



# **Calcutta Kids**

## **Annual Report**

### **2021**



**CALCUTTA  
KIDS**

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Healthy mothers. Healthy children. Families that thrive.

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# Letter from the Directors

Dear friends of Calcutta Kids,

In the first half of 2021, the Covid-19 Delta variant engulfed India and caused a level of turmoil that no one saw coming. Cremation grounds couldn't keep up with the influx of dead bodies, hospitals had patients sharing beds and people lying outside waiting for care, and a country-wide oxygen shortage resulted in many more horrible deaths. Several lockdowns across India — including in Fakir Bagan, the community we serve — meant people could only sparingly leave their homes; they often needed special passes from the local police to go to the hospital or doctor.

We at Calcutta Kids had no choice but to throw our playbook out the window. Instead, we asked ourselves: What does the Fakir Bagan community need most right now, and what can we do to meet that need?

They needed to survive. So we provided food and, when the time came, coordinated vaccinations for our staff and beneficiaries. Despite the pandemic chaos, they still needed to have healthy pregnancies, safe deliveries, and guidance to support their children's well-being and growth. So we began providing virtual medical care and counseling, and coordinated in-person care when necessary. They needed emotional support. So our community health workers served as a lifeline.

Calcutta Kids showed that our entire team can pivot when faced with even the most daunting challenges and uncertainty. Our staff on the ground gracefully and fearlessly took on new leadership responsibilities, filling the gap left by our inability to travel to India these past two years. We have witnessed first-hand their incredible capacity to adapt to meet beneficiaries' needs and maintain employee safety. We feel immense confidence in their integrity and abilities. (That said, we look forward to planning a trip to India soon!)

Finally, while Covid has made it more difficult for people to connect, it's also given us an opportunity to think anew about the ways in which we *can* connect — including with you, our supporters. You told us that you craved more information and updates on Calcutta Kids; we heard you. This past year, we invested new energy into our communications with you and we're committed to carrying that forward by distributing regular updates, including annual reports like this one.

As always, thank you for being a partner in this important work.

Sincerely,

Two handwritten signatures in blue ink. The first signature is 'Ambat' and the second is 'Noah Levinson'.

Evangeline Ambat  
Noah Levinson

# Key Indicators

Our Maternal Health Program and Child Health Program (also known as the Maternal and Young Child Health Initiative or MYCHI) provides women and children with essential health and counseling services.

These services are critical to:

- Reduce maternal morbidity and mortality
- Empower women with knowledge and skills to help themselves and their families thrive
- Reduce child morbidity and mortality
- Improve birth weights
- Ensure normal growth among children from birth to 3 years old (the window when 80% of brain development occurs)



A Calcutta Kids mother and child at the community center pre-pandemic.

Over the last year, we have worked hard in the midst of the pandemic to continue providing as many of these essential services as possible. We are proud that, ultimately, we were able to deliver nearly all core maternal and child health services either virtually or in person (with strict Covid safety protocols). And for our beneficiaries in the adolescent girls program, we held virtual individual counseling sessions and facilitated virtual small group discussions on topics they care about.

Still, government lockdowns and high Covid infection rates significantly limited our reach. We were able to provide in-person services during only a few months of the year, and we served fewer beneficiaries per day than in years past. For more details on how Covid affected our work in 2021, see the Challenges section of this report.

The indicators below reflect our performance during a time when the pandemic continued to ravage India.

## Beneficiaries served in 2021

- Children **747 (including 174 new enrollments in 2021)**
- Pregnant women **165**
- Adolescent girls **39**

## Key indicators in 2021

- Community health worker visits (virtual and in-person) **10,576**
- Medical consultations (virtual and in-person) **2,965**
- Children with up-to-date immunizations **84%**
- Child growth status **Data unavailable — program paused in 2021 due to Covid**
- Babies born **82**
- Babies born with normal birth weights **81%**
- Hospital births **99%**

# Achievements

## Implementing virtual care

Transitioning to remote and virtual service delivery was a big change. But because we already had an electronic health record in place (thanks to our partnership with the [Samanvay Foundation](#)), we were able to adapt quickly.



A community health worker using a tablet to provide virtual counseling.

Our community health workers were already using tablets to track beneficiaries, complete forms, and reference counseling guidance. And because we already had contact information for all beneficiaries stored digitally, our community health workers could easily reach out to beneficiaries and continue home visits through a phone call or Whatsapp. Staff learned to use Zoom for internal team meetings and capacity building workshops. We also instituted flexible work hours to accommodate the needs of staff juggling family and work.

## Extending virtual counseling to beneficiaries in the village

Many women in Fakir Bagan maintain a strong connection to their home villages. They travel back and forth frequently to see their families, celebrate festivals, and receive support from their mothers during pregnancy.

Before the pandemic, beneficiaries visiting their villages would miss their in-person home visit counseling sessions with community health workers. Now that our community health workers are doing virtual counseling, they can easily connect with beneficiaries no matter where they are. We plan to continue offering virtual counseling even once in-person counseling resumes.

## Supporting beneficiaries' emerging needs

This past year, we adapted to provide support to beneficiaries that went above and beyond our regular services:

- We distributed food (like lentils, rice, and potatoes) to families who were otherwise not able to eat even one meal a day.
- We secured special permission from the local police for beneficiaries who needed to go to the hospital for deliveries and essential medical visits.
- We stayed up-to-date on which hospitals and clinics were open at any given time, so that we could help beneficiaries access medical care when needed.
- We covered or subsidized the cost of lab tests for beneficiaries who were struggling financially due to job loss.

## Vaccinating the community against Covid-19

Even though the government began administering Covid-19 vaccines last summer, most of our beneficiaries weren't getting vaccinated. Many waited in long lines for hours only to be turned away; others were worried about receiving the wrong vaccine or getting vaccine information they couldn't trust.

Calcutta Kids applied to become a Covid vaccination site and was the only non-governmental organization in the area to receive this approval. By administering vaccinations ourselves, we were able to address the barriers that held our beneficiaries back and give them a positive vaccination experience.

We offered the vaccine to all eligible beneficiaries who were present in Fakir Bagan during the vaccine drives. **Ultimately, we fully vaccinated 64% of eligible beneficiaries.** At the time of the vaccine drives, around 20% of beneficiaries had already received the vaccine, while others were either visiting their villages or not interested in getting vaccinated despite our education and counseling efforts.



Covid-19 vaccine administration.

“ Thanks to Calcutta Kids for bringing in the vaccines when there is a shortage during this Covid pandemic. There is no long queue, no standing in the sun for long. [There is a] clean sitting place with no pushing and [where people are] maintaining Covid rules. They are providing us [with] sanitizer and doctor's help, which is different from outside vaccination centers. We are lucky and grateful.

—P. Routh, beneficiary

Earlier last year, we leveraged our partnership with the local government Chief Medical Officer to ensure that our staff were prioritized to receive the Covid vaccine. This enabled our staff to stay safe and to provide services to our beneficiaries as safely as possible. We will also ensure that our staff get boosted, once they're eligible.

## Strengthening the system of care

### Responding to issues of exploitation

We partnered with the [Mudita Foundation](#), which strengthens systems to protect people at risk of or trapped in situations of exploitation, to train our staff in how to identify and respond to issues of safety among our beneficiaries during the pandemic and beyond. This was especially important for our adolescent girls, who are vulnerable to predatory behavior and other safety issues in the online social media space.

Because the Mudita Foundation is based in Bangalore, we used this as an opportunity to hold our first-ever virtual professional development training and also to increase our staff's comfort with technology — which opens the door to even more virtual capacity building in the future.

### Expanding access to growth monitoring tools

Using the AVNI open-source application supported and serviced by the Samanvay Foundation, we made our innovative growth monitoring system available to all organizations that they partner with. This effort builds the collective capacity of organizations like ours to provide child health services in India and across the world.

## Enhancing the adolescent girls program (ASHAYEIN)

### A customized plan to support each girl

Last year, we set a goal to work with each adolescent girl to develop an individualized plan that supports her freedom and desired career trajectory. Most of the girls now have a plan and are working with a community health worker to update their plans as needed. These plans are dynamic and will change regularly, but they are powerful tools to show girls that their dreams are attainable.



Adolescent girls participating in a program activity pre-pandemic.

### Focused training sessions on identifying and dealing with abuse

Leveraging their Mudita Foundation training, our community health workers held sessions for adolescent girls on the meaning of abuse, ways to recognize different types of abuse, and steps they can take to protect themselves. Several girls experienced an uptick in online predatory behavior and other abuse during the pandemic, and they were grateful to learn tools and strategies to help themselves stay safe.

We acknowledge and appreciate the support that our Calcutta Kids Board member, Sriya Srikrishnan, is providing Jaya Singh (ASHAYEIN Coordinator) to review and develop training content for the ASHAYEIN program.

“Several of the adolescent girls in our program have told me how much they enjoy talking with us didis and learning about new things through this program. They also love meeting other girls like them because they can talk freely about issues that impact them. The topics on dealing with abuse have opened their eyes.

— Tulika C., Community Health Worker

## Improving visibility and communication

In 2020, we developed a communication strategy to help us spread the word about our work and keep our supporters up-to-date on Calcutta Kids activities and impact. To that end, we launched a new website ([calcuttakids.org](http://calcuttakids.org)) last summer and have begun implementing a plan for regular communication throughout the year: 2-3 newsletters, a fundraising letter, and an annual report. We will reach out to our supporters during the year to learn how this strategy is working and identify opportunities for improvement.



# Challenges

To put it plainly: There are some important things we weren't able to do in 2021, when the Delta variant swept India, because we wanted to keep our staff and the community safe from Covid-19.

## Growth monitoring and promotion

We have suspended our growth monitoring initiative. While we have adapted to provide many of our services virtually, growth monitoring must be conducted in person. To monitor growth, our community health workers and clinical staff track the weight and height of all children on a monthly basis. Our team then uses this data to identify the growth and nutrition status of each child and provide individualized health and nutrition counseling.

Despite this setback, we have continued to deliver the growth promotion part of this initiative, which includes focused counseling on the importance of proper nutrition and care to promote healthy development.

## Doctor's visits

We have transitioned to conducting all doctor's visits virtually. A lot is possible with virtual care: we can lay eyes on patients, understand their needs, answer their questions, and discuss prevention and treatment options. But we still view in-person care as the gold standard, especially since we are unable to take vitals or physically examine patients virtually. We aim to safely return to in-person doctor's visits soon, though we will still conduct virtual visits when needed.



A Calcutta Kids beneficiary receiving in-person medical care before the pandemic.

## Ongoing community engagement

Historically, our community health workers have been embedded in the community. They walk around, bump into beneficiaries, provide guidance to people in real time, and use those moments to build relationships. During the pandemic, community health workers have had to pause this informal method of engaging with beneficiaries and have missed these moments.

## Monthly group meetings

Before the pandemic, we held monthly in-person group meetings for mothers and pregnant women, as well as for adolescent girls. These were important opportunities for them to connect with each other, share their stories, build knowledge and skills, and realize they were not alone in their struggles.

We have paused these in-person meetings. We held a few virtual group meetings for adolescent girls, but it was difficult to replicate the sense of belonging in a virtual space, especially since at home the girls had competing demands and were often unable to talk freely.



## Staff morale

Our community health workers are women who previously were housewives or who wanted to work outside the home but had few opportunities. When they joined Calcutta Kids, our team and our office became their safe space.

Since our community health workers have primarily worked from home during the pandemic, they have deeply missed the sense of camaraderie and independence that came with going to the Calcutta Kids office every day. Additionally, being referred to as “didi” as they walked in the community was a valuable reminder of the respect they had earned and the important work they do. Many don’t experience this type of respect at home.

### Gender inequality in Fakir Bagan

The Covid-19 pandemic exacerbated issues of gender inequality in Fakir Bagan, as it did throughout the world. Our community health workers — all women — have experienced a double burden of work: managing their families and households without much support, while also continuing to provide services to our Calcutta Kids beneficiaries.

# Financial Stewardship

## The value of each donation

Calcutta Kids is funded entirely through the generosity of individual donors, and each donation delivers huge value. With the growing needs in the world today for philanthropic investment, we take seriously our responsibility of using our donors' financial support in the most effective and efficient ways possible. And we think we're doing pretty well.

In 2021, a donation of \$1,000 fully financed the following:

- All Calcutta Kids health services for 6 families
- All Calcutta Kids medical checkups for 25 women and children
- 88 community health worker visits, which include clinical assessments, counseling, education, referrals, and general support for pregnant women and mothers with young children
- All childhood immunizations for 6 young children

**All services that Calcutta Kids provides are completely free for beneficiaries.**

Thank you for your support. We couldn't do it without you.

To make a donation to Calcutta Kids, please visit <https://www.calcuttakids.org/donate/>.

## Budget and financials

**Total budget: \$120,476.01**

### Expenses:

On-the-ground India expenses (field team, clinic, medical supplies, etc.) **\$75,393.20**

Administration, fundraising, and oversight **\$32,982.81**

Website and communication work **\$12,100.00**

# Board of Directors

We appreciate the dedication and contributions of our Board and Advisory Committee members.

## India Board

The India Board provides programmatic support and oversees financial and administrative operations.

John Ambat (Trustee)  
Kalyan Kumar Roy (Managing Trustee)  
Sudipta Sinha Roy (Trustee)  
Sriya Srikrishnan (Trustee)

## U.S. Board

The U.S. Board primarily supports fundraising efforts and provides high-level public health and nutrition expertise.

Evangeline Ambat (Co-Director)  
Alan Berg  
James Levinson  
Noah Levinson (Co-Director)  
Pranav Reddy

## Advisory committee

The Advisory Committee provides high-level expertise on public health and nutrition.

Denish Moorthy  
Jon Rohde

For details about our Board and Advisory Committee members, please visit <https://www.calcuttakids.org/board/>.



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# Vision for the Future

As is evident from this report and communications shared over the past two years, the Covid-19 pandemic has forced us to adapt and innovate in ways we never imagined — and in many ways that have ultimately benefited our beneficiaries. In the year ahead, we will continue to embrace opportunities for organic innovation.

With the pandemic still front-and-center in our world, we are hesitant to commit to the implementation of new programs or recommit to our expansion project with a particular timeline. Our primary focus remains on current program development, program implementation, and ensuring programmatic and organizational sustainability.

To that end, in 2022, we plan to:

- **Resume in-person activities in the safest way possible.** We will continue to evaluate the risks and benefits of providing services in person, as we have over the past two years, and will take this step only after determining that the benefits outweigh the risks.
- **Share our maternal and child health program innovations and best practices** through the Samanvy Foundation, to expand our impact.
- **Build on lessons learned during the pandemic and sustain the innovations that have worked well**, like providing time-sensitive health services virtually when beneficiaries travel back to their home villages.
- **Create a data dashboard within our electronic health record to improve capacity for ongoing monitoring and evaluation.** We have received positive feedback on the Impact section of our new website and wish to expand upon this with more readily available data. A data dashboard would also further motivate and empower our community health workers by providing them with real-time evidence of their impact.
- **Maintain our commitment to increased transparency and communication** with our donor community with annual outputs of 2-3 newsletters, an annual report, an annual fundraising letter, and a regularly updated website.

Again, thank you to our supporters for your incredible contributions in 2021. We look forward to accomplishing even more together in 2022.

