



2007-2008

ANNUAL REPORT



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1. Introduction

Welcome to the Calcutta Rescue's 2007-2008 Annual Report. I arrived in Kolkata at the beginning of February, so I was the Administrator for only two months of the fiscal year. Thus, I am not knowledgeable about many events and activities that are mentioned in the various reports that follow. I urge you to read them.

At its core Calcutta Rescue is a unique among NGO's in the services it provides to its clients, the poorest of the poor people of Kolkata and West Bengal. It provides medical care, schools, nutrition and other support through its network of clinics and schools and mobile delivery units – six days a week, every week of the year. It stands by its clients as their needs and family situations change and it seeks to provide major, expensive treatment when appropriate. This alone is a major achievement and its complex, smooth daily operation is a tribute to the staff who make it happen. And it has been doing this for nearly 30 years.

The national, state and municipal governments have decided that working with NGO's such as Calcutta Rescue is a very cost-effective and productive way of delivering services to their poor citizens. CR, with others, led the way in achieving this. During this year CR was a partner with the government in several programmes including arsenic removal, TB detection and treatment, HIV/AIDS treatment, and programmes for mothers and children. All indications are that this working relation will continue and expand. CR is leading the way towards more government involvement with emerging public health problems such as MDRTB.

In taking its services to the clients through its Outreach programmes, CR is reaching communities which have been excluded from previous efforts. Again, through recognition by the government that it delivers effective care, CR is working in rural West Bengal and in slum areas of Kolkata to improve lives of those who can not do that for themselves. We see an expansion of this effort towards more services and more areas during the coming months. This is the continuation of Dr. Jack's initial work on Middleton Row many years ago. His vision continues to guide Calcutta Rescue.

CR's schools began a major change in direction during the year. Led by Sister Cyril of the Loreto Schools and a member of CR's Governing Council, and by Niklas Erickson, a volunteer, the quality of formal schools attended by CR students was improved. The curriculum at the non-formal schools was changed

to double the time spent in the classroom. The staff was trained in the Loreto method of "joyous learning" and Niklas introduced the concept of "Child Friendly Learning". Henk Loos of the Dutch Support Group spent two months developing an improved planning, record keeping and analysis system. During the current year we are adjusting to the new programme.

A major problem for our schools is overcrowding. As we require coaching facilities for all our formal students, as well as facilities for our non-formal students, our current facilities are inadequate. We are seeking additional space, especially for the coaching centres. The long term plan is to find a larger building for the students now at No. 10 School.

The management continues to seek ways of adjusting to the changing circumstances as CR matures into a major, all-Indian NGO. Systems for problem resolution, while established, are evolving over time. The flow of responsibilities between the Management Committee and the Governing Council is becoming a smooth process as new and different problems are confronted and resolved. In my opinion, all stakeholders in CR need to provide understanding and support as this process continues. At its essence, the management processes are effective, as indicated by the smooth running of most activities and the progress cited above. The management team is dedicated to CR and its mission and brings invaluable experience of many years to bear on decision-making and implementation.

Volunteers continue to make a contribution to CR, although the staff has grown to the point that they can operate independently if necessary. I have been very impressed with the professionalism and dedication of the volunteers I have known. Long term volunteers who can develop a project from inception to completion are needed for several areas including fundraising, public relations and staff relations in addition to the usual medical requirements. The Clinical Coordinator and other medical volunteers make a very important contribution by providing training and information on new, emerging treatment protocols. I send my personal thanks to the recruiters in the Support Groups and encourage them to continue their good work.

Towards the end of the fiscal year our computer system and web site began to fail us. I plan to have this problem resolved before I finish my volunteer period at the end of November hopefully before that.

I am still learning about the Support Groups. Certainly CR could not exist without their most generous and continuing financial support. The experience of former volunteers, expressed through the Support Groups, provides useful



advice for the management. I see a need for the MC and the Support Groups to develop a more positive and effective communication process so that this unique structure will continue to operate effectively – especially in providing an uninterrupted flow of funds so that CR's important work is not disrupted. I also see a need to begin developing Support Groups in other countries. But, most important, from me, a great big THANK YOU for what you do for Calcutta Rescue.

Glen Kandall
Administrator



2. Communication

E-mail and Website

Email: info@calcuttarescue.org

Website: www.calcuttarescue.org

(Use the links to see websites of support groups)

Telephone and Fax

Calcutta Rescue Office at 85 Collins Street:

Telephone and Fax: +91 33 2217 5675,

Telephone: +91 33 2249 1520

Modern Lodge:

+91 33 2252 4960

Emergencies if no contact on the above: +91 33 2282 9171(Dr. Jack Preger)

Post

Please ask family and friends of volunteers to send letters to their hotel or the GPO Poste Restante, as the Calcutta Rescue P.O. Box (P.O. Box 9253, Middleton Row, P.O., Calcutta 700 071) will not accept registered post or large items and is only accessed by Dr Jack. The address of the Modern Lodge is: 1 Stuart Lane, off Sudder Street, Calcutta, 700 016. Please ensure that mail is securely closed to limit the likelihood of it being tampered with

3. Management Committee

Calcutta Rescue is going through a challenging time for some months but despite this, projects have been running very well all the way, integration of programmes with Government Initiatives and recognition and achievement of CR's work and we all are very happy with this.

The schools, clinics, as well as specific projects, are running successfully and smoothly. Existing patient card-holders are receiving the same expert care as before, Belgachia DOTS continues to expand, a testimony to the quality & success of this Clinic; improved case detection of new sputum positive TB patients in Rural DOTS, expansion of the Outreach work to the streets of Kolkata, the computer school students winning acclaim at none other than IBM with whom we have integrated in their CSR programme. In spite of evictions, attendances at our schools are significant and successful efforts made to upgrade the service delivery at the schools. The Malda Arsenic Detoxification Programme (Four Filters) is into its sixth year – a tribute to our own staff & the efforts of the local villagers. Moreover we have been entrusted the responsibility of monitoring 4 more filters installed by the Government in the Swajaldhara Project in another area of Malda district, an acknowledgement to our service delivery in our filter installation area. The handicrafts project continues its efforts to cater to the demand of orders from Support Groups in time and the review of the trainee's capacity and remedial actions are development initiatives taken. We have continued to sponsor specialized medical treatment using earmarked funds: cardiac & other surgery, cancer, etc. We were eventually enrolled in the Government of India Reproductive Child Health Programme, which is a compliment to our years of unparallel quality work in Mother Child Health. The TIP (Community based Preventive Medicine Programme) for Children between 0 -12 years of age continues and is expanding. We are proud of our service to Diabetics & more than 50% success rate in MDR-TB patient treatment.

From the management perspectives, the recruitment of the Finance Manager with the appropriate skills and experience has strengthened and contributed to a proper management of funds, as well as transparency and accountability of the organization, and reporting towards SGs. The MC was augmented by the recruitment in a management position of the Project Officer Schools who is still in a probation period. , These appointments were made by the Governing Council to fill key vacant position in the Management Committee.

MC continues to ensure independent third-parties provide periodical assurance on both CRK's account (through an external Chartered Accountant) and CRK' risks management systems and processes (through an Independent "Internal Auditor") engaged by the Governing Council.

Local and International Public Relations exercise with the objective of genera-

ting widespread awareness of Calcutta Rescue's work thus contributing in local and international fund-raising, to lessen the burden of fundraising on the SG's and the plan of recruitment of a new Executive is a step forward which will also mitigate any risk of losing key personnel.

The MC 'Thanks' the Governing Council, Dr. Jack and all the staff, volunteers and the SGs for sharing their thoughts and concerns and through their ongoing fund raising and friendly support, good team-spirit and shared trust. This all helps the Management to take the organization forward.

***Dr.G.M.Rahaman
(Bobby)
On behalf of the MC.***

4. Medical Audit Committee

Two-weekly meetings of MAC (Medical Audit Committee), Pre-Mac and monthly Doctors meetings have taken place to discuss the following with the purpose of improving & providing the best possible care for the beneficiaries of Calcutta Rescue (CR):

- The intake of new patients, from all categories, is decided on a priority basis taking into consideration cost of treatment, outcome and waiting lists.
- Medical cases are discussed and sanctioned (approved for treatment) as appropriate.
- Sponsorships are arranged/requested for eligible cases where vacancies are unavailable within CR or treatment is very expensive.
- Decisions regarding protocol and policy are made or updated, where necessary.

The major themes MAC concerned themselves with, over the last year, included:

HIV

The HIV clinic now comes under the MAC umbrella. MAC decided to explore the reasons why some patients are defaulting and provide further motivation to encourage them to continue their treatment. It was also decided that 2 major defaults would result in card cancellation. A new counselor was appointed and will form a close working relationship with our new Health Education Officer.

Health Education

A new Health Education Officer (HEO) joined CR in March '08 and will continue the important work being done in this area. New visual aids, including DVD's, have been sourced and following some initial problems with DVD players, are now being used in the clinics. The 'skit' programme coordinated by the HEO and the Outreach Supervisor continues to be well received and provides another medium for educating our beneficiaries.

MDR Tuberculosis

MAC was informed of the changes made to the length of treatment for MDR TB patients. These changes have been made by the W.H.O., the treatment will now last 24 months instead of 21 months. There was a brief period when new patients couldn't be enrolled but, once funding was secured from the Support Groups (SG's), we were able to continue with our programme as normal.

Oxygen Cylinders

Apart from Chitpur, each clinic now has a new oxygen cylinder. MAC also sanctioned the purchase of new flow meters, as the old ones were ill fitting and unreliable. With the cylinders now in place and working, it is now possible to implement changes that have been made to some of the protocols. It is not possible to safely store an oxygen cylinder at Chitpur clinic.

Protocols

MAC took the lead with facilitating the very real need to update and implement protocols. MAC has agreed a significant number of protocol updates. Furthermore, the need for new protocols in some areas has been identified and the writing of these new protocols is ongoing. This initiative has been a joint effort between doctors, clinic staff and Volunteers. The need to assess the effectiveness of protocols was identified and regular audits will be carried out appropriately. Volunteers will conduct some of these audits.

Dental Project

MAC acknowledged concerns expressed about the working practices of our dentist and a new one was recruited. A consent form and post-procedure instructions for dental treatment was drafted and translated into Bengali. This, along with the purchase and siting of a new dental chair, should ensure that procedures and screening for our schoolchildren continues apace.

Learning Disabilities

The relatively new Learning Disabilities (LD) project has proved to be very successful. Several patients, that CR can support, have been identified. Furthermore, a network of educational, vocational and medical establishments who can provide this support have been identified. A very good relationship has been developed with these institutions, thus expediting the delivery of services to our patients. As the LD project has proved so successful, a proposal for its own budget has been drafted.

Insulin Pens

Our Volunteer Pharmacists have facilitated the introduction of a new (in India) delivery system for insulin. Shaped like a pen, they are often referred to as insulin pens. MAC believes that this device will improve patient compliance as it is easier to use than a syringe and needle. A pilot study of some of our patients will determine if, and when, the pens are implemented.

Benefit Bags

MAC agreed to alter the contents of the bags of food benefits that we give to many of our patients. MAC felt that protein and fat levels could be improved by modifying the amount and type of benefit we give. We were able to achieve this enhancement at no extra cost.

Diabetes & Hypertension

It has been decided that Diabetic patients will have Albumin-Creatinine Ratio (ACR) investigation instead of routine urinalysis as it gives a more accurate indication of Nephropathy. Furthermore, all patients with well controlled Hypertension will have ACR once a year. The cost is expected to be around Rs 80 000 per annum.

Jason Mulrooney
Clinical Volunteer Coordinator

5. Arsenic Mitigation Programme

Some 14 districts in West Bengal suffer from dangerous levels of arsenic in the ground water which is generally used for drinking and cooking, thus causing a public health problem. The Government of India launched a programme to filter the water to remove significant quantities of the arsenic, thus supplying safe drinking water. CR existing Arsenic Mitigation Project at Bamongram and Moshimpur in Malda district, an impoverished area, are operating successfully for the past four years.

CR contacted the filter manufacturer (Anir Engineers) for filter media replacement and renovation. Negotiations were carried out and finalized. The Projects Manager visited Malda to initiate the work and participated in the awareness generation campaigns along with the Supervisor and technical experts from the filter manufacturer.

Swajaldhara Project:

Calcutta Rescue has been entrusted to promote community mobilization and generate awareness at 4 sites where filters have been installed by Harbour India Pvt. Ltd. in Malda district of West Bengal with the cooperation of the GTZ Project Arsenic Mitigation West Bengal, which is a Public Private Partnership project for three years duration to remove excess arsenic from ground water and distribute safe drinking water.

A written proposal was submitted to GTZ for their approval for Community Mobilization work at the following areas of Malda District. GTZ has sent their acknowledgement and have sent a signed agreement.

The Swajaldhara Project is an initiative of the government of India dealing with water and sanitation.

List of Meetings:

- JADUPUR, CHANCHAL - To make community people aware of the concept of Swajaldhara. Collect safe drinking water from this filter. Pay tariff for maintenance and keep it in a bank account. Role of Village Water Danitstion Committee (VWSC). Future plans and base line survey. Question & answer session.
- MAHARAJNAGAR, RATUA - To make community people aware of the concept of Swajaldhara. Health awareness programme through DNGM Research Foundation, Kolkata. Collect safe drinking water from this filter. Pay tariff for maintenance and keep it bank account. Role of VWSC. Future plans and base line survey. Question & answer session.
- BHANDARIA, CHANCHAL - To make community people aware of the concept of Swajaldhara. Collect safe drinking water from this filter. Pay tariff for maintenance and keep it bank account. Role of VWSC. Future plans and base line survey. Question & answer session.
- KAGACHIRA, RATUA - To make community people aware of the concept of Swajaldhara. Collect safe drinking water from this filter. Pay tariff for maintenance

and keep it bank account. Role of VWSC. Future plans and base line survey. Question & answer session.

The following Observations have been referred to Coordinating NGO & GTZ:

- It is observed that more technical assistance is needed for the filter units to run smoothly.
- The Bhandaria, Chanchal unit needs authorized electricity connection. Our assistance and support has been provided to get the connection.
- Some spare parts are required for Maharajnagar, Ratua filter units, which is not available in the local market.

A visit was conducted at Malda – GTZ Swajaldhara and Arsenic Project during the month of March

- To appoint New Community Mobilized staff for GTZ, Swajaldhara Project
- Re-Installation and repairing four Arsenic filters at CR's Arsenic Project

The Project Manager and Supervisor visited Malda to supervise GTZ Swajaldhara and CR's Arsenic Project. Mr. Barik, technical staff of M/s Aneer Engineering was also present. The 4 Arsenic filters located in 4 villages i.e. 1) Kamath Para Village, 2) Hindu Para, 3) Mosimpore, and 4) Sarderpara Village which falls under Bamungachi and Moshimpur village which is under the Gram Panchayat of Bamungachi Moshimpur Panchayat under the Kaliachak-1 Block.

The technical staff from Anir Engineering opened all the filters and brought them to one place for repairing. All media had been changed along with the necessary spare parts, which were mentioned in the work order. One of the filters was re-installed from Panchayat office to Kamat Para. The Mosimpore filter cannot be re-installed as the beneficiaries requested to keep it in the same place.

In mid March a meeting was arranged with 12 people from 1). Vill: Kagachira 2). Vill: Maharaj Nagar 3). Vill: Jadupur and 4). Vill: Bhandaria. People from these areas addressed their present difficulties. In Bhandaria Village the arsenic filter not yet started, as electric connection was not available one Mr. Musaraf will visit Malda Electric Supply office and talk with the concerned officials regarding this issue and arrange electricity within 15 days. We hope this problem will be solved soon. Once the problem is solved the local villagers can drink arsenic and Iron free water from this plant. We have selected 4 communities and mobilised staff and appointed them for three months from above villages, they are as follows:

<i>Filter Area</i>	<i>Name of Community Mobilized Staff</i>
Kagachira	Manashi Das
MaharajNnagar	Sabana Akhtar (Rumpa), 18/F
Jadupur	Anup Kumar Basak, 22/M
Bhandaria	Sufia Khatoon, 20/F

The above staff members were designated to complete the following assignments:

- To complete 150 base line forms for each areas.
- To do house visit and explain family members about Swajaldhara concept.
- To organize community mobilizing meeting with local beneficiaries.
- Motivate them to share their contribution, which is selected by VSC.
- Keep LINK with Village sanitation committee.
- Their work will be observed by the VSC representative of respective filter areas.

We have printed 600 Arsenic Home Visits form for Malda GTZ Swajaldhara Arsenic project and forms have been handed over to 4 staff members. For one village 200 Home Visits forms were handed over. They were explained how to fill up these forms. Meetings conducted included group meetings, school meetings, mothers meetings on how to motivate the local families to take Arsenic and bacteria free water. For doing this job each workers will receive a remuneration of Rs.500/- per month. At present 4 arsenic filters have been repaired, painted and replacement for most of the parts of Arsenic filters and four tube wells were changed. The Arsenic filter of Anchal office has been shifted. During the last visit we have (CR. & Chetena Club Members) decided that the arsenic filter would be replaced at Kamat Para instead of Panchayat Anchaal office. As planned we have constructed a one room (7 feet / 8 feet) at Kamat Para putting in place the Arsenic filter. As per work order we have checked all the Arsenic filters and the Arsenic filters at Panchayat office had been re-installed at Kamat Para. By end March all the Arsenic filters has been installed and is functioning smoothly. We estimate that each filter supplies drinking and cooking water for 500 people per day, or a total of 2,000 people per day. Water has been collected by Chetana members in Kolkata and was sent for testing, test result is as follows:

SARDAR PARA	Raw water	Treated water		Remarks
	Arsenic (As mg/L): 0.056	Arsenic: (As mg/L): 0.037		Tolerable limit
	Iron (Fe mg/L): 0.45	Iron(Fe mg/L): Nil		Tolerable limit
			Water meter reading 0000216	

KAMAT PARA	Raw water	Treated water		Remarks
	Arsenic (As mg/L): 0.066	Arsenic: (As mg/L): 0.044		Tolerable limit
	Iron (Fe mg/L): 0.89	Iron(Fe mg/L): Nil		Tolerable limit
			Water meter reading 000024	

HINDU PARA	Raw water	Treated water		Remarks
	Arsenic (As mg/L): 0.062	Arsenic: (As mg/L): 0.015		Tolerable limit
	Iron (Fe mg/L): 0.3	Iron(Fe mg/L): 0.28		Although it is tolerable limit but figures are not matching
			Water meter reading 000036	

MOSHIM PORE	Raw water	Treated water		Remarks
	Arsenic (As mg/L): 0.045	Arsenic: (As mg/L): <0.01		Tolerable limit
	Iron (Fe mg/L): 0.86	Iron(Fe mg/L): Nil		Tolerable limit
			Water meter reading 000020	

Work undertaken

- To re-install one filter and repairs of all filters including media changing.
- Organizing an experience-sharing meeting cum base line survey training with the Swajaldhara project areas representative.

Mr. Debu will visit to the areas for supervision the development and will pay their stipends in a specific period of time.

Sk. Md. Jakir Hossain
Manager Projects

6. Accounts & Finance

INTRODUCTION

The accounting report for the year 2007-08 has been prepared as per the Standard Accounting Practice with a view to ensure statutory compliance and also for accounting report to our donors'. There are other specific reports prepared as per the requirement of our donors / funding agencies. The statutory audit of Annual accounts for the year 2007 -08 is likely to be completed within June, 2008 by a qualified Chartered Accountant

INTERNAL CONTROL MECHANISM

The Internal Audit has been completed for the year 2007-08 for assessment of our internal control mechanism. The report has been forwarded to the Governing Body for observation. However, the CR Management with existing resources to continue the checks and balances. Necessary compliances to internal auditor's report will be made for better internal control.

INVENTORY MANAGEMENT

Inventory management of pharmacy has been strengthened with an update package implemented from April,08 and we are hoping that this will suffice to keep more control over the Inventory.

REPORTS

Monthly Accounts

CR prepares monthly accounts to examine the actual expenses of the month in comparison to budget, variance and the availability of remaining funds. A comparative analysis of cost treatment, income expenditure based on YTD figure are also prepared and submitted to MC for review.

Quarterly Rolling Plan

Expenses during the quarter as well as budget with % of variance based on YTD are analyzed. Quarterly accounts of Leprosy Control programme report has been sent to Swiss Emmaus.

Statutory Report

Annual Accounts of rural dots & leprosy Control programme has been distributed for the year 2007. Statutory reports e.g. Vat, C.S.T & Professional Tax return for 2007-2008 has been submitted in time. Other statutory reports such as FCRA Accounts (FC-3), Signed Balance Sheet, Income & Expenditure Accounts Return of ROS & Income Tax Return will be submitted to the respective authority after the statutory audit is over by 30.06.08.

Calcutta Rescue Employees Comprehensive Gratuity trust accounts is in the process of audit. The Balance Sheet, Income Expenditure Accounts and Receipts & Payment

to be signed by trust members and auditors for submission to the respective authority.

CR has incurred their maximum resources for the service of poor communities particularly on health project as may be evident from the expenditure under different project. The underneath chart shows the utilization of resources for the year 2007-08 in different projects of CR.

UTILISATION OF FUND (2007 – 08)

NAME OF THE PROGRAMME AND PERCENTAGE UTILISED	AMOUNT(RS) [In LakhS]
HEALTH PROGRAMME – 72.50%	230.07
URBAN & RURAL DOTS – 1.85%	4.56
HEALTH PRO/PREV.PROG–2.10%	6.86
EDUCATIONAL PROG. – 16.70%	53.35
VOCATIONAL TRAINING CUM PRODUCTION CENTRE- 6.85%	22.05

SOURCE OF FUND (2007 – 08)

NAME OF THE DONOR	AMOUNT(RS) [In LakhS]
International Federation of Support Groups	324.61
General Sources from Outside India	2.38
Specific Donation from Individuals outside India	9.45
General Donation from Inland	9.91
Specific Donation from Individuals from Inland	0.58

Biplab Kumar Basu
(Finance Manager)

7. Pharmacy

Operations from Central Pharmacy Stores continue to function in a satisfactory manner. The following activities have progressed in the past year: Central Pharmacy Mr Ipsit Mukhopadhyay has settled down very well and manages together with Robin Makal the Central Pharmacy. Currently there is no helper working in the pharmacy.

Re-location of Central Pharmacy Stores

The Re-sitting of the pharmacy is still in process. After it hasn't been possible to finish the contract for the new accommodation, we have to look for another option.

Work accomplished during the year

- An analysis of local wholesalers for drugs has been completed by the pharmacist in charge and changes of wholesalers for some of the medicines have been implemented. A contract over one year has been signed by all the chosen suppliers. This has reduced the price paid for some drugs.
- A donation request has been sent to all the support groups.
- A cost analyses for the different type of cancer patients is in progress.
- Insulin pens have been introduced to the doctors and the medicine table staff.
- A donation of chemotherapy drugs from the German support group (methotrexate 2.5mg tab, hydroxyurea 500mg tab, dacarbazine 200mg inj, asparaginase inj) has been received and added to the pharmacy stock. A donation of different medicines received from Pamela from UK has been sorted. The medicine currently used by CR have been added to the pharmacy stock and the other ones added to the donation list. The donation list has been regularly updated and distributed to the doctors. The aim is to store the donated drugs at the place where they are needed (directly in the clinics). The shifting of the donations to the clinics is still in progress. A big amount has already been sent to the clinics.
- The reviewing of the local purchases made by the clinics is done on a tri-monthly basis and has been discussed at the doctor's meeting. It has been decided not to keep in stock the discussed items due to irregular use.
- A list of anti-hypertensive and antidiabetic drugs with maximum dose that can be used from the pharmacy have been done and distributed to the doctors.
- A HIV post exposure prophylactic kit is available at the pharmacy if needed. A protocol has been distributed to the doctors.
- A comparison of vitamins and supplements has been distributed to the doctors and advice has been given for cancer patients and cancer patients with anemia

Inventory Package

An update version of BUSY has been tested and will be used at the beginning of the next financial year.

Medicines Information Queries

The Pharmacist answered to the queries of the doctors

Volunteer pharmacists

Frederique Chammartin (pharmacist in charge)

2nd of April - 21st of December 2007

Anne Bogenschuetz (pre-registered pharmacist)

26th of April – end of October 2007

Hagen Kraus (pharmacist)

28th of May - end of August 2007

Monika Faisst (pre-registered pharmacist)

2nd of November 2007 – end of April 2008

Burkhard Salfner (pharmacist in charge)

2nd of December 2007– end of February 2008

Tino Schumann (pharmacist in charge)

1st of February – end of April 2008

Stock check

The result of the physical stock check, taken on 31.03.2008 is as follows:

Total number of items	595
Number of items with discrepancy in amount	8
Total value of stock	468,998.75 Rupees
Value due to discrepancy	+258.97 Rupees
Percentage value discrepancy	0.06 %

Tino Schumann
Volunteer Pharmacist

8. Tala Park Clinic

PATIENT'S ATTENDANCE

Months	Patient's Attendance	No. of days worked
Apr 07	2430	24
May 07	2675	26
Jun 07	2496	26
Jul 07	2625	26
Aug 07	2470	26
Sep 07	2554	25
Oct 07	2075	21
Nov 07	2574	24
Dec 07	2192	24
Jan 08	2011	23
Feb 08	1998	24
Mar 08	2143	25
Total	28'243	294

Average patient attendance:96 patients per day.

INTAKE OF NEW PATIENTS IN DIFFERENT CATEGORIES

Catagory	New	Cured	Died
Cancer (On chemo)	14	2	8
Cancer (Non chemo)	5	-	1
Neurology	25	-	1
Cardiac	8	-	1
Thalassaemia-Kelfar	18	1	3
Thalassaemia – Desferal	7	-	3
Thalassaemia – No chelation	12	-	-
General -TB	8	16	1
MDR-TB	15	12	7
Pneumology (Asthma)	11	-	3
Endocrinology	15	-	1
Rheumatology	3	-	-
Aplastic Anemia	4	-	-
TOTAL	145	30	29

PATIENT'S ATTENDANCE

Sl No	Name	Hospital	Category	Remarks
1	Surindra Lal	Park Site Nursing Home	Plastic Surgery of foot ulcer	Stable
2	Sk. Ashique	N.R.S Hospital	Pelvic Lasectomy	Stable
3	Hazari	R.G.Kar Hospital	Electric Burn	Stable
4	Nazrul Mollah	R.G.Kar Hospital	Plastic surgery	Stable
5	Sarbani Das	SSKM Hospital	Cleft lip correction of palate and nasal deformity	Stable
6	Imran Khan	R.G.Kar Hospital	Unilateral cyst surgery	Stable
7	Madhumita Samanta	R.G.Kar Hospital	Durs fixation CTCV	Stable
8	Sajila Bibi	R.G.Kar Hospital	Gall bladder stones	Stable
9	Israt Jahan	R.G.Kar Hospital	Surgery Appendectomy	Stable
10	Sumita Haldar	R.G.Kar Hospital	Osteomyelitis Amputation of toe	Stable
11	Sulekha Das	MCH	Surgery splenectomy	Stable

Sponsorship Issue:

During the year many Thalassaemia, Cancer and other special category patients came with request of treatment for which many Government Hospital doctors had requested us with an official letter for providing treatment for needy patients but very few of them were kept in waiting list.

Staff Development:

Dr. Avihijit Dey of Chitpur Clinic gave injection training classes to staff members.

Sudershan Peterson
Tala Park Clinic Supervisor

9. Sealdah

Sealdah clinic aims to function as a specialist clinic. Total no of special category patient is 431 and approximately average attendance of general patient is 90 to 100 every month.

Special category of patients are as follows:	
Cardiac	272
Neurology	56
Cancer	10
Thalassaemia	3
HIV	2
Diabetic on Insulin	24
Diabetic on Medicine	39
Diabetic on both (Insulin and Medicine)	21
Pneumonology	34
Endocrinology	27
Total no. of card cancelled	25
Expired	15

Cardiac Surgery done: 4

Name	Age	Operation	Hospital	Date
Abbasuddin Mollah	18yrs/Male	AVR and MVR	Rabindra-nath Tagore Cardiac Science	04.05.07
Amina Bibi	43yrs/Female	MVR	R.N.Tagore	25.07.07
Kanika Naskar	1yr 9 mths / Female	VSD	R.N.Tagore	Feb.08 but expired due to cardio respiratory failure
Amit Raja	9 yrs/ Male	VSD	SSKM	26.03.08

Intake of new patient: 53.	
Out of 53 patients 18 patients were referred from other clinics.	
Cardiac	20
Neurology	13
Endocrinology	1
Cancer	1
Pneumonology	2
Diabetic on Insulin	6
General	10
Total no of patient in waiting list for cardiac surgery	13
Average no. of physiotherapy patients every month	45
Total no. of Children attended for immunization	1710
Total no. of Street Children came for immunization	651

Two Tri Cycles were handed over to two handicapped patients.
 Sarfauddin Gazi (Card No.SM-466) - 70 yrs old male.
 Md. Yunus (Card No. SM-467) - 55 yrs old male.

Hypertension and Diabetic project are being done twice in year. Diabetic Project Report shows very poor compliance of the patients whereas Hypertension Project Report shows better.

Arobindo Sardar
Supervisor - Sealdah Clinic

10. Chitpur

Chitpur riverside clinic, specializing in treating people suffering from Hansen's Disease (Leprosy) runs daily from 9 a.m. onwards and is running smoothly as usual. At present there is no volunteer clinic nurse in Chitpur clinic. CR's physiotherapist Nupur comes on every alternate Mondays. At present 7 staff members are working in Chitpur Clinic, which includes clinic Doctor as well, 1 staff member who is running the shoe workshop at Paikpara and K.M.C. Borough- 1 dispensary for leprosy clinic on every Thursday.

Health Education Section

We are discussing about some different diseases everyday in front of patients. We are also teaching patients about how to take medicines properly by seeing pictures printed on the medicine packet and how to maintain discipline, good manners, and healthy hygienic habits. patients also convey what they have learned from us to other patients and family members.

Physiotherapy Section

Our clinic patients are given special attention in the physio section. Our physiotherapist is providing every Monday special physio.

1. Total no of deformity = 209 patients
2. Disability Grade – 1 = 19 patients
3. Disability Grade – 2 = 190 patients
4. Total no of patients for whom assessment was done = 164 patients

Dressing Section

Dressing is carried out in the clinic on a regular basis to our patients who are suffering from wounds. We also provide dressing materials to our patients.

1. Total no of wound patients –119
2. No. of patients whose wound have healed during this period: 37 [including 1 patient expired].
3. Unhealed wound patients – 82.
4. No. of patients admitted in hospital for wound -38.
5. No. of patients admitted in hospital for Eye problem -7.
6. No. of patient underwent plastic surgery- 1 (twice)
7. No. of patients underwent other surgeries - 4
8. No. of patient admitted to hospital for other reasons –7

In this year intake of new patients in different categories are as follows:-

1. Total No. of MB patients – 8.
2. Total No. of PB patient – 3.
3. Total No. of Negative patient – 1
4. Total No. of cure patient – M.B.:2 and P.B.:6.
5. Total No. of defaulter patients – Nil.

6. House checks done for defaulter patients – Nil.

Clinical Investigation :

1. Total No. of SST done –
 2. Total No. of Clinical Investigation –
 3. Total No. of X-Ray done –
- } 194

Social Rehabilitation:

We provide loans for rehabilitation and for business purposes, i.e. to earn their own living. to the patients who are treated for leprosy. The Total No. of patients attached with loan – Nil.

1. Total No. of patients getting house rent – 25.
2. Total No. of patients whose house was repaired –2.
3. Total No. of patients getting monitory help – 9 of C.R. and 1 of T.L.M.
4. Total No. of patients received hearing aid – Nil.
5. Children of patients who are reading in the boarding school – 12.
6. Total No. of patients received artificial limb - 3
7. No. of patients received tricycles - 1

Foot wear work shop at Paik Para where 1 staff member is involved is running the project.

Every morning shoe technicians are coming to the clinic for taking foot measurement of patients. C.R supplies materials to make shoe such as upper position softy leather, which are of 2 types and MCR to protect planter of foot as it is very softy and NBR is used for sole. In this year MCR, NBR sole, shoe supplied 172 pairs and 2 pairs to TLM , foot drop spring shoe 4 pairs and repair was done on 86 patient shoes.

Ashis Mondal
Supervisor -Chitpur

11. Belgachia

A. Average daily patient attendance during the year:

Belgachia Clinic: 36 patients

Belgachia DOTS: 19 patients

B. Intake of new patients through out the year as follows:

Special Category Patients: 91 Patients

One Time Ticket: 20 Patients

C. Important intervention

1. Cataract Surgery

Cataract surgery done for 6 patients from Leprosy Mission during the year.

2. Hypertension Project Report in September 2007

Executive Summary – Patient on normal B.P. 51.6%

Pre-hypertensive 40.3%

Stage I Hypertensive 6.5%

Stage II Hypertensive 1.6%

3. Diabetic project report in December 07.

No. of patients evaluated :63

Patients on insulin: 83.33% shows Fair control while 16.67% shows Poor control

Patients on OHA : 22.5% shows Good Control, 61.29% shows Fair Control and 16.13% shows Poor Control.

Patients on OHA and Insulin: 20.63% shows Good Control.

61.9% shows Fair Control.

17.46% shows Poor Control.

4. Total No. of patients undergone ECG at Belgachia Clinic : 358 patients.

5. Total No. of patients received Spectacles: 135 patients.

6. Total No. of patients diagnosed through DOTS: 167

Intake of new T.B patients in DOTS: 118

Cat I : 69 patients

Cat II : 29 patients

Cat III : 20 patients

No. of patients cured: 29

No. of patients completed treatment :17 patients

No. of failures: 1 patient (started MDR treatment as on 11.09.07)

D. Case Study:

Sital Moira 35 years old male patient had an injury over right foot. His wound has improved since 22.03.08 he does not require dressing now. He is still suffering from diabetic nephropathy but swelling all over body has decreased. Patient is also suffering from retinopathy and he will receive Argon Laser corrective treatment. His blood sugar has increased at present. Overall patient is doing well.

Subhasis Som
Supervisor, Belgachia Clinic

12. Outreach / TIP

The Outreach Program is functioning very smoothly. The work load at present is quite stable as far as outreach is concerned. As usual staff is doing default visits, follow up visits, house checks, and hospitals visits. They also do other visits (like Re- visits,) on emergency basis from the Street Medicine Programme/ Kolkata TIP Programme. Outreach /TIP projects are most important projects of Calcutta Rescue. Now we are allocated to various kind of work, viz, Outreach/TIP (Kolkata), Street Medicine Programme. KMC and TB/ Leprosy Screening Leprosy Programme, Rural DOTS/Rural TIP, GTZ Swajaldhara and CR Arsenic Programme, and also we have participated in Skit programme, like TB skit (at rural area). We are conducting Road-Play in Kolkata on leprosy and RCH project. Although OR staff are included in the work schedule they have to perform other work and under instruction from the office on an emergency basis, like Restriction of using plastic carry bags projects, etc.

Outreach staff is also engaged in TB/leprosy screening program. Since 31st July 07 we have started TB/Leprosy awareness screening programme at Ward No.3. Outreach workers are involved in this programme. Twice a week OR staff are attending this programme. Screening of New Chest Symptomatic and Leprosy pts awareness programme is operating once a week (Monday) at a convenient time from 9 am to 1.30 pm in this area. Staff visit families for registration and create a health education with IEC materials about TB/Leprosy disease every Tuesday. They develop in all categories of families the confidence of our programmes including New Chest Symptomatic and leprosy screening by our CR Doctor. Appropriate pts are referred to appropriate center. Similarly we are also doing TB/ leprosy awareness campaign, Leaflets are distributed advertising that we are screening TB/ leprosy patients at TIP program. We use microphone with autos, in different corners in Borough No.1. We Conduct group meetings like Mahallya committee meetings, School meeting and Masjid meetings on TB and Leprosy disease for the awareness-raising project. We also raise via awareness in Cable TV. Auto Marking, posters and Skit performing at remote corners

Our Objectives are to:

- Control TB in the community (Ward No.3)
- Increase awareness on health issues
- Identify new cases of TB.
- Identify new cases of Leprosy and other health related problems among children and their families.
- Reduce the number of TB patients dying or becoming seriously ill
- Prevent the development of drug resistance
- Treatment of diseases Prevention of diseases

IMPACT ASSESSMENT OF TB/LEPROSY SCREENING PROGRAM

Total no. of Pts Screened (adult/child)	783
Number of pt. amongst new chest symptomatic seen by doctor who were referred to Bagbazar DOTS Centre.	68
No. of Pts. who underwent Sputum Test and attended Belgachia DOTS center	40
Result:	
Treatment start of Cat-I	13
Treatment start of Cat-II	2
Treatment start of Cat-III	9
Treatment Not required	16

We have finished Restriction of using plastic carry bags project (by W.B.P.C.B.) Where Outreach staff were involved in this project in Borough No.1 we campaigned in 5 schools and 5 markets on restriction of plastic carry bags, report submitted to W.B.P.C.B.

As per schedule from (day 1 to day 5) 16.08.07 to 20.08.07 meetings were conducted from the concerned authorities of 5 markets. Each markets consisted approx 7 to 10 committees members who were present there. On behalf of Calcutta Rescue we spoke about our concern for Restriction of using plastic carry Bags on behalf of West Bengal Pollution Control Board. Some of the local people who supply carry bags in these markets were also present in the meeting. We also conducted a general campaign with microphone. A fixed prominent flex banner on a prominent space and conspicuous place of each market will be placed. The response was satisfactory from shop owners as well as local people.

From (day 6 to day 10) 21.08.07 to 21.07.08.07 we organized meeting in 5 different schools with committee members and teachers. Each school group comprised approx 10 to 15 committee members and teachers. We spoke our concern about Restriction of using plastic carry bags on behalf of W.B.P.C. and also conducted a general campaign to schoolchildren with microphone. A fixed prominent flex banner on a prominent space and conspicuous place of each school will be placed. The response was satisfactory from the concerned authorities and school children.

From day 11 (14.09.07 to 15.09.07) feedback taken from 5 schools. The Impact assessment is very satisfactory from school children and committee members. The school authority and teachers called the parents and motivated about non-using plastic and also made the local people near the school for non-using plastic carry bags. They will be painting outside school wall about non-use of plastic carry bags. All the schools have banned plastic on the school premises.

KOLKATA (Urban T.I.P.)

The TIP program is running very smoothly. At present we are operating 1st dose TIP program in 1 area, once a week (Saturday) at J. K. Ghosh Area (Ward No.3).

Statistics is given below:

During this year total no of families registered : 926
 Total Population Covered : 4660
 Total Adult population : 2735
 Total child population : 1925

Treatment consisted of:

ADULTS:

Pts Enrolled	No. of pts treated	Lice	Scabies	Other treatment
273	271	456	191	160

CHILD:

Pts Enrolled	No. of pts treated	Vit-A (Prophylaxis)	De-worming	Scabies	Lice	Other treatment	Ref to Clinic	Treatment	Investigation	Immunization
1636	1632	1180	1373	178	492	542	34	22	2	28

Similarly we are doing this follow-up dose (2nd to 5th Dose) in 5 areas.

The Street Medicine Programme

During this year the Street Medicine program was set up to cover 10 areas. So far the areas it has reached included - 14 No Rajabazar Canal West, Moulali Square, Jora Girza, Nonapukur Tram Depot, Mullick Bazar, Wellington, Hedua Park, Raja Subodh Mullick Square, Lenin Sarani and at present the Street Medicine Programme is continuing at Stand Road area.

In this year we have done the following:

- Area Surveys and Family Registration where poorest people reside on the street.
- CR provided free Holistic medical and social support for all adults and child pts. Much of the treatment consists of basic minor treatment given from SM Programme for children (1 to 12 yrs) such as, Deworming, anti lice, Vitamin A (prophylaxis) and scabies.
- Appropriate pts (adult and child) referred to CR clinic if follow-up care is required.

- Follow-up visits & default visits
- Street children education. We try to do improve their health awareness on basic hygiene and prevention of diseases and to promote their health seeking behavior and educated them in health issues
- Provide Benefits.

Health Education

The people are getting two or three times health education. While OR Staff visits slums for family registration they also provide health education with IEC materials to families. On the Street Medicine days, before the people see the doctor in the ambulance, they get health education. Topics like deworming, vitamin A, anti-lice, leprosy, tuberculosis, HIV/AIDS, hygiene, nutrition and immunization are all brought up. We are giving special priority on Immunization, the vaccination status of the children is also checked. If needed, the children are referred to CR's Sealdah Clinic for Immunization. Also special attention is given to pregnancy and the importance of antenatal and postnatal care. Pregnant women are referred to our CR Talapark Clinic.

Follow-up Doses

During the period of September 2006 to October 2007 many street children (below 12 yrs) have taken follow-up doses (2nd to 5th dose) of vit-A Prophylaxis and deworming. They had already taken 1st dose Vit-A and deworming from Street Medicine Programme. Once a week we are doing follow-up visits for those patients who had been referred to Hospital or clinic from The Street Medicine Programme.

Default visits

Some of the Street Medicine Patients (adult and child) are getting treatment from CR Clinic. Sometimes they do not attend clinic and stop their medicine without advice of doctor. In this case the Outreach staff visits these families and motivates them to attend to CR clinic.

Benefits Provided for SM Pts.

Patients from street medicine who are referred to CR clinic for treatment gets benefits like Traveling Allowances, Foods, Vests, Lungie, shoes, plastic sheeting, etc. As per Management Committee discussion 250 blankets and plastic sheets were distributed to Street Medicine families during the period from 23.12.06 to 08.01.07 for 250 families residing on the Canal, Pich Gudam, Barafkal, Canal West, R.G. Kar Canal and Bugbazar canal side. Before distributing the blankets OR staff visited the slums and gave one CR referral slip with his signature and informed the families where to collect blankets. Families attended relevant clinics along with the CR (Street Medicine) referral slip. As per record of CR Clinics, 56 families who are residing on the Bagbazar received blankets from Belgachia clinic on 08.11.07. 44 families from R.G.Kar Canal have received Blankets from Talapark Clinic on 27.12.06 and 150 families from Pich Gudam, Barafkal and Ultadanga Canal received blankets from Sealdah Clinic on 28.12.06 and 03.01.07.

Education

Similarly treatment for children we are emphasizing their education side. As per survey we came to know that majority of Street children have had no schooling. Those that have been in school had sporadic attendance because children 12 yrs or above worked in a similar occupation as that of their parents. Those below age were left alone as their parents went out for work. Therefore, last year we have admitted 20 Street Children into Calcutta Rescue School and we have collected names of children approx 400 who are interested to get admission in school.

Result:

As per statistics within the population the total number of families in the area 653 in total out of which 541 families attended the Street Medicine Programme which is 82.8%, who believed in our programme and attended the programme.

Out of the 3157 population those attended 540 adults (17%) and 1280 children (40.5%) a total of 1820 (57.6%) were enrolled onto the Street Medicine Programme.

Out of the 1601 adult population only 540 were enrolled. Out of the 540 adults enrolled 48 (8.8%) required no form of treatment. 492 (91%) received some form of treatment.

ADULTS:**Treatment consisted of:**

Anti-lice= 841

Scabies= 184

Other medication = 253

139 of enrolled adults were referred to Calcutta Rescue.

Further treatment = 129

Investigation = 119

Benefits= 139

110 of enrolled adults were referred to Hospital for:

Further Medication = 1

Investigation = 94

Specialist Opinion = 15

CHILDREN:

Out of the 1556 children population only 1280 were enrolled. 5 children required no form of treatment. Treatment was received by 1275.

Treatment consisted of:

Vit-A (Prophylaxis) = 1019

Deworming= 1103

Scabies= 172
 Lice= 481
 Other treatment = 449

Out of 1280 enrolled children's 800 children were referred to CR Clinics for:

Treatment= 271
 Benefits= 800
 Investigation= 21
 Immunization= 772

43 of enrolled children were referred to Hospital for:

Further Medication = 1
 Investigation = 39
 Specialist Opinion = 3

Impact Assessment of Street Medicine immunization Program:

During the year from 1st April-07 to 31st March-08	Total
No of children ref. to CR clinic for Immunization	772
No of children attend CR clinic for Immunization	651

Out of 800 referred children 772 children attended CR Clinic for their vaccination, and as per CR clinic Statistics and out of which majority percentage of the children 651 (84.3%) attend CR clinic for completion of their vaccination. 121 children did not attend CR clinic for Immunization. Follow-up was done for those children who did not attend to CR Clinic for their vaccination. A few of the families have changed their addresses and the rest of them are not interested. Some of them will attend as soon as possible.

The Street Medicine Program has served to act as an initial port of call for those that lead the most disadvantaged of lives within the Calcutta Population. 33.7% of the adults and 82.2% of the children who were enrolled required some treatment from the service. Through the initial assessment process many of these patients were referred for further much-needed care that would otherwise have gone undiagnosed and left untreated. Others were referred for preventative medicine, such as immunizations, a treatment that should be essential within such a disadvantaged group.

It is evident from the statistic that the Street Medicine Programme is a much needed and effective programme for those who are the most disadvantaged in this society and such a project has an important role in Calcutta Rescue as well as in our social life.

Debuprasad Chakraborty
Supervisor Outreach / TIP

13. Rural DOTS /TIP

The Rural DOTS program aims to identify and provide supportive care for TB Patients in Canning Tamulda-GP-1 in order to create awareness in the community.

As planned 3 days a week one doctor and 1 staff (Project Supervisor) from Kolkata are going to Canning Tamulda for this programme.

Work was carried out well during the monsoon season. Our Dots providers (health workers) have fulfilled their targeted number (as per RNTCP Guideline) of TB patients, which were set at the beginning of the year. The work carried out by the Rural DOTS providers included House visits, (for finding new chest symptomatic TB patients), follow-up visits and filling up the screening sheet for new chest symptomatic patients. They often visit Hospital for collecting Sputum Report and ATD drugs for New TB Patients, etc. They also collect Sputum from TB patients from their houses. Staff are also engaged in area survey for TIP programme which is running smoothly. As well as with TIP programme for which the 2nd to 5th doses of Vit-A and Albendazole is regularly conducted and is functioning well.

Concurrently we are conducting TIP programme in our sub-center with the registered patients. Staff are creating awareness amongst the people on symptoms of New Chest Symptomatic and the need for treatment. Many meetings with local people and school children were organized where awareness on TB, Vit-A (prophylaxis), Deworming, Anti-Scabies, Anti-Lice, Hygiene and Immunization were given. People were convinced and many of them turned up to the Dr. for screening and from TIP programme New Chest Symptomatic Patients screening has also been done.

As planned, the Rural DOTS providers has conducted several awareness meetings with IEC materials (leaflets, posters, Skit program. etc). The Awareness programme is also being conducted as per our guidelines by autos with microphones in rural DOTS area along with 110 Group meetings. School Health awareness programme is on-going. We have arranged 55 Special mothers meetings at all the sub-centres and Mothers meetings are held in all sub-centres once a week.

At the same time the Rural TIP programme is continuing. The majority of the patients are coming with Scabies, hence, we have put emphasis on the subject of Scabies. Health Education (H/Ed) in all the Rural DOTS Sub Center is running excellent. Flash cards and folders are being used during H/Ed sessions, which are being shown to patients, and are very helpful for them to understand. Our Health Education Officer is visiting Canning as per her schedule. She takes feedback (H/E) from the patients and also joins the group meetings, mothers meetings along with other meetings. Every Wednesday a session is held with Rural DOTS Providers. At times the Health Education Officer is also present. A short refresher course class was taken up with the TIP / DOTS staff at Tamulda.

Meetings with parents of school children were also conducted. In some Schools about 3500 students attended these meetings. Leaflets in local language have been distributed in the community through Clubs, Schools, Mosques (after Jummana Namaz), in crowded areas where people gather, posters are pasted all over the wall. Local old TB patients of Rural DOTS providers interpret. Announcements have also been done through microphone from Mosques. Health awareness campaigns are also being done by auto-rickshaws for creating an awareness about the diseases in Tamuldah GP-1 to inform the residents about availability of free treatment and supportative care services from 1) Patikhali South, 2) Patikhali North, 3)Bibirabad, 4) Kaparpuri, 5) Bhojhati , 6) Moukhali South and 7) Moukhali North all are sub-centres.

WE created Health awareness by Skit programme made by CR staff. Skit programme was performed nine times in remote villages where many people gathered. The impact of our Skit programme in the community has reflected by the increase in the number of detected TB Patients.

The Rural DOTS providers consists of two staff who are engaged in providing ATD drugs, Health Education to all patients attending the sub-centres regularly. Staff is adequately trained in providing this care to the patients. Rural DOTS vehicle or DOTS providers by Cycle Rickshaw are being sent to some areas to collect patients with bad condition or those are unable to travel from their house to the sub centre to get their ATD (IP) Medicine. This has made it easier for them to attend the sub centre and helped to minimize defaults.

Health education with IEC resources is continuing as per schedule, including leaflets distribution, posters, a banner pasted in the remote corner at Taldhi. Posters are also displayed at Masjid where lots of Muslim people come of offer prayers. There is also an announcement through microphone done from the Masjid regarding New Chest Symptomatic symptoms. Members of the Management Committee Mr. Jakir Hussain and Dr. Gazi Mohibur Rahaman visited Rural DOTS programme and we gathered some valuable opinion from them.

Providing Patients Benefit

Apart from treatment, Rural DOTS patients get food, traveling allowance etc. In winter season we provided 55 Blankets to Rural DOTS patients.

Evaluation of Calcutta Rescue Rural DOTS Program at Canning Tamulda GP-1

Screened by DOTS worker and referred to Sub-Center.	179
No. Of pts. amongst New Chest Symptomatic seen by Doctor who were referred to hospital for sputum test.	113
Case Detection:	66
Total of Patients	66
Total no. of Population covered	29,000
Case detection rate = 227 / 1,00,000 Population	227
(As per RNTCP Guideline = 203 / 1,00,000 population.)	203

Patient's status during this period:

Cured	38
Completed	24
Defaulted	Nil
Died	3
Failure	1
Transfer	Nil

During this year 179 new chest Symptomatic patients attended our Sub-Center by DOTS provider and after screening done by Doctor it was found that out of 179, 113 New Chest Symptomatic patients referred to local hospital for Diagnosis. Out of which 66 TB patients has been diagnosed, (42 TB patients are Sputum Positive and rest of them i.e. 42 are Sputum Negative.)

At present 27 TB patients are receiving MDT from Rural DOTS program. Consequently it is evident from the statistics and Evaluation report that the Rural DOTS Programme is a much needed and effective programme for those who are the most disadvantaged in this Rural Society and such a project has a significant role in Calcutta Rescue as well as in our social life.

Debuprasad Chakraborty
Supervisor Rural DOTS/TIP

14. Health Education

Health education was mainly focused on the training and health awareness programme during past year. Health education continues to run well in all clinics and schools.

The training programme was focused on Refresher classes for health educators. They are conducted individually as per need or in group. Health educators are taught as individual needs.

IEC (Information Education Communication)

IEC materials leaflets, posters were brought from Swasthys Bhawan (Government Health Department) and were distributed to MCH (Mother and Child Health) programme and health education section of Talapark Clinic. Remaining IEC materials were distributed in health education section at Belgachia Clinic, Sealdah Clinic, Chitpur Clinic and RCH (Reproductive Child Health) programme.

CDs are showed in Belgachia Clinic on the topics of HIV/AIDS, family planning etc.

Other programme

Evaluation of patients regarding health education has been done for Talapark Clinic, Belgachia Clinic, Sealdah Clinic and Chitpur Clinic.

KAP(Knowledge Attitude Practice) study of MCH, TB patients has been done at Talapark Clinic and Belgachia Clinic.

Awareness programme

Skit programme was performed at different areas of Rural DOTs.

Awareness programme on Diabetes and thalassaemia were conducted by Okhard and Cipla at Talapark Clinic.

Aparna Dey
Health Education Officer

15. Disability Project

During the last year the Disability Team has seen a huge increase in its number of people attending the clinics.

We are based in three of the clinics per week: Talapark, Belgachia and Sealdah, although throughout the year we have visited many of the other areas of Calcutta Rescue to visit various people with disabilities that have been referred to us.

Here is a table to show the marked increase in the three main areas:

Name of Clinic	Numbers as of April '07	Numbers as of March '08
Talapark	27	82
Belgachia	9	26
Sealdah	8	22

As you can see from the above figures there are now in total approx 130 people with the figure steadily rising each week.

Of this figure approximately 68 of these people are children of school age, which has presented us with a huge challenge to find appropriate schools to meet their educational needs. We have had some great successes and have been able to place children in special educational schools. We have also been successful in securing three young people into a residential school which also offers vocational training / skills to enable them to find employment.

Another group which is steadily on the rise is children under five. Particularly in Talapark with the MCH unit being there, we have had lots of referrals of babies and small children. This has meant that they get earlier support with their disability, and parents are getting more information about their child's disability and how to support them.

As this project is still in its infancy there are still many areas to improve upon, but slowly we are moving forward and have already had some positive outcomes:

Record Keeping:

- Implementation of attendance records in each of the clinics
- Keeping computer records of patients assessments as well as paper records
- Making and implementing of seizure charts
- Compiling a directory of services within Kolkata
- Keeping review and follow up action planning records

Working within Calcutta Rescue Schools

- Working with the two schools assessing children's learning needs
- Training session with the teachers on how to identify learning disabilities and then where to refer the children

- Looking at plans for the future, as how to support the schools to teach the children with special needs
- Joint working and planning with the Educational Staff

Chitpur Clinic

- Referrals were made and we attended to give advice and guidance for disability benefit claims and how to access disability cards.

RCH Project

- Referrals were followed up from the RCH project, a joint visit with the disability team and the physio have been made to the Khalighat area on several occasions. Some of the patients that were seen have now attended Sealdah Clinic.

IICP Conference

- Attended an international conference on disability issues that was put on by the Indian Institute of Cerebral Palsy. This was a great opportunity for Calcutta Rescue to network with other disability agencies and services. Hence we have made some very valuable working relationships because of this.

Special Educational Needs Schools

- We have been able to place some of our children into schools for children with special educational needs which has been a great achievement

Website

- We have now been able to start to put some of our young people with disabilities onto the website for sponsorships, with more to follow.

Wheelchairs

- Two of our patients have benefited from having wheelchairs supplied by Calcutta Rescue

Home Visits

- Home visits have been carried out not only to assess the person at home, but also to talk more informally about their child/young person with disabilities and give some guidance/information and counseling to the parent/carer

Carer's

- One of our young people has benefited greatly from having a carer attend to him each morning, she carries out his exercise regime and then supports him to school. Due to the success of this scheme it is hoped that we can expand this in the future to other children.

For the year ahead there is still a lot more that can be done, in the main it is important to carry on supporting in anyway that we can the people that we have already assessed.

Some new initiatives are being drafted which hopefully will make the services that the children and young people receive more effective and supportive to their needs.

For example:

- A proposal for the setting up of an “Early Intervention Programme”
At present when we have small children and babies referred to us we assess their needs and then advise them to attend the “Early Intervention Programme” provided by the NIMH.
Due to transport difficulties, finance, time etc a lot of the children and parents don’t attend regularly. For young children/babies it is essential to have this input at an early age to give them the best start in life.
We at Calcutta Rescue have the resources to make this happen ourselves. With some organisation and discussion, plus some input of an Occupational Therapist we can create our own Early Intervention Programme and then follow up our own patient’s progress.
- Proposal for a Disability Camp, to reach out to the rural communities
Proposal for transport for people with special needs. This could be used for taking children to and from schools, visiting people in rural areas and for use when transporting patients who are unable to use public transport because of their disability

Karen Gleave
Learning disability nurse

and Biswajit Roy
Disability health worker

16. Schools

In the last year we had 90 Non-formal students. This year we have 81 Non-formal students. We would take 66 new non-formal students in this current year. We had 136 formal students last year. This year we were able to send 51 new students in the formal schools. Last year we had 10 students in the Bisnupur School. This year we admitted 5 students at Bisnupur School. Among the 10 students at Bisnupur last year one student (Ananda Sarkar) got admitted in St. Paul's School in Class XI Science Stream. This year 7 students have appeared in Secondary Examination (Madhyamik) results are due in May/June'08. In March 2008, 3 students have appeared for Higher Secondary Examination whose results are due for June'08. This year 73 non-formal students appeared for their Annual Examination out of which 58 students were successful. In this year a total of 122 formal students appeared in the formal school examination of which 117 were successful.

Our 5 girl students in formal school took admission at Victoria Institution (Boarding School) this year. Of all the Formal school's in Kolkata, the Victoria Institution is rated highly. This is the first time we have been able to send female students, a significant achievement indeed.

Our Nutritional items have been improved for the betterment of our students. Our students are also successful in drawing and sports as they received prizes in formal school sports and Interlink Drawing Competition.

Baisakhi Maity
Asst. Project Officer
School - I

School - III:

In the year 2007-08 the number of children registered in Talapark School was 162 out of which 97 children were formal students and 65 students (55 general students +10 crèche Students) comprised of Non- formal children attending Talapark School.

Education Programme:

We have found that our children in formal school are doing quite well as many of them have been promoted to higher Classes and they were encouraged by this. One of our students, Prosenjit Das who passed the Secondary Examination with higher marks have been admitted in Higher Secondary School while another student, Pintu Das, appeared for B.Com 2nd year Final Examination.

From September, Niklas, our Educational Volunteer, participated in our educational

programme. He has done review for formal schools with the result that next year we will be sending our children to selective formal schools.

During the year 2007-08 we have sent 39 students to formal school. Now we have identified more children who may be suitable for the formal school Programme for the year 2008-09. A new system will start from 2008-09 when a change from two shifts to one shift will be made. Coaching system for formal students will start.

The final examination of Non-formal students will be held during 1st week of April 2008 and the results to be declared by 18th April 2008. Next session will start from 21st April.

Vocational Training Programme:

Our four Ex-students completed Motor Driving course. Two female ex-students are undergoing sewing training.

Health Education Programme:

Health education classes are conducted once in a week. The aim of Health education is to teach the children the basis of health and personal hygiene along with nutrition. To comply with this programme, bath soap is given every fortnight along with washing powder to wash their clothes every weekend.

Nutrition:

We continue to provide nutritious meals for our students as determined by the CR medical staff. The nutrition expense of each child at Talapark School has not exceeded Rs. 7/- per child per day. We have introduced various measures to minimize waste along. We are purchasing seasonal vegetable and fruits that are cheaper and we are purchasing only quantities needed. Children who are physically weak are receiving a special diet daily such as fruits, egg and other additional food.

Recreation programme:

In October we celebrated the Puja religious festival where all children wore new cloths and consumed good food. Along with food they were given gift packet consisting of sweet which is traditionally eaten during the puja festival. The children were extremely happy with their gifts especially the colorful sweater. Talapark school children have been taking full advantage of the cooler weather by visiting local parks once in a week for recreation period. In December 2007 Talapark school children went to Makarsapur and Snake Park, which is a beautiful place, and the children enjoyed a lot. The children enjoyed playing football, skipping and other activities in the open air in the month of January 2008 when Talapark School conducted a sports day at Talapark play ground. All participants got prizes.

Parents Meeting:

Every month a guardian and parent meeting is conducted. Through this programme we are able to motivate them about their duties and responsibilities towards their

children. This will increase the percentage of children in daily attendance, decrease medicine defaulter cases and the number of drop-out cases.

Staff Meeting:

Meetings with all Talapark School teachers are being conducted once a month to sort out any problems which may hinder the smooth functioning of the school.

School Extension Programme:

The school extension services are being used to identify situations where a child may have special needs and in conjunction with the parents and guardians. We are trying to provide specific solutions which might include boarding school..

Art:

Our drawing classes have shown improvement. All students are enjoying the class.

Creche:

Non-Formal:

We have 10 children in the crèche. 2 from Jyotinagar, 3 from Talapark, 3 from Dilherjung and 2 from Belgachia. The children coming from Jyotinagar and Talapark have lack of stability. We observed some of the children are improving. We hope that we shall be able to send these children to the formal school in the coming session.

Formal :

17 formal students are going to school. 3 of them are in Class-II, 5 are in Class - I. 5 are in U.K.G. and 4 of them in L.K.G. Their 1st terminal examination results were declared where students have done very well in their examination. Final exams results will be declared soon.

Computer School:

During the 1st week of July, 5 computers were broken down due to heavy and continuous rainfall for one full week and as a result we have changed our school computer room. We are sending the students to Rita Cyber Café for practical classes once in a week and from about 1 July 2008 we will start the computer school.

In the year 2007-08 we had sent 16 students in two batches to IBM. They are performing well.

This year was very successful as we achieved a great deal for the benefit of our children. We hope that 2008 – 09 will be better too.

Bani Burman
Asst. Project Officer
School -III

17. School Medical Room

CASES RECEIVED:

1. Two cases diagnosed cases of Neurocysticercosis and are receiving antiepileptic drugs.
2. One diagnosed case of Pulmonary Tuberculosis, admitted at Calcutta Medical College and Hospital for treatment. Now he is in a TB sanatorium, receiving anti-tubercular drugs
3. Five students receive Antiepileptic drugs regularly.
4. One student is receiving antiasthmatic drugs.
5. One student is receiving injection PLA 12 every 3 weeks. He was admitted at R.G.Kar Hospital and treated for Falciparum malaria in month of October 2007
6. One student is receiving is receiving injection PLA 2 every 3 weeks. He was admitted at R.G.Kar Hospital and treated for Falciparum malaria in month of October 2007.
7. One student is being treated for congestive osteotomy done for both knees at I.C.H
8. Two students were admitted in I.D. Hospital for treatment of A.G.E with severe dehydration
9. Number of viral conjunctivitis during the month of July to September 2007
10. Dog bite cases - 4. All received injection Rabipur
11. One case of Monkey bite
12. Infection
 - (i) Chicken Pox- 5 from January 2008 to March 2008.
 - (ii) Mumps – 02
 - (iii) Typhoid – 02
 - (iv) Malaria cases *
11. Health awarness programme was arranged at Bishnupau on 19th November 2008
12. Special diets are given to 16 children

13. Increased Incidence of Scabies during July to September 2007

14. Spectacles given to 10 children for myopia.

*Malaria Cases

Month	Cases	P. Falciparum	P. Vivax
April'07	1	Nil	01
May'07	4	Nil	04
June'07	1	Nil	02
August'07	1	Nil	01
Sept'07	4	Nil	04
Oct'07	1	Nil	02
Nov'07	6	01	05
Dec'07	2	02	Nil
Jan'08	1	01	Nil
March'08	1	Nil	01

Dr. Snigdha Banerjee
M.O. Schools

18. Library Project

Library is a very essential part in every educational institution. We have a small library in our school through which our formal students enhance their knowledge on different subjects and areas beyond their academic syllabus. The students have been given the opportunity to listen to books read by read Ms. Bijoya De our school teacher cum librarian. Schools Project Officer is monitoring the project regularly. At present total number of books are 350 in our library. We should try to modernize our library infrastructure from new session for increasing the interest of reading more books by students.

Baisakhi Maity
Asst. Project Officer School

19. Physiotherapy

During this year the physiotherapists have been in all the clinics of Calcutta Rescue: Belgachia, Talapark, Sealdah, Chitpur and No10 School.

From June 07 to Dec 07 I have also been working with Lynn-Bar-On a volunteer physiotherapist. Both of us have worked together successfully in all the clinics in the following manner:

1. Record Keeping

In the physiotherapy department of Calcutta Rescue we have a specific format for our physio cards.eg:

- Physiotherapy Neurological assessment cards
- Physiotherapy Orthopaedic assessment cards
- Physiotherapy Respiratory assessment cards
- Physiotherapy RA assessment format

We are keeping monthly patient's statistics for all clinics regularly

During the year Apr 07 to Mar 08 the total no. of patients are as follows:
Belgachia, Talapark, Chitpur, Sealdah and No 10 school = 2,513 patients

2. Special Physio cards

New physio cards have been introduced for the different categories of patients, and session wise treatment is being given for the differing categories.

3. Defaulter tracing

If any of the physio patients fail to attend the follow up clinic regularly, then they are treated as defaulters and the necessary measures as per protocol are being taken for them. Gradually the number of defaulters is decreasing.

4. Infrastructure

The infrastructure is different in each clinic. In Talapark for example the room has been enlarged and a physio bed that can also be propped up has been installed, also there are hand pulleys available to use. Unfortunately not all the clinics have the space or environment to accommodate such equipment.

5. Physio Guidelines

New physio guidelines have been made to give all the Calcutta Rescue staff a better idea of the service we provide.

6. Special Clinics

Some special group exercise classes are happening in all the clinics eg: Breathing Exercise class, Ante Natal class, Leprosy class and Rheumatoid Arthritis class.

7. Ready stock of equipment

We have some ready stock of orthosis and other appliances like wheelchair, walkers, axillary crutch and elbow crutch, kneecaps etc in each of our clinics.

8. Shoe project

Calcutta Rescue now has an efficient shoe project working. We are now able to give specialist footwear to all the leprosy patients and modified shoes for patients with foot drop, pes planus, CTEV and leg length discrepancy.

9. House visits

The physio team is now working closely with the Disability Team and with more children and adults being identified and then being referred for physiotherapy. House visits are carried out jointly by Nupur, Karen and Biswajit. Thus giving a more holistic approach to the persons care.

Future Plans :

For the coming year the physio department is focused on some new challenges:

- Special Paediatric Clinic
- Introducing Swiss ball for better exercise programs
- Special "Guthridge Smith" Suspension Frame, and other equipment like wall bars, and hand exerciser
- In Chitpur patients are being detected and motivated for re-constructive surgery and then physio rehabilitation post operative
- One staff in Chitpur is being given training as to how to give Physio instruction to the patients

The Physiotherapy Department runs efficiently due to the above reasons the future plans will further increase its effectiveness with the patients.

Nupur Ghosh
Physiotherapist

20. Reproductive Child Health (RCH) Project

BACKGROUND:

India's National Rural Health Mission was launched in April 2005 with a strong commitment to reduce maternal and infant mortality and provide universal access to public health service. The second phase of India Reproductive and Child Health Program (RCH-II) is an integral and important component of this mission. The World Bank prepared a US\$360 million credit (Reproductive and Child Health II Project) building in the lessons of RCH- I to support this effort.

The Calcutta Rescue and RCH-II

The proposal of the Calcutta Rescue has been approved by the MNGO. BAM INDIA vide its letter no. Memo no – H/SFWB/157 dated 7th June 2006 and the project activities started from 3rd July 06 with the attending of an orientation training programme of 25 staff members of field NGO's along with their Chief Functionaries were being trained on Baseline survey in a workshop organized by CINI at CINI Resource Centre Pailan.

Activities conducted during this period are as follows:

PROJECT PERSONNELS:

Soon after receiving the letter from MNGO, Calcutta Rescue has taken necessary action for appointing the project functionaries through Advertisement comprising of 1 Project Coordinator; 4 Community Health Workers; a part-time accountant and an Auxiliary Nurse Midwife.

AREA OF OPERATION:

On the basis of a survey conducted in Ward No. 82 in 2007 the slum operation of this project is stated below:

The population is mainly of poor socio economic status and their literacy is very poor. The occupation of the women group is domestic help and their earnings are spent on their daily lives. Due to lack of awareness, the inhabitants always arrange their child marriage earlier before their maturity. Early marriage results in early pregnancy, which leads to a large family in every household. survey reveals that the status of girl and women are the worst in the society since the mother is having low nutrition level they are going to give the birth of children with malnutrition. The poor inhabitant especially children and women are not being covered by every sort of immunization due to this they are having low resistant power and cannot avoid the communicable germ.

The population of the area is 32000 (approx) male and female ratio is 1000:956
The KMC Health Facilitator is available through one Dispensary.

The following activities were undertaken:

1. WARD LEVEL SENSITIZATION PROGRAMME ON RCH II

about the MNGO – FNGO RCH II scheme of Govt. of India information shared with the relevant stakeholders. 57 participants were present in the occasion.

2. CAPACITY BUILDING/ TRAINING/ ORIENTATION:

2 days Training of Community Mobilization for Mother Group was organized. The Aims and Objectives of the 2 days training program was introduced and explained. RCH overview concept and necessity of RCH program. 41 women from different slum areas under Ward No. 82 took part in the training program.

3. Local Influential People Meeting

Besides mobilizing the people on the project, functionaries of the Calcutta Rescue motivated local people to take benefits available in the respective areas on the dates of Immunization. Furthermore, measures were taken to bring individuals from remote areas to the centre for Immunization and other purpose. It's a routine work of the project functionaries.

2 Days Peer Educator Training for Addressing the Adolescent Problems: on life style Education was organized 55 participants took part in the 2 days training program.

MONTHLY MOTHER GROUP MEETING: 67 meetings held

ADOLESCENT GROUP MEETING: 14 meetings held

CONDUCTING IEC CAMPAINING THROUGH MIKING AND WALL WRITING

Placed 5 Condom Depot Box at 5 places. The local people collect condom from the Depot Box when needed. It is helping to reduce the child birth rate in the community.

BABY SHOW

BABY SHOW was arranged on 29th Feb.'08 at AGRANI CLUB 14 Peary Mohon Ry Road Kolkata – 27. In this show 300 babies participated which was the first RCH baby show in Ward No. 82. The programme was focused on health education for the children. The show was represented by Mr. Firhad Hakim Councillor Ward No. 82, Officer in-charge of Chetla P.S, Dr. G.M Rahaman, Dr. A. Ghosh, Dr. Rupali Ganguli, Mr. Jakir Hussain from Calcutta Rescue. First the children were asked about age and thereafter they were weighed and height were examined. After the health check-up by the Doctor result was beyond expectation. All babies were given tiffin box and tiffin packet.

Analytical Report till Mar'08:

Total Population Covered = 10224
 No of Child Completed 1 Year = 97
 No of Mother at Delivery = 119
 No of Eligible Couples (E.C) = 2395
 Pregnant Women Registered = 264
 No of Women Conceived at <18 years = 64

Subject	Base line Survey (BLS)	Target	Target population	Service Delivery	% Achieved
Full ANC	6.06%	119	119	118	99%
Immunization within 6month	-	-	124	124	100%
Full Immunization	69.71%	80%	97	97	100%
E.C Protection a. Temporary b. Permanent c. Overall	82.86%	90%	2131	1240	59%
Institutional Delivery	92.96%	Status quo	119	117	98%
Girls Conceived at < 18 years	41.60%	30%	32	2	5.13%

Jakir Hossain

S.Chowdhury

21. Handicraft Project

About the project

The handicrafts project started in 1990 with CR clinic patients making clothes for other patients. These activities became more formalised and moved to No 10. Since 2004, the project has worked from a small project office in north Calcutta, thanks to Pamela's efforts. It directly employs 11 people, and provides stipends for over 30 trainees. All trainees are either former students of CR's No 10 school, or are former CR clinic patients. All have some kind of limitation, be it having no fingers or former TB patients with consequent reduction of strength and general health, former leprosy patients, amputees and other conditions. The project has official Fair Trade status, which it works hard to maintain. It organises its own exports. It has a small but growing roster of customers in several countries around the world. We aim, as far as practical, to be as flexible as possible in fulfilling orders, for example by adjusting designs, producing small or large quantities of items, or fulfilling particular requirements.

Overview

The year has been as challenging as it has been rewarding. Orders came consistently through the year. All orders were completed within the agreed timeframe and without extra payments or the necessity of unscheduled additional overtime. Our operations became more cost effective and we developed more customers over the last year.

Sales

Total sales for the year were Rs10,58,143.54.

Table 1: Total Sales, April 2007 – March 2008

Tax Invoice	Promotional Items	Benefit items transferred to other projects and pharmacy	TOTAL
2,99,791.34	6,12,324.25	1,46,027.95	10,58,143.54

Expenses

The project's expenses have been reduced. This is attributable largely to lower costs of materials and a reduction in excessive payments to trainees and general operating costs. The income from the Benefit items transferred to CR's schools and clinics includes the cost of the cloth and the labour charges, but excludes the overheads or profits. The Handicrafts Project has paid, from its profit, travel, tiffin and ex-gratia payments for the trainees that make these clothes for CR. We charge 4% management cost to the handicraft items sold for profit. In last year's budget (2007/08), the management charges were calculated at 9.48% of the total handicrafts project budget.

Table 2: Expenses of the Handicrafts Project, 2004 - 2008*

Year	Expenses (Rs)
2004 - 2005	13,35,948.06
2005 - 2006	14,90,444.80
2006 - 2007	10,41,888.91
2007 - 2008	12,09,680.00

*Information provided by the Finance Manager

Workshop on Improving Communication and Developing Capacity

This workshop took place in late 2007, facilitated by a Canadian trainer for all staff of the Handicrafts Project. This was much appreciated by all participants, who learned the benefits of improved communication within the workplace.

Philosophy and the Project

A visit from a teacher of Islamic philosopher was also highly appreciated by the predominantly Muslim staff. This included a Question & Answer session that continued for much longer than planned.

English Language Training

Weekly classes in English took place over six months. It is hoped that the staff's communication in English has improved. More classes are planned for the coming year.

Fairs

The project was represented at several fairs. The best was probably the Calcutta International School Workshop-cum-Fair. This offered new horizons for both CR staff and for the students of the host school. A greater contrast in social and economic backgrounds is hard to imagine, and our team returned in a highly positive frame of mind.

Training and Development

The sewing and art trainees went through a month of assessment of their existing skills and developing new skills. For example, Nokshikantha techniques were taught. Although this was successful on the whole, it emerged that that not all trainees were doing their own work; some were subcontracting their work. Disciplinary action was taken where appropriate. In the coming year, we will train a new batch of trainees, consisting largely of former students of No 10 and former clinic patients.

Health

The year threw up many challenges for the health and well-being of the trainees. Two new TB cases were diagnosed. One former TB patient had to re-start TB medication, and an art trainee was diagnosed with hepatitis and typhoid. CR is doing its best to manage their treatment. One former trainee died of multi drug resistant TB.

Improved Cloth Quality

Since the departure of the former supervisor of Canning and Tamuldah, the quality of cloth has improved. We are receiving cloth from the specified yarn and wastage has reduced from around 50% to less than 10%.

Table 3: Yarn Purchase, 2005 – 2008*

Year	Expenses (Rs)
2005 - 2006	4,11,705.00
2006 - 2007	1,30,200.00
2007 - 2008	96,510.00

*Information provided by the Finance Manager

Annual Staff Outing

The annual outing is scheduled for May 2008. Staff and trainees from Canning, Tamuldah, Art and Sewing will go to Digha for a weekend at the seaside. This outing will be possible thanks to generous donations from Jenny Hamilton, Anna Crowley, Sue Lee and Glen Kendall.

Acknowledgements

The Handicrafts Project wishes to place on record its sincere appreciation of the magnificent support from all buyers – support groups and individuals alike – without whom we would not have reached the sales figures that have been achieved. Special thanks go to Benoit Lange, Danielle Aird and Ganesha. Special thanks go also to all the volunteers who have done such a sterling job selling our products in the Fairlawn Hotel and elsewhere, particularly to Sue Lee who has been selling our handicrafts in the Fairlawn over the years; and to Karen for doing so much to sell products in Modern Lodge.

Plans for 2008/2009

The project will continue to maintain and improve the quality of our products in line with fair trade principles. We shall seek to develop new customers and will look at opportunities to have new training programmes with drop-out students from CR schools and ex-patients from CR's clinics. We hope also to ensure that the Handicrafts Project manages to break even.

**Handicraft Sales,
Expenses and Yarn Purchase**

Table 1: Total Sales, April 2007 – March 2008

Tax Invoice	Promotional Items	Benefit items transferred to other projects and pharmacy	TOTAL
2,99,791.34	6,12,324.25	1,46,027.95	10,58,143.54

We have received all the payments from the local sales. Not all payments from promotional items have been received, because the buyer uses these items for fundraising.

Table 2: Expenses of the Handicrafts Project, 2004 - 2008*

Year	Expenses (Rs)
2004 - 2005	13,35,948.06
2005 - 2006	14,90,444.80
2006 - 2007	10,41,888.91
2007 - 2008	12,09,680.00

*Information provided by the Finance Manager

Table 3: Yarn Purchase, 2005 – 2008*

Year	Expenses (Rs)
2005 - 2006	4,11,705.00
2006 - 2007	1,30,200.00
2007 - 2008	96,510.00

*Information provided by the Finance Manager

**Sudeshna Mitra Woodhatch
Project Officer – Handicrafts**

22. Weaving Project

During the year operations continued as usual. Production was as per requirements. We continued to utilize 14 trainees at the two sites. The procedure to procurement and dyeing of yarn was modified in an effort to improve consistency of colour and reduce wastage. The Project is undertaking a pilot project of weaving with silk from the Malda District.

During the year our production are as follows:

Canning Project:

Saree- 248 pcs. 1215 mts = 92.373 kgs
Lungi- 508pcs. 1168.40 mts = 89.752 kgs
Cloth (Handicraft) – 201.25 mts = 26.297 kgs
White Cloth – 24.16 mts = 4.325 kgs
Cora cloth – 128 mts = 15.290 kgs
Poplin – 102.77 mts = 9.479 kgs
Jute – 90.34 mts = 12.022 kgs.

Tamuldah Project:

Patient Cloth- 887mts = 120.020 kgs.
Handicraft Cloth 7.3.67 mts = 130.285 kgs.
Bandage 4" - 6730 pcs 4040 mts = 125.225 kgs.
Poplin – 498.09 mts. = 43.250 kgs.
Shawl (Ladies & Gents) 502 pcs 1146.95 mts = 237.225 kgs
Linen Cloth 49.69 mts = 2.850 kgs.
Silk 14 mts = .425 gms
Cora Cloth Thin 563.06 mts = 68.440 kgs
Cora Cloth Thick 133.35 mts = 21.250 kgs,

*Asif Ahmed
Loom Master*

23. Volunteer Issue

Ideally, I would like to provide you with a comprehensive overview of Volunteer activities for the previous year. Unfortunately, there wasn't a Clinical Volunteer Coordinator between April and October and the Tri-monthlies for that time are little more than a description of which Volunteers are in town and who has left or is coming.

For this reason, I ask you to forgive me for concentrating on the last 6 months.

Upon my arrival in Kolkata, Dr Bobby asked me to look into the way that the Medical Audit Committee (MAC) operates. Overall, MAC works well but I noticed that many of the protocols and policies weren't being audited. It appeared to me that Volunteers were in the ideal position to audit protocols, especially if the protocol is pertinent to their speciality. As a result all the clinical Volunteers are engaged with assessing the effectiveness of various protocols, policies or practices. Furthermore, most of the Volunteers are busy updating protocols relevant to their expertise.

The other initiative that I have introduced is more relevant to the Support Groups (SG's). With assistance from our Administrator, I have placed a proposal before the SG's responsible for recruiting. The proposal aims to give more structure to the way Volunteers are recruited and brings short-term (non-recruited) Volunteers in line with 'Recruited' Volunteers. The proposal also stresses the need for uniformity when recruiting volunteers, ensuring that references and a police check are performed. This proposal is the obvious (and necessary) next step in Calcutta Rescue's move away from short-term volunteers, medical & nursing students, etc.

Spring is upon us and many Volunteers have referred to the dearth of Volunteers during Summer. I suspect that this is an annual phenomena and might have something to do with the harsh Summer climate! As always, though, we trust our friends in the SG's to find some companions for those Volunteers foolish enough to brave the Kolkata Summer.

Jason Mulrooney
Clinical Volunteer Coordinator

24. List of Appendices

Tri-monthly Report

Volunteer planner

Statistical Information

