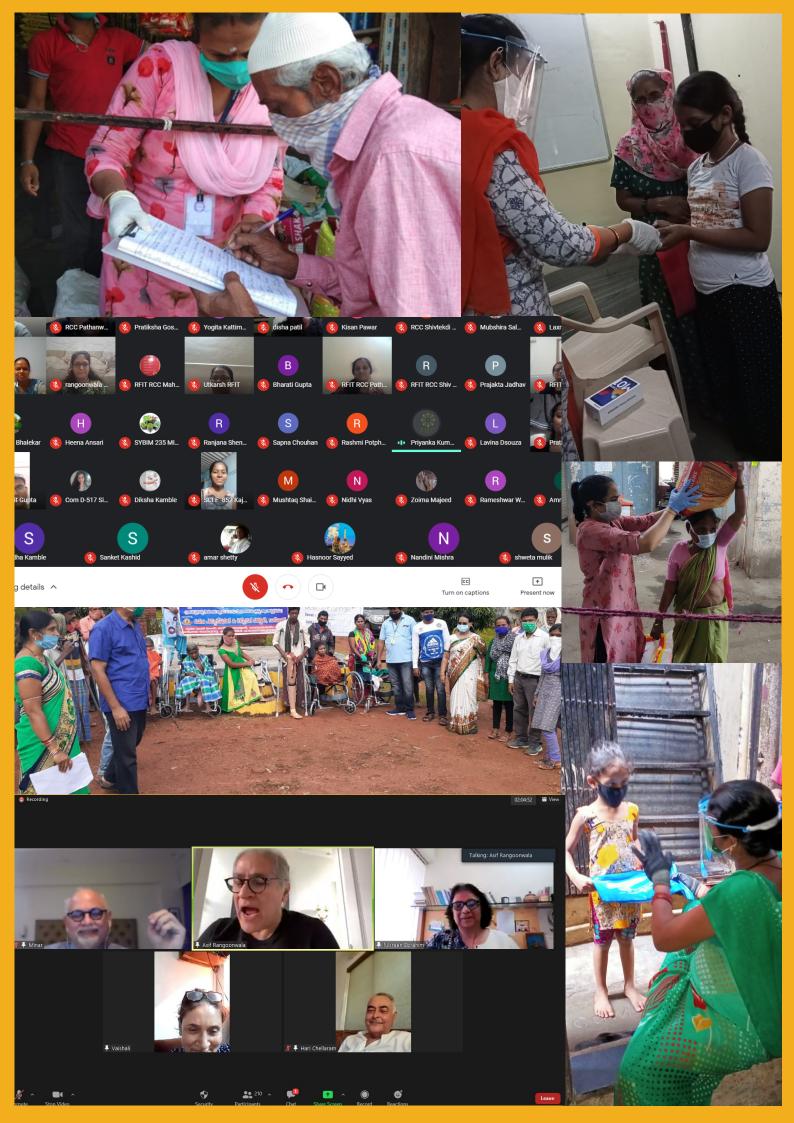


Rangoonwala Foundation (India) Trust

Annual Report 2020-21



The Covid19 pandemic has thrown up enormous challenges for lives as well as livelihoods. It has changed the way we work.

Maharashtra, our home State and Mumbai where we are based, were one of the worst affected in the country.

It is said Mumbai never sleeps, but the pandemic induced lockdown brought a sudden pause in many ways. For many, living 'inside' the house was a new experience. Most homes in Mumbai's slums are not large enough to hold the whole family together at a time. Dwindling resources, no avenues to borrow and mental stress made survival a challenge for many.

We have worked through one of the longest and harshest lockdowns continuing to maintain our connect with people. Our committed team and strong community based volunteer cadre made this possible.

Pivoting our work to the realities of the situation was a continuous endeavor during the year. Each programme component was reviewed,re-structured and re-started. Standard Operating Protocols (SOPs) were worked out in the context of the new normal- from safety and sanitization in office and the Centres as well as for each programme component -- be it counseling, health teleclinics, community based work with children, case facilitation for patients and students, etc.

The Covid 19 pandemic and emerging issues related to corona and non- corona patients as well as increased socio-economic vulnerabilities of people due to the lockdown, various degrees of restrictions and their impact on livelihoods, education, daily living were the core on which we focused our work this year.

Information dissemination was done on all relevant topics related to Covid19, health access & treatment costs; education, livelihoods & entitlements by all programme verticals and also with RF(I)T contacts in the city, state, as well as at the national level. We reached out to 154,966 people.

We work in uncertain times. The past 16 months of the pandemic, the second wave being much more harsher, the complexities of working in Mumbai which has been by far the most conservative in the country in easing pandemic related restrictions continue to be a challenge. The inadequacy of the Covid 19 vaccine roll out adds to this challenge.

We persevere to unlearn, learn and re-learn in keeping with our need based approach. Our Activity-to – Impact Paradigm through our 6ks help us plan, reflect, review and regroup in a fast changing macro and micro environment

Nisreen Ebrahim CEO

# RF(I)T – an Overview

Rangoonwala Foundation (India) Trust-[RF(I)T] registered in 2003, is a Mumbai based people-centric organization working with communities to achieve inclusive and sustainable development.

With development programmes focusing on issues of health, livelihood, capacity building and community services across population groups, we aim to achieve long-term sustainability and socio-economic self-reliance in marginalized communities.



## Our 6 Ks

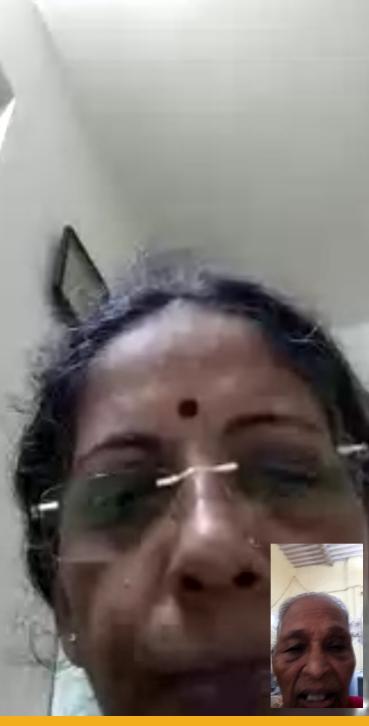
- Kya kar rahe hain
- Kyu kar rahe hai
- Kab kar rahe hai
- Kaise kar rahe hai
- Kiske saath kar rahe hai
- Kya hoga

...our activity to impact paradigm continues to guide our need-based service delivery to rights-based approach, strategy, plans and implementation.



### Rangoonwala Community Centres (RCCs):

atmanirbharta ke path par...... on the road to self reliance





**RCCs** - our direct interventions with the resource poor in the slums of Premnagar- Bandra Plot, Subashnagar- Bandrekarwadi, Shivtekdi in Jogeshwari (East), Mahakali in Andheri (East) and Anandwadi & Pathanwadi in Malad (East) in Mumbai remained the focal point of our relief work and development interventions during the year.

#### Our work during the year at a Glance:

Work with Population Groups	Participation
Work with Children: Virtual –cum-Home Based Bal Umang, on line meetings with parents and children, Bal Utsav- Reaching the Unreached Children, Virtual-cum-Home Based Festival and Summer Camps	22,887
Work with Youth (online): Value & perspective building training for reflect group youth; volunteer cadre Building, facilitating social work students, identification & primary assessment of needy students for scholarship, skill or employability trainings	2,345
Work with Women (online): Yoga, Mehendi & Beautician trainings (including Covid 19 safety protocols), Volunteer cadre building & facilitation, Closed group counseling for victims of domestic violence, sessions for single women, specific inputs and guidance on reproductive health, English Communication, Women's Day celebrations	4,451
Work with Senior Citizens- Women (online): Weekly input sessions on different topics, Yoga, Dance Movement therapy, Session on various health topics, Self-defence training, art therapy etc and nutrition support to very vulnerable single women	386
Work with Groups (online):* Health Consultation Tele-clinics, Counseling, Computer trainings - MS office- Word, Excel, PowerPoint through different modules, Tally for accounting, Desk Top Publishing for designating, focus on mental health through counseling services, Input sessions on various topics by subject experts like Right to Information, Public Distribution System, TB, CKD & reproductive health, Stress Management, Parenting, Substance Abuse etc. We also continued our TB Programme- supplementary protein rich nutrition support, linkage to the Govt. NTEP, referrals etc.	
Outreach: Information about Govt. Schemes, Covid 19 updates, entitlements, sharing initiatives being undertaken by RF(I)T	91,662

This excludes Covid 19 relief support, which is detailed separately in this document.

\* Activities/ initiatives in which mixed groups – children, youth, women, senior citizens, and full families (e.g. TB programme) and at times men from the community (e.g. Monthly Open forums and Volunteer Cadre meetings and processes) participate have been categorized under work with groups.

Analysis of kidney status health camp data since the inception of RCCs is being undertaken under the guidance of our consulting Doctor.

Sanitation being a determinant of health, we undertook rapid assessment of community toilets in RCC areas and filed complaints in the 2 Municipal wards that RCCs come under. Meetings were held with 10 Corporators/local leaders on the issue of sanitation & hygiene at Community toilets

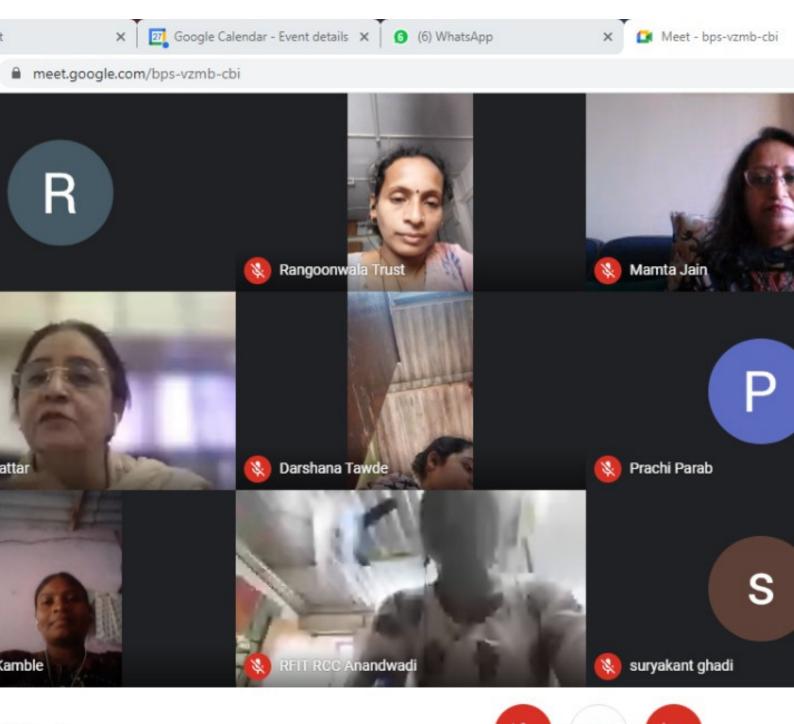
Processes for a baseline survey were initiated with an external Consultant.

**Bal Umang-** our intervention with children (6-12 years) was piloted in a new, hybrid formathome based -cum-virtual in July 2020.

Our Annual Event- Bal Utsav- celebrating Children's Day, reached out to 3,893 children on the RCC operational areas over 2 days. Children were given do-it your self activity kits and a goodie bag. In the pandemic, academics as well as co-curricular and extra- curricular activities for children are not a priority for parents as they struggle for survival. Our interventions with children sought to address this in a small way.

Different modules have been worked out for online Computer training.

Most of the work with Youth is now facilitated through the Utkarsh Youth Development Programme. RCCs organized virtual Summer Camps for Youth as well as other processes, mostly identification and referrals.



#### We saw many firsts at RF(I)T this year.....

Being a people-centric organization ,we draw our strength from the never say die spirit of the people we work with in Mumbai's bastis. Where there was a will to overcome, we now saw hopelessness. We saw women trying to hold their families together despite many odds. Pivoting to keep up with the changing realities seemed the only option.

Before the pandemic, our six Rangoonwala Community Centres in the western suburbs of Mumbai, were bustling physical spaces in the midst of congested slums, which women and children could easily access to focus on their capacity building and health needs.

Skilling has been an integral part of our interventions.While entrepreneurship was a choice before, it now had become a necessity. Incomes which families grudgingly considered supplementary before, became a ray of hope for survival in the new normal.

Necessity helped surmount the technological divide. Online, network, data pack etc. were integrated in the vocabulary and became a way of life, be it with borrowed or shared smart phones.

Virtual meetings replaced community meetings and online trainings replaced Centre based ones.

Our efforts in tweaking skill training modules and training methodology where ever possible are showing results.

Given that working from home was becoming the way of life, we focused on online computer trainings with a vocational focus. A range of trainings helped those who had lost touch regain their skills as well as confidence, increasing income earning potential. Our community youth have found these trainings of immense value. For women who had some basic mehendi application and beautician skills, we started online trainings which included Covid safety protocols for self and clients.Kits were given to trainees at the end of the training to support entrepreneurship. Our Mehendi artists were invited to apply mehendi at a wedding as soon as the lockdown eased giving much needed incomes and more importantly many more contacts!

The most empowering experience in these times has been that of our women enteprenurs who learnt making cleaning materials of commercial quality – phenol, liquid floorand toilet cleaners and liquid bleach.

This was a new initiative for RF(I) T. The pandemic brought into sharp focus the dismal state of sanitation and hygiene in community toilets. At timesCovid positive patients were also using the same facilities as others --- there were no options. We started processes to make people aware of the impact of these conditions on health. Groups of women showed interest in monitoring this.

Simultaneously we started processes to train economically vulnerable women to make the cleaning materials combined with entrepreneurship training – sourcing, costing, packaging, marketing .

Today, this small but growing group of women volunteers and entrepreneurs ensure hygiene at more than 100 community toilets in the bastis . The entrepreneurs are steadily building a dedicated clientele earning between INR 4000 to 12,000 per month

Building skills around utility products and services which do not require much resource investment and in a city like Mumbai- do not occupy space for material and equipment in small homes, have a better chance of translating to incomes and hence building lives in these trying times Mental health remained a dedicated area of focus though the year. We telephonically reached out to every client associated with us for Counseling. Domestic violence, substance abuse and similar issues which were magnified in the pandemic were given special attention and handled through closed group sessions

The process of RCC replication was started with the resource partner Dasra. The process was paused by them during the second wave and since their organizational policies prevent any on –fieldinteractions/ site visits, we aretrying to work out a way to move forward on this. RF(I)T has done recces in two areas where theRCC 2.0 model can be set up.

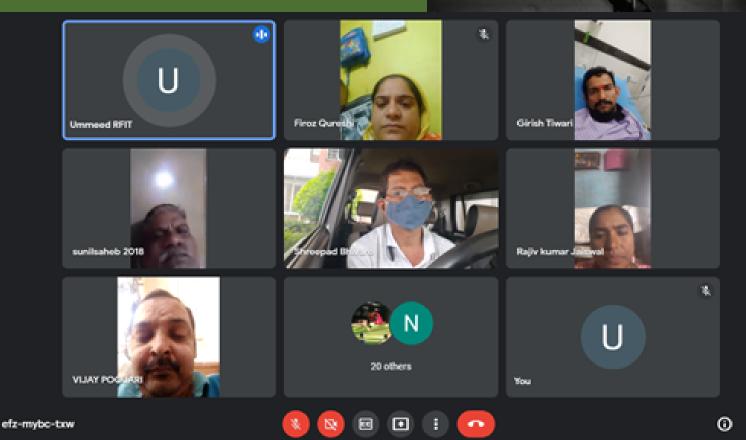




## Ummeed Health Programme:

ek swasth jeevan ki aasha .... hope for a healthy life



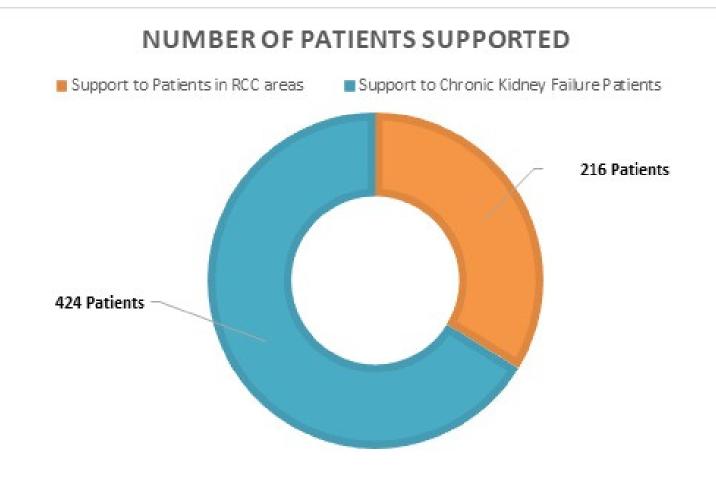


This intervention supports patients, advocates their issues and builds awareness on patient's rights through our Satark Mareez Haak Abhiyaan. A dedicated area of work in the Mumbai Metropolitan Region has been with Chronic Kidney Disease (CKD) patients. We have promoted the Ekta Support Group of CKD patients and their families- they bond, interact, support each other, lobby & advocate for issues affecting them.

The advocacy efforts at the beginning of the lockdown for access to Government buses for CKD patients with 5 Municipal Corporations in the Mumbai Metropolitan Region paid dividends fortravel in local trains too! Identity Cards given to patients for Bus travel and in some cases the Ekta Support Group IDs were considered valid. This immensely eased the commuting hardship of patients on maintenance Dialysis who have to travel for treatment 2 to 3 times per week.

Virtual case facilitation was done city wide for CKD patients and for all categories of patients in RCC areas. The SOP was worked out for this. Video calls were done wherever possible with patients or their family members instead of home visits. Team participated in online trainings/ webinars to keep themselves abreast of current issues.

The intensive campaign undertaken in July for the extension of the State MJPJAY Insurance scheme for all citizens for Covid 19 cover was successful, with the scheme being extended to Oct. 31, 2020. This was done by RFIT team & volunteer cadre as well as by taking up issues as members of the state wide health network Jan Arogya Abhiyaan.



Treatment guidance was given to 219 patients. This proved very valuable for patients to access treatments, avail benefits of Govt. Schemes and also avail low cost treatments. We reached out to 31515 people with information on various health issues including mental health, Covid 19 awareness, Govt. notifications and schemes as well as services provided by various stakeholders.



Support to a Patient for Stoma Bags

### Campaigns:

RF(I)T virtually reached out to 154,966 people this year though it's campaigns, outreach and mobilization processes . This includes volunteering assignments done by students.

ACKD Training of Trainers was done with 30 health animators. Treatment Guidance sessions were conducted with stakeholders in RCC areas and with groups of CKD patients.

Information on various health issues including Covid 19, Government schemes and notifications as well as information related to education, scholarships, Govt. schemes, training opportunities etc. were shared.

