



ANNUAL REPORT
1st April 2024 to 31st March 2025

1. Shining Eyes Background

Shining Eyes India was founded as a trust in February 2013 with the aim of improving the health and well-being of tribal women and children, particularly in the rural areas surrounding Bolpur, in the Birbhum District of West Bengal.

From the beginning, our mission has combined acute medical care with preventive health measures, focusing on the most vulnerable—mothers and children. Our programs currently reach 13 villages, offering comprehensive services in nutrition, maternal care, child health, and education. Awareness sessions are regularly conducted to promote hygiene, nutrition, and safe childcare practices, empowering families with essential knowledge.

Shining Eyes India run St. Mary's Child and Mother Health Care Clinic ,Bolpur by taking over as land and lease in the year 2022 for our charitable work. This health Care Clinic serves as a vital link between rural communities and professional medical care. It offers a safe, welcoming space for the poor, providing all facility free of cost.

We carry out regular screenings for newborns and pregnant women, provide nutritional support to undernourished children, we treat and guide a wide range of conditions—such as anemia, infections, neurological and cardiac disorders. Critically ill patients are guided by us to specialized government hospitals, with our team ensuring they receive support and follow-up throughout their treatment journey.

Through our proactive village-based programs and the vital work of our village health workers and social worker, we aim not only to treat illness but to prevent it—reducing child and maternal mortality by addressing the underlying causes of poor health. Promoting hygiene, preventing undernutrition, and improving access to healthcare are key pillars of our work, especially in the 1,000-day window of opportunity, when children are most vulnerable

Today Shining Eyes India embraces three main pillars of action:

- **Health** - to provide medical diagnostic, treatment and follow-up care to the poor
- **Nutrition** - to raise awareness for the importance of balanced nutrition in order to break the intergenerational cycle of malnutrition and poverty
- **Agriculture** - to help every family to establish a kitchen garden with a variety of vegetables and fruits, further to start crop-rotation to increase dietary diversity

These three main pillars are complemented by water, sanitation and hygiene activities, as well as by income generating activities.

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The Trust Shining Eyes India is active in 13 villages around Bolpur:

1. Ghosaldanga
2. Bishnubati
3. Baganpara
4. Nildanga
5. Panchabanpur
6. Bautijol
7. Bekajol
8. Kulbani
9. Doltikuri
10. Tantbadhi
11. Pathargata
12. Khejurdanga
13. Bandanga



2. Village Activities

2.1 Health workers

From April 2024 to March 2025, our village-based health care program continued to expand and strengthen. Shining Eyes India now works in 13 villages, following the inclusion of Bandanga in November 2024. Each village is supported by a dedicated health worker, all of whom are local women trained by our organization. Their deep understanding of community life, culture, and language makes them essential to the success of our work.

Our health workers serve as the first point of contact for pregnant women and families with young children. Through weekly home visits, they identify cases of illness or malnutrition early and ensure that those in need receive the right care. Together with our Social Worker and Clinic team, they help patients navigate the health system and stay engaged with their treatment. In urgent cases, they coordinate transport via our ambulance, ensuring timely access to care. Their support doesn't end when a patient returns home. Health workers follow up closely, making sure medications are taken regularly and treatments are completed .

. Their work is complemented by monthly mothers' meetings, where they lead discussions on topics such as malnutrition, family planning, emergency signs in children, and tuberculosis. These awareness sessions not only transfer life-saving knowledge but also strengthen the bond between families and the health team.

Each Wednesday, the health workers meet with our social worker at the health care centre to report on their village activities, review patient cases, and participate in training sessions on relevant health topics. These regular trainings ensure they are well-prepared to educate others and continue growing in their roles. Because our health workers are part of the communities they serve, they are uniquely positioned to guide the design and implementation of our programs. Their feedback is continuously integrated into our approach, making our model both locally grounded and highly responsive to the needs of the villages. They are not only caregivers — they are leaders, educators, and the heart of our outreach.



Village Health Workers Group



2.2 Medical Screening in the villages

During these screenings, we identify children who have anemia or are malnourished. Pregnant women are identified as well and receive regular prenatal care through the government program "Asa-workers". Beyond raising awareness, these screenings are crucial for identifying emergency cases that require immediate attention.

. Between April 2024 and March 2025, a total of 818 patients were seen during our village screening.

2.3 Village anthropometric and Hb measurement

During our village visits, we assess various aspects of children's health, including hemoglobin levels and anthropometric measures such as length/height, weight, and mid-upper arm circumference (MUAC) for every child under two years old. This enables us to identify undernourished or anemic children, who can then be taken to St. Mary's for care.

These measurements also allow us to monitor the growth and development of children through their first two years of life according to WHO standards. This enables us to conduct individual and community nutritional assessments, helping us to continuously design and improve our programs.



2.4 moringa cookies

we also provide Moringa cookies. These are freshly baked every Tuesday by our farmer Sanjay and distributed to malnourished children in both the villages and the nutrition rehabilitation program at our health care Centre . The cookies offer a dense and tasty source of energy and nutrients.

In March 2025, we tested a new Moringa cookie recipe which now includes some more valuable nutrients namely soy and chickpea flour. We also increased the Moringa content to 5 grams per cookie. The first tasting with children at the hospital was promising: most children enjoyed the cookies, some finished them completely, others partially. We plan to continue experimenting with the recipe to find the best combination of taste and nutritional impact.

In March 2025, 75 malnourished children were identified (61 with moderate, 14 with severe malnutrition) and are now receiving Moringa cookies regularly. Additionally, if our social worker Soni or any of our 12 village health workers identify further children showing signs of undernutrition during their household visits, these children are also included in the program.



2.5 Kitchen gardens and animal husbandry

Our farmers, Nilu and Sanjay (1), provide ongoing training, seeds, and guidance to families interested in establishing kitchen gardens at home. This initiative promotes self-sufficiency by helping families grow their own vegetables and fruits, thereby ensuring that children receive a diverse range of vitamins and minerals crucial for their development. By the end of the reporting year, 119 families across the 13 villages maintained a kitchen garden at home.

In March 2025, we welcomed two new farmers, Sanjay (2) and Ganesh, to support our agricultural work. Together with Nilu and Sanjay (1), they will strengthen the implementation of our programs and allow for expansion.

Our goal is to grow moringa trees for our moringa powder production for our cookies and also to plant fruit trees alongside seasonal vegetables. This will allow us to source healthy, organically grown ingredients directly for our hospital kitchen—offering a nutritious and sustainable food option for our patients.



Farmer team members: Nilu Murmu, Sanjay Hansda with villagers

3. Activities at St. Mary's Child and Mother Health Care Centre

Our team at the health Care Centre provides services six days a week to deliver medical care to vulnerable individuals from the villages, with a special focus on women and children. At reception, patients are welcomed and guided through the process of anthropometric measurement, nutrition and health education, and medical treatment by local doctors including pediatricians, a cardiologist, gynecologist, neurologist, dentist, and a sonographer. We maintain contact with the patient until they are discharged, admit them to our clinic for the necessary after-care, conduct follow-up checkups when they return home, and provide all the necessary medications.

3.1 Outdoor patients (OPD)

This year we had a total of 5,264 outdoor patients at St. Mary's: 3,494 children and 1,770 adults came to our health care clinic for medical advice and treatment.



Dr. Tanmoy Mondal, Pediatrician



Dr. Amit Mukherjee in OPD

3.2 Indoor patients (IPD)

The St. Mary's Child and Mother Health Care Centre has 5 beds to admit patients who need nutritional therapy or are waiting for referral to other health facilities. This year we treated a total of 232 indoor patients, 27 adults and 205 children, including 43 admitted for our nutrition rehabilitation program, as indoor patients. Other diagnoses treated indoors during this year include children with neurological conditions, respiratory infections.



Sujata Jash GNM Nurse



Indoor patients



Child Check Up in OPD



In St. Mary's Clinic

3.4 Nutrition rehabilitation program

Children with severe malnutrition—identified by a wasting z-score of -3 or -4 SD—are admitted to our nutrition rehabilitation program at St. Mary's. In the reporting year, 43 children participated in this program. During their stay, they receive five nutrient-rich meals per day, while their mothers attend educational sessions led by our nurses on key topics such as low-cost nutritious foods, hygiene, recognizing emergency signs in children, and the intergenerational cycle of malnutrition and poverty.



Food Distribution in St. Mary's Health Care Clinic

A core element of the program is promoting responsive feeding and strengthening the mother-child bond during meals. Malnourished and anemic children often have reduced appetites and need active encouragement to eat. Mothers are trained to sit with their child, maintain eye contact, and respond to their hunger cues. This kind of focused interaction helps children eat better and feel secure.

We also guide mothers on how to continue this care at home, emphasizing the importance of offering at least five meals per day, including three warm, home-cooked ones. Many mothers carry heavy workloads, so we work with them to find practical ways to include this in their routines.

To track progress, we monitor each child's development and weight gain based on WHO standards, aiming for the recommended 5 grams per kilogram of body weight per day.

Name of admitted child	Age	Admission Date	Discharge Date, in case of still admitted "N/A"	WHZ at admission	WHZ at discharge/or end of this month	Weight Admission (kg)	Weight Discharge (kg)	Total Weight Gain this month (g)	Total number of admission days	Average Daily weight gain (g/kg/d) minimum 5g/kg/d	Average eaten Kcal/Day during stay
M.M	2y 6m	12.08.24	07.09.24	-2SD	-1SD	8	8,3	300,00	25	1,50	1.676,95
L.M.	10m	20.08.24	06.09.24	-3SD	-2SD	4,8	5,3	500,00	17	6,13	885,78
S.H.	2y	23.08.24	10.09.24	-3SD	-2SD	8,6	9,6	1000,00	17	6,84	1.660,83
M.M.	3y	22.08.24	10.09.24	-3SD	-2SD	12,2	13,2	1000,00	18	4,55	2.201,93
R.T.	1y	07.09.24	17.09.24	-3SD	-3SD	6,9	7	100,00	9	1,61	1.053,80
M.M.	3y 11m	10.09.24	17.09.24	-3SD	-3SD	9,8	10,5	700,00	6	11,90	1.930,90
B.S.	1y	11.09.2024	23.09.2024	-3SD	-2SD	7,2	7,7	500,00	11	6,31	951,16
S.T.	1y	16.10.24	29.10.24	-3SD	-3SD	6,5	7,2	700,00	12	8,97	962,09
N.K.	11m	11.11.24	18.11.24	-3SD	-2SD	7,1	7,7	600,00	6	14,08	845,69
S.H.	2y 3m	15.11.24	27.11.24	-3SD	-2SD	9,2	9,8	600,00	9	7,25	1.416,28

3.5 Laboratory and X-ray

The St. Mary's Child and Mother Health Care Clinic offers laboratory diagnostics for indoor patients and diagnostic x-rays for OPD and IPD patients, all free of cost. Between April 2024 and March 2025, a total of 1,966 tests were performed.

Lab and X-Ray report	Lab test	X-rays	Total tests per month
April	180	52	232
May	56	25	81
June	127	30	157
July	158	48	208
August	190	28	218
September	92	32	122
October	36	31	67
November	183	44	227
December	33	32	65
January	197	48	245
February	133	35	168
March	131	45	176
Total 2024/2025	1516	450	1966

Ultra-Sonography (USG)

Each month, our Sonologist, now Dr. Apurba Kumar Majhi, conducts general ultrasound examinations for children, adults, and pregnant women. During the reporting year, he attended to a total of 79 ultrasound patients, comprising 27 pregnant women and 52 other patients. Ultrasound scans are particularly crucial for prenatal care, a significant aspect of Shining Eyes India's initiatives, as they enable the monitoring of unborn children's health without revealing their gender.



Dr. Apurba Kumar Majhi ,Sonologist

EEG patients

During the reporting year 48 EEGs were performed.

ECHO and ECG

Every three months, we are fortunate to have the expertise of cardiologist Dr. Nurul Islam, who assists us in screening children suspected of heart problems. Any children identified in the villages with heart murmurs and requiring further diagnostics are brought to the St. Mary Health Care Clinic for an echocardiogram (ECHO). For some children needing additional investigation and surgery, guidance are performed .This year, a total of 59 ECHOs were performed, leading to the identification of 35 patients with heart disease, including 11 patients in need of heart surgery through the Government Health Scheme Swasthya Sathi.



Dr Nurul Islam Paediatric Cardiologist

Gynecological screenings and family planning methods

This year, our gynecologist, Dr. Utpal Ghosh, cared for a total of 277 women, including 131 pregnant women. The reasons for consultations ranged from treatment of infections to counselling on family

planning and cancer prevention. Our awareness sessions on family planning inform women about different contraceptive methods, including hormone pills, intrauterine devices (IUDs), and condoms.

Although our cervical cancer screening program was pending during the year, we restarted with awareness and testing in March 2025, where we tested 11 women, and according to their reports, they received the needed treatment. Together with our social worker and hospital staff, we organized Pap-smear and going forward. This step is essential in re-establishing cervical cancer prevention services and increasing access for women in rural areas



Dr. Utpol Ghosh, Gynecologist in OPD

Neurological screening

Throughout the reporting year, our trust president Dr. Swapan Kumar Mukhopadhyay checked 255 patients for neurological diagnosis, from which 148 were children and 107 adults.



Dr Swapan Kumar Mukhopadhyay, Paediatric Neurologist with assistant Satyanarayan Roy

Cancer patients

Throughout the year, we assisted 7 cancer patients in obtaining diagnosis and treatment, including chemotherapy and surgery, under Swastha Sathi Govt. of West Bengal Scheme.

Trustees

All members are working on a voluntary basis. The overall goal of this charitable trust is to provide medical care and guidance to the needy children and mothers in the rural area. This includes curative measures with follow-up and village health checkups as well as preventive programs to improve nutrition and hygiene. The trust works for the poor and tribal families surrounding Bolpur at Birbhum District. The focus is to give care for malnourished and anemic children, pregnant women, handicapped children. This is conducted in “St. Mary’s Child and Mother Health Care Clinic” at Makarampur, Bolpur.

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