50TH YEAR OF BSWI

Baradrone Social Welfare Institution (BSWI)

.....Reaching the Unreached

ANNUAL REPORT 2025-2026

Registered Address

Village & P.O. Baradrone, Block – Diamond Harbour, District – South 24 Parganas, West Bengal, India 743332

:District Offices:

WEST BENGAL STATE

- **Malda:** Village/P.O. Gazole, Dist – Malda.
  Phone – +91 8348751903 / +91 9563007285.
- **Murshidabad:** Village/P.O. Murshidabad, Dist – Murshidabad.
  Phone – + 91 9635558781.
- **North Dinajpur:** Village/P.O. Anantapur, Dist – North Dinajpur.
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JHARKHAND STATE

Rajmahal: Village/P.O. Taljhari, Dist Rajmahal.
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FROM THE DESK OF THE GENERAL SECRETARY & DIRECTOR

We are driven by our commitment to equity and dignity for all.

Dear Members, Donors, Well-Wishers, Staff and Volunteers,

Greetings from BSWI.

In the year of 2025-2026, we have given importance to focus our efforts on revitalizing the rural economy in partnership with the local administration, various government departments, our donor partners and community members. We strengthened our efforts to infuse cash in the hands of households through an integrated approach of promoting farming of high-value crops and kitchen gardens. We have helped link young women and men to skill and employment opportunities as well as enterprise opportunities in the allied and non-farm sectors. Our Commitment to a collaborative approach for development has resulted in burgeoning partnerships – existing and new – with government departments, private philanthropies, and Corporate Social Responsibility (CSR) initiatives, and Civil Society Organizations (CSOs).

We sincerely thank everyone who has joined hands with the BSWI's activities and goals to make our dreams a realities in spite of the critical situations. We convey our gratitude to all those funders, donors and all empathetic persons and associations, our staff members and volunteers who worked hard in serving the common people. We are proud of you – our well-wishers and brave soldiers for development.

With kind regards,

Sanjib Bhattacharya
General Secretary,
Director & Trustee.
Baradrone, June 15, 2026

ABOUT BSWI

Introduction

Baradrone Social Welfare Institution (BSWI) is a pioneer organization in West Bengal that originated in the year of 1961 as a village level textbook library and free coaching centre. Gradually, BSWI stepped forward by partnering with the government and non-government charities in India and abroad and over the years it has played a major role in developing many governments and international agency funded projects and National Rural Development Programs. BSWI is continuing to work for change that is sustainable and self-perpetuating, bringing skills and systems that help women, families and communities gain confidence and take charge of their own lives. The opportunities and the association over the years have helped create learning/lessons for BSWI and gain organizational experience. BSWI catalyzes change in thousands of lives by implementing innovative efforts.

OUR OBJECTIVES

- To liberate the people from the bondage of illiteracy
- To strengthen the target groups attain sound mental and physical health
- To improve the status of the women – socially, economically ad organizationalally
- To ensure food and income security for the people living below the poverty line
- To encourage the rural youths participate in rural development process
- To achieve an exploitation-free and oppression-free living environment ensuring harmony and co-existence.

Vision

- To contribute to building a society where all people can gain access to education, health care, and employment opportunities and where people can realize their full potential;
- To build a trusted bridge between the dreams and aspirations of individuals who care about suffering people and their realization;
- To build a professional organization that is secular, transparent, credible and accountable for all of its activities.

Mission:

To empower individuals, families, communities and society by helping ensure their rights to live and help them come out from the barriers of poverty, illiteracy and well-being.

Our Values:

- **Respect -** Believing in and appreciating the dignity and potential of all human beings;
- **Integrity -** Maintaining social, ethical and organizational norms and adhering to the code of conduct;
- **Commitment -** Fulfilling organizational goals with full commitment towards our duties and responsibilities; and
- **Excellence -** Setting high performance standards and being accountable for and responsible towards our work.

OUR ACTIVITIES DURING THE YEAR 2025-2026

EDUCATION & LIFE DETERMINATION

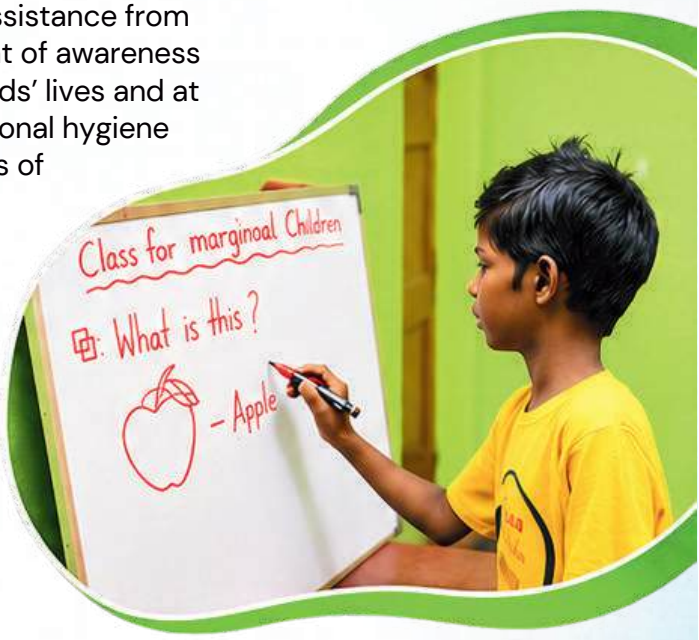
BSWI's Approaches:

BSWI's role as an enabler has determined our strategic choices at every junction – from the fundraising methods we employ, to the nature of our relationship with the village organizations and SHG Federations we partner. Over the course of the next 10 years, and to continue to make children and their rights a priority, we have reiterated goals that BSWI as an organization is committed to strive for. These include ensuring children in **BSWI-supported** areas have access to free and quality education, primary healthcare and are safe from violence, abuse and exploitation.

Education & Health Project for Child Brickfield Workers:

We are already implementing the project on **"Child Brickfield Workers' Education & Health Improvement"** by receiving financial assistance from VASTENACTIE Netherlands. We have created a good amount of awareness among the parents realizing the need of education in their kids' lives and at the same time we are creating awareness in health and personal hygiene among the parents and their kids who work in the brick fields of Diamond Harbour.

The target children do not have any access to education and regular health benefits. Our work has advanced efficiently in generating awareness among the parents about the need of their children's quality education and they are encouraging the children to attend the project's schools regularly. The attendance level has been 100% during the course of this project in this current year (2025-2026). The children are also enjoying the classes and have advanced in their studies.



Access to Quality Education

Health & Hygiene Awareness

Active Parent Participation

100% Attendance (2025-2026)

Providing Access to Education

We set up technology-equipped Learning Centres (LC) that took the classrooms to the children. We set up a total of 20 Centres in villages across Gazole, Bamungola, Habibpur (Malda district); Taljhari and Rajmahal Blocks in Jharkhand; Diamond Harbour and Namkhana Blocks in South 24 Parganas districts.

Each LC catered to students of Class 10 from villages within three to five kilometers. Community buildings or private houses that could accommodate 15 students at a time were chosen as learning centres. The team ensured that the space was sufficient for children to be seated while maintaining the required physical distancing.

Local volunteers, who were either Class 12 graduates or pursuing college education or with teaching experience, became para teachers. Thirty-three such men and women provided learning support in the Centres.

Teachers from four BSWI schools supported them in weekly and monthly sessions, planning and clearing student doubts in addition to ensuring teaching quality. The para teachers underwent training on the subjects they were responsible for teaching.

Students attended classes for three hours every day for seven days a week. While they learnt different subjects from Monday to Saturday, on Sundays, the teachers cleared their doubts from the week that had just passed.

Students appeared for tests twice a month to assess their own progress and identify areas of improvement.

With the Government of West Bengal resuming schools for Class 10 in early January, the Centers stopped functioning. In a few cases, the village community has taken the lead to continue the learning centers to cater to the needs of children in Classes 8 and 9.

HEALTH & WELL BEING

Community Health & our work

Health education is the development of individual, group, institutional, community and systemic strategies to improve health knowledge, attitudes, skills and behaviour. The purpose of health education is to positively influence the health behaviour of individuals and communities as well as the living and working conditions that influence their health.

As India's investments in health have been growing over the past decade and the National Health Mission has been seeking to expand availability of healthcare, the main challenge remains to ensure access in service utilization by all, especially the poor. BSWI works at the family, community, institutional and government levels to bridge the gap between service providers and service users. It helps deprived communities acquire information, knowledge and capacity to access healthcare services. Trained and motivated local women, organized in Self-Help Groups or acting as community-level workers, interact with families to facilitate access to primary health care services for women and children residing in villages. We educate communities in issues relating to child health, reproductive and sexual health, and appropriate hygienic practices to prevent common illnesses at home. We motivate families to seek full immunization coverage, periodic ante-natal check-ups and diagnostic tests during pregnancy, and early treatment in case of illness. We pay special attention to adolescent health, addressing reproductive and sexual health to prevent sexually transmitted diseases, early and unwanted pregnancy.

Nutrition & our work

The problem of malnutrition is not always as straightforward as simply lack of food. Many families do not always share food equally among their members. Mothers and infants, especially girls, are rarely given priority. Traditionally, in Indian families, women eat last. When food is scarce, men may receive more than women, boys more than girls, older children more than younger children. Diet may be imbalanced owing to limited understanding of nutrition as much as lack of food availability. For example, less than half of Indian children under six months are exclusively breastfed (NFHS 3, 2005-2006).

Malnutrition is more widespread in India than in Sub-Saharan Africa.

Africa. One in every three malnourished children in the world lives in India. About 50 per cent of all childhood deaths are attributed to malnutrition, according to UNICEF. As many as 48% of Indian children under the age of 5 are stunted that is a sign of chronic malnutrition. Girl children are more vulnerable than boys to malnutrition and mortality (NFHS 3, 2005-2006).

Our ultimate aim is to ensure full physical and mental growth and development in children by ensuring appropriate nutrition throughout the critical periods of the life cycle. Our interventions seek to address a variety of determinants of malnutrition in children, adolescents and pregnant women, as they relate to healthcare, hygiene and sanitation, child care, appropriate feeding practices (including breastfeeding), growth monitoring and promotion, adoption of low-cost home available foods, promotion of gender equality. In addition to promoting community-based nutrition interventions, we care for severely malnourished children.

Health education & our work:

> *Poverty is perhaps the worst form of violence against children. In a country where 40 per cent of the population is poor, vulnerability to various forms of deprivation potentially affects almost one in two children. The number of children involved in work which seriously damages their education and holistic development is unknown, but estimates range from 12.6 million, as estimated by the government (Census 2001), to 60-115 million children, as claimed by civil society organizations.*

Low cost preventive measures are the core of our community health program. Improved health habits, positive attitude building in health care and protection, reduced gender discrimination and child survival and development and development of motherhood are the primary agendas of our works in this sector. Awareness generation on child survival and protection, women's health aspects, adolescent health behaviour and issues are our focus areas and we have been working on this since last three decades.

We believe that Health Education improves the health status of individuals, families, communities, states, and the nation. Health education enhances the quality of life for all people and reduces premature deaths. By focusing on prevention, health education reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.

Our activities during the year

We have conducted 236 village based orientation camps on RCH in 20 villages;

We have conducted 15 Nutrition Demonstration Camps in 15 villages to improve nutrition awareness and preparing nutritious foods from locally available food (cereal, rice, wheat, pulses etc..);

We have conducted 2 SHG workshops and staff trainings/ orientation in the main centre on preventable diseases like diarrhea, water-borne diseases and filth, insect borne diseases like malaria, worm infestation etc.;

Conducted series of awareness generation camps for adolescents at village levels and schools on menstrual management and hygiene;

Distributed low cost sanitary napkins for the rural women and adolescent girls;

Conducted health check ups and Baby Shows in various villages and in the main centre;

Through our health clinic we have provided medical aid at subsidized prices to 198 poor patients who were unable to afford to the full cost of medicines;

We have provided free eye check-ups and distributed spectacles to more than 6000 needy and poor villagers in Diamond Harbour, Kulpi and Magrahat blocks.

Nutrition Gardens

Creating a nutrition garden in the backyard aimed at promoting health and nutrition through utilizing small homestead land parcels that families own. It was widely scaled out with the support of Nutrition Mentors and Change Vectors. Garden layouts and crop selection were done, based on the availability of land in the backyard, food practices and local crop varieties.

We influenced policy makers in West Bengal and Jharkhand and got nutrition gardens included in the 'Shelf of Activities' under MGNREGS through administrative orders, thus ensuring cash income and availability of nutritious food for participating households across many project blocks and beyond.

ECONOMIC IMPROVEMENT

We piloted a comprehensive livelihoods approach in 65 villages, with the focus on the centrality of women, inclusion, nutrition, agro-climatic sustainable practices and sustainable incomes. This involved the perspective and capacity building of women collectives and facilitating the collectives to develop a village-level comprehensive livelihoods plan.

West Bengal Department of Micro Small & Medium Enterprises and Textiles, has patronized the wonderful craft heritage of West Bengal, not only to sustain it but to develop it further, keeping pace with new demand pattern, new designs. Having joined hands with our organization, the Government has continuously encouraged and supported enhancement of skills for quality creations in the Handicraft sector which has reaped benefits for the craftsmen and we together have created a growing number of craft-admirers both in the country and abroad even in the midst of this pandemic keeping in view the norms.

Self Help Group members have been self-employed through skill development

The Handicraft products of the state are available at different emporiums and showrooms (of Biswabangla, Manjusha, Bangasree etc.) spread over at various locations of West Bengal and outside. In addition to the District-level Handicraft Fair, the State Handicraft Expo is held in Kolkata where our organization collaborated. In every winter where Buyer-Seller Meet is regularly organised for direct market exposure of the handicraft artisans. Participations are also made at various fairs and craft bazaars at state and national level and in various Indian festivals.

Handicrafts works giving the women palpable incomes

Women collectives developed an integrated natural resource management (INRM) plan for approval in Gram Sabhas, in order to leverage funds from different schemes. The villages selected were ultra-poor and covered the most deprived families. We also planned the promotion of economic collectives such as Farmer Producer Organizations (FPOs) so as to unleash growth in the agriculture sector that would be synergized by building robust value chains of vegetables, cereals, horticulture crops and livestock. This involved not only bringing changes in agricultural practices but also the institutional development aspects.

Assured Income Enhancement through Model Goat Farming

This three-year project aspired to enhance the capabilities of 120 poor-rearers in the districts of Malda and Taljhari block in Jharkhand to ensure an additional annual income of Rs 30,000 per rearer (from the current average income of Rs 5,000). Rearers have been collectivized into 10 Producers Groups (PGs) in 25 villages, and these PGs have been federated into three block-level Producers' Collectives (BPCs), to support and sustain their rearing business.

Strengthening Livelihoods and doubling farmers' income

The project supported families in Gajole block (Gazole Block of Malda district), Kaliaganj Block of North Dinajpur district and Taljhari Block of Jharkhand, to enhance their food security and income by strengthening their agriculture production system with streamlined market linkages, and by augmenting livestock rearing practices, with the required vaccinations and other required services. Further, the idea is to facilitate community institutions such as Federations and VOs for improving the nutritional status of women and children through better access to public services such as PDS, ICDS and other relevant health services, and demonstrating how to cultivate nutri-gardens, thereby supporting beneficiaries (including pregnant women, lactating mothers and children below three years along with vulnerable households). Additionally, the focus is to create a suitable environment by creating awareness of safety measures and supporting migrants and other households impacted by the lockdown.

SHG Collectives–PRI Collaboration toward Better Social Protection:

The goal of this short-term project is to build the concept of SHGs as actors in facilitating access to social protection programs by rural communities. The proposed intervention is focused on creating a ground-up action to involve community collectives in feedback mechanisms to the state, to improve the functioning of key social protection programs.

Enabling income earning opportunities

With rural markets with a low business status, the government led MGNREGS offered a much-needed livelihood safety net for the poor. We have joined with the government department to spread the facilities of getting daily works for the rural farmers. BSWI, along with the Village Development Committees, worked closely with the local governments to identify and generate work under the scheme. The types of work initiated were geared to improve water security, help in soil conservation, improve land productivity, and create durable assets such as household toilets and community playgrounds. Our team helped people get job cards and mobilized women and men including the returning migrants to take up the work to cope with the job and income insecurities.

Mitigating food insecurity

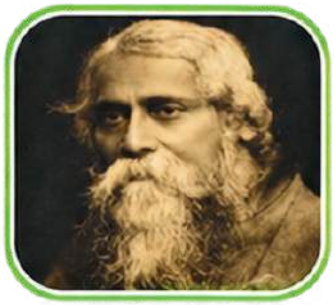
While most families received their Public Distribution Service (PDS) food grains, food insecurity continued to plague the most vulnerable as the continued crisis of no work left them with little income to buy essentials or save for the monsoon. Moreover, the quantity of food received through the PDS was insufficient, and many did not have ration cards. We launched the Food Support Program, a collective effort with the Village Development Committees (VDCs). The VDCs identified the vulnerable households and finalized the list of those in need of extra support. Women-headed households, families without PDS entitlement, with only senior citizens, and households having people with disabilities or prolonged illnesses were prioritized.

The VDCs led the process of vendor selection, procurement, packaging and distribution. Local procurement, instead of from the city, not only ensured reduced costs with transparency but also gave business to local suppliers. Food kits were customized as per the local needs and food preferences. In some districts, for instance, in Kalahandi, soybean chunks, dried red chilies, and turmeric powder were preferred while replaced milk powder was preferred in some others. Families collected food kits from the distribution centers set up in the village. Each of them committed to contributing 10 days of their labour for any upcoming village development work.

BSWI's Inspirations

"He only lives who lives for others'

– Swami Vivekananda

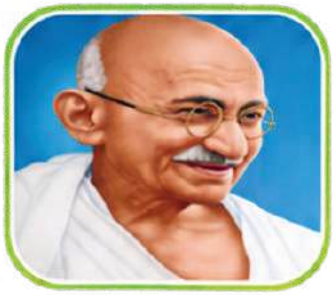


"Do not say, "It is morning," and dismiss it with a name of yesterday. See it for the first time as a new-born child that has no name."

– Rabindranath Tagore

"Let us always meet each other with smile, for the smile is the beginning of love."

– Mother Teresa



"See the good in people and help them ... Live as if you were to die tomorrow. Learn as if you were to live forever"

– Mahatma Gandhi

"Honor your daughters. They are honorable"

– Malala Yousafzai,
Nobel Peace Prize Winner of Pakistan

"The solution to women's issues can only be achieved in a free and democratic society in which human energy is liberated, the energy of both women and men together"

– Tawakkol Karman,
Nobel Peace Prize Winner of Yemen

BARADRONE SOCIAL WELFARE INSTITUTION
(BSWI)
ESTD : 1961
24 PARGANAS (S)

Join Hands with BSWI

Be a Part of Inclusive and Sustainable Change

Support
our community programs

Partner
for long-term impact

Volunteer
your time and skills

Collaborate
for sustainable livelihoods

District Offices

WEST BENGAL STATE

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