



Calcutta Kids

Annual Report 2022



**CALCUTTA
KIDS**

Healthy mothers. Healthy children. Families that thrive.

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Letter from the Directors

Dear friends of Calcutta Kids,

After three years away from India due to Covid, our family — Evangeline, Noah, our 4-year-old son, Zubin, and our 16-month-old daughter, Anushka — traveled to Fakir Bagan and reunited with the Calcutta Kids team in December 2022.

It was a marvelous reunion. We saw healthy babies, growing children, grateful pregnant women and mothers, and eager and inspired adolescent girls. We saw a Calcutta Kids team with local leadership and vision, confident and capable management, and a commitment to support the health and well-being of people in the community. We saw evidence of the strong relationships Calcutta Kids had built over the years, strengthened even more during Covid as the community looked to our team as a beacon of light during very challenging times. Even among our newer health workers, whom we accompanied on some home counseling visits, we saw a competence and commitment that let us know our community health worker training program is working.



We applaud our team and couldn't be prouder of all they have achieved and continue to achieve even through periods of difficulty and hardship. We are grateful for the love, care, and dedication they show the organization, our work, and our beneficiaries.

There was so much worth celebrating — and that's exactly what we did. Together with the Calcutta Kids team and their families, we had a wonderful event marking all that we have accomplished: surviving the peak of Covid, the life-saving health services and mental and emotional support we provided during the pandemic, and 17 years working with the Fakir Bagan community to achieve positive health outcomes for women and children.

Even though you couldn't attend our joyous event, we hope that you too will take a moment to celebrate Calcutta Kids' achievements, which are only possible with your support.

With gratitude,

Two handwritten signatures in blue ink. The first signature is 'Eambat' 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) provide 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)



Calcutta Kids beneficiaries Anisha Yadav and her daughter, Ishika, during a post-natal home visit

In 2022, we resumed in-person maternal and child health services as well as in-person programming for our [Adolescent Girls Program](#), called Ashayein. The indicators below reflect our performance after the worst of the pandemic was behind us, as we shored up our core services and continued adapting to better meet beneficiaries' needs.

Beneficiaries served in 2022

- Children **840 (including 316 new enrollments in 2022)**
- Pregnant women **262**
- Adolescent girls **29**

Key indicators in 2022

- Community health worker visits (virtual and in-person) **15,318**
- Medical consultations (virtual and in-person) **3,400**
- Children with up-to-date immunizations **79%**
- Children with severe malnutrition **4%**
- Children with moderate malnutrition **16%**
- Babies born **155**
- Babies born with normal birth weights **81%**
- Hospital births **99%**

Achievements

Although the Covid-19 pandemic caused real hardship and devastation, it also strengthened us as an organization and brought us even closer to the Fakir Bagan community. Fortunately, in early 2022, Calcutta Kids was able to resume all of its in-person operations.

Resuming the Growth Monitoring and Promotion Program (GMP)

Our GMP team checks children monthly to ensure they are gaining adequate weight and, for those who are not, provides intensive and highly individualized support to improve their nutrition and overall health. GMP serves as both a measurement tool to assess the impact of our program and a critical safety net to protect our most vulnerable children. Between 2009 and 2013, we achieved a staggering 73% reduction (from 12.3% to 3.3%) in severe malnutrition among children in Fakir Bagan.

Long-lasting nutrition benefits

When we had to pause monthly in-person growth monitoring during the peak of the pandemic, we were deeply concerned that the absence of our support — as well as the pandemic’s effect on food scarcity — would cause severe child malnutrition to rise.



Community health worker Arpita Bhattacharyya measures the length of a Calcutta Kids child beneficiary

But we were amazed to find that there was only a small increase in overall child malnutrition rates and no significant increase in the rate of severe malnutrition.

In discussions with the community health workers and members of the community, the following insights emerged:

- During the pandemic, Fakir Bagan community members used the valuable growth- and nutrition-related information that we had provided over the previous 17 years.
- Relatedly, beneficiary families with an older child who had already benefited from Calcutta Kids interventions were well-versed in GMP’s key growth-promoting messages.
- Beneficiaries — and the community at large — implemented improved hygiene practices during the pandemic, resulting in less diarrheal disease (a major contributor to malnutrition).
- Children consumed healthier home-cooked meals because there was less money in the household during the lockdown to buy junk food from local markets.
- During the lockdown, mothers were not home alone with their children; they had more family support.
- Throughout the pandemic, Calcutta Kids community health workers tirelessly maintained virtual contact with families; they continued to implement “growth promotion” even when they could not implement “growth monitoring.” These experiences deepened the trust between beneficiaries and community health workers, who were often the first point of contact for families when a health crisis arose.

Streamlining GMP data collection

We have slightly modified GMP to allow for heights and weights to be taken during checkup and immunization visits. Our database algorithm allows for growth data to be associated with birth date, so we have been able to maintain accurate data (z-score integrity) even with this change. Beneficiaries have expressed satisfaction with the integration of these services.

“ Before registration with Calcutta Kids, I felt that free services meant poor services, like our government services...After registration, day by day my view has changed as I see their help and care.

— Arjun Yadav, husband of a beneficiary

Expanding access to our growth monitoring and project management tools

Last year, we worked with the Samanvay Foundation to enhance [Avni, the open-source software into which we've integrated our program management and monitoring and evaluation systems](#). Fifteen organizations in India that serve a collective 340,000 beneficiaries are now using one or more of our systems, which support them in providing health services more efficiently and effectively. We are proud that, together with the Samanvay Foundation, we can extend the collective capacity of public health organizations in India.



Community health worker Dipika Chowdhury counsels a beneficiary family using digital behavior change communication tools

Meeting beneficiaries where they are

Managing a family and household can be a lot to juggle; beneficiaries have let us know that sometimes they are too busy to attend appointments for non-acute issues.

Beneficiaries also return to their home villages, sometimes for long stretches of time. So even though we have resumed in-person services, we also continue to provide beneficiaries with the option to receive telehealth and other virtual services when medically appropriate, a practice we started during the pandemic. This makes the beneficiaries' lives easier and also enables our team to deliver timely services — all of which leads to better health outcomes.

Our community health workers and other Calcutta Kids staff have also been consistently available to beneficiaries both within and outside of regular office hours. Community health workers provide psychological support and guidance when needed, in addition to helping when physical health issues arise.

“ I am a Hindu girl married to a Muslim man so there was no one to talk to me. I was totally alone. Calcutta Kids didis (how beneficiaries refer to community health workers, which means 'older sisters') are so good and very supportive that they have become my friends. I get peace of mind by [talking to] them and sharing my thoughts.

— Lopamudra Banik Roy, beneficiary

Enhancing the Adolescent Girls Program (Ashayein)

Ashayein originally began because pregnant beneficiaries said they wished they had had an opportunity to learn from Calcutta Kids — about how to take care of their physical and emotional health, navigate relationships, build life skills, and achieve their professional goals — *before* they got married and pregnant. Ashayein means “hope,” and hope is what we set out to give adolescent girls in Fakir Bagan.

Resuming in-person services

In 2022, we resumed in-person home visits, which enable our team to better understand adolescent girls’ lives and provide tailored support, and group meetings, which provide a safe space where adolescent girls can learn knowledge and skills, share feelings and ideas, and receive guidance and validation. We also continue to communicate with the girls via Whatsapp — an easy way to share resources and chat in real time about issues that come up.

Training and development opportunities

Our team has started identifying government training and development programs — such as courses in self-defense, computer skills, and tailoring — that the adolescent girls in Ashayein can tap into.

In addition, we are inviting speakers from a variety of professions to speak with the girls about their jobs. We hope that hearing these speakers will help shape each girl’s personal and professional goals as we continue to collaborate on an individualized plan to support her freedom and desired career trajectory.

“ [I had a] menstruation-related problem that I couldn’t share with anyone. Only Calcutta Kids didis (community health workers) gave me that place.

— Rinki Routh, Ashayein participant

Reestablishing the internship program

In years past, Calcutta Kids has had a robust and impactful internship program, attracting college and graduate students from both India and abroad. These internships have strengthened Calcutta Kids’ public health work, increased the visibility of our organization, solidified a commitment to public health among interns, and almost always resulted in a long-term commitment to donating funds and services to Calcutta Kids. We reestablished the internship program last year, and in January 2023 welcomed John Masla and Fulbright Scholar Dr. Mondira Ray to join us in Fakir Bagan.

Strengthening Board members’ involvement

We are fortunate to have Board members in both India and the U.S. who bring diverse expertise, networks, and perspectives to our work. Last year, we set the intention to enhance Board members’ involvement so they may enrich the long-term vision for Calcutta Kids and connect us to new opportunities for ongoing financial sustainability.

[We added two new Board members in 2022](#), both of whom are former Calcutta Kids interns: Sriya Srikrishnan, who holds a masters in public health with a focus on maternal and child health and

nutrition, and Dr. Pranav Reddy, whose research at Brigham and Women's Hospital/Harvard Medical School investigates how social forces are biologically embedded across the lifespan. Sriya has already made several visits to Fakir Bagan to understand Calcutta Kids' work more deeply and has contributed to Ashayein programming. Pranav has already been instrumental in organizational strategic planning.

Boosting staff morale

To ensure the safety of our staff, beneficiaries, and the entire community, community health workers primarily worked from home during the pandemic. Even though this was a necessary precaution, they missed the camaraderie and independence that came with going to the Calcutta Kids office every day. Staff are much happier now that they have resumed in-person work.



Calcutta Kids beneficiaries Puja Gupta and her daughter, Kaira, talking with a Calcutta Kids community health worker

“During the lockdown, I felt alone and I missed all of my colleagues. When I was solving a problem, it seemed that if all of the didis (community health workers) were in the office, then it would have been very easy to solve the case.

— Neelam Prajapati, community health worker



A view into our clinic

Challenges

Even though the dire trials of the Covid-19 pandemic were behind us in 2022, we still faced some challenges.

Accessing ancillary immunizations

Our beneficiaries rely on us to immunize their children against disease. While we have access to vaccines for the most common diseases found in the Fakir Bagan area, we are struggling to access vaccines for conditions that are more rare. We are regularly in communication with our government partners and others in our network who can help us advocate for access to these important vaccines.

Establishing boundaries with beneficiaries

With in-person services paused during the pandemic, our community health workers made themselves more available to beneficiaries by text and phone. Beneficiaries found this access enormously valuable and have continued to connect with community health workers virtually even now.

However, some beneficiaries find it difficult to respect that community health workers have their own personal lives and need time away from work — they may, for example, call community health workers in the middle of the night just to chat. We strongly believe that our community health workers deserve work-life balance and are supporting them in establishing boundaries with 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 2022, 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 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: \$121,257.86

Expenses:

On-the-ground India expenses (field team, clinic, medical supplies, etc.) **\$80,514.50**

Administration, fundraising, oversight, and travel **\$32,175.30**

“ I am a high-risk pregnant woman. Blood pressure checks, nutrition monitoring, regular doctor consultations, counseling — all the time CK didis (community health workers) are surrounding me. I very much appreciate their services.

— Chhaya Pandey, beneficiary

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/>.

Vision for the Future

In 2022, as we moved on from the Covid-19 pandemic, we were able to refocus on our core services. We also began thinking anew about how to make our work even more efficient and impactful, and how to gain a deeper understanding of our impact — themes that carry forward into this year.

In 2023, we plan to:

- **Enroll a new cohort of adolescent girls in Ashayein**, to ensure that others can benefit from the curriculum developed and implemented with the first cohort three years ago.
- **Connect adolescent girls with government training and education programs** that can further build their skills and job prospects.
- **Collaborate with the Samanvay Foundation to create a data dashboard** that increases access to real-time data for monitoring and evaluation and that can be used by other organizations providing public health services.
- **Analyze more than 9 years of data to get more insight into our impact**, and capture these findings in a paper to share with Calcutta Kids' supporters and beyond.
- **Design a study to evaluate the long-term impact of Calcutta Kids services on young children.**

We are so grateful for your ongoing support that enables us to sustain our core services and dream big for the future.

