dump you can see, and their animals scavenge there for food. One of our Street Medicine teams visits Liluah regularly to provide healthcare, including immunisations for children, and education about good hygiene and infectious diseases. We work in collaboration with another charitable organisation that is already providing safe drinking water, sanitation and education services to the community.

Both images by Alan Joan Costa



Above: members of our Governing Council in 2019. Left to right: Col Amitava Poddar, Lionel Elloy, Samindra Roy, Wg Cdr Shomir Choudhuri VSM, Soumitra Bose and Dr GM Rahaman

FROM OUR GOVERNING COUNCIL



James Frost

Calcutta Rescue started its journey 40 years back, led by our founder, Dr Jack Preger MBE, from his street clinics on Middleton Row. During the past decades, the charity has evolved, adapted and overcome various challenges that came its way, building to become a 150-employee organisation.

As Dr Jack took his much-deserved retirement earlier this year, it's important that everyone at Calcutta Rescue continues to represent the values that he embodied, every day: **integrity, compassion**, being **resource-conscious**, always **learning, collaborating** and having that all-important **fighting spirit!**

It's also imperative that we now review the work we do and take steps to enrich our programmes, striving for a more holistic development of the communities we serve.

So, this spring, following a three-day workshop attended by people from all over the charity, we launched our new organisational strategy with the vision of '**Creating opportunities, transforming lives**'. Keeping in view the socio-economic changes

that we have seen within the less privileged communities we serve, we have adopted this new mission:

Calcutta Rescue works to significantly enhance the well-being, learning and living standards of the poorest communities in and around Kolkata.

We only work in areas of high need where there is inadequate provision by government, non-profit or private organisations. We initiate alliances and work collaboratively with others to ensure we deliver quality services to these communities.

We also provide specialist healthcare assistance for impoverished people approaching us from other districts where such services are deficient.

To help us deliver this, we've revised our organisational structure and added 'Living standards' as a new third pillar of our work, alongside health and education. Because this is a core change to our organisation, we have to gain approval from the Registrar of Societies, which we're in the process of doing.

We plan to achieve our mission by:

- creating interventions aimed at inclusive growth and development of communities
- expanding our latitude in education, with an increased focus on creating employability through vocational training and careers counselling
- building cross-organisational collaborations and knowledge-sharing partnerships that will maximise our collective efforts

To strengthen our governance, we will continue to induct professionals from various walks of life. Our Governing Council consists of members from the armed forces, education, engineering, finance, law and medicine.

On behalf of the Governing Council, I thank all of our stakeholders – our beneficiaries, our employees and volunteers, and our donors and partners who have extended unwavering support to us. As we embark on this new mission, we count on you more than ever, to help us drive this positive change for the people we serve.

Soumitra Bose
Honorary Secretary

FROM OUR CHIEF EXECUTIVE



On 14 January 2019 at around 3.45am Dr Jack walked down the steps from his rooms on the roof of our Number 10 Education Centre and exited the building, probably for the last time.

Thirteen staff were there waiting for him. He was showered with rose petals, hugged and kissed. Many of those gathered bowed to touch his feet – an Indian show of respect for a man who has dedicated 40 years of his life to serving the poorest of the poor. I found myself instinctively doing the same. He was driven to the airport in a convoy of three cars, final goodbyes were made, some photos taken and then he slipped into the airport.

Around 80 colleagues had organised to see Dr Jack off at 6.30am and the plan was to give him a guard of honour on the road outside Number 10 – the excitement and sadness were palpable in equal measure. However, very late the night before, flight changes meant that he suddenly needed to take an earlier flight to avoid an uncomfortably long connection at Delhi. And so he disappeared under the cover of darkness without the goodbye we had so wished to give him. It seemed symbolic of his life and his character – to go about his work without fuss, attention or adulation.

While there was a lot of sadness, and some tears, during the period of Dr Jack's departure, staff seemed to transition quite quickly back to focusing on their work in the following weeks. Calcutta Rescue is very much conducting business as usual – there are patients to serve and students to teach – much as Dr Jack would want it, I suppose. But he will always have a place at the heart of this organisation, which is why we've bestowed him with the title of Chairman Emeritus. Also, from 2019 onwards we'll be celebrating Dr Jack's birthday, 25 July, as Founder's Day.

One of the last things that Dr Jack did before leaving Kolkata was to visit our newly purchased education centre building, which, for the time being, we're calling the 'Pathshala project'. (*Pathshala* is a Sanskrit word used in Bengali and Hindi, meaning 'a place to study'.) The building is a bright, airy and very spacious 150-year-old former residential home that will replace the dark and congested Number 10 centre on the outskirts of the city's largest red-light area. The property search took us four years, and with the generous support of many around the world and primarily the Paharpur Foundation, we will spend the coming year renovating the building.

While not glamorous, one of the hardest things we did over the last financial year was to obtain a drug licence from the West Bengal government for our



Left to right: Subhajt Sana, Assistant Project Officer in charge of Tala Park Education Centre; student Alauddin; student Sangita; Jaydeep Chakraborty, Chief Executive; student Nilu; Ananya Chatterjee, Schools Administrator

Pharmacy. The process was long, bureaucratic and riddled with difficulties, so it was a real victory when the licence was eventually issued in September.

On the funding front, we finished the year well after a slow start, raising a total of Rs 8 crores (80 million), of which 8% was donated specifically for the Pathshala project. This highest-ever total, along with judicious spending, meant that we were able to end the year with an operational surplus of Rs 53 lakhs (5.3 million) – a much improved financial position compared to last year's deficit.

However, my most satisfying moment of the year was the number of Calcutta Rescue's Class 10 students taking and passing their Board exams. We had 31 students sitting their exams and 26 passed – our highest-ever number. These included football-mad Nilu (featured in our 2017/18 annual report), an orphan who came to us when he was just five years old; day-dreamer Alauddin, the son of a fisherman, who prefers being on a boat to inside a classroom; and soulful Sangita, who sings beautiful Sufi songs but must collect water for an hour every morning for her family, making her late for school every day.

These students are typical examples of the adversity our beneficiaries endure, yet they are resilient, ambitious and determined to make a better life for themselves. And most of them will – with a helping hand from you and Calcutta Rescue.

**Thank you,
Jaydeep Chakraborty**

A SMALL SUITCASE OF HUGE MEMORIES

SEAN DUGGAN HAS BEEN A UK SUPPORT GROUP MEMBER SINCE HE FIRST VOLUNTEERED IN KOLKATA IN 1991. IN JANUARY HE WROTE THIS TRIBUTE TO OUR RECENTLY RETIRED FOUNDER, DR JACK PREGER MBE.

Somewhere in the highways of the sky tonight is an Air India flight bound for London Heathrow. Sitting in the business section is an old man wearing a rumpled cardigan that has seen better days.

He is frail and thin, and looks strikingly out of place surrounded by well-fed salesmen and executives working on their laptops. It is his first time flying business class and he is only doing it now, very reluctantly, on health grounds.

That man is Dr Jack, flying 'home' for the last time.

Another long-time Calcutta Rescue supporter said to me tonight that although Dr Jack is only carrying with him a small suitcase, it must be full of huge memories.

This is a journey into retirement that Dr Jack hoped never to have to make. And, frankly, it is extraordinary that he is still alive at 88 to make it.

He spent decades living in close contact with a host of potentially fatal communicable diseases, breathing the horribly toxic stuff that passes as air in the slums of Kolkata, and existing on a minimum

of food and necessities so that he could give all he could to people whose needs were so much greater than his own.

Over the years he has survived prison, official persecution, repeated bouts of illness, death threats and innumerable other obstacles. Obstacles that would have sent the average man home at a run. But not Dr Jack.

Even now, almost blind and beset with the infirmities of old age, his eyes still twinkle and his iconoclastic humour remains undimmed.

He has been a fighter of the first order: a fiercely intelligent and driven man with an unshakeable sense of purpose. That purpose was to do everything in his power to help those most in need. And he has done that.

He is only retiring now because he has had to finally accept that his body is no longer up to the job, and because he is confident that his charity's chief executive and management team are willing and able to continue his mission after his departure.

They say he has helped half a million people since he arrived in Kolkata in 1979, but no-one really knows. And before that he cared for tens of thousands more, in the most appalling conditions, during his years working with refugees in Bangladesh.

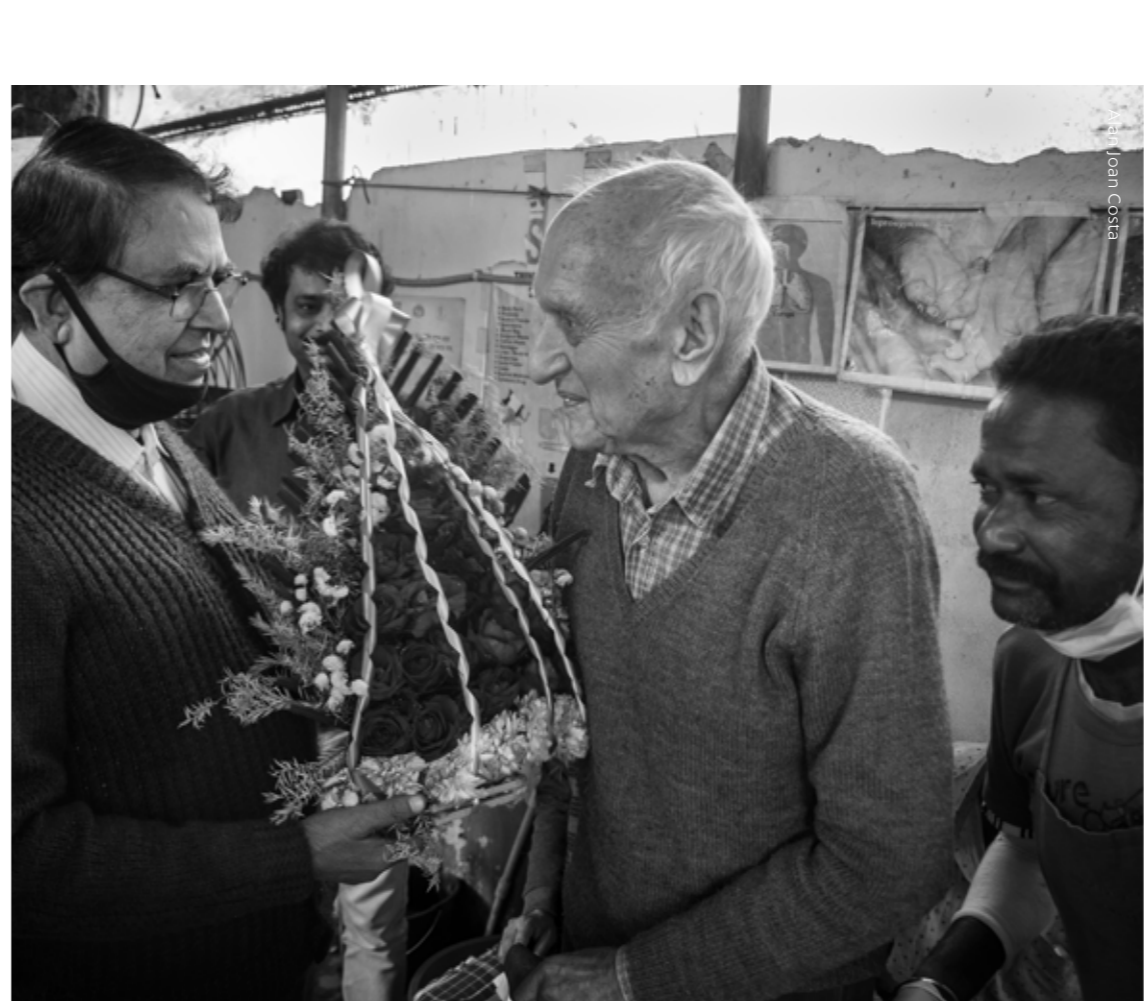
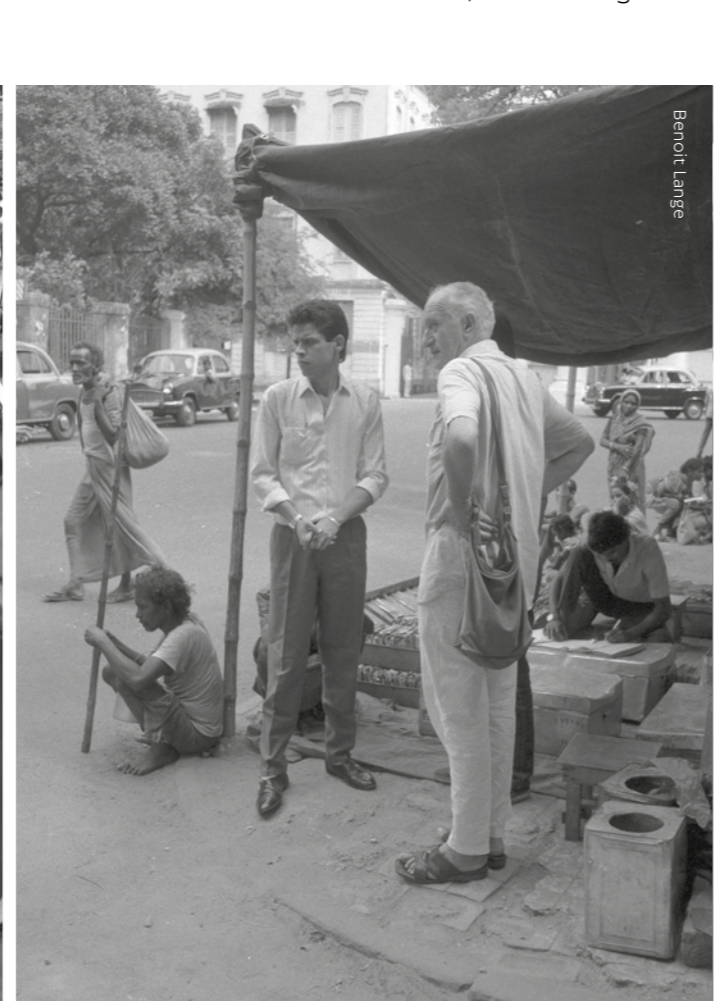
For many years he was the only person in the whole of West Bengal who was providing free HIV treatment. And he is widely regarded around the world as the grandfather of street medicine.

Even in his late 80s he remained a formidable champion for whatever cause he took up. He was cunning and endlessly persistent, waiting and watching for the slightest chink in his opponent's armour.

To his patients, and his loyal staff, many of whom were originally patients from the slums themselves, he is, and will always be, a saint – even a god. They have seen him showing a compassion and selflessness for the most wretched and downtrodden that defies all logic.

He is truly one of the great unsung heroes of our time. Even his home nation, Britain, has so far failed to recognise how extraordinary he is, though he was awarded an MBE back in 1993 for his "continued perseverance and incredible selflessness". He has also won an Asian Award, and is the only living non-Asian to have been honoured in this way.

He deserves more, but I fear that official recognition will never come – not that it bothers him much. Because the people he really cares about live far away from palaces and shiny medals, in the slums of Kolkata, where his charity are continuing his pioneering work with the poorest of the poor.



WHAT HAPPENED IN 2018/19?



May 2018

After just a few weeks of intense organisation and filming, we released 'the world's craziest dance video' on our YouTube page. Filmed by volunteer Jake Roos and choreographed by staff member Suchandra Chatterjee, the video features Calcutta Rescue's staff, patients and volunteers from all projects dancing and celebrating our work. The soundtrack song, *Living in the City*, was kindly provided free of charge by British musician Rhys Lewis.

J Roos Photography



August

We beat five other well-known schools to win top prize in the 'A School That Cares' category at the annual Telegraph School Awards for Excellence. Jaydeep was there with our Schools Administrator, Ananya Chatterjee, to collect the award.

At the same ceremony Dr Jack was inducted into The Telegraph Education Foundation Hall of Fame, recognising his contributions to education in Kolkata.

[Read more](#) about education on page 24

September

Our Pharmacy finally received a drug licence from the local government, after a long application process. Besides ensuring that we store and distribute drugs in a proper way, this licence will enable us to import drugs donated to us from overseas.

[Read more](#) about our Pharmacy on page 20



November

Career Counsellor and Vocational Training Manager Tuli Chatterjee joined our education team. She works with all our students aged 15 and over to identify what they want to do in life, and helps them find a suitable job or training placement.



January 2019

Forty years after he first opened his medical bag and started treating the poorest of the poor on the pavements of Kolkata, Dr Jack retired. Now aged 88, he wanted to return to the UK, but before he left Dr Jack was given the honour of unveiling the foundation stone at our new education centre.

Over four decades he has helped more than 500,000 people and he is widely regarded as the grandfather of street medicine.

Alan Joan Costa



March

Thanks to supporters around the world, as well as possibly the biggest gift we've ever received, from the Paharpur Foundation, we hit our fundraising target for the Pathshala project.

In the next 12 months we'll use this money to renovate the building, making it a bright and fun learning space for our Number 10 students.

May

Our International Meeting took place in Strasbourg, France. Chief Executive Jaydeep Chakraborty spoke about the need for a clearer definition of which groups and communities Calcutta Rescue should serve first and foremost.



June

With help from the Magma Foundation, we installed safe, clean drinking water and six new toilets at Dakshineswar bustee, as well as repairing seven existing toilets.

The work we're doing there is the blueprint for our Street Medicine teams: partnering with other organisations to make sure the community get medical, education and social support, as well as clean water and sanitation facilities. We've already significantly improved living conditions in this area, and we now know we can do the same in other bustees too.

[Read more](#) about Street Medicine on page 18

September

After a long search we finally purchased a building to replace our Number 10 Education Centre. For now, we're calling it the Pathshala project. It's a former house that is just 1km from Number 10 but has twice as many rooms and is much brighter inside.



December

Staff and students participated in the annual Tata Steel Kolkata Run at the Maidan to raise funds for the Pathshala project. Student Chintu Singh completed the 10km race in 52 minutes and was within the top 200 runners!

[Read more](#) about fundraising on page 36



March

Our new strategy was born in a three-day workshop attended by a selection of Governing Council and Support Group members, staff and volunteers from across the charity.

Together they recognised that in order to help more people escape poverty we have to provide holistic support for communities. Not just medical treatment, but education, social care, vocational training and sanitary facilities. The plan that the group created will focus on Calcutta Rescue's strengths and guide our work in the wake of Dr Jack's departure.

[Read more](#) about our new strategy on page 4

HEALTHCARE

In the semi-urban district of Muzaffarpur in Bihar, an adjoining state of West Bengal, more than 100 children died in June 2019 due to acute encephalitis syndrome. Doctors struggled to pinpoint the causes, but all the victims were poor. A recent World Health Organization report said that the child nutrition and healthcare levels in Muzaffarpur are considerably worse than in any African country.

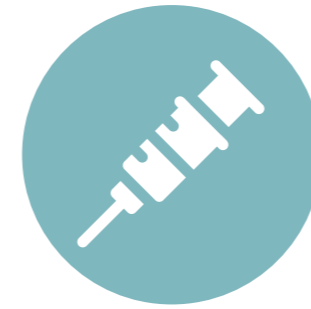
On a general level the quality of healthcare in West Bengal and Kolkata is better than in Bihar. However, there are pockets where we operate that suggest some of our communities are equally vulnerable. Nearly 48% of children under the age of five in Muzaffarpur are stunted (short for their height) and 17.5% are wasted (too thin for their height) – a glaring sign of chronic undernutrition. In Liluah Bhagar, a bustee just outside Kolkata that our Street Medicine team visits, the figures are worse: 63% and 20% respectively.

Historically we have provided quality healthcare for the poor, irrespective of what ailment they have. Increasingly we are now facilitating treatment through the improving urban primary healthcare centres and government hospitals instead, especially for regular illnesses such as the common cold and cough, and influenza. And we are focusing our own efforts on where there are gaps in the government system. This includes working on the serious problems of cardiovascular and respiratory diseases, child malnutrition, and immunisation.

The Muzaffarpur incident is a tragic tale of poverty and an inadequate healthcare system – precisely the hole that we are trying to plug.

Number of individual patients seen by each clinic/team

	2016/17	2017/18	2018/19	Change from 2017/18 to 2018/19
Tala Park Clinic	2,063	2,025	1,968	-2.8%
Chitpur Clinic	162	154	150	-2.6%
HIV clinic	370	484	496	2.5%
DOTs Clinic	122	148	148	0.0%
Nimtala Clinic	2,729	2,570	4,006	55.9%
Street Medicine team 1	7,865	6,087	5,252	-13.7%
Street Medicine team 2 (started 2017)	0	5,570	4,386	-21.3%
Disability Department	140	144	153	6.3%
Total	13,451	17,182	16,559	-3.6%



1,023

children were immunised at our permanent and mobile clinics this year, protecting them against diseases such as tuberculosis, hepatitis B and tetanus

"I feel strongly that it's our duty at Calcutta Rescue to keep providing medical treatment for patients from outside of Kolkata and West Bengal, who don't have access to the care and medication they need. I meet people who have travelled many hours to get to our clinics. Sometimes they sleep overnight at the government hospital so they can be there when we open in the morning."

"Last year we had a patient who came all the way from Jharkhand [a neighbouring state]. If it's possible, we visit the patient's home to check they meet our criteria. If they live a long way away then we try to make sure they are committed to attending our clinic and finishing their full course of treatment. If patients are very needy, we have a special transport allowance to help them pay for travel to our clinics."

Arobindo Sarkar
Assistant Project Officer in charge of Tala Park, Chitpur and DOTs clinics



TALA PARK CLINIC



Brian Thomas

More than 18,271 appointments were carried out at Tala Park this year. This is an 18% decrease from last year, primarily due to the improvement of government healthcare services. Patients can now get a wider range of cardiac and diabetic medicines from government hospitals, and dialysis treatment has become free of charge. Our strategy is always to provide services that patients can't get elsewhere, so we're happy that state care is improving for certain health problems.

Our physiotherapists have been busier than ever before. In spring 2018 German volunteer physiotherapist Alexandra Heinrich rejoined the team and organised for the German Support Group to sponsor a new electric physiotherapy bed for the clinic. The bed has made an enormous difference for the team, as it is fully adjustable to each therapist's height. It's also now physically easier for the therapists to reach all sides of the patient and use a wider range of techniques. Shyantani Saha joined in September as a new full-time physiotherapist, and, with her

As the largest of our four fixed clinics, Tala Park offers the widest range of treatments. We see patients with specific diseases and conditions, such as cancers, thalassaemia and neurological disorders, and we run a regular HIV clinic providing medication, nutritional support, education and counselling.

The team carry out everyday services too, such as physiotherapy, speech therapy, mother and child care, disability support and health education sessions. Patients arrive at Tala Park from all over West Bengal, many travelling hundreds of kilometres.

on-board, the team have managed to see an average of almost 350 patients a month.

Good nutrition is of paramount importance for the HIV-positive patients who attend our HIV clinic at Tala Park. In addition to providing them with food benefit bags, we have historically given cash for perishable items, such as fruit and vegetables. In the first quarter of 2018/19 we took the decision to stop some of the cash handouts and instead put more high nutrition items in the bags. This was mainly because doctors weren't convinced the money was being used for the intended purpose. The change has contributed to a 7% decrease in expenditure for the HIV clinic. We will continue to monitor our patients to make sure this isn't having a negative impact on their well-being.

In February 2019 volunteer paediatrician Dr Violette Raoult carried out an audit of our special diet programme, designed to help children from our education centres whom we've identified as being underweight. She discovered that we needed to be more thorough and systematic in our follow-ups with children, to ensure they are making progress.

Fellow volunteer Dr Kim Tran-Dinh worked on a number of medical audits, including those for diabetes, pneumonology and hypertension. She made a lot of recommendations, particularly on how staff use the spirometer, an instrument to test a patient's lung function. As a result, the clinic's medical protocols were reviewed and updated.

NIMTALA CLINIC

Opened in 2015, our clinic at Nimtala is a lifeline for a desperately impoverished, vulnerable community who live in makeshift housing alongside the train tracks and the river. Our team mainly provide wound care, but also treat common medical problems and refer patients to government or other hospitals where necessary.

There is a physiotherapy service, and health education is given on topics such as tuberculosis, leprosy and hygiene. A dedicated ambulance allows emergency patients to be transferred safely and hygienically.

In the last year Nimtala has seen a 56% increase in patient numbers, largely due to its growing reputation as a specialist wound care centre.

Members of the public, local police and other authorities are routinely bringing patients to the clinic. To cope with this extra demand for our services, we recruited a second full-time doctor over the winter and we're making plans to extend the building.

Staff and volunteers have worked together to come up with renovation ideas for the clinic. More indoor waiting space is needed, but the priority is a more hygienic wound dressing area. The current area isn't well protected from the weather, or the dust and noise of the road and train tracks. We've submitted an application to the local authority to build a second floor on the clinic and we're hoping this will be formally approved soon, so that we can start work later in 2019. The new upstairs room will house an office, where all the records can be stored. This will create more space downstairs for a small, enclosed wound dressing room and a bigger waiting area.

A new 500-litre water tank was installed on the roof of the clinic at the end of 2018, meaning that fresh, clean water is available on tap all day. This makes life easier for staff in so many ways, from cleaning the clinic and instruments each evening, to washing patients' wounds.

There is also a new ambulance specifically for Nimtala, donated by the Avina Foundation in Switzerland. In a poor area like Nimtala, many people don't have the money to get themselves to and from hospital, or even to and from our clinic, so the ambulance will be an enormous help for both emergency and non-emergency trips.

There have been improvements on the medical front as well as with the clinic's infrastructure. The wound dressing team have received extra training from volunteers and, despite having more patients than ever, they have made a conscious effort to focus on quality over quantity. In the last quarter of this financial year they treated an average of 12 patients per day, but there are no targets to meet – dressing each wound to the best of their ability is their aim.



Alan Ioan Costa



Brian Thomas

CHITPUR CLINIC

We opened Chitpur specifically to help patients coping with the long-term effects of leprosy, also known as Hansen's disease. Most of the people we see no longer have active (infectious) leprosy, but have been left with deformities and unhealed wounds.

As part of the clinic we also run a footwear workshop producing and maintaining custom-made shoes for patients. Leprosy often causes nerve damage in the feet, leading to ulcers and infections, so tailored, cushioned foot protection can mean the difference between being able to walk or not.

It may be our smallest clinic, but Chitpur's services are still of the utmost importance. Leprosy continues to be an extremely stigmatised disease and the location of our clinic, on an industrial road alongside the river, illustrates just how far outside of residential areas we had to go to be able to treat these patients. Events like the one the Chitpur team run on World Leprosy Day each year help to reinforce a sense of community for the patients, most of whom know each other well from meeting at the clinic.

The clinic team support 134 leprosy patients in any way they can, and this financial year they paid house rent for around 10 patients and helped 2 to repair their homes. Many of these people can't work, because of

their condition, and therefore have no way to earn money. Special benefit bags, made up of grains, oil and sugar, were also given to 64 patients who were particularly in need.

Last summer GKB Optical attended the clinic to run a free eye check-up for patients. Around 75 people attended and 39 of those needed new spectacles, which GKB provided free of charge. The Chitpur team also arranged for several amputee patients to receive artificial legs from a Kolkata-based non-governmental organisation that specialises in prosthetics, Mahavir Seva Sadan.

Across the year the footwear workshop created 32 new pairs of custom-made shoes for patients, and 38 pairs were repaired.

DOTS CLINIC

It's been an intensely challenging year for the team at the DOTS Clinic, but amazingly they have managed to continue their daily work.

At the start of 2019, the government issued new guidelines for the treatment of tuberculosis. Whereas in the past medication was provided to our clinic and then administered to the patient, it is now being given directly to the patient's family. This means that new patient enrolment at the clinic has decreased, but there are still lots of existing patients relying on our support. DOTs Supervisor, Babita Chakraborty, will be speaking to patients over the next six months, to see if these changes mean we need to adapt the way we run the clinic.

There has also been a major infrastructure challenge, with no running water available in the clinic since June 2018. Staff have been forced to walk for 20 minutes to collect water from a government tap in the road, taking up precious time. Many litres of water are needed for staff and patients to drink and to wash their hands properly, as well as to wash equipment and clean the clinic. The problem is due to a broken pipe, which would cost around Rs 17,000 to repair. Our management team have spoken to local authority departments and the Deputy Mayor of Kolkata urging them to help, but to date we've had no reply.

Good nutrition is a major factor in how quickly a patient recovers from tuberculosis. The DOTs team



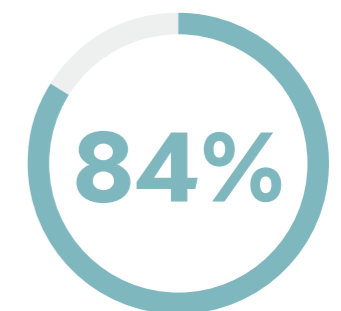
J Roos Photography

India has the highest number of cases of tuberculosis in the world, and the disease is particularly prevalent in West Bengal. In 1999 we were selected to work as a partner in the government's new tuberculosis control programme, which involves our trained health workers administering and supervising patients taking their medication.

Our DOTs clinic has been open since then and continues to offer this service to tuberculosis patients from within our allocated ward of the city. We've also joined the government's DOTs Plus Program, helping patients with Multiple (MDR) and Extreme (XDR) Drug Resistant Tuberculosis.

provide nutritional supplements to patients who have a very low BMI (body mass index). During the calendar year 2017 the team's success rate of curing patients of tuberculosis was 84% – just shy of the government's recommended target of 85%. And 80% of those patients gained weight, on average 6kg, to improve their BMI. It takes around nine months of monitoring for the team to be able to confirm that treatment has been successful, so we will know the 2018 success rate later this year.

During the calendar year 2017 the team's success rate of curing patients of tuberculosis was



STREET MEDICINE

Six days a week our Street Medicine teams are out in 19 different bustees around Kolkata, working to ensure communities have access to medical treatment, education, social support, safe drinking water and toilets. This really is the perfect example of our new holistic approach to helping vulnerable people escape poverty.



32,000 people have access to healthcare through our Street Medicine mobile clinics

The approach was pioneered in Dakshineswar bustee in 2017. The living conditions there were squalid and significant investment in infrastructure was needed. In June 2018 we installed clean drinking water and new toilets. Through advocacy, our team were instrumental in the local government's decision to start providing educational services there too: a new preschool opened in January 2019.

There was a 17% fall in the number of patients attending our Street Medicine programme this financial year. The decrease reflects changes we've made following our 2017 audit, which told us that approximately 25% of the patients seen either did not require a doctor's medical input or would have been better served by being redirected to a government healthcare provider. A re-audit carried out in 2018 showed a big reduction in the teams' provision of general care (patients making one-off appointments for short-term illnesses, such as coughs, colds, aches and skin infections) and a four-fold increase in vaccinations and long-term care for chronic conditions. This is a great indicator that patients are now coming to our teams for the 'right'

services – ones they can't get elsewhere, from the government or other organisations.

Similarly, we withdrew our support in six bustees that we realised were not getting much benefit from our services. In general, these areas were centrally located and had good access to government health facilities, and few patients there had chronic healthcare needs. By concentrating our resources in fewer areas we can deliver better quality of care in places where our help is desperately needed.

In December we began a pilot project focused on improving the health of stunted and malnourished children in Liluah Bhagar, a bustee in Howrah, just west of Kolkata. The project was several months in the making, under the guidance of volunteer paediatricians and doctors. After assessing the population, we discovered that 63% of children had stunted growth and 27% were malnourished. To tackle this the team have combined medical care and health education with regularly giving food benefit bags to malnourished and stunted

children. The bag's items are carefully chosen to provide the nutrition the children need most.

We also joined forces with Don Bosco India, an organisation dedicated to helping young people, who are providing Liluah residents with education services, safe drinking water and sanitation. Working alongside a partner that has already gained the community's trust has made this project much easier for us. We'll let you know the results of the project later in 2019 when the team have collected enough data to evaluate the children's improvement. If this approach is successful, we hope to replicate it in other similar areas.

Although Dr Jack started Calcutta Rescue through practising on the city's streets 40 years ago, our mobile Street Medicine programme only began in 2006. We target communities we've identified as being in serious need of medical and social support. Places where unemployment, malnourishment, addiction and abuse are part of everyday life.

Our two teams provide immediate primary medical treatment from our mobile clinics, and refer patients to our permanent clinics or government hospitals and services where needed. They also offer immunisations for children and health education workshops on good hygiene and nutrition.



James Frost

PHARMACY

Our Pharmacy provides medicine and medical supplies to all of our permanent clinics and Street Medicine mobile clinics. The team work closely with the pharmacy assistants based in each of our projects.

Pharmacy staff and volunteers research and source the best medication for our patients that also represents the best value for our budget. We often receive referred patients who need expensive, long-term drugs for life-threatening diseases because government hospitals can't afford these or don't have enough stock of them.

There has been a lot of activity around computerisation in the Pharmacy this year, as well as improving processes. Volunteers produced guidelines on antibiotics, asthma, hypertension and diabetes, as well as auditing the medicines used at each clinic and the general use of antibiotics. Already the new diabetes guidelines have halved the amount spent on diabetic medicines. And the new antibiotic guidelines have positively influenced doctors' choice of medicines, which means we're doing a better job of preventing antimicrobial resistance – a major threat to public health in India.

By assessing their tender rate process, the team managed to purchase some medicines directly from the manufacturer or their main distributor, which is much more cost effective and avoids problems that happen in longer supply chains. The last audit report shows that the Pharmacy have also improved the efficiency with which they supply medicine to the clinics. Last year the rate of 'uninterrupted supply' – when medicines are available and we have access to buy them – was 47%, but this year it's above 67%.



500

different drugs are bought and stored by our Pharmacy for use at our clinics



Our Pharmacist, Santanu Roy Chowdhury, made it a priority in 2019 for the Pharmacy and the pharmacy tables in the clinics to work more effectively together. Ideally the team want to have the data to be able to predict what medicines are needed and order appropriately. This will keep the level of stock as low as possible, to avoid wastage and save space. A computer system that would connect the Pharmacy and the clinics is being explored, and, depending on cost, this could be introduced during 2020.

In September we were granted a drug licence by the Government of West Bengal. This certifies that we can store and distribute medicine to our patients. Both management and Pharmacy staff have been working on this application for months, so it was a great relief to get it approved.

The team have put increased effort into securing donations of the medicines we use most, and have received more donations from Indian companies than ever before.

EMPOWERING SURVIVORS OF GENDER-BASED VIOLENCE



Our partnership with Swayam is going from strength to strength after 18 months. Swayam are a Kolkata-based non-governmental organisation committed to ending discrimination and violence against women and girls.

With their help we've developed a gender-based violence prevention programme. This involved training our frontline staff to be more aware of the signs of gender-based violence and to know how to provide care for survivors.

We started a pilot project at Tala Park Clinic in November 2018 to interview women attending our health education sessions about their experiences of gender-based violence. This provided us with good quantitative data about how common the issue is within our patient population. The project is now continuing permanently and any women who need support are referred

to our Schools Social Worker and Counsellor, Suchandra Chatterjee.

Suchandra has been carrying out counselling sessions twice a week with survivors, and she meets several new patients a month. Two of these ladies are receiving training to work at our Handicrafts project, which is a great working example of our new holistic approach to getting people out of poverty.

Staff at our other clinics and from our Street Medicine teams have also been trained to look for signs of gender-based violence, and will follow a standardised process when referring patients. Suchandra is running monthly sessions for both male and female patients at each clinic to raise more awareness of the problem.

Swayam's mobile awareness van comes to Tala Park once a week with a caseworker, as

part of a gender-sensitisation programme. Trained teams perform skits, songs and dances to help our patients understand specific gender-based issues, such as child marriage, violence and inequality.

In the longer term, we're hoping to use our Street Medicine programme to collaborate with Swayam on going out into impoverished communities to raise awareness. This will include running workshops, conducting surveys to get more data about the prevalence of gender-based violence, and creating targeted campaigns to tackle violence. Suchandra is also working on introducing the topic to our education centre students.

Our overall aim is to do everything possible to empower survivors we meet in our clinics and education centres, so that they can live a violence-free life.



REBUILDING HER STRENGTH WITH A SMILE

In January this year 60-year-old Swarna was hit by a 10-wheeled truck from behind while she walked down the road. She doesn't remember anything about the accident except waking up in a government hospital, where she had been taken by local police.

Swarna had severe injuries, mostly to her right hand and left leg, and needed plastic surgery. She was in hospital for a month.

After she was discharged, Swarna's wound dressings needed to be changed every day, but she couldn't afford the transport costs to get back to the hospital. Swarna has never been married, so depends on her 30-year-old nephew, Raja, whom she lives with in Ahiritola, near our Nimtala Clinic.

Raja had recently lost his job and was in an extremely difficult situation financially. He approached their local councillor for help, who recommended they contact Calcutta Rescue.

Pain and infection

When Swarna and Raja first arrived at Nimtala at the end of February, Swarna's dressings had not been changed in two weeks. She couldn't move herself and was brought to the clinic on a tricycle cart. She appeared malnourished and was in severe pain, though stoic. There was a bad smell coming from her leg wound and it was severely infested with maggots.

This was the beginning of our journey to get Swarna back to full health. She attended Nimtala daily to have her wounds cleaned and dressed, and to take antibiotics to treat the infection that had developed. At first she was carried into the clinic by Raja and laid on the bench, as she wasn't able to sit up. Gradually the maggots disappeared and her wounds began to heal.

Our doctors also talked to Swarna about her neurofibromatosis, which is a condition she's had since the age of 13. It causes non-cancerous tumours (neurofibromas) all over her skin, but at the moment these aren't causing her any problems or pain.

Extra help

Although Swarna and Raja were reluctant to accept help, Nimtala staff gave them clothing and nutritional supplements, such as pulses and wheat to help Swarna gain weight. We also paid their tricycle travel costs, or a member of our team would visit Swarna at home to dress her wounds.

When Swarna's condition improved and she was able to sit up, we gave her a wheelchair so that Raja could bring her to and from the clinic himself, free of cost. One of our ambulances took Swarna to the hospital's plastic surgery outpatients department so that specialists could check on her progress.

Getting moving

It's a struggle for Swarna to move from the room she lives in to the washroom, and she usually crawls on her hands and knees. Her wounds are healed now, but her muscles are weak from inactivity and she has pain in her side and back. One of our physiotherapists, Shyantani (pictured left with Swarna), has been treating Swarna at home.

When they first started working together, Swarna's right hand was in a very bad state – curled over like a claw. It was extremely dirty and the skin had a scaly appearance. Swarna's fingers were almost joined together, because she wasn't using her hand, except to crawl on.

Due to the severity of her wounds, Swarna has a lot of scar tissue. The skin and muscles of her right arm and left leg have



become tight, making it hard to move them. These areas need to be gradually encouraged back to their normal state through regular stretching and movement, to make sure they don't become permanently deformed.

Shyantani and Swarna's first job is to improve Swarna's range of movement, and then they can work on building her strength. Nimtala staff are installing wall-mounted rails in Swarna's house so that she can use these to pull herself up to a standing position and walk to the washroom holding on to them, rather than crawling. Because her legs haven't supported her weight for so long, she finds it painful to stand, so we have also given her a walking frame to use indoors.

Looking ahead

Despite her pain and injuries, Swarna remains positive and works hard by herself practising the exercises Shyantani gives her.

The Nimtala team plan to get a specialist's opinion on her neurofibromatosis from the neurology department at the



government hospital, just to be safe, as well as referring her to the orthopaedic department for her back pain. A Calcutta Rescue ambulance will take her to the hospital so that she doesn't have to pay for transport.

Thankfully Raja has now found new employment, working in the electricals market at Howrah.

EDUCATION

The Annual Status of Education Report (ASER) for 2018 was released at the beginning of this year by Pratham, a non-governmental organisation dedicated to improving the quality of education in India. The study has become the standard for understanding how much children are actually learning in Indian schools. It is one of the biggest surveys globally and includes data from more than half a million students.

The report shows the prevalence of a serious **learning deficit** and a dearth of basic reading and arithmetic skills among a large proportion of Indian children. Here are some of the findings.

- Just 15% of children in Class 2 (8 years old) can read a Class 2 text.
- Even by the time they are in Class 8 (14 years old), one in four children still cannot read a Class 2 text.
- More than half of all Class 8 children are unable to do basic division.

That is why at Calcutta Rescue we are so focused on the basics – numeracy and literacy – and ensuring our children have a sure footing at the start of their academic lives. If children read well, they can learn history and geography. If they are good at maths, they will be better at science and computer programming.

Of course, academic success is directly correlated to children having fun and having a safe and comfortable place to learn. Our programme includes learning through playing and using audio-visual techniques, as well as traditional teaching methods.



All images by J. Roos Photography



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children studied, played and grew healthier at our education centres this academic year

"In the classroom our teachers are expected to give 100%, which is only possible when they know exactly what they are going to do in each class.

We decided to make it mandatory for teachers to prepare a basic lesson plan in advance. We've also asked them to stop correcting work in class, so that they can focus their attention solely on teaching and monitoring students. Now each teacher gets allocated planning time and two correction periods per day. These ideas are not revolutionary, but we're introducing them for the first time in our education centres.

"Another change is that we are using creative writing, language games, and newspaper and storybook reading to help the students improve their listening and reading skills. We've also made parent-teacher meetings more structured and regular so that they are an integral part of student development."

Ananya Chatterjee
Schools Administrator in charge
of Number 10 and Tala Park
education centres

TALA PARK AND NUMBER 10 EDUCATION CENTRES

Academic year	Number of Class 10 students taking exams	Number of students who passed	Number of Class 12 students taking exams	Number of students who passed
2011/12	6	6	5	5
2012/13	10	9	7	7
2013/14	5	5	6	6
2014/15	7	5	6	6
2015/16	7	6	4	2
2016/17	7	5	4	3
2017/18	11	8	9	9
2018/19	31	26	3	3

Exam results are by no means the only sign of a good education, but this year's statistics were a great success story for the efforts of our staff and students. Compared to the previous academic year, we had almost three times more Class 10 students entered for their final school exams, and the pass rate (84%) was higher. This dramatic increase isn't down to any one change the education team have made – improving the service we provide is a long-term endeavour. Just like our students, we're continuously learning and we believe these figures are an indication of how well we're doing that.

Our education staff were incredibly proud to win top prize in the 'A School That Cares' category at the annual Telegraph School Awards for Excellence in September. Five other schools were nominated, and four of these were leading fee-paying institutions, so bearing in mind

the difference in our budgets, it was a fantastic achievement. In a further boost, Dr Jack was inducted into The Telegraph Education Foundation Hall of Fame for his contributions to education in Kolkata.

Moving home at last

Not long after the awards, our four-year dream to find a new site for Number 10 Education Centre was finally realised. We purchased a former house, not far from Number 10, but in a much safer area. It has a lot more space, including an open courtyard with a mango tree and several terraces on the roof. Some renovation is needed, but our individual and corporate supporters quickly stepped up and met our fundraising target within six months. Until we officially name the new centre, we're calling it the Pathshala project. We'll start the building work as soon as possible and we plan to be able to open the centre in 2020.

One of the things the team are most excited about in the architect's renovation plans is the 'makerspace'. It will be a place for students of all ages to learn about and explore technology, and develop technical skills that they can use in the future. The younger ones can play and experiment with technical Lego, to understand the principles of physics and engineering. While older students try computer-aided design, 3D printing and computer programming, learning different programming languages.

Schools Administrator Ananya Chatterjee is really excited at the prospect of moving the students in: "Along with my team of teachers, I dreamt of a learning environment where we can complement students' efforts to bring about a qualitative change in their lives. I strongly believe that after renovation, the new building will draw students like a magnet, and allow them to focus on their life goals."

Investigating problems with attendance

In summer 2018 the education team noticed that Class 10 students, due to take their exams the following year, had very poor attendance levels – below 50% for Number 10. This was a big concern and we decided to tackle it as quickly as possible. Over the next few months our senior management team, education centre management team, area helpers and teachers were all involved in talking to students about the importance of regular attendance. Parents were also consulted and given advice about motivating their children.

We were really pleased to see how positively students responded to the discussions. We also learnt something ourselves – many of our students find it difficult to get to our centres in the morning because they have to help their family with chores, particularly collecting water, which can take up to an hour each day. So, we started offering evening classes as an alternative to mornings. By the end of the year, overall attendance had increased to above 70%.

In the classroom

From the next academic year (2019/20) the team have incorporated remedial classes

We started offering evening classes as an alternative to mornings and increased our overall attendance to above

70%

into the timetable at all levels. In these sessions students will be given extra support to bring them up to the necessary standard. Every May our teachers will run standardised national tests created by the ASER Centre to determine the comprehension level of each student. This will help teachers identify achievement gaps among our students, which they can then work on improving.

In early 2019 Suchandra Chatterjee took on the permanent role of Schools Social Worker and Counsellor. Suchandra was already running mental health awareness workshops and counselling with some of our senior students. She is now working with students of all ages on different topics, such as dealing with problems at home and the physical and emotional changes that happen during puberty.

Continued over the page

Our two centres aim to support children living in the bustees and on the streets to get a good education. We provide a stimulating learning environment, and we give children the materials, such as uniforms and books, and the encouragement to attend school that they may not get from their family.

Our carefully crafted preschool education creates a solid foundation. After this we send all our children to good formal government schools from the age of six. We give them complete financial support, from school fees to pens, throughout their academic life.

Our teachers ensure that students truly understand concepts in maths, are able to master their own language (Bengali or Hindi) and are competent in English. In the time they spend at our centres, students can do their homework, join computer lessons and take part in extracurricular activities, such as art, craft, dance, drama and sport.



Alan Ioan Costa



Brian Thomas

Continued from previous page

Outside the classroom

One of our Class 11 students at Tala Park, Priya Patra, was crowned State Kickboxing Champion in December, having already won a silver medal at the National Kickboxing Championships in Dehradun earlier in the year. We've been paying for Priya to attend a renowned boarding school since she was four years old. She loves kickboxing and dreams of becoming a famous athlete when she's older, whilst also having a prestigious job so she can support her family. To encourage Priya to work hard towards her goal, we pay for extra tuition support and special kickboxing coaching.

Terra Indica, a trust helping teenagers from disadvantaged backgrounds to transition to adulthood and find work, ran a two-day residential workshop for us in September. We sent 20 of our most energetic and challenging students, who find it difficult to focus on their studies. They took part in different hands-on activities, including carpentry, welding, baking and bicycle repair, as well as games and exercise in between. Students also got to hear from other young

adults from similar backgrounds who are now pursuing successful careers in computer science and civil engineering.

Our new Vocational Training Manager, Tuli Chatterjee, started work in November. She runs twice-weekly career counselling sessions for students in Classes 8 to 12 at both of our centres. Parents and guardians are also involved in decisions about their children's futures. Tuli speaks directly to them about what vocational training placements she can arrange, so that they can help to motivate their children. She has organised workplace visits, as well as talks from successful professionals on pharmaceutical medicine, medicinal plant growing and entrepreneurship. Five students who had to drop out of school for different reasons have completed an Assistant Beautician course organised by Tuli and are all now working in the industry.

Behind-the-scenes changes

Our education team thoroughly prepared themselves for government changes in the non-formal schools evaluation system at the end of 2018. This affected the assessments we carry out in the second and third terms of the year. There is now a grading system instead of numerical marking, and students who cannot pass their assessments will need to repeat the same class level.

A new management information system for our education centres is being tested and will be ready for the next academic year. Project-managed by Rumia Mukherjee from our main office, the system is a secure online database that holds student information including contact details, marks, attendance and medical history. It will automate data entry, saving time for administration and management staff, and will make it much easier to analyse data.

"When I was a student, I had no teacher to guide me in my higher studies and for my future, because my family could not afford this. I completed my graduation with the help of guide books, so I felt many difficulties during my education.

"Now I am glad to be a teacher helping the students of Calcutta Rescue, whose family backgrounds are similar to mine. It's a very happy moment for me when hundreds of students look up to me, and if they have any difficulties they come to me for the solution.

"I am a teacher. I am their guardian and their guide. So it's my responsibility and my aim to help them become successful and responsible citizens."

Subhajit Sana
Teacher and Assistant Project
Officer in charge of Tala Park
Education Centre

SIDE BY SIDE



Manoj (sitting) and best friend Raju

Manoj is 20. He lives in Dilerjung bustee in North Kolkata with his mum and his brother, his brother's wife and their two-year-old son.

From the age of four, Manoj has been coming to our Tala Park Education Centre with his best friend, Raju. They're always together and find it hard to concentrate when one of them is absent!

When they finished going to government school, they took part in a vocational training course in wall painting. The course was suggested and arranged by teachers at Tala Park, and run by a well-known paint manufacturer. The boys learnt how to create designs and use colour effectively.

Manoj is keen to help his mother pay the household bills, because when he was 12 his father died. Since then it's been up to Manoj and his brother to support the whole family.

That's why Manoj and Raju have just started working together as freelance wall painters. They have advance orders from house-owners, but the work is not that regular yet. Although Manoj is managing to earn some money, it's not enough.

Cricket helps to supplement his wages a little. He gets paid to play for clubs in matches all over West Bengal.

With the help of Calcutta Rescue, Manoj plans to do another more specialised training course, on design and different paint finishes, as well as a contractor training course that explains how to manage your finances.

His dream is that he and Raju can make a success of their new business, and we're doing all we can to help him on his way.

OVERCOMING THE ODDS

Lucky, 16, is one of our best students. She works hard, and is always smiling and full of energy. This year the teachers at our Number 10 Education Centre nominated her for a Rotary Club of Calcutta scholarship, to recognise her dedication. Lucky was incredibly surprised and delighted to receive Rs 10,000, which will cover the cost of the rest of her education.

It's money that she wouldn't otherwise have: Lucky's family are very poor. Her mother, Suman, leaves home early each morning to work in a factory and returns at 8.30pm, to start on the household chores. Lucky and her two younger brothers, Shankar and Om, and older sister, Lakshmi, help their mother as

much as they can, but only after their schoolwork. Suman insists that "school comes first". She regularly meets the teachers to check how her children are getting on with their studies.

A cramped, unsafe home

The family live in a small brick house in Nimtala that has just two rooms. It is very cramped and they all find this hard to cope with. There is a communal washroom nearby, which is shared between 15 families.

But the biggest problem is that the area is not safe. There are lots of people with drug and alcohol problems walking around, who sometimes try to come inside the house. Suman won't let her

children walk or play outside after dark, as she worries that something will happen to them.

To pass the time during the long evenings, Lucky and her siblings play board games, like Chinese Chequers. They dance together too – Suman was a very good dancer at school and loves performing routines with her children. Lucky and Lakshmi have represented our Number 10 centre in many dance competitions and won awards.

Fighting illness

As if their living situation wasn't enough to contend with, the last few years have been particularly difficult for the family. In January 2018 Lakshmi was diagnosed with tuberculosis. She had six months

of treatment, which involved going to our specialist DOTS Clinic every day for medication. One of our helpers accompanied Lakshmi, 17, at first, so that Suman didn't have to miss work.

While she was ill, Lakshmi was unable to go to school. That meant she missed out on the healthy meals we provide, just at the time when she needed them most. So we arranged for a helper to deliver breakfast and lunch to Lakshmi each day, as well as a monthly pack of high nutrition items, including pulses, soyabean chunks and *suji* (semolina).

In July the same year Lakshmi had recovered enough to return to school. She took her final exams in spring 2019, but unfortunately

she failed. We'll be supporting Lakshmi to retake her exams, and then, if she passes, we'll help her join a vocational training course to fulfil her dream of becoming a beautician.

Much-needed support

In the same summer Shankar, 12, developed problems with his appendix, causing him intense pain. Our Nimtala Clinic staff supported Suman and Shankar through the process of getting his appendix removed. One of our helpers went to hospital with them and the clinic team provided nutritional supplements afterwards to help Shankar heal as quickly as possible.

Shankar really missed his schoolfriends while he was

recovering at home. But they are a very close group, so they came to visit him and shared their schoolwork so that Shankar could keep up with lessons.

Space to dance

When Lucky finishes school and is old enough to start making choices about her life, she wants to eventually become the CEO of a big bank. She really enjoys maths and using computers. She hopes this job would give her enough money to move her whole family to a new area that's safe and has more space for them to live and play and dance.

Until then she'll continue to work hard at school, attending evening study sessions at Number 10 and keeping a smile on her face.

Left to right: Lucky, Shankar and Lakshmi



HANDICRAFTS

Following a year of reflection and reorganisation, the Handicrafts project is making good progress on improving sales in India.

During 2017/18 several big changes were introduced to get the business into better shape. New Manager Arunava Ghosh-Roy arrived and reduced the product range by more than half to focus on just the best-selling and more innovative items, such as recycled silk jute bags and notebooks made from water hyacinth paper.

Under Arunava's guidance, sales in India are 80% higher than last year, and 26% above the target he set for his team. Since joining he has added more than 16 outlets in and around Kolkata to the list of those who sell our handicrafts, including the Oberoi Hotel.

The well-being of makers is extremely important to us, and we know that many of them deal with difficult personal circumstances, from bad health to problems at home. During summer 2018 the project's management team offered the makers one-to-one counselling sessions. They also organised several motivational therapy classes, focusing on maintaining a good work/life balance and improving communication and teamwork. Yoga, physiotherapy and eye health check-ups have been on offer, and several part-time makers have been recruited from our education centres to help cover the workload when our long-term staff need to take a break. All of these measures have helped to re-energise the team and we've already noticed a difference in overall productivity in the months that followed.

Even in Calcutta Rescue's earliest street clinic days we realised that underprivileged people desperately need help to acquire vocational skills, which is how this project began.

Working at our Handicrafts project offers a fair wage and tuition in embroidery, printing and product design. A job there as a 'maker' is a lifeline for those who, for a variety of reasons, may find it difficult to get work, such as widowed women, domestic abuse survivors, school drop-outs and patients whom we've treated for leprosy.



Maker Mohamed Jiauddin Ansari painting fridge magnets.



Roxane (left) during a visit in early 2019



Husna at work

An old wood cutting machine was replaced this year and two sewing machines have recently been donated. One of these was a brand new Usha interlocking machine from long-time supporter Roxane Porsack. Roxane is passionate about our Handicrafts project and regularly visits Kolkata to work with the makers and develop new products. She takes these back to her home in Lubeck, Germany, and sells them at local markets and through her online shop, specialising in sustainable, ethically produced items. Maker Husna Banu was trained by Roxane on how to use the sewing machine, ready for a new range of summer dresses.

Looking ahead, Arunava and his team have created a strategy for the next financial year focusing on finding new trainee makers and improving productivity in accordance with the makers' individual monthly production plans. There will be a new, designed e-catalogue to attract more clients, especially in the domestic market, and a review of product pricing, to make sure we're in line with other fair-trade retailers.

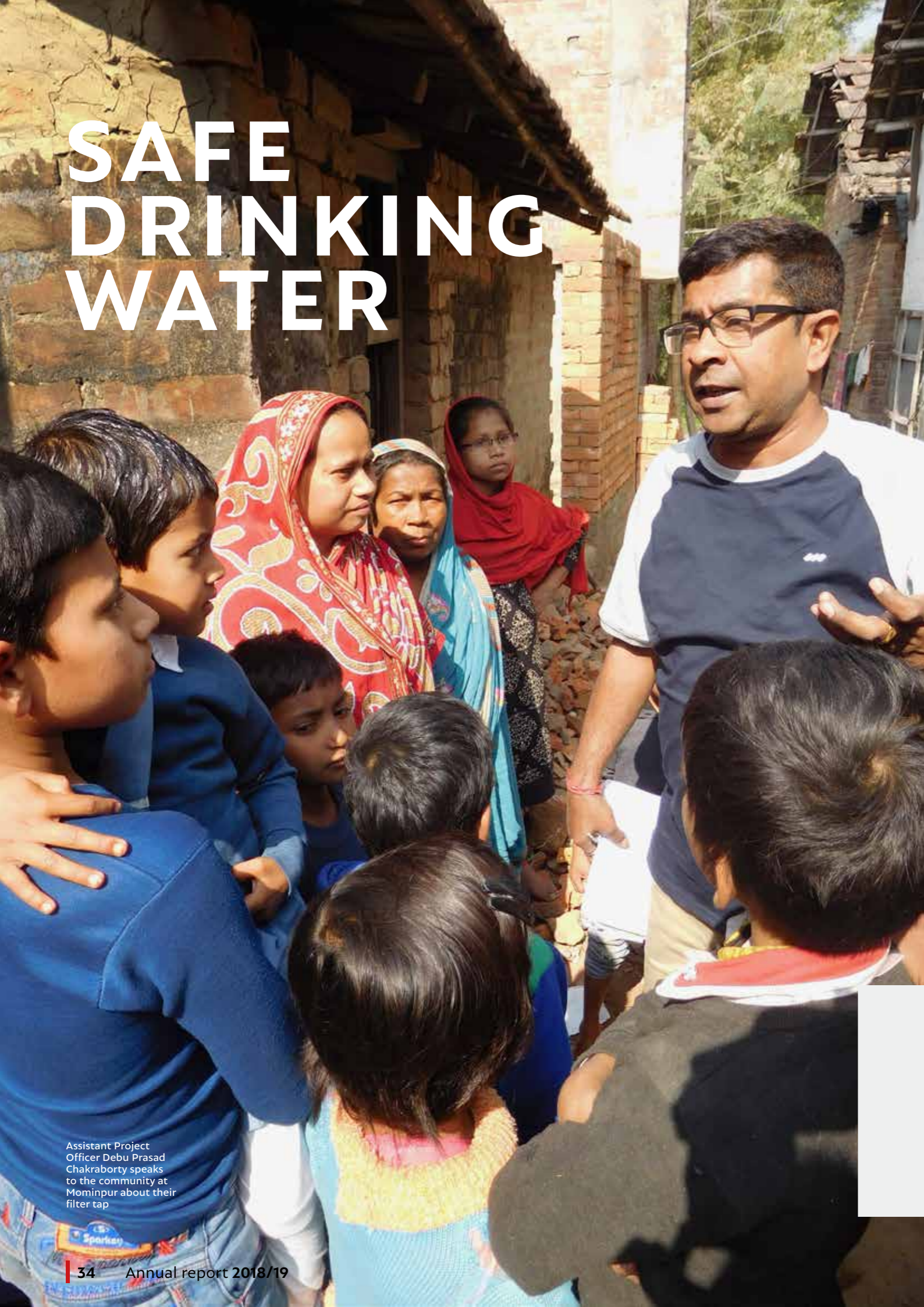
"I have worked here for 16 years as a seamstress and hand-embroiderer. I love making all the products and any kind of tailoring. Roxane has visited our project twice since 2017 to train me and others to use the sewing machine to make ladies' clothes."

"The new machine makes my work a lot easier because it can do an interlocking stitch. An interlock sews over the edge of one or two pieces of cloth for edging, hemming or seaming. It also cuts the edges of the cloth as they are fed through, which helps me create finished seams quickly and easily."

Husna Banu

Maker at the Handicrafts project

SAFE DRINKING WATER



Assistant Project Officer Debu Prasad Chakraborty speaks to the community at Mominpur about their filter tap

Talking to villagers in Malda where we've installed filter taps and convincing them of the importance of using those taps has always been the biggest challenge of this project.

Over the years we've worked hard to raise awareness of the risks of arsenic contamination. The job is far from done, but some of the communities now have a greater knowledge not only about arsenic, but also good hygiene, common disease prevention and proper handwashing techniques.

This year we saw an opportunity to expand the work we do in Malda and gain more time and trust with the communities. There are many broken government water filters in the area, even some that are very new, which frustrates community leaders. Our senior management team made two visits to Malda in the last half of the financial year. This included a meeting with the government agency who have responsibility for the filters, and we talked to them about working in partnership. While they haven't ruled this out, we need to prove to them that we have the expertise to take on this kind of project.

So, in collaboration with the government-elected village headman, we were able to resurrect one of the broken filters, which had been idle for three years. Our aim is to show the villagers and the government that we are willing and able to run these filters, for a fee, in the hope that we can extend this service across a much wider area.

West Bengal has the highest number of arsenic-contaminated areas in India, more than double any other state. Since 2003 we've installed filter taps in 12 villages in Malda district, 300km north of Kolkata.

These taps provide families with clean, safe water so that future generations aren't slowly poisoned by arsenic, which can cause diseases all over the body, as well as intestinal and neurological problems.

"When I visited Malda in March, I met Swyma (pictured below). She is widowed and is looked after by her son and his young family. There is now a filter tap in her village but Swyma has been drinking unfiltered water for many years. She has classic signs of arsenic poisoning – you can see the marks on her face, which are uncomfortable and itchy. Swyma is also worried about what other health problems she might have in future, because of arsenic.

"I feel frustrated and helpless knowing that she has had to drink unfiltered water for so long and now suffers the consequences. Most of the villagers are more worried about iron in their drinking water, as they can see their containers have iron deposition, whereas arsenic is colourless.

"I'm glad Swyma's grandchildren won't have these health problems. They have easy access to clean, safe water, thanks to our staff and supporters."

Dr Alakananda Ghosh, Deputy CEO (Medical)



Swyma (right) and her daughter-in-law

FUNDRAISING

The challenge in Indian philanthropy is evident from the 40% decline in foreign contributions to Indian causes during the 2018/19 financial year. This can mainly be attributed to the government crackdown on non-governmental organisations (NGOs) violating the Foreign Contribution (Regulation) Act 2010. Nearly 15,000 NGOs have had their overseas fundraising licences revoked since 2015/16, amid tighter controls being placed on the renewal of licences, allowed areas of spend and the validation of bank accounts receiving foreign funds.

The decline has been partly offset by corporate social responsibility (CSR) commitments, individual funding and increased government spending on social projects. However, India needs significant improvement in the social sector, with its ranking on global development indicators remaining low and static. In 2018 India ranked 130th in the Human Development Index and 112th in the Sustainable Development Goals Index*, well below China and Brazil.

In the face of all of this, Calcutta Rescue received donations of Rs 799 lakhs (79.9 million) during 2018/19 – a 43% jump from the previous year (Rs 560 lakhs, 56 million). Part of this funding went towards the Pathshala project. This is our single biggest project: the purchase and renovation of a building in Hatibagan, so we can relocate our Number 10 Education Centre. The purchase was completed in August 2018 (Rs 161 lakhs, 16.1 million) through accumulations in the Building Fund created in earlier years. A renovation budget has been drawn up and we are delighted to have commitment from the Paharpur Foundation of up to Rs 100 lakhs (10 million). The foundation is the charitable arm of Paharpur Cooling Towers Ltd, a very well-respected and socially conscious Kolkata-based company. In addition, our Support Groups from the UK, Switzerland and Germany have transferred the equivalent of Rs 53 lakhs (5.3 million) towards the project.

Our Support Groups around the world continue to provide a financial backbone for the work we do.



120
of our schoolchildren
had their education
sponsored by
Sony India

During the year, we received Rs 640 lakhs (64 million) from them towards the day-to-day running of the organisation (35% more than the previous year). The groups also spend a lot of time and effort promoting our cause with trusts and foundations in their own countries.

In December 2018 we put together a Calcutta Rescue team to participate in the annual Tata Steel Kolkata Run, in aid of the Pathshala project. Forty students, along with staff and Governing Council members, took part, raising Rs 7.1 lakhs (0.7 million) – the third highest total raised by a charity at the event.

Over the last five years, after the introduction of CSR legislation, our domestic funding has been steadily increasing as we forge new partnerships with corporate foundations. From less than 4% domestic funding in 2014/15, we have increased this to 11.5% (Rs 92 lakhs, 9.2 million) of the total funding we received in 2018/19. This includes contributions towards the Pathshala project and for other specific infrastructural improvements, as well as donations in kind and event sponsorships.

Some key domestic initiatives funded this year:

- Sony India sponsored the education costs of 120 children.
- Webel met our annual expenses for three of the areas our Street Medicine teams visit.
- Exide Industries continued to support the renovation of our Tala Park Clinic.
- Magma Foundation contributed to new and improved sanitary and drinking water facilities at Dakshineswar bustee.
- Hindustan Unilever provided free Lifebuoy soaps for our patients and students.
- Switz Foods bore the total cost for the advanced treatment of a serious cancer patient.

Our online crowd-funding platform, Small Change, have been helping us raise awareness of our organisation, both with corporate supporters and individuals. Heritage River Journeys got in touch with us through Small Change and have funded the boarding costs of some of our students over the last two years. A wonderful couple, Pauline and Meghdut, initiated a unique campaign on the site, getting their friends and family to contribute to Calcutta Rescue in lieu of gifts towards their wedding engagement.

Our key challenge remains that the Indian corporate sector prefer to fund infrastructure costs, whereas the vast majority of our expenses are ongoing operational costs. We're in regular contact with our corporate sector donors, and through project visits and discussion, a few have understood this problem and found a way to help us – such as Sony, Heritage River Journeys and Webel. We hope more will follow suit.

*Source: India Philanthropy Report 2019, Bain & Co.

"Our introduction to Calcutta Rescue happened in September 2016. We visited their Tala Park Education Centre and Clinic, and found that the organisation was doing commendable work for our city."

"Our wish was to donate money for physical assets, so in December 2018 we met Chief Executive Jaydeep Chakraborty and visited the newly purchased education centre building. We were impressed with Jaydeep's zeal, vision and sincerity. We were certain these qualities would percolate through Calcutta Rescue and help the organisation continue the great work it has been doing for society over the past few decades."

Varun Swarup
Paharpur Foundation



The Street Medicine team in action, funded by Webel

Brian Thorne

VOLUNTEERS

ALEXANDRA HEINRICH, PHYSIOTHERAPIST AND CLINICAL VOLUNTEER COORDINATOR

I have been involved with Calcutta Rescue and the German Support Group since 2003, and first volunteered in Kolkata for several months in 2006. That time had such a life-changing impact on me that I have visited Kolkata and the charity regularly since then.

In early 2018 I realised that I could use my expertise once again to help develop the existing physiotherapy service, which has so much more to offer patients. I arrived in April, and with the support of my Indian colleagues I began developing more holistic treatments, training staff, increasing the number of patients treated and improving the equipment used by the team.

From July 2018 I additionally took on the task of coordinating all the volunteers – a team drawn from many different professions and countries. Having known the organisation for so long, I felt very confident about my ability to support the volunteers and liaise with all the different partners: the management team, the project staff and the Support Groups.

Besides helping to resolve any problems the volunteers encounter, I try to ensure everyone

is adjusting well to life in India and that we work together to achieve the best results for Calcutta Rescue and the people we serve. I am in close contact with the volunteer recruiters in the Support Groups throughout the application process, and I then help find the most suitable position or project for each volunteer.

Each morning I go to the clinics to work with the physiotherapy team to carry out treatments and training, including home visits for some patients. In the afternoons I speak to volunteers, catch up on emails and help coordinate management issues. Over time I have learnt even more about what it takes to run a charity and I am very grateful for that opportunity.

This past winter we have had a fantastically talented and committed team of volunteers, setting high standards for the organisation. I have been working to improve the induction process and foster greater integration between the Western volunteers and the Indian staff. We also started to ask all our staff what volunteer roles and support would best serve their teams. This will not only create more team spirit between the two groups, but also ensure we can meet the needs of each project and help our Indian staff fulfil their potential too.



Left to right: Volunteers Christian (sitting right), physiotherapist Alexandra and nurse Daniel at work



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volunteers worked across our projects in Kolkata during 2018/19

They came from Austria, Canada, France, Germany, India, Switzerland and the UK, and brought expertise and experience in communications, education, fundraising, handicrafts, medicine, pharmacology, photography, physiotherapy, research and social work.

Another volunteer I am very proud of is German social worker Christian Pahrman (pictured above left). I interviewed Christian in summer 2018 and immediately recognised his potential to assist Calcutta Rescue. He volunteered with us from January for six months and did a great job of creating a social work system in our education centres, where so many students need support outside the classroom. As a result we will try to always have a volunteer social worker in position to continue Christian's work.

I was happy that several recent volunteers attended the 2019 International Meeting in Amsterdam in May. It showed how much they valued their time volunteering in Kolkata and that they wanted to continue supporting the charity. A wonderful sign that my work as the Clinical Volunteer Coordinator has contributed to that positive experience and helped make them a success for Calcutta Rescue.



Volunteer doctor Alan at Nimtala Clinic with wound dresser Rehana

Between August 2018 and April 2019 I was able to coordinate a continuous series of volunteers specifically to support the wound dressing team in Nimtala Clinic. There were several nurses and a young and very dedicated doctor from Switzerland called Alan Costa (pictured left).

Alan brought along his experience in vascular surgery and worked closely with the wound dressers, who treat high numbers of chronic wounds. Alan's impact was magnificent and he definitely drove up the clinic's standards. His work was built upon by a UK nurse volunteer, Daniel, who ran a new holistic wound care course for staff across all clinics.

"We need volunteers – people who can give us their time and properly check what we're doing and tell us what we can learn. That's how we improve."

"With the volunteers there's a lot of teamwork. We don't think of them as volunteers, they are members of our team. It's our great pleasure and we are really extremely fortunate to have had some of the volunteers who have come here."

Debu Prasad Chakraborty
Assistant Project Officer in charge of Nimtala Clinic and the Street Medicine teams

FINANCIAL REPORT

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 the requirements of the donors and funding agencies. All items of income and expenditure have been accounted for on an accrual basis.

Summarised income and expenditure statement

	2018/19		2017/18	
	Rs	% of total	Rs	% of total
INCOME				
Donations (excluding donations towards capital projects)				
Local	75,89,813	10	72,91,870	12
Local – in kind	3,11,040		2,72,160	
International	6,58,20,055	85	4,84,75,389	80
Grants			3,14,408	1
Earned/Self-generated income				
Sale of handicrafts/handloom	12,60,755	2	7,85,093	1
Interest	25,31,666	3	35,15,782	6
Profit on sale of asset	38,443		3,988	
Other income	24,557		62,796	
TOTAL INCOME	7,75,76,329	100	6,07,21,486	100
EXPENDITURE				
Programme	6,46,27,290	89	5,87,81,231	90
Fundraising	1,21,346		1,27,461	
Management & administration	75,21,709	11	61,14,691	10
TOTAL EXPENDITURE	7,22,70,345	100	6,50,23,383	100
SURPLUS/(DEFICIT)	53,05,984		-43,01,897	

BUILDING FUND

A Building Fund was set up in 2014/15 in order to purchase a building to house our education programme. Over the last few years we have received specific donations to the fund from our Support Groups, and the balance as on 1/4/18 stood at Rs 166 lakhs (16.6 million). This accumulated fund was used to buy a property, known as the Pathshala project, in August 2018.

Summary of Building Fund as on 31/3/19

	Rs
Opening balance as on 1/4/18	1,66,38,209
Add	
Donations received during the year	
Foreign	41,49,446
Local	12,72,240
Subtotal	54,21,686
Add: Bank interest earned during the year	4,39,340
Grand total	2,24,99,235
Less	
Cost of purchase of property at 20 Iswar Mill Lane, Kolkata 700006	1,60,00,000
Stamp duty & registration costs	12,79,934
Legal expenses on purchase of property	30,850
Architects' fees (payment on account until 31/3/19)	3,10,000
Total expenses (capital work in progress)	1,76,20,784
Unspent balance in Building Fund as on 31/3/19	48,78,451

Investments	Actual 31/3/19 Rs	Actual 31/3/18 Rs
Fixed deposits with banks & 8% Government Bonds	3,96,75,942	4,75,44,512

PROGRAMME-WISE EXPENDITURE

	2018/19		2017/18	
	Rs	% of total	Rs	% of total
Health (clinics, HIV clinic)	3,57,29,801	49	3,22,78,052	50
DOTs	10,37,736	1	8,69,044	1
Street Medicine, arsenic filtration project and disability	93,63,911	13	84,59,028	13
Education	1,35,43,806	19	1,23,01,540	19
Weaving project (discontinued in 2017/18)			8,29,415	1
Handicrafts project	24,14,190	3	19,35,139	3
Fundraising, management & administration	76,43,055	11	62,42,152	10
Main store and Pharmacy	25,37,846	4	21,09,013	3
TOTAL	7,22,70,345	100	6,50,23,383	100

Summarised balance sheet

	31/3/2019	31/3/2018
	Rs	Rs
ASSETS		
Fixed assets	3,03,44,709	1,18,70,871
Investments	3,96,75,942	4,75,44,512
Inventory	18,45,534	20,42,513
Sundry debtors	43,125	49,294
Cash & bank balances	87,04,049	54,94,535
Loans & advances	19,29,475	20,94,644
Other assets and deposits	13,61,681	17,76,400
Total	8,39,04,515	7,08,72,769
LIABILITIES		
General Fund	5,59,41,559	3,13,10,534
Building Fund	48,78,451	1,66,38,209
Specific Fund	1,69,87,821	1,74,25,777
Current liabilities & provisions	60,96,684	54,98,249
Total	8,39,04,515	7,08,72,769

Unspent balances as on 31/3/19

	Rs
Boarding school	2,66,980
Breast cancer project	1,36,588
Computer training	10,000
Depreciation fund	86,87,615
Education programme	18,53,010
Families relocation	31,88,362
Infrastructure cost for Handicraft project	9,00,094
Library	42,582
Medical project	7,21,111
Mother & child health	31,780
Pneumonology	1,39,227
Renovation Fund	1,08,403
Street Medicine II (Avina)	6,76,376
Vocational training	2,25,693
Total	1,69,87,821

Unspent balances in the above projects are earmarked and carried forward to the next financial year – 2019/20.

“Fundraisers like me are the link between the teams doing amazing work on the ground, and agencies and individuals wishing to support the projects financially. My work requires passion, and a mix of precise knowledge and background information, integrity, tactfulness and having the right timing.”

“Sometimes we are approached by potential donors who have heard about Dr Jack’s achievements and want to support the work of Calcutta Rescue. And some people find us online. Former volunteers are some of our best ambassadors and fundraisers, as they can talk first-hand about the projects and the challenges in Kolkata.”

“I consult with the team in Kolkata on what projects need support, but I also talk to potential donors about what is realistic and how they can help projects effectively and sustainably.”

“I enjoy finding new donors and introducing our projects by sharing stories. I have developed a natural and genuine passion for convincing people to support the relevant and much-needed work of Calcutta Rescue. I am already very excited for many more years to come.”

Isabelle Hug
President, Stiftung Calcutta Rescue (Swiss Support Group)

KEY FINANCIAL HIGHLIGHTS

- This year's total income of Rs 776 lakhs (77.6 million) is Calcutta Rescue's highest ever – an increase of 28% on 2017/18.
- Local donations for operations stand at Rs 76 lakhs (7.6 million), compared to Rs 73 lakhs (7.3 million) in 2017/18 – an increase of 4%. Including donations in kind and those towards capital expenditure, total local donations are Rs 92 lakhs (9.2 million), representing 11.5% of our overall total donations received this year.
- The financial year ended with a surplus of Rs 53 lakhs (5.3 million), compared to a deficit of Rs 43 lakhs (4.3 million) in 2017/18. This is primarily due to the timing difference of the remittance from a Support Group, which led to the deficit in the previous year.
- Health programme costs have gone up by 11% and education programme costs by 10%. Main store and Pharmacy costs have increased by 20% due to painting and repair of the main store and Pharmacy; damaged stocks due to a power failure; and the re-appointment of a Pharmacist as required by the local government's Drug Control department.
- Management and administration costs have stayed at around 10–11%. However, overall costs have gone up by 22% in the current year, primarily due to extending medical reimbursement for staff not covered by the Employees' State Insurance Act and the one-off cost of introducing a Long-Service Award for staff completing 25 years of service.
- Overall general and specific funds jumped to Rs 728 lakhs (72.8 million), compared to Rs 487 lakhs (48.7 million) in 2017/18. This was due to the transfer from the Building Fund after the acquisition of the new property, and the operating surplus of the year mentioned above.

OTHER MATTERS

- A drug licence for storage and distribution of medicines at the Pharmacy was issued to us by the Directorate of Drug Control, West Bengal, in August 2018. New tenders for medicine procurement were floated in February 2018 and are effective up to March 2020, with a provision for suppliers to submit revised rates once every six months, in case of any revision of retail prices.
- Our Order for Cancellation of Registration of Goods and Service Tax identification number (GSTIN) wef 13.01.18 was received on 30/4/19. Our Foreign Contributions (Regulation) Act certificate was issued on 1/11/16 and is valid for five years.
- M/s Bhattacharya, Roychaudhuri & Associates, Chartered Accountants, continued as our statutory auditors for the financial year 2018/19. Our internal auditors KGRS & Co, Chartered Accountants, undertook quarterly reviews during the year and, where required, we have initiated corrective actions.

COMPLIANCE & GOVERNANCE

Identity

Calcutta Rescue is registered as a society under West Bengal Societies Registration Act 1961 (registration number 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 (registration number DIT(E)/S-78,8E/73/94-95 on 29.02.1996).

Calcutta Rescue is exempted under Section 80G of the Income Tax Act 1961 (registration number DIT(E)/2370, 8E/73/94-95 on 06.01.2011).

Calcutta Rescue is registered under Section 6(1) (a) of the Foreign Contribution (Regulation) Act 1976 (registration number 147120588).

Calcutta Rescue's Pharmacy: Drug Licence Numbers WB/KOL/NBO/R/81364 and WB/KOL/BIO/R/81364 under Directorate of Drug Control West Bengal and The Drugs and Cosmetics Rule 1945.

Memorandum and Articles of Association and Rules available on request.

Details of our 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 700016
IFSC Code: SBIN0001792
MICR Code: 700002032

Axis Bank Ltd
150 Lenin Sarani
Kolkata 700013
IFSC Code: UTIB0002261
MICR Code: 700211097
Branch code: 2261

Details of our auditors

Statutory auditors:
M/s Bhattacharyya Roychaudhuri
and Associates
Chartered Accountants
36 Strand Road
First Floor, Room No 13
Kolkata 700001

Internal auditors:
KGRS & Co
Chartered Accountants
Chatterjee International Centre
14th floor, Room No 13A
33A JL Nehru Road
Kolkata 700071

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 organisation complies with laws and regulations.

The Governing Council meets at least four times a year. Minutes of the meetings are documented and circulated to all Governing Council members and Support Groups.

Dr Jack Preger MBE – Chairman Emeritus (retired as Chairman in January 2019)

Governing Council members

With their role (if applicable), job/profession and length of service on the Governing Council

1. Gautam Chakravartti – Honorary Chairman, Bar at Law (new role, former member)
2. Soumitra Bose – Honorary Secretary, Chartered Accountant (3 years)
3. Wg Cdr Shomir Choudhuri VSM – Honorary Treasurer, retired Indian Airforce pilot/IT (10 years)
4. Dr GM Rahaman, medicine and health care (4 years)
5. Shukla Rebeiro, education (8 years)
6. Col Amitava Poddar, retired Indian Army officer (3 years)
7. Lionel Elloy, electrical engineering (3 years)
8. Samindra Roy, Business Consultant (new)

THANK YOU

Thank you to all our supporters, in India and around the world. You are making the work you've read about in this report possible, and together we're transforming lives.

Prem Kumar Ahojja
Subhash Chander Arora
Wg Cdr Vinod Kumar Bakshi
Air Cmde Adhip Banerjee SC
Anjana Banerjee
Mridul Banerjee
Somsubhra Barori
Chevallier Marty Bernsdette
Niladri Bhattacharya
Tapan Bhattacharya
Swapan Kumar Bhowmik
Mr Biddu
Helen Bilton
Soumak and Aanchal Bose
Camelia
Riya Chakrabarti
Tathagata Chakrabarty
Kalipada Chakraborty
Satyaki Chakraborty
Sougata Chakraborty
Swarup Chakraborty
Constance Chatterjee
Dilip Chandra Chatterjee
Suchandra Chatterjee
Debasis Chaudhuri
Shomik Choudhuri
Wg Cdr Shomir Choudhuri VSM
Sujoy Choudhuri
Meghdut Roy Chowdhury
Nupur Chowdhury
Johnathan James Lucas Clarke
Jyotsna Codati
Arun Kumar Das
Joyita Das
Bhaswati Dasgupta
Wg Cdr Ritu Raj Jain Dass
Monica Datta
Amitabha DebRoy
Gautam Dutta
Farheen Fatima
Wg Cdr Martin Fernandes
Sashi Sekhar Ghosal
Devakalpa Ghose
Anindya Ghosh
Sanghamitra Ghosh
Haridas Meghji Gori
Ranendra Goswami
Sudip Halder
Anisha Heble
Maura Hurley
Ramchandra Jaiswal
Roshan Jaiswal
Margriet Jassen

Patricia Jones
Saket Kandoi
Sumita Kandoi
Pradip Chandra Kar
Hamida Khatoon
Tatineni Prem Kumar
Pauline Laravoire
Julie Basu Mallick
Lalith Mallick and Bhagabati Mallick
Siddhartha Majumder
Tapas Majumdar
Jonathon Anthony Mason
Air Marshal Michael McMahon
PVSM/AVSM VM
K B Menon
Kingshuk Mitra
Bappa Mukherjee
Meghnath Mukherjee
Partha S Mukherjee
Priyanka Mukherjee
Rajasri Mukherjee
R K Nahata
Cmd Ravi Ramakrishnan Nair
Ms Nand
Anirban Pal
Debasish Palit
Dr Pramila Pandey
Minoo Noshirwan Panthaki
Jateen Patel
Megha Podder
Dr Jack Preger MBE
Sangeeta Rai
Air Marshal Philip Rajkumar
Panchapagesan Ramani
Wg Cdr Kolapur Kishore Rao
Mana Ray
Dr Roshni
Debraj Roy
Samindra Roy
Sanjay Roy
Sarvani Roy
Line Ruffieux
Suman Sammader
Ritwika Sanyal
Sudesh Sawant
Dany Schroer
Amitava Sen
Prajna Sen
Ruby Sen
Deb Jani Sengupta
Harish Kumar Sharma VSM
Amit Kumar Shaw

Sanjay Shaw
Vijay Vishnu Shrotriya
Gitanjali Singh
Harcharan Singh
Sonali Roychowdhury Singh
Capt David Subaiya
Dr Lekha Subaiya
Paul Subaiya
Dr Sukanya
Anup Thakur
Joseph Thomas
Jose Varghese
BJ Vaz
Ravi Indra Singh Verdi

"In the 10 years since I joined the Governing Council, the interaction between us and the Support Groups has grown. The financial support of the groups is vital for operations, and their input and their volunteers help us improve our services."

"Dr Jack was such an inspiration on the ground here in Kolkata, so we need to make sure the groups and volunteers still feel motivated by our cause."

In future I hope new groups will be started in other countries. However, I've always felt that we should be able to increase our domestic funding to 50% of our income, so that's still my objective and I'm convinced it's possible."

Wg Cdr Shomir Choudhuri VSM
Honorary Treasurer,
Governing Council

SUPPORT GROUPS

We're especially grateful for the time and effort put in by our international Support Group members, who have been our most consistent and loyal supporters over the decades.

All year round they are running events and campaigns to raise money for our work, and recruiting volunteers with the expertise and experience to come to Kolkata and help us improve what we do.



ORGANISATIONS/ CORPORATE DONORS



Air Force Association
West Bengal Branch
Alpha Malts Pvt Ltd Unit – CS
Avina Stiftung
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Emcure Pharmaceuticals Ltd
Exide Industries Ltd
Fondation Coromandel
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Kinderhilfe Uitikon
Magma Foundation
Nahoum & Sons Pvt Ltd
Paharpur Foundation
Randstad India Pvt Ltd
Rolls Pack Pvt Ltd
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Secure Giving-Kolkata
Shree Narsingh Enterprise
Small Change
Sony India Private Limited
Supertron Foundation
Switz Foods Pvt Ltd
The Telegraph Education
Foundation
Time and Talent Club
UNIVBRANDS
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 Calcutta Rescue

Thanks to Doug at Doug Dawson Creative in the UK for
generously donating his time to design this annual report.



www.dougdawson.co.uk