

Antrag Nr. 14

Verbesserung der Wohninfrastruktur

Ein Projekt der Stiftung Calcutta Rescue

Angefragter Betrag: **35'000**

Projektland: **Indien**

Kategorie: **Soziales**

Anteil Solifonds am Projektbudget: **27%**

Organisation bereits unterstützt: **nein**

In den Slums Dakshineswar und Tank No. 12 in Kolkata mangelt es an Hygiene und Privatsphäre, die Monsunzeit bringt jedes Jahr Überschwemmungen und verschlechtert damit die Lage. Die Stiftung Calcutta Rescue will die Lebensqualität durch eine Verbesserung der Infrastruktur erhöhen. Die Stiftung plant, die Häuser widerstandsfähiger zu machen und somit die Verletzlichkeit der Bewohner/innen zu verringern.

In Slum Dakshineswar sollen mit dem Beitrag der ABZ 110 Häuser repariert, zwei Badehäuser für 190 Haushalte gebaut und 7000 Quadratmeter Nebenstrassen erneuert werden. In Slum Tank No. 12 soll die Struktur von 130 Häusern verbessert sowie 2500 Quadratmeter Nebenstrassen repariert werden.

Antrag an die Vergabekonferenz vom 28.10.21

Projektname	Verbesserung der Wohninfrastruktur in städtischen Slums / Kolkata, Indien
Organisation	Stiftung Calcutta Rescue (Stiftung CR)
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Haben Sie einen Antrag an eine frühere Vergabekonferenz gestellt? ¹	<input type="checkbox"/> Ja <input checked="" type="checkbox"/> Nein

Projektbeschrieb	Die Monsunzeit bringt jedes Jahr Überschwemmungen und gesundheitliche Probleme. Es besteht die Notwendigkeit in Infrastrukturen zu investieren, um die Lebensbedingungen zu verbessern. Betonierten Seitengassen, stabilen Dächern und Wänden, sowie der Bau von Badehäusern, um Hygiene und Privatsphäre zu gewährleisten dort wo unsere Strassenmedizin-Team arbeitet. Medizinischen und lebensstandardbezogenen Interventionen ergänzen sich gegenseitig, die sozialen Probleme werden ganzheitlich angegangen.
Wo findet das Projekt statt?	Das Bauprojekt betrifft die Slums Dakshineswar (DKW) und Tank No.12 (T12) in Kolkata. Unsere umfangreiche Studie zur mehrdimensionalen Armut zeigt, dass 100 % der Bewohner:innen des Slums T12 und 92 % des Slums DKW keine robuste Unterkunft haben, was sie extrem anfällig gegen Witerrungen macht. Zudem gibt es in beiden Slums keine geschlossenen Bademöglichkeiten. Es mangelt an Hygiene und Privatsphäre, insbesondere für die Frauen und Mädchen, aber auch für die Männer.
Was möchten Sie mit diesem Projekt erreichen?	Das Ziel dieses Projekts ist es, die Lebensqualität in den Slums durch infrastrukturelle Verbesserungen zu erhöhen. Wir planen, die Strukturen der Häuser in diesen Slums zu verbessern, um sie widerstandsfähiger zu machen und somit die Verletzlichkeit der Bewohner:innen zu verringern. Da die Lebensstandard in direktem Zusammenhang mit der Gesundheit stehen, wird die Anzahl der medizinischen Eingriffe längerfristig reduziert. Die Prävention ist wichtig und führt zu mehr Effizienz.

Warum sollen wir dieses Projekt unterstützen? Wieso erfüllt es unsere Kriterien?	<p>Unser Projekt setzt sich für extrem benachteiligte Menschen ein und hat einen direkten Bezug zum Thema Wohnen, denn die Wohnqualität von 410 Familien wird verbessert.</p> <p>Die reparierten Nebenstrassen helfen 1700 Begünstigten, auch während des Monsuns (Juni-Sept) nach draussen zu kommen und ihren täglichen Erwerb nachzugehen. Zudem werden die Badehäuser für mehr Hygiene sorgen.</p> <p>Mit diesen verbessernden Massnahmen sinkt das Risiko von Infektionen und Krankheiten, die Lebensqualität wird erhöht.</p>
Wofür wollen Sie das Geld des ABZ-Solidaritätsfonds spezifisch verwenden?	<p>In Slum DKW werden insgesamt 7000 Quadratmeter Nebengassen in der gesamten Slum-Gemeinde repariert, 110 ausgewählte Häuser widerstandsfähiger gemacht und 2 Badehäuser für 190 Haushalte gebaut.</p> <p>In Slum T12 werden 2500 Quadratmeter Nebengassen repariert und 130 ausgewählte Häuser solider und witterungsbeständig gebaut.</p>
Wann und wie wird Ihr Projekt umgesetzt? Welches sind dabei die wichtigsten Meilensteine?	<p>CR hat bereits Erfahrung mit der Durchführung von Infrastruktur- bzw. Sanitärprojekten. Administrative Hindernisse sind unwahrscheinlich, da CR bereits in den letzten Jahren mit der Stadtverwaltung gearbeitet hat. Zwischen Nov-Dez '21: Vermessung und Bedürfnisse der Bewohner:innen erneut prüfen. Jan-März '22 Bauarbeiten und anschliessende Überprüfung und Anpassung an die Nutzung. April '22 Übergabe der Wartung an die Slumgemeinde.</p>
Total Projektbudget	CHF 130'067
Personalkosten	CHF 9'635
Materialkosten	CHF 120'432
Eigenleistungen (Ansatz 35 CHF/h)	freiwilligen Arbeit
Bei weiteren Geldgebern angefragt	CHF 95'000
Gewünschter Betrag²	CHF 35'000

¹Dasselbe Projekt kann nur einmal unterstützt werden. Ihre Organisation kann jedoch Unterstützung für ein neues Projekt beantragen.

²Die Vergabekonferenz spricht maximal 35'000 CHF pro Projekt. Ab einem gewünschten Betrag von 10'000 CHF müssen Sie zusammen mit diesem Antrag ein detailliertes Projektbudget sowie einen Jahresbericht Ihrer Organisation einreichen.

Bitte beachten:

- Senden Sie Ihren Antrag **bis am 30. Juni 2021** per Mail an solidaritaetsfonds@abz.ch. Möchten Sie zusätzlich Bilder oder einen Jahresbericht einreichen, können Sie diese gerne dem Antrag beifügen.
- Sie erklären sich damit einverstanden, dass die ABZ Ihren Antrag und die eingereichten Bilder und Dokumente verwenden darf zur Information ihrer Mitglieder und der Öffentlichkeit.
- Eine Wegleitung zu diesem Antragsformular sowie eine Liste mit den häufigsten Fragen finden Sie auf www.abz.ch/solidaritaetsfonds zum Download.



Calcutta Rescue

Annual report 2019-20



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Letter from the Chief Executive

Jaydeep Chakraborty
Chief Executive

When FY19-20 started, we knew it was going to be another exciting year. We were looking forward to launching our new strategy formulated at the end of the previous year. This meant providing more holistic care for the communities we serve by better integrating our health and education services, improving slum conditions such as sanitation and water, and forging partnerships to help meet these objectives. We also knew we needed a way to measure whether we were achieving our goals and were very eager to complete our first every poverty survey of the slum areas where we were working.

What we did not know is that by the end of the year we would be confronting the most challenging external global shock of our lifetimes – the COVID 19 pandemic. In response, the Indian government took drastic action imposing one of the strictest and what subsequently became one of the longest lockdowns in the world. Children were not learning in school, people were not getting treated in healthcare facilities, and jobs were being lost.

Starting in February, Calcutta Rescue began working on a plan for how we could continue to support our beneficiaries, protect staff, and reduce the spread of the disease if it reached West Bengal. The first priority was to warn people about the virus and explain how they can protect themselves. With the first confirmed case in Kolkata in March, it became clear that we would have to face the virus too.

The suddenness of the lockdown had our service users in a panic – as we received dozens of frantic phone calls from them demanding their life-saving medicines. Some were even desperate for food. Driven by their needs Calcutta Rescue's reaction was swift. With public transportation down and strict police enforcement of the lockdown, a small crew of around 20 staff ensured the packing and delivery of hundreds of food parcels and medicines to students and patients in Kolkata and the surrounding districts. Our teachers also quickly mobilized and by the end of March, CR was already conducting online or phone classes to around 60% of its students.

Up until the outbreak of COVID 19, we are proud of some of our accomplishments for the year and equally aware of our areas of improvement. In 2019, we launched our first multidimensional poverty survey. The primary aim of the survey was to enable us to construct a multidimensional poverty index in the same vein as the UN's Global MPI. CR is now in a position to compare slum areas in the same way the UN compares countries and regions. We are also better placed to tailor our interventions, focus our resources and measure our impact. I also believe that CR now has one of the largest data sets on poverty in contemporary Kolkata, which is of high quality and is already changing and improving the way we work.

On the Funding front, Calcutta Rescue raised close to Rs.700L of income during the year. After several years of improved performance, unfortunately, only 8% of this total, Rs.55L, is from Indian donations. During that year we added a Head of Fundraising to our Kolkata team, and early signs indicate that the following year will be much better. The year ended with an operating surplus of Rs. 48L.

What lies ahead over the coming weeks and months is very hard to predict - in this dangerous and rapidly evolving situation. But two things are certain. Firstly, we will continue to do all we can to support our beneficiaries regardless of the challenges we face. And secondly that any support will be well used and will help keep staff and thousands of poor people in the villages and slums safe during this hugely difficult period.

None of what we do would be possible without your help and so I want to end by thanking all our kind donors and volunteers around the world, on behalf of all of us in Kolkata, for your unwavering generosity. What you give is more than money. We know we are not alone facing this, that you care and that you will stand with us, shoulder to shoulder until this crisis is past.

And that is something that is beyond price.

From our Governing Council



2019 happened to be the year when I stepped into my new role at Calcutta Rescue. Within a few months in early 2020, we were hit by one of the worst pandemics humankind has ever seen, at least not since the last 100 years! To have been blessed with an opportunity to be right there as a part of Team Calcutta Rescue at this crucial juncture has been an extremely humbling experience for me personally.

Overnight we were all thrown into the whirlpool of fear, helplessness, with the spectre of death looming large over all of society. The crisis put to test all our innate survival skills in the face of the unknown, skills of thinking innovatively on the feet and executing them at top speed whilst never being too sure if that was truly the best option.

I am extremely proud to say that over the last 6 months of the Covid crisis, this amazing team of 150 strong incredibly dedicated and selfless employees of Calcutta Rescue have passed the test of fire and come out with flying colours answering the supreme call of duty of serving humanity. They ignored the grave risk to their own lives at every step and reached out to the poor and needy with critical care medicines, dry food rations and nutrition packets, ensuring continuity of education to all our 650 plus children through online classes, reaching food to the houses of these children and their families as well, knowing fully well that no studies can happen on an empty stomach.

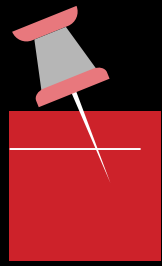
This yeomen service given by our employees has been possibly the best tribute we at Calcutta Rescue could have given to the legendary, visionary founder Dr Jack Preger MBE. It is on his broad shoulders that he built the golden pillars of such an outstanding institution – believing in the truism that there is the only one true religion in this world – the Religion of Humanism.

I also acknowledge with a deep sense of gratitude and humility the huge support extended to us by all our donors across the world including India, the International

Support Groups, volunteers and all support staff who so magnanimously give us the much need assistance without which we could not have succeeded in touching so many lives.

I am truly confident that in the years ahead, we will continue on our mission with even greater determination and fortitude, touching more and more lives and spreading the message of kindness, compassion and above all hope.

Samindra Roy
Honorary Secretary

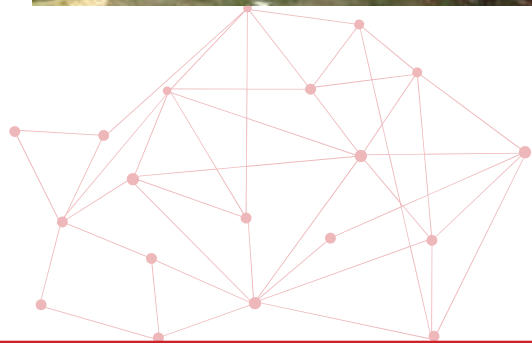


What happened in 2019-20?

April

Thousands of people in Malda district, West Bengal, will be protected from the devastating long-term effects of arsenic poisoning thanks to the support of UK-based charity Every Well Water Foundation (EWWF). EWWF is providing three years of funding for filters on wells that we manage in 12 villages across Malda, near the border with Bangladesh.

Read more about our Safe drinking water project on page 44



May

New vision statement unveiled by chief executive, Jaydeep Chakraborty, at the charity's international conference in Amsterdam: Creating opportunities, transforming lives

He explained that the aim is to work in a holistic way with whole communities going forward, which means providing, or working with other organizations, to provide healthcare, education and infrastructure improvements in slums such as clean water and toilets.



May

There has been a great improvement in the level of stunting among children in one of Kolkata's worst slums since Calcutta Rescue started working there last year. As a part of the project of implementing the feeding programme for children in Liluah Bhagar, we are distributing peanut butter, eggs and other high protein food along with immunising the children for protecting them from a wide range of diseases.

Read more about our Street Medicine project on page 28



June

Calcutta Rescue students took part in a very informative and energizing career counselling session at Talapark School today conducted by Mr. Debraj Roy, HR Head SONY and Ms. Ria Kar. Students clarified their queries on different vocations. After the group session there was one on one session also.

Read more about our fundraising collaborations on page 50



July

Dr Jack enjoyed a retirement tea party at the House of Lords, London with the members of the UK Support Group and former volunteers who celebrated his 40 years of service to the poorest of the poor.

We celebrated our first-ever Founder's Day event on 25th July to mark the birthday of Dr. Jack Preger and honour the incredible efforts of our staff, volunteers and Governing Council members.



August

The number of patients visiting our Nimtala Clinic has increased by 50% in the past year and a second doctor has been employed to cope with 4,000 patient visits over the past year. This clinic provides specialized wound dressings to the patients requiring long-term wound-care treatment.

Read more about our Nimtala clinic on page 25



October

Our students Dilip Mondal, Rishika Singh and Priyanka Shaw secured good marks in their Class 12 exam and attended the Industry Readiness Programme supported by Calcutta Rescue. Now Dilip works in WEBEL, Rishika works in Cafe Coffee Day, while Priyanka has been hired by Pollinate Energy.

Read more about our Vocational training project on page 37

September

On International Day of Charity, Kolkata's British Deputy High Commissioner, Mr. Bruce Bucknell, visited one of the bustees where our Street Medicine team work to understand our new targeted and metric-based approach for measuring poverty in the slum communities.

Read more about our MPI study on page 14



November

On the International Day for the Elimination of Violence against Women, 25th November, we organised an awareness event where our mental health team talked about various scenarios where women are abused and advised how to fight them by being financially independent.

Read more about our Mental Health project on page 38



December

Every Thursday evening, the Fairlawn Hotel on Sudder Street hosts our colourful handicrafts bazaar. Our handicrafts project provides employment and meagre wages to the dropout students of our schools and the cured but unemployable patients of our clinics.

Read more about our Handicrafts project on page 40



January

On 18th January 2020, we celebrated our education centres' Annual Day. Ellenbarrie Industrial Gases Ltd. felicitated our successful students who are now working, with laptops and tabs. Our students mesmerized the audience with impeccable performances that portrayed the pictures of the present times.

Read more about our Education project on page 32



Every year over 200,000 patients of leprosy are detected throughout the world and half this number belongs to India. On 30 January, World Leprosy Day, Calcutta Rescue celebrated the occasion with its patients assuring them of our service and our care.

Read more about our Chitpur clinic on page 22





Research

February

Tala Park clinic is treats nearly 90 regular cancer patients every month. On 4th February, 2020, we celebrated World Cancer Day by arranging cancer awareness and educational programme. Narayana Super speciality Hospital arranged free oral cancer and breast cancer checkup while Parivar Seva Clínic arranged counseling sessions for our patients.



Read more about our Tala Park clinic on page 18

March

On 6th March, we celebrated Women's Day by conducting a poster making competition with the support of Gainwell CAT. Taking the theme "Each for Equal" to their hearts, the students went to the nearby bustees and sensitised the dwellers on the importance of educating girls.



March

As the lockdown started in India due to coronavirus, we closed our clinics and schools but continued to provide dry ration and medicines to our beneficiaries. Our teachers continued with video calls and worksheets over WhatsApp to teach the students.

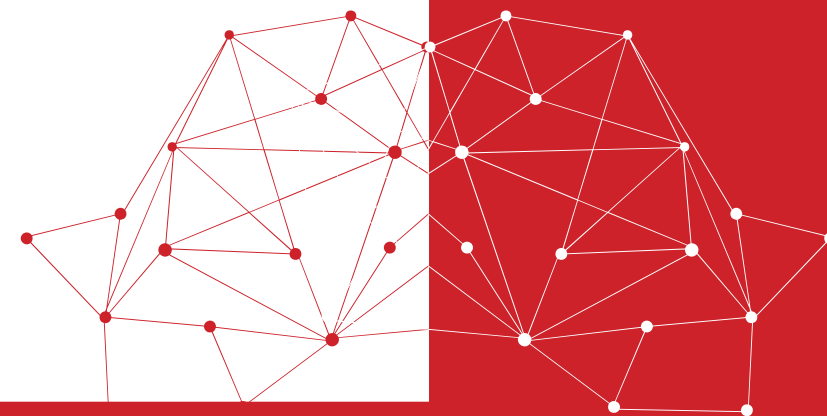
Read more about our work during Covid crisis on page 46



Well-designed research can serve many goals, and is increasingly recognized as a fundamental requirement for NGOs, working synergistically with audit and management structures to provide the best service to a specific population.

First, research can support decision making by providing an evidence base for programmes targeting specific patient groups. Evidence-based programming such as needs assessments can provide useful information to management teams to prioritise services and manage budgetary constraints more effectively. Second, research can inform management teams about the effectiveness of these activities – so called impact research. Third, research can be used to improve patient care at an individual and group level. Specifically, information about patients' perspectives (e.g. perceived barriers/enablers to therapy adherence, access to care) and their knowledge, attitudes and practices towards a variety of health issues can help target interventions more holistically. Last, research can be used to optimize fundraising by providing potential donors with well-researched, evidence-based targets for contribution, thereby ensuring a culture of accountability and transparency.

Over the past few years, Calcutta Rescue (CR) has actively expanded its research activity. Starting with small scale projects carried out by volunteers and students, CR has identified developed an institutional research strategy focuses on three core research areas areas: (1) research on the multidimensional nature of poverty; (2) research on malnutrition in children; and (3) research on mental health. CR research is currently coordinated by a task force group consisting of former long-term volunteers with a research background and/or specific expertise in a particular field, Jaydeep Chakraborty (CEO) and a member of the local staff. The task of the group is to set up a structure for research in the CR context and to ensure rigorous quality control and accountability in research undertaken by CR. This advisory task force aims to rapidly embed research activity in Calcutta by creating links with local universities and oversight committees, thereafter acting as an advisory group to the team on the ground. Listed over the next few pages is a snapshot of three of the latest research projects that are nearing completion or have already produced results.



The MPI Study

The aim of the study was to construct a Multidimensional-Poverty Index (MPI) that would enable CR to rank different slum areas relative to each other. This ranking would in turn help CR management to prioritize resources in and target interventions to those areas that were quantifiably poorer.

The study found a considerable degree of variation in the levels of poverty in each slum area. According to the definition of poverty agreed in the study protocol, the poorest slum was five times poorer than the least poor slum. For 'severe' poverty, the difference between the poorest and the least poor slums was even greater – while there was no severe poverty found in some slums, 56-71% of households in other slums were deemed severely poor. Muslim Households were 50% poorer than Hindu households on average.

Indicator by indicator results revealed a considerable degree of variation across different slums. For example, certain slum areas performed well in one indicator (e.g. vaccination coverage, antenatal care) and very poorly in another which contributes most to poverty across its slum areas.

The MPI data will be a useful baseline against which new data (e.g. after the start of interventions, change since the outbreak of COVID-19) can be compared, helping CR target interventions more cost-effectively.



Percentage of relevant households (those that answered necessary questions) deprived in each indicator

Slum Area	Dimensions																			
	Nutrition	Contraceptive Knowledge	Antenatal Care	Vaccinations	Disease Knowledge	Hygiene Knowledge	Child Schooling	Adult Education	Child Labour	Female Literacy	Water Access	Toilet Access	Housing Materials	Cooking Fuel	Electricity Access	Assets	Living Security	HEALTH	EDUCATION	STANDARD OF LIVING
All Households	45%	45%	56%	29%	68%	50%	23%	57%	5%	49%	21%	37%	84%	50%	27%	57%	88%	49%	33%	52%
N12 Water Tank	61%	18%	71%	26%	64%	72%	13%	67%	4%	61%	61%	14%	100%	75%	80%	56%	100%	52%	36%	69%
Mayuk Bhavan	39%	44%	33%	13%	71%	63%	32%	78%	6%	55%	31%	3%	49%	34%	94%	66%	100%	44%	43%	54%
Garden Reach	52%	67%	59%	24%	76%	69%	20%	67%	0%	41%	17%	0%	93%	68%	24%	79%	97%	58%	32%	54%
Liluah Bhagar	45%	64%	56%	21%	85%	26%	15%	63%	2%	49%	0%	6%	84%	29%	3%	31%	90%	50%	32%	35%
Kestopur (A)	53%	36%	33%	17%	47%	35%	15%	44%	0%	38%	24%	12%	53%	12%	0%	29%	100%	37%	24%	33%
Kestopur (B)	38%	47%	67%	25%	64%	68%	31%	56%	10%	52%	50%	85%	91%	82%	95%	64%	86%	51%	37%	79%
Anandopur	61%	53%	50%	9%	76%	61%	17%	43%	3%	50%	9%	4%	83%	26%	22%	61%	94%	52%	28%	43%
Daighata	16%	38%	13%	47%	72%	71%	19%	63%	0%	41%	38%	41%	90%	66%	3%	50%	88%	43%	31%	54%
Paharpur	40%	38%	27%	41%	72%	71%	29%	63%	0%	41%	38%	41%	90%	66%	3%	50%	88%	48%	33%	54%
Baranagar	40%	14%	38%	25%	52%	76%	6%	55%	0%	38%	58%	62%	90%	52%	19%	43%	95%	41%	25%	60%
Dakshineswar	40%	48%	60%	6%	42%	27%	17%	56%	0%	39%	9%	78%	94%	88%	18%	45%	91%	37%	28%	60%
Canal East (Fire Station)	46%	32%	61%	39%	70%	44%	35%	77%	18%	58%	44%	87%	96%	86%	17%	83%	97%	49%	47%	73%
Canal West (Gas Godown)	48%	31%	33%	15%	65%	52%	16%	60%	0%	54%	13%	92%	85%	54%	4%	41%	98%	41%	32%	55%
Hastings	31%	18%	68%	38%	54%	43%	56%	88%	7%	79%	43%	91%	100%	97%	89%	77%	97%	42%	58%	85%
Jheel Park (A)	51%	37%	40%	40%	61%	75%	28%	50%	0%	64%	14%	24%	81%	31%	3%	33%	97%	51%	35%	40%
Jheel Park (B)	53%	43%	33%	0%	69%	80%	0%	27%	0%	50%	0%	21%	88%	0%	0%	13%	100%	46%	19%	32%
Bagbazar	35%	49%	56%	14%	52%	42%	20%	38%	0%	34%	16%	78%	94%	44%	8%	59%	98%	41%	23%	57%
Tangra	63%	46%	46%	60%	75%	56%	38%	79%	20%	67%	7%	85%	89%	27%	7%	71%	50%	58%	51%	48%
Nimlata	35%	56%	42%	42%	63%	65%	13%	75%	9%	53%	7%	10%	84%	63%	48%	88%	95%	51%	37%	56%
Mecchua	46%	46%	0%	17%	43%	42%	15%	23%	13%	22%	11%	0%	50%	14%	0%	54%	21%	32%	18%	21%
Local Buslee	56%	47%	23%	36%	63%	58%	10%	10%	7%	9%	3%	0%	59%	6%	0%	52%	31%	47%	9%	22%
Bhangamath	52%	30%	0%	17%	37%	45%	11%	14%	0%	20%	7%	0%	53%	0%	3%	20%	70%	30%	11%	22%
Lalmandir	40%	41%	42%	62%	47%	42%	48%	83%	13%	84%	19%	0%	100%	84%	100%	97%	97%	45%	57%	71%

Figure: MPI Survey - deprivations across different slums - the deeper the colour, the worse the deprivation.

Hastings, the worst performing slum, had deprivations as bad as Chad, the 5th poorest country in the world

The Malnutrition Project

This project was built on serial audit data of children aged < 5 years attending street medicine clinic on a weekly basis between April and June 2018. Results of this audit demonstrated a high prevalence of acute malnutrition, (low weight for height), stunting, and chronically malnourishment (low-height-for-age). CR then designed a nutritional support programme consisting of a medical review combined with regular distribution of prophylactic medications, nutritional support, promoting exclusive breastfeeding, and maternal health education.

The programme has been evaluated on a frequent basis, and the protocol was regularly updated based on feedback from staff, volunteers, and slum dwellers. Results at the end of the first year of the programme showed a positive impact in regards to staff knowledge and awareness of malnutrition, as well as regular monitoring of child health through accurate height and weight measurement. The primary outcome of identifying and reversing severe or moderate acute malnutrition was met, with all children in this category showing a sustained improvement in their heights and weights. The impact of the programme on reversing stunting and chronic malnutrition did not reach statistical or clinical significance, in part due to the short follow-up period of a year.

Armed with the knowledge it has acquired through this initial malnutrition programme, CR will aim to shift its focus from short-term solutions – such as the distribution of nutritional benefit packages - towards interventions with longer-lasting impact. First, CR will consider rolling out effective malnutrition screening and growth monitoring to all children who attend CR services. Second, CR will continue to focus on providing education on the benefits of exclusive breastfeeding and vitamin supplementation in pregnant women and their children. Third, CR will consider teaming up with other, specialised services provided by other organizations to improve food security and availability in slum areas of Kolkata.



Projects on mental health

The aim of this research topic is to gain better insight into factors related to mental health problems and resilience of CR service users. One of the projects concerns a quantification of the social emotional and behavioral problems of children attending CR schools. The other project uses data on happiness and life satisfaction of the MPI study to gain insight into factors related to the mental health of the people who live in slums. The data are currently being analyzed.



Healthcare

India's healthcare sector must deal with a plethora of challenges.

With the lowest government spend and public spend, as a proportion of gross domestic product (GDP), and the lowest per capita health spend — China spends 5.6 times more, the US 125 times more — Indians met more than 62 percent of their health expenses from their personal savings, called "out-of-pocket expenses", compared with 13.4 percent in the US, 10 per cent in the UK and 54 per cent in China.

India's existing infrastructure is just not enough to cater to the growing demand.

While the private sector dominates healthcare delivery across the country, a majority of the population living below the poverty line continues to rely on the under-financed and short-staffed public sector for its healthcare needs, as a result of which these remain unmet.

India compares unfavourably with China and the US in the number of hospital beds and nurses. The country is 81 percent short of specialists at rural community health centres (CHCs), and the private sector accounts for 63 per cent of hospital beds, according to government health and family welfare statistics.

For these reasons, Calcutta Rescue's healthcare delivery provides a vital safety net for thousands of impoverished people in the region.

Clinic-wise patient numbers

	2019-20	2018-2019	2017-18	2016-2017	% change from 18-19 to 19-20
Talapark	1452	1968	2025	2063	-26%
Chitpur	140	150	154	162	-7%
Dots	132	148	148	122	-11%
HIV	466	496	484	370	-6%
Disability	144	153	144	140	-6%
Nimtola	4508	4006	2570	2729	13%
Street Medicine 1	5586	5252	6087	7685	6%
Street Medicine 2	4261	4386	5570	0	-3%
TOTAL	16689	16559	17182	13271	1%

Figure: Number of patients per CR clinic

Talapark Clinic

The epicenter of all the clinics, this is the largest clinic catering to a maximum number of patients. A day in the clinic starts with the patients getting their morning breakfast, attending health education sessions, consulting doctors, attending physiotherapy, speech therapy, psychological counseling as per requirement, and at the end receive their medicine with proper explanation of their dosage and their monthly benefit that contains the essentials.



In FY19-20, there was a 26% drop in the number of patients in Tala Park Clinic. This is because CR is focusing more on critical patients like renal failure, leukaemia, or complicated patients with multiple comorbidities. Medicines for thalassemia are now supplied free from government hospitals and so a fewer number of patients are being referred.

We have catered to 466 patients in the HIV clinic. The doctors along with health education staff make sure that they are not at all compromised on nutrition or awareness. The special and general benefits are regularly reviewed according to their BMI and financial conditions. The disability department had 144 registered patients this year.



Physiotherapy: Rehabilitation has been a major highlight this year and our physiotherapists have been working very hard towards it. We have started home visits for patients who are completely bedridden and immobile. Although space remains a challenge, our physiotherapists are trying hard to fight all the constraints and incorporate daily life modifications using available resources to optimize functional rehabilitation of patients. Alessandra Ciullo, a Swiss physiotherapist, and regular volunteer, joined the medical team from August and has been a source of great help. With her guidance and supervision the team has come up with a plan of detailed categorical physical assessment of patients that will in the long run help to quantify the improvement and do an impact mapping. A new physiotherapist was also been appointed to the team.



Cardiac rehabilitation program: Dr Alan Schamroth, a senior UK volunteer doctor came on board also in August 2019 for 6 weeks and has been an invaluable source of ideas for the doctors. Consulting with the Calcutta Rescue doctors, he observed nearly $\frac{1}{3}$ of Tala Park patients were suffering from cardiovascular disease (see later pie chart). He recommended, therefore, the Cardiac Rehab Project where eight cardiac patients will be identified from the patient base, with their consent will be enrolled into a pilot program for six months. One day will be allotted in the month for the programme where all these eight patients will in rotation attend health education, the doctors check up, a specialized pharmacy session, cardiac rehabilitation based physio session and psychological counselling. By the end of six months we will do the impact analysis of the programme. The medical team is very excited for its execution as it will be a pioneering project not only in Calcutta Rescue but as a unique OPD based program across the state of West Bengal.



Continuing Medical Education (CME): Dr Alan Schamroth volunteer doctor from UK developed the concept of CME within CR doctors and pharmacist which will help to develop individual performance, increase knowledge, skills, and professional performance to help to care our beneficiaries in a better way wherein they will have to make a protocol and audit based on a medical condition annually. Also they will record seminars attended, teachings or presentations done, feedback from beneficiaries and other colleagues about their performance. Dr. Alan will appraise each one after one year and assess their weakness, strength, skill development. This initiative was appreciated and gladly accepted by the medical team and management. The medical team was able to complete their protocols and audit by end of this FY and all documents were approved after valuable suggestions from Alan. One audit and one protocol is being discussed in every month doctor's meeting.

Healthcare Case Study

Dose of motivation:

Anwsha Golui, a 4 year old girl child from Howrah(West Bengal), suddenly developed weakness on the left side of her body in May 2018. Her father, the only earning member in the family is a factory worker and had a monthly income of rs 6000. She was first taken to a government hospital where her initial investigations were done. Anwsha is the only child and her parents wanted to give her best treatment they could. With that hope, going out of their way they took her to NIMHANS, Bangalore one of the finest hospitals in India and was operated on 29th sep 2018. She had a parietal AV(arteriovenous) fistula at the brain, her first embolization and angiography showed 90%reduction in shunt volume. The doctors advised for another embolization after 3 months.

It was almost impossible for the family to gather the amount that was required. Her parents had already done whatever they could, club collections, personal loans, sold off personal belonging to get so far. The estimated cost for the second embolization was 2 lakhs and they could only gather 40,000 and eventually approached CR for help. Understanding the urgency of the situation CR supported Anwsha with the balance amount of 1,60,000 and the surgery was finally conducted on 3rd December 2019.

They travelled back to Kolkata. Presently Anwsha is recovering. Physiotherapy is being regularly done. We are planning to give her a pair of orthotic shoes that the doctors have prescribed. She is gradually walking, mild complications like pain and weakness on her right leg persists which will gradually improve by physiotherapy. We as a team are glad to play a small role in her struggle and it is stories like this give us the drive and motivation to keep fighting the odds and reach out to people who need it the most.

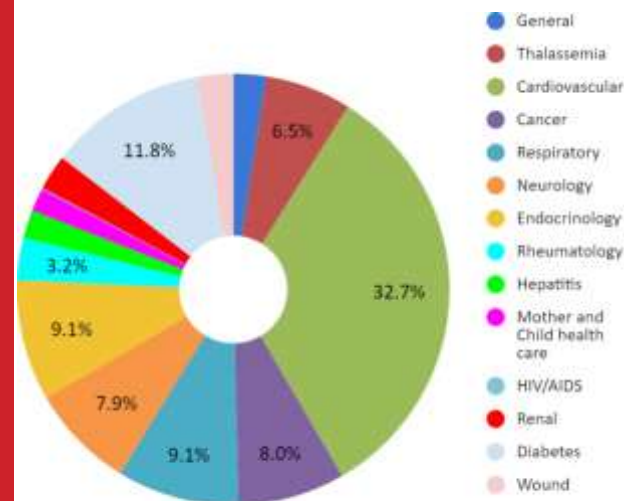


Figure - Tala Park Clinic Patient Categories



Chitpur Clinic

This is a small knit clinic with five staff members, located along the banks of ganges in the interiors of a highly industrial region catering to primarily around 135 leprosy patients. These patients have been CR's beneficiaries for the longest time and most often than not they are seen sharing their fondest memories of Dr Jack among each other and with the staff. Some of the patients travel 100km to the clinic not only to collect their monthly medicines and benefits but also to sit and talk to their friends providing a reassuring sense of community among themselves.

Leprosy, also known as Hansen's disease is one of the oldest diseases known to man. It is a chronic, bacterial infectious disease. The disease mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes. According to World Health organization there is a huge reduction in the prevalence rate of 57.8/10000 in 1983 to less than 1/10000 by the end of 2005. Despite advances in all spheres of medical science, leprosy continues to be a public health challenge in countries like India. Other challenges remain – continued delay in detecting new patients, persisting discrimination and limited impact on transmission of leprosy. The State Government's survey for leprosy has completely stopped which is also a reason why the number of detected cases have reduced. We have had three positive cases in Chitpur this year through the inhouse patient networking.

Also, while operating in the slums the Street Medicine projects refer patients to the specialised Government leprosy clinic called School of Tropical Medicine for diagnosis. After diagnosis, if need arises, then the patients are referred to Chitpur Clinic either for the purpose of wound care or physiotherapy.

Pramila, one of our oldest staff, who have spent more than 35 years of her life with CR is said to have the hands of a magician. A lot of our leprosy patients have chronic and acute wounds that she dresses with utmost compassion and fine skills. Dr. Alan Costa, a Swiss volunteer doctor, conducted an elaborate training session on non touching dressing technique with proper preventive measures ensuring faster healing of wounds. A wound care committee has been formed and a periodic staff assessment of wound care is done by Sheila and Babita that evaluates and enhances the overall performance. We have 30 registered patients for wound care out of which 50% shows good progression. Chitpur also works very closely with The Hope Foundation, The Titagarh and Maniktala Leprosy mission where our patients are admitted either for wound care or other services that we are not able to provide. 30 of our patients have been admitted to Titagarh this year.

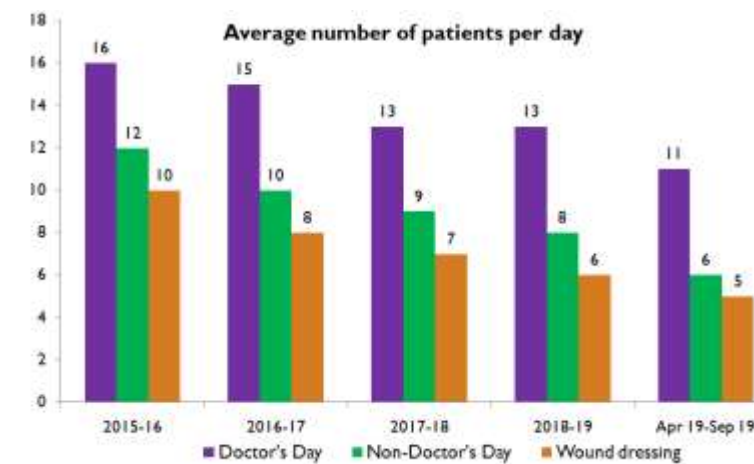


Physiotherapy is an integral component of leprosy patients and our physiotherapists here work towards maximising skillful functional development of the patients. Many of the patients already have deformities on their hands, feet and fingers, as a result of which their daily life activities are hampered. Due to disrupted nervous system there is sensory loss as well. Hence they work towards developing functional gripping technique, and various other hand functions to optimise their rehabilitation. Orthoses and shoe modification plays an integral part of their rehabilitation process as well. Titagarh Leprosy mission with CR has decided to provide new orthotic shoes to the patients at Rs 200 per pair which is almost 50 % less than the market price. This has been an effective decision as we can now cater to more number of our patients with the same budget. Titagarh has given 35 new pairs of shoes to patients this year.

Merging Chitpur clinic with Calcutta Rescue's other clinics has been a point of discussion during the financial year. The volunteers along with the decision making body of CR is considering the following factors. Firstly the number of active leprosy cases is dwindling with only three in FY19-20. The treatment of the majority of patients can therefore be better served in CR's largest clinic due to availability of better resources. Secondly the decreasing number of patients means CR's overall cost per patient is increasing. The doctor patient ratio is 1:11 in Chitpur compared to 1:22 in Talapark.

But due to the onset of COVID pandemic and lockdown in India from end of March 2020 Calcutta Rescue decisions to merge the Chitpur clinic has been postponed.

Chitpur clinic-an analysis



When **Gour, the clinic supervisor** was asked to talk about what makes Chitpur clinic special among the other projects he said that **“Chitpur caters to the most vulnerable and needy people of the society. Irrespective of the awareness, leprosy still remains highly stigmatised and even if the patients has already been cured they continue to go through discrimination on the social ground. The clinic provides a safe space for all these people and has helped them develop a ecosystem among themselves that gives them a lot of emotional and psychological strength to fight their daily life challenges.”**

Healthcare Case Study

Biswanath Majhi, a 42 year old diabetic living in Burdwan district of WB has been our patient since 7 years. He had a severe wound on his right feet which got operated in the year 2011 from Titagarh. However even with continued dressing, it did not get better and eventually had to go through a below knee amputation in 2019. He was then referred to the Nimtala leprosy mission and they provided him with a prosthetic calliper shoe free of cost. It has undoubtedly been a very difficult journey for him, but now that he walks around with a smile on his face is a reason enough for all of us to go do our work with a little more zeal in us.



Nimtala Clinic

This clinic is located almost in the heart of north Kolkata amidst the hustle bustle. We have scattered settlements and bustees along the railway track. Most of patients in here are wandering vagabonds.



The clinic has had around 7500 appointments which is almost a 10% rise compared to last year. The number of appointments has been increasing and the foremost reason behind it would be that the service this clinic has rendered. It is a growing specialised wound clinic and it befits the lifestyle of the people around as most of the beneficiaries here are victims of substance abuse, alcoholics and the worst kind of poverty.

A project looking at pus culture on chronic infected wounds was conducted during the year. Clinic doctors would prescribe antibiotics on clinical assessment. But after getting reports we found that most of the cases had atypical sensitivity to injectable antibiotics or very broad spectrum antibiotics. As Nimtala patients are primarily wandering, living on the banks of river Ganges and footpath, injectable form of antibiotics would be very difficult to prescribe. Our resident doctors, with advice from volunteer experts, like Dr. Alan Costa and Dr. Marcello decided that carrying out pus culture can be discontinued as not cost effective. There could be unreliable microbiological documentation due to superficiality of the swab. Moreover the patients who had good compliance were improving with our provisional antibiotics according to our guideline.

The space in Nimtala has always been a challenge, and until FY19-20, there was no separate space for dressing and the waiting area for the patients. But now, thanks to the Avina Foundation, we are glad to have completed the renovation of the ground floor where we now have different dressing and waiting areas for patients. In addition, a staff toilet has been added, who previously were using a public facility.

Physiotherapy and psychological counselling has also been operating in this clinic with a gradual increase in the number of the patients. In the coming year we tend to increase our focus on these services and ensure that we can reach as many patients as possible.

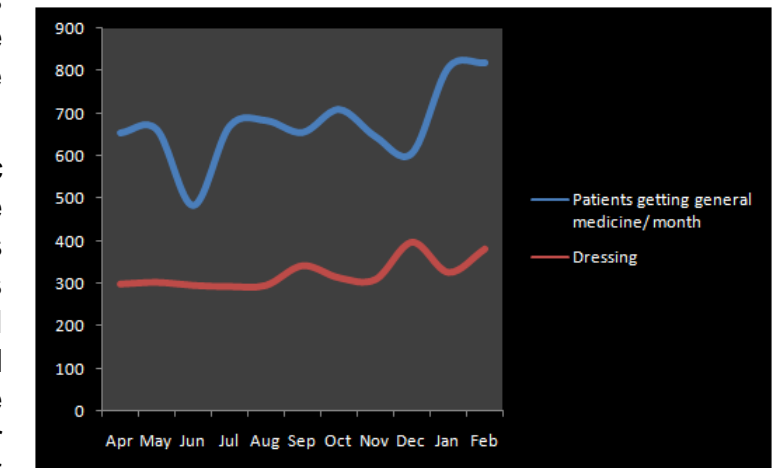


Figure: Monthly patient visits to Nimtala Clinic - FY19-20



Urban Dots

Tuberculosis continues to remain the single largest killer in the world with a person dying of the disease every minute in India alone. In West Bengal, 1,50,000 fresh cases occur every year and nearly thousands die of the disease.

According to the World health organization, eight million productive work days are lost in West Bengal due to TB.

The Urban dots project starting in the year 1999 is one of CR's oldest projects. It works with the Government's TB control programme for ward number 3 to ensure the proper assessment and clinical management of tuberculosis. Our staff here works as one team. Each of them has had years of on ground experience hence are extremely skilled and dedicated towards the work that they do.



RNTCP renamed

At the start of 2020 the central government has renamed the RNTCP the **National Tuberculosis Elimination Program (NTEP)**, achieving the sustainable development goal of ending TB by 2025, five years ahead of the global targets.

Development of Nikshay

The Central TB Division developed a case based and web based system called "Nikshay". This helped with the reporting of all TB cases. It was scaled up nationally.

DOTs staff are now maintaining patients records digitally through Nikshay app.

Classification of TB changed

1. On basis of history and previous treatment
2. On basis of drug history
3. On basis of bacteriological status

Change in Initial investigation

Initially along with sputum smear Culture and Sensitivity to Rifampicin is done

Changes in treatment guideline

- Drug sensitive TB for new and Retreatment cases- daily regimen for 6m(Injection SM has been withdrawn and has been used as MDR drug)
- Introduction of shorter MDR regimen for 9-11 m

The team has also been successful in mitigating the challenge of running water availability since the past few years around December. The problem was due to a broken pipe for which the staff had to walk 20min to collect drinking water from a government tap on the road. This was a pressing concern that eventually came to an end after repeated petitions to the local counselor.

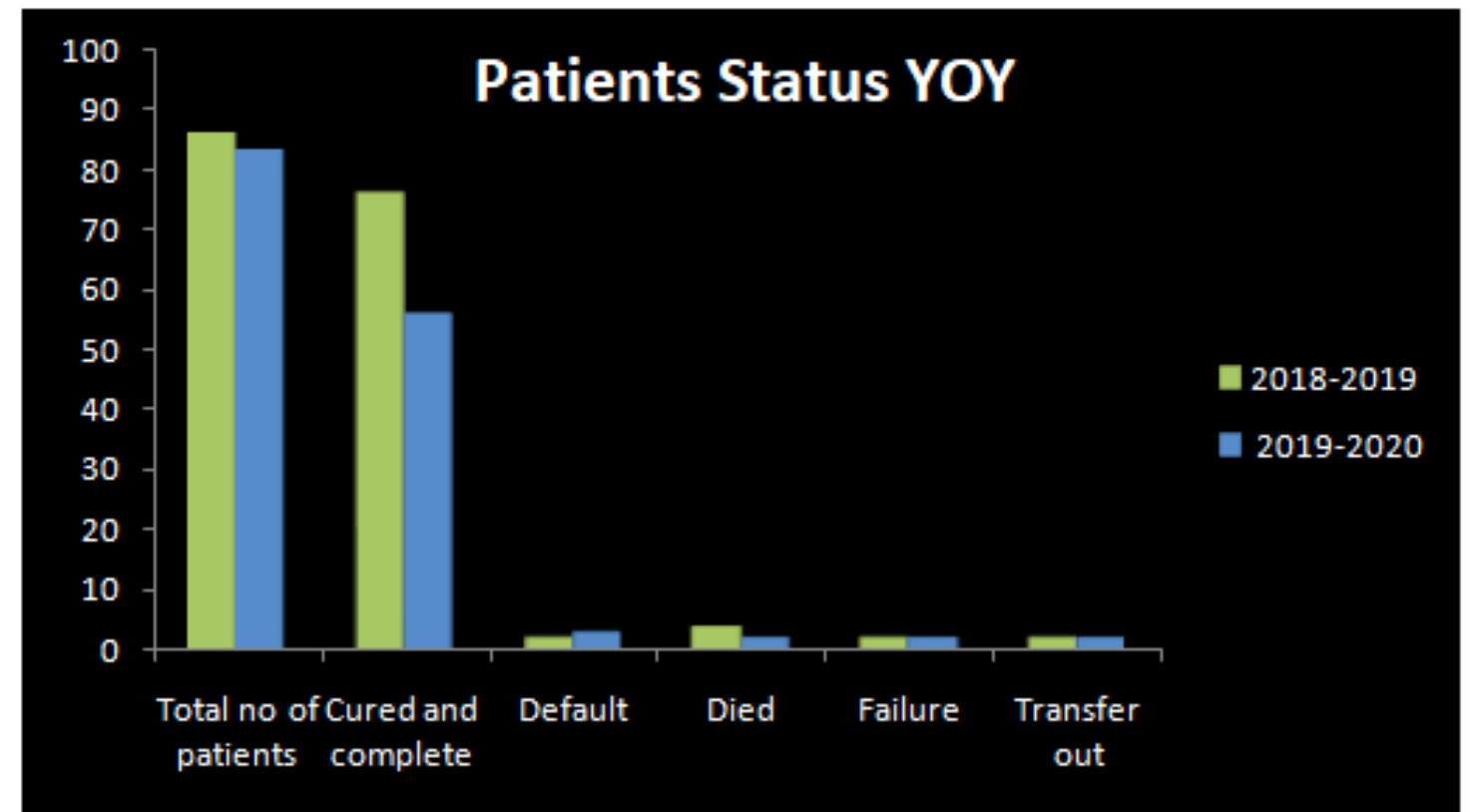


Figure: 2019-20: TB DOTs Clinic - last 2 years comparison

CR's success rate in 2018-19 was 90.5% and in 2019-20, it was 86% compared to the new goal of RNTCP is 90% for new cases and 85% for retreatment cases.

Street Medicine

Dr Jack's doorstep healthcare delivery has been continued by CR's dedicated street medicine teams since 2006. From operating once, twice or thrice a week in the initial days, it now operates six days in a week. In FY19-20, Calcutta Rescue's two mobile clinics served almost 10,000 patients across 20 slum areas.

This is a vertical that has been evolving significantly over the last few years. At the end of FY18-19, during CR's strategy planning workshop, it was decided that holistic development of slum communities was required instead of just healthcare. If sanitation and water facilities were woefully inadequate, no amount of medical care would be enough.

The strategy of developing whole slum communities is easier said than done. Each slum community is unique and their specific needs must first be identified before tailored interventions can be implemented.

Over the one year, Calcutta Rescue's data collection has improved dramatically, and has led to us formalising a Research cell, run primarily by CR volunteers along with the CEO. The big data project of FY19-20 was to compile a Multi-dimensional Poverty Index (MPI) for our slum areas - see Research section.



This MPI survey identified more specifically the health deprivations in each slum area and the extent of these deprivations. CR then used this information to adjust its operations for each slum. We changed the frequency of visits to some areas and decided to introduce a community outreach healthcare worker in others. This person would be trained by CR staff to primarily provide health education since certain areas were particularly deprived as far as health knowledge was concerned. This would also be more economical since the cost of a visiting mobile clinic with a 9-member team and doctor is expensive. Unfortunately, due to the COVID pandemic, we were unable to launch this initiative.

One key highlight from Street Medicine includes the completion of one year of working with malnourished and stunted kids in a slum area called Liluah Bhagar. A programme was launched for these children where special nutrition was provided, prophylactic medicines given and health education imparted to the mothers.

The children's' progress was rigorously monitored (see Research section for more details). The primary outcome of identifying and reversing severe or moderate acute malnutrition was met, with all children in this category showing a sustained improvement in their heights and weights. The impact of the programme on reversing stunting and chronic malnutrition did not reach statistical or clinical significance, in part due to the short follow-up period of a year.

Pharmacy

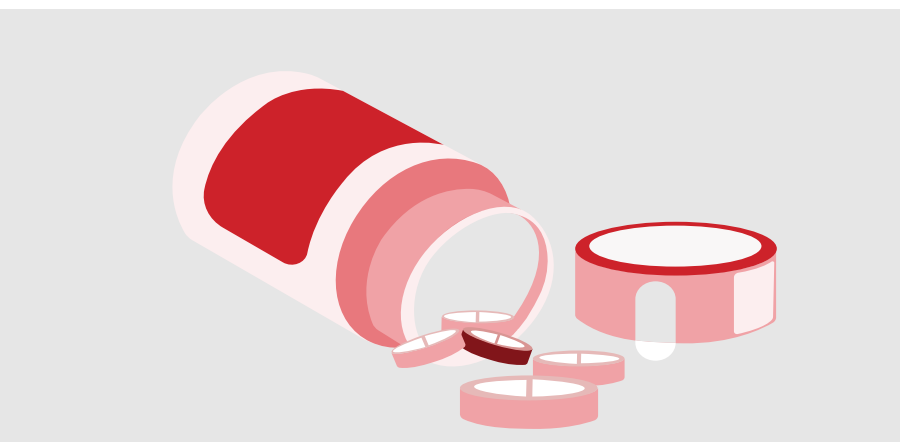


The primary focus in FY19-20 has been effective team coordination of the main pharmacy store with the staff in all the clinics to ensure more timely distribution and better functioning of the system.

Metrics like **on time medicine delivery** and services like **top up medicine supply** have been started that have shown significant increase in the overall efficiency. Almost 85% of medicines ordered by clinics have been delivered to them on time.

Volunteer Pharmacists, Paul Dillon and Monika Zafra (UK), prepared Standard Operating procedure for Pharmacy and for all clinics. SOPs are necessary to ensure the continuity of processes to achieve quality performance and form part of clinical governance, and in particular, show that **pharmacists** are putting in place strategies for risk management.

Volunteer pharmacist Irene Markert (Germany), worked with the team to ensure patients better understood the medicines they were taking. She conducted a survey in Tala Park Clinic where she found that patients were mostly well informed about their conditions and knew how and when to take their medicines. However they did not know much about the side-effects of their medicines and suggested better health education in this regard.



Living Standards



We first identified the need to work in Dakshineswar slum in 2017. The living conditions were squalid and significant investment was needed. In June 2018 we installed clean drinking water and six new toilets, and renovated seven existing toilets. Through advocacy, our team were instrumental in the local government's decision to start providing educational services there too: a new preschool was opened in January 2019.

Our work in Dakshineswar became the blueprint for revised strategy that was developed at the end of the previous financial year in FY18-19. The strategy is that we must provide holistic care, and not standalone interventions, in order for the community and the individuals in that community to truly flourish. We must also partner with organizations who can do things that we cannot.

Living Standards is about assessing conditions like sanitation, access to drinking water, cooking fuel, electricity and shelter. CR's new strategy meant Living Standards would become our 3rd pillar alongside Healthcare and Education. We felt a senior person, preferably a doctor, was required to lead this vertical and we spent almost half the financial year in recruitment. By the time we recruited and were in a position to really move forward, we were hit with the pandemic. So, unfortunately, this vertical did not gain any significant momentum during the year.

However, we did work with a local councilor to ensure four toilets were installed in Nonadanga, one of our street medicine areas.

Education

The Annual Status of Education Reports (ASER) by NGO Pratham has been presenting a dismal picture of Primary Education in India in the last few years. Their reports focus on children aged between 6 years to 14 years. The report shows the prevalence of a serious learning deficit and a dearth of basic reading and arithmetic skills among a large proportion of Indian children.

Calcutta Rescue decided to evaluate the level of its own primary school students. The same standardized tests were conducted in CR Education Projects in the month of May 2019 as per ASER Guidelines to determine the level of CR students.

To our dismay we found that the literacy level of Classes I & II in No.10 Education Centre was lower than we expected. The overall ability to deal with the textbooks by those children would become more complex in higher classes and lead to an ever-increasing achievement gap.

This information led us to be more focused more on developing basic reading, writing and listening skills in the junior primary classes. Learning by doing was given a priority. Planning of lessons with a relevant hands on or an audio-visual activity was made mandatory to enhance learning, retain interest and reinforce the concept learnt. Use of teaching aids improved thought process, logical reasoning and comprehending abilities of the students. Separate planning and correction periods were introduced for every teacher so that students receive enough attention during class time. Correction rules were revamped and use of red pen up to Class V was removed. Rewriting the correct word and underlining replaced the cross marks. Introduction of show & tell activity, reading from unseen pieces and creative writing concepts enabled students to develop necessary skills. Weekly rewarding systems like crowning and smiley badges motivated youngsters to do better. The new greeting system for the non-formal and junior primary children made them feel secure and loved in a safe and comfortable environment. Academic success is directly correlated to children having fun and being in safe hands. CR Education projects ensured that the children have a sure footing at the start of their academic lives.

Tala Park and Number 10 Education Centres

Our two education projects located in north Kolkata, serve street and slum children. These centres provide educational facilities in a safe and stimulating environment, weekly medical and dental screening by specialist doctors and two carefully formulated nutritious meals a day to ensure the students are exposed to a balanced diet. Students can join computer lessons and take part in Saturday's recreational facilities, such as art, craft, dance, drama, music and sports. In addition, new clothing is provided at the time of autumn festival and sweaters before the onset of winter.

The study materials, uniform and formal school fees are given by us throughout their academic life. Another important component is that students are also provided with support for vocational training, mental health and social care services wherever necessary.

The initial two years our non-formal students in our preschool programme develop a foundation for a lifetime of learning—and that matters! Our quality non formal education programme provides children with cognitive, behavioural and socio-emotional skills they cannot learn at home. Our teachers offer a wide variety of games and activities that help them acquire necessary verbal and writing skills and make them self-confident.

We admit our nonformal children to good formal government schools from the age of six. To prepare children for the academic demands of formal schools, our teachers ensure that students truly strengthen their concepts in maths, are able to master their vernacular and are competent in English. Students are also helped with their homework as they are mostly first generation learners.

Due to the very difficult home environments where our children live, Calcutta Rescue employs a counselor and social worker to deal with some of the more complex issues – with the objective of enhancing the child's and his/her family's well-being. These are services which are scarcely available in the government system. Besides these, vocational training support is also provided to children who want to opt for a stream other than education. Our vocational training manager continuously works with these children trying to understand their skill set. We also converge with other organizations to address issues like sexual abuse, domestic violence and promote sports activities amongst the children.

Academic Results

Motivation enhances cognitive processing. Our educational team constantly motivates the students to direct their behaviour toward particular goals. Academic achievement is important for the successful development of young students.. Students who do well in school are better able to make the transition into adulthood and to achieve occupational and economic success.

Year	2019-20	2018-19	2017-18	2016-17	2015-16
Appeared in Madhyamik	32	30	10	7	7
Passed	29	26	7	5	6
1st Div	5	0	2	0	2
2nd Div	15	16	3	2	4
3rd Div	9	10	2	3	0
Appeared in Higher Secondary	7	5	9	4	4
Passed	6	3	9	3	2
1st Div	5	1	3	0	0
2nd Div	1	2	6	2	1
3rd Div	0	0	0	1	1





The pass rate was higher than 90% in Madhyamik in the 2019-20 academic year. 3 girl students received stars (75% and above) in aggregate. The topper Lucky Kumari Sharma bagged letter marks (80+) in 6 subjects out of 7. On the other hand 3 of our HS students passed with outstanding grade AA+ and a total 5 students passed in high first division. These results reflect our long-term endeavour to improve our service. Along with our students our education team is also learning by doing.

Honours and scholarships

We felt incredibly proud when our student **Priya Patra** received a special honour as an outstanding sports talent from The Telegraph Education Foundation in The Telegraph Award Ceremony last September. She was also given a merit scholarship for her studies. The meritorious young kickboxer joined Calcutta Rescue when she was just a toddler. She won several prizes in the track and field events at the school level. To channelize her immense potential she underwent a specialised training in kickboxing in which she was crowned as a state level champion in her category and thereafter she won the silver medal at the national level. Her story got a wide coverage in The Telegraph newspaper. Priya passed her Higher Secondary Examination this year with an outstanding grade.

Bishal Barua and **Debasish Sharma** received prestigious scholarships from The Telegraph Foundation.

Debasish presently studying Mechanical Engineering (Productions) at Nazrul Centenary Polytechnic College, Rupnarayanpur received the scholarship for his sustained effort in the major Board Examinations and Bishal for his high achievement in Madhyamik Examinations 2018 despite their adverse socio-economic conditions.

This year Bishal passed his Higher Secondary Examinations with outstanding grades again.

Calcutta Rescue Education Projects received an award from Rotary Club Of Calcutta in the month of June 2019 for its exemplary contribution towards the education of underprivileged students. Two students, **Samapika Dhali** and **Lucky Kumari Sharma** received scholarships also for their consistently good academic results in the higher classes.



Investigating problems with attendance

School operational committee conducted several sessions with the teachers, area helpers and parents to investigate the problems associated with student's attendance which sometimes found to be below 50%. Relocation, truancy, lack of awareness, adolescence issues and family related issues were identified to be some of the major reasons for low attendance. Formal School wise and area wise parents meetings were conducted to address the issues and to inform parents about recent teaching methods, mental health support and vocational guidance. Finally, a parents council was formed to involve parents into the teaching learning system for promoting positive growth and development of the students. The chosen representatives were from different areas to voice their opinions and to extend information about Calcutta Rescue students of their area. We are happy to observe the positive effects of good communication among the parents community since after its formation last December.

On the other hand, all our Board examinees were individually met and encouraged by CEO Jaydeep Chakraborty which was a huge morale boost to prepare their lessons well and put in their best to pass the examinations. Our evening classes for Class IX & X were attended by 65-70% students in most of the months.

In the classroom

Teachers adopted and adapted a series of changes in the classroom to make it a better and welcoming place for their students. In the words of **Priyanka Karmakar**, a teacher of School-1 education project:- "Inclusion of new techniques in our regular classroom teaching has brought noticeable positive changes among our students' reading, writing, speaking and communicative skills. Introducing a chapter with relevant activities using proper teaching aids, audio-visual presentations via smart class attracted students to learn new things. Lots of creative writing in vernacular and English language, dictation mode for writing answers, reading from unseen passages made students more confident to express themselves freely and improve their spellings."



Outside the classroom

Calcutta Rescue students decided to give love, companionship and compassion to the elderly and visited an Old Age Home on the occasion of 'Daan Utsav'- a week of giving which coincided with World Elderly Day in the beginning of October, The home was filled with laughter and smiles with their songs, dance, comedy skits and a hearty chat.

The newly formed Social Service Club students visited the local slums taking the theme 'Each for Equal' to their hearts and sensitized the slum dwellers on the importance of girl's education on the occasion of International Women's Day. A poster making competition and 'patachitra session on anti trafficking was also organized. The programme was covered by The Telegraph Newspaper.



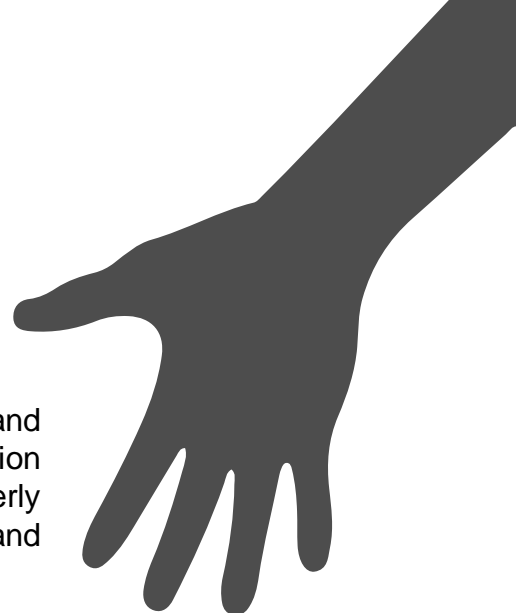
Our students participated in a number of outdoor games, track and field events throughout the year as conducted by Khelo Rugby, Fit India, Decathlon, French embassy, Fun Pickle, Supertron Foundation, NGO football association and others.

In collaboration with CRPF Eastern Command physical training classes had been introduced at Talapark Football Ground on every Saturday morning.



Mental health includes emotional, psychological, and social well-being. It affects thought process, feelings and actions. It also helps determine how students handle stress, relate to others, and make choices. School counsellor and Social worker Suchandra Chatterjee played an important role in this regard and helped many students by showing them the right path in daily living, handling relationships and maintaining physical health. She also started sensitizing the youngest non-formal and junior group regarding safe & unsafe touch with the help of dolls with all parts of the male and female body.

"Mental health issues are as normal as physical health issues. At some point in our life all of us face problems related to mental health. Be kind to yourself & be kind to the world." -Suchandra Chatterjee, Calcutta Rescue School Counsellor and Social Worker



Vocational guidance

"Besides conducting personality development sessions and career counselling, students were exposed to different types of vocations through several exposure visits. Renowned professionals from various fields oriented students and met their queries twice in every month during their visits to our education projects. For future collaborations with CR and finding opportunities for our students I personally visited more than 20 organizations. In the 2019-20 session I have been able to place 5 school drop-outs through beautician training from NSHM. Three senior girl students received impactful well-paid jobs through the Industry readiness programme of Magic Bus while continuing with higher studies. My target is to create opportunities for the academically weaker students to bring them out of their poverty trap." -Tuli Chatterjee, Vocational Training Manager & Career Counselor

Senior student Dilip Mondal successfully completed his one-year 3D animation and diploma course from WEBEL's DQE Animation Academy, a Government agency for technology development in India. He secured a position among the top five students in his final assessment. He has been absorbed by the same academy as a trainee artist- 3D Animation and gaming since last October. CR Governing Council member Wg. Commander Shomir Choudhuri sponsored the entire course fees which were over a lakh of rupees. Dilip joined Calcutta Rescue when he was only 4 years old. He belongs to the vulnerable and dingy Dilerjung slum in the northern fringes of Kolkata but never lost his passion for the arts. He finally turned his passion into a profession. He loves to dream big. "One day I will make animation films like Disney and after I achieve my dreams I will come back to Calcutta Rescue to help children like me. I want to give back what I got," he says.

Behind-the scenes changes

A secure online database with all information related to students will be functional soon to save time for the school administration to analyse data and produce reports easily. Several rounds of meetings were held to check the application of the system in maintaining day to day records for smooth functioning.

Coding for the students was launched at No.10 education centre as a pilot project in February 2020.

COVID

Regular School activities are suspended for the time being as we are passing through a hugely challenging pandemic period. Social contacts are severely restricted. Schools are shut as per the Government Order. However, we managed to ensure the supply of nutrition to our hundreds of school students to supplement their meagre diets. About 375 regular school students from Non-formal Classes to Class X (i.e. 70% of the regular student strength) are receiving online study support and other senior students have been attending our online career counselling and mental health awareness sessions during this Covid-19 pandemic.



Dealing with Gender Based Violence among patients and students

Since October 2017, Calcutta Rescue has been in discussions with Swayam, a feminist NGO on developing a gender based violence prevention programme. We have been creating awareness among patients, students & their mothers. We have gone to different slum communities where CR has a presence to listen and talk about this most difficult of subjects.

Swayam's mobile awareness van comes to Tala Park once a week with a caseworker, as part of a gender sensitisation programme. Trained teams perform skits, songs and dances to help our patients understand specific gender-based issues, such as child marriage, violence and inequality. Suchandra Chatterjee, CR's social worker and counsellor, also does the sessions with the survivors twice a week to provide psychological support & therapeutic intervention. She has been able to provide psychological support to 52 survivors from all CR projects.

GBV programme is a huge success in our Schools as well. It was noticed that our school students are experiencing gender inequality & violence related issues almost every spheres in their life. Sometimes this gender inequality & violence, abusive, alcoholic family members can create psychological issues which can impact their studies & general well being. So to address these issues, gender sensitization programme started in from December 2019. Trainers from Swayam come once in a month to address these issues through some fun activities, group activities, games & role playing. Apart from that all CR students are taking group sessions weekly once based on their class levels from Suchandra on different topics like violence at home, abusive family members, sexual abuse, digital/social media violence & sexual abuse etc.

In a longer term this project plans to provide more qualitative help in communities, aims to work on shedding inhibition among survivors while sharing their personal experiences, normalizes the concept that everyone has a right to live a violence free life & providing more vocational support for the survivors.



Sima Naiya (Name Changed)

22 years old Sima, from outskirts of Kolkata studied till grade 11 but was forced into an early marriage by her family members. Soon after their marriage, her husband started feeling insecure as Sima was better educated than he was and he began to suspect that Sima was having an affair. Her husband & his family members began to torment her, and then beat her and even forced her to starve for several days. Within a couple of years, Sima got pregnant during which she experienced tremendous amount of physical torture. She gave birth to a baby girl.

The torture got worse and she was subject to hitting, punching, kicking, emotional blackmail, verbal and sexual abuse.

She started coming to Calcutta Rescue clinic a long time ago but described her episodes of domestic violence only in 2019. After regular counseling by Suchandra, she started slowly responding to therapeutic intervention.

During this period an incident almost broke her. When her husband remarried, he forced her to live together with his second wife. She decided to leave him and moved back to her maternal house but even there she was shunned.

Regular supportive therapy, trauma management by Suchandra gradually helped her to break free from that situation. She decided to become economically independent and began searching for work. Towards the end of the year, she got a job in a private nursing home close to her locality as a medical helper earning Rs.8500 per month. Now she is able to take care of her 5 years old daughter & lead a completely violence free life.



Case Study



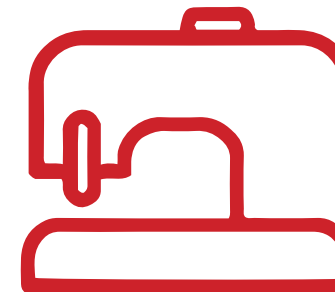
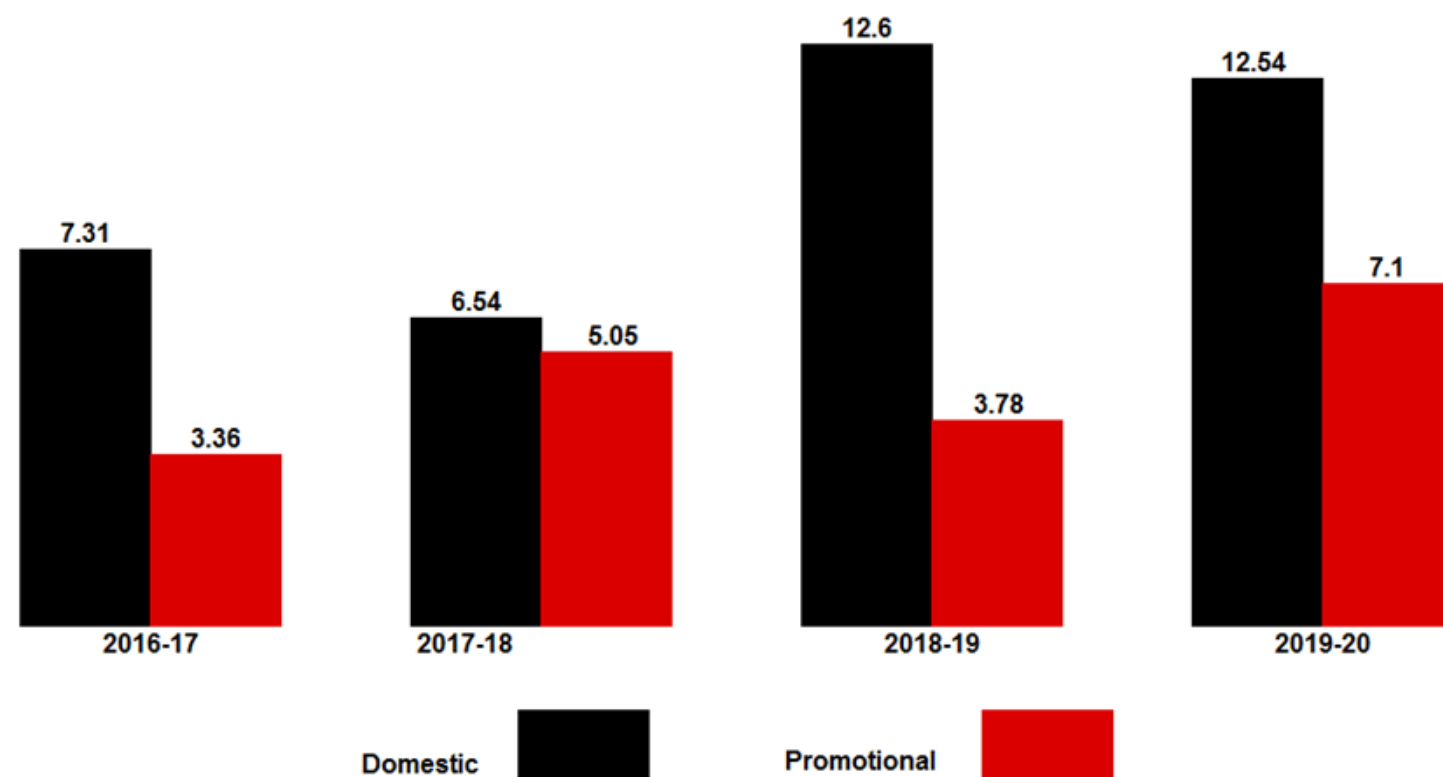
Handicrafts

Very early into the beginnings of Calcutta Rescue, the team realised that vocational skills training, production and opportunity to sell it were essential to empowering the poor. That is how the Calcutta Rescue Handicrafts(CRH) project came into being.

CRH is a certified fair trade centre, training and employing people in embroidery, printing, painting and innovative handcrafted product design. Over the years being a crafts person at CRH has been a lifeline for those who, for a variety of reasons, may find it difficult to get work, such as widowed women, school drop-outs and patients who we've treated for leprosy or tuberculosis.

Following a year of reflection and reorganization in the previous year, the handicrafts project has continued to make good progress on improving sales in 2019-20. Over the past two financial years, the period that Arunava Ghosh-Roy has joined and led the team, the production focus has been items that sell and on pursuing domestic and international sales opportunities. The graph below shows clearly that it has helped. Domestic sales increased by 80% in 2018-19 and have remained stable in 2019-20 despite the market slowdowns that slumped in the last quarter in India and was finally hit by Covid 19 lockdown. International sales have risen by 88% from the last financial year. Five new local and three new international clients have come on board this year, while a long awaited increment in product prices was reviewed and approved by the management.

Handicrafts Progress Chart YOY (in lacs)



Wellbeing of our makers is a major focus area at CR Handicrafts and the team morale had a huge impact when the staff salary and trainee stipend increments were implemented this year

Muhammad Hadis, our wooden magnet cutter, someone who had been a beggar on the streets till Dr. Preger treated him, let him train for a vocation and have a job at our Handicrafts project, retired this year, leaving moist eyes behind. Eight new trainees joined us in embroidery and sewing while two sewing machines were donated to two very deserving trainee beneficiaries. Doll maker Moharjaan's prosthetic shoe for her foot was measured, ordered, fitted and delivered to her. The previous one was very worn out and painful. All the staff and trainees were taken on a trip to the Science City and had a picnic like lunch together.

Our long-time supporter Roxane Porsack brought over a German electric sewing machine this year, one that enables machine embroidery. She trained Husna Bano and Meheru Nesa to execute her organic cotton dress design order efficiently and trained Jyoti Ram in making upcycled stuffed toys. She also bought carved blocks and paint from Kolkata's block print hub for a bag printing order, adding to our repertoire of products. She noticed that Husna and Meheru Nesa had problems threading their needles and donated for eye checkups and glasses and that has been done.

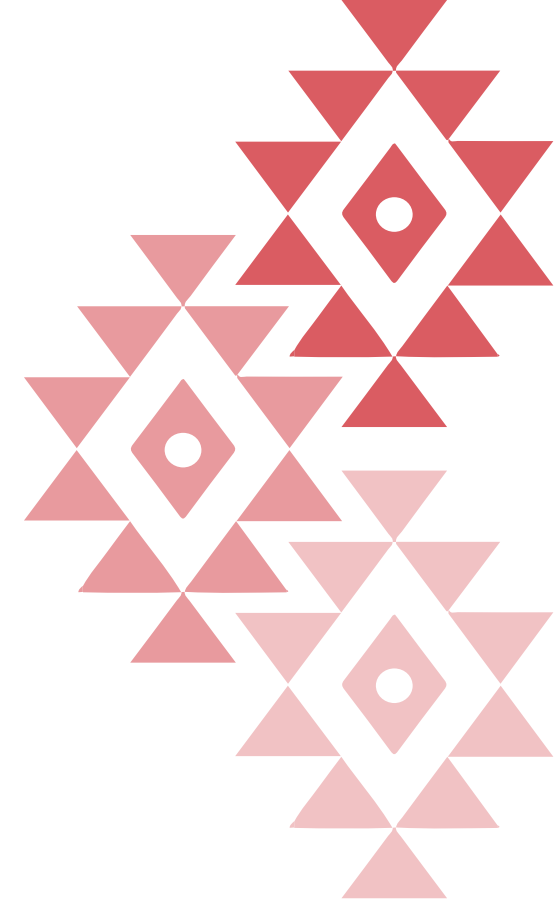




Roxane's arrival coincided with Shuchi Sen joining CRH as a consultant in January 2020. Shuchi brings on media experience and a design understanding for the current market. Shuchi got a composite logo done for Calcutta Rescue Handicrafts and launched the CRH Facebook page which will highlight the products, announce the fairs and stalls, the production stories, the artisan's personal tales, adventures and learning tales at CRH. She also modeled, directed and edited an experimental ad-film showcasing Roxane's organic cotton fair trade dresses story with Husna Bano at CRH while our Manager Arunava Ghosh Roy shot the film. This 30 second video garnered more eyeballs on the CRH Facebook page than the other posts and so more such films are planned for the future. She has also introduced potential local clients to Arunava that he was following up just prior to the March 2020 lockdowns.

On his visit, our long-standing Dutch support group treasurer, Henk Loos, initiated one of CR's most exciting Handicrafts projects in years. He facilitated the collaboration with a very talented young Dutch designer Meike Fleskens, Shuchi and the CRH makers team to cater to the slow fashion market. Slow fashion is a concept describing the opposite of fast fashion and part of the "slow movement", which advocates for manufacturing in respect to people, environment and animals. CR is currently executing a new range of upcycled, embroidered cushion covers.

The year ended with Covid19 lockdowns in the last week of March 2020, and put a halt to activity. But hope for the future is a positive driver. Arunava is working on a new e-brochure. CRH continues to stand out as a fair trade, intimate centre of excellent workmanship on products that a buyer admires for ever. That is the true USP of CRH. 2020-21 may be a pandemic induced struggle but emerge we will from it with new learning curves and ideas. One such idea is embroidered designer masks for sale alongside masks for our slum beneficiaries that will be distributed for free along with lockdown rations.



Safe Drinking Water



Water, poisoned by naturally occurring arsenic, has become a major issue in various parts of the World. West Bengal has become one of the main areas to suffer from this problem especially in rural communities, where safe drinking water is often unavailable.

A common source of poisoning comes from installed bore holes, where water is drawn up, often using a hand pump. Due to the lowering of the water table, the water can become contaminated by naturally occurring arsenic.

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Health issues resulting from arsenic contaminated drinking water include cancer, skin lesions, diabetes, cardiovascular disease with early childhood exposure being linked to an impact on cognitive development.

The Calcutta Rescue Arsenic Filter Project has been operating for over 15 years, installing simple water filters in rural areas, often connected to pre existing bore holes. Though the Arsenic Filters are operating some distance outside of Calcutta, the Founder of Calcutta Rescue, Dr Jack Preger, felt that the enormity of the health issues associated with arsenic poisoning & the simplicity of the solution were worth the involvement of the charity.



The filtration system is simple yet effective. The locations all work on the same or similar system. Water is pumped up from a bore hole via an electric pump. On most of the units the electric pump has been joined into the existing pipework of the hand pump. The pumped water fills a water tank on the top of a small brick built shed. As water is drawn off from a tap on the outside of the shed wall, the water passes from the roof tank into a couple of metal cylinders inside the shed. Inside these cylinders the water passes through a substance called “Media”, this is lots of tiny beads of “Activated Allumina” which extracts & holds onto harmful substances, such as Arsenic. This allows the clean, safe, filtered water to flow through to the outside tap to be used as drinking & cooking water. In most cases, the original hand pump is used to draw unfiltered water for washing.

Once a week the “media” needs to be cleaned of all the arsenic & harmful minerals it has held on to. This is done by “backwashing”, where pumped water is pushed through the cylinders in reverse, which cleans the “media”. The contaminated water is emptied into an underground sand filled chamber, where the water seeps back into the ground.

Every 6 months water samples are sent to a local laboratory for analyses. The results show the amount of arsenic present & whether the water is safe to drink. The analysis based on recommended levels, including those of WHO.

In FY19-20, Calcutta Rescue did four separate visits to Malda including three visits by senior management. The frequency of visit was much more than previous years as CR looked to operationalize broken government filters in an attempt at a public-private partnership. Hundreds of relatively new filters installed by the government had stopped working because of a lack of maintenance. These even included filters on the premises of government schools. After resurrecting one broken government filter at its own cost, CR met and discussed the issue and wrote letters at all levels of the government machinery from village heads to district officers and senior engineers seeking permission to do the same with hundreds of others. Unfortunately the permission was not granted. This was a hammer blow to CR, as we truly believed that we could have brought clean drinking water to tens of thousands of families.



Corona Virus

This is a hugely challenging time for all of us, wherever we live.

Until February, we watched the spread of the Covid-19 virus around the planet with great concern, and hoped we might be spared.

We nevertheless began working on a plan for how we could continue to support our beneficiaries, protect staff, and reduce the spread of the disease, if it reached Kolkata. We knew that if it reached us the impact would be very severe on our beneficiaries, given the overcrowding and unsanitary conditions in the slums where they live, the fact that many already have serious illnesses. Then there is the poor diet, pollution and inadequate government health services....

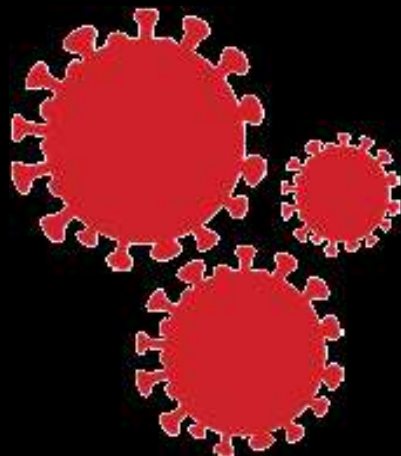
We were very fortunate to be able to draw on the advice of three UK NHS doctors, headed by Marcello Scopazzini, an ex-volunteer and now works in the infectious diseases department of a hospital in Edinburgh.

The first priority was to warn people about the virus and explain how they can protect themselves. So in the last 6 weeks of the financial year, we have run daily health education sessions at the clinics, in the slums where the charity's mobile clinics work, and in the schools. Posters were put up and a leaflet with targeted advice created to be given to everyone.

A handwashing regime was introduced across the charity, with staff and clients taught how to do this effectively.

With the first confirmed case in Kolkata in mid-March, it became clear that we would have to face the virus too.

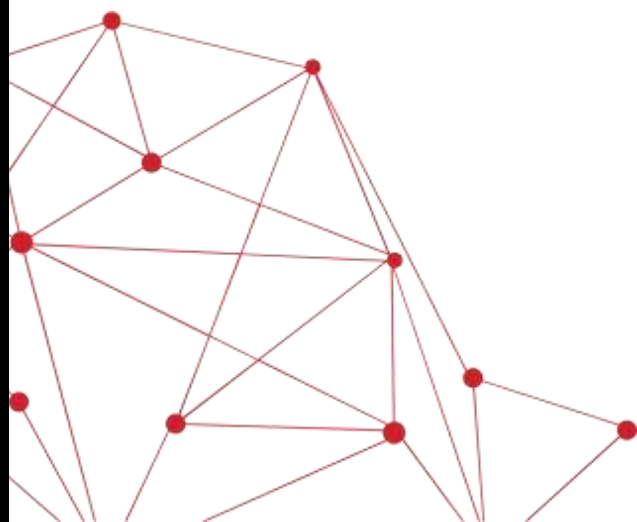
As a result, the government of West Bengal shut all its schools, prompting us to close our two education centres too.



Volunteers

Realising that our wonderful international volunteers could be trapped in Kolkata we helped ensure that they all got flights home by early March. The decision was wise because the government suddenly announced a lockdown in Kolkata starting 23 March. This involved closing all non-essential businesses and stopping all public transport.

Almost all of CRs staff have long commutes on buses and trains - so the team had to rapidly rethink the plan and decide what was now possible. We put together a skeleton staff of 20 key people who are either going to walk to the clinics or will be ferried in by jeep. We managed to get food parcels to hundreds of our school children and local slum dwellers to supplement their meagre diets over the next few weeks. These included cooking oil, flour, lentils and soap. We did this in collaboration with local councilors.



We are lucky to have so many volunteers and their expertise with us every year. They play an important role in all our projects and bring along up to date advice and new techniques as well as evaluations skills and new training to our team.

We call professionals from around the globe part of our charity who had worked with us in 2019 and 2020. Two of them were Léa and Irene.

Léa Christen, Social Worker from Switzerland

"I supported Suchandra, Calcutta Rescue's social worker and psychologist, in her work in the schools of the charity. Every Thursday morning we met to plan the next school week. As I have a degree in education in Switzerland, I took over the planning of the educational classes. We wanted to reach as many children and young people as possible through age-appropriate workshops. I wrote various series of lessons on the topics: Safe and unsafe touch, domestic violence, mental and physical health and contraception. It found it important that the students were motivated to learn through a variety of methods, such as role-plays, interviews and social learning."

In the beginning it took some courage from all sides to talk about the sensitive and personal issues. I soon noticed that in Indian culture people talk less openly about puberty and the associated physical changes. Fortunately Suchandra was able to build a bridge here and to enlighten the young people cautiously but surely.

In addition to the teaching units, I planned the first parents' councils with the school officials in order to integrate another participatory vessel into the organization. The selected parent delegates responded positively to their new role. As part of the "Elimination of Violence against Women - Day", we organized an event at the Tala Park Clinic. We invited mothers, staff and patients to listen to various lectures on the topic of "Domestic Violence" on this special day and had a nice time together with lots of Chai.

I remember this event as very touching.

Since I am back home in Zurich, the pictures in my head are already fading a little. But I still miss the city like on the first day of my return."



Irene Markert, Pharmacist from Germany

"Is it your first time in India?" most people had asked me. Yes, it was my first time in India and again and again I was surprised and sometimes shocked by the many different impressions I encountered every day. But with an open mind, no problem.

The introduction to the organization was really warm and everyone took their time, even if everyone was busy with their own work.

In the beginning I had spent most of my time controlling the medicines that are dispensed in the Talapark Clinic (TPC) to minimize mistakes that can happen during packing. This enabled me to establish good contact with the staff at the "Dispensary Table" and to become a part of the team.

While supporting the staff there, I made an audit on antibiotic consumption in TPC and in Nimtala Clinic.

What I really liked was to organize regular training on different groups of medicines and their use to the staff of the Street Medicine clinics who were very keen to learn up-to-date knowledge.

One of my main projects was a short patient study in TPC regarding compliance and understanding of disease and medication. I did this with staff member Anita, who is involved in the Health Education Program and responsible for advising and dispensing medication to patients. The study helped to improve the quality of this service and I particularly enjoyed working with Anita as it comes closest to the work in a public pharmacy.

All volunteers work in different areas. It was exciting to have a look at other projects. I was able to spend a day with the "Poverty Survey" in the slums and to help with data collection. There is always something new to learn and the contact with the culture is an enriching experience every day. Besides the work for Calcutta Rescue I enjoyed my time in bengali classes and in a weekly art workshop as the city offers so much."



Quote of staff member:

"In Nimtala Clinic we face different kind of problems, medical and non-medical. At times it is hard to find the right solutions, that's when volunteers help us. They also get amazed to see how we deal with such challenging situations. With many of the volunteers we build up a bond and often tears roll down our cheeks when they return to their home countries. We feel that the volunteers are our own beloved persons, they are always welcome and we are grateful to have them."

- Asif Ahmed, Supervisor Nimtala Clinic



Numbers and places of Volunteers:

"32 volunteers worked across our projects in Kolkata during 2019/20. They came from Austria, Ireland, The Netherlands, Germany, India, Switzerland and the UK, and brought expertise and experience in communications, education, fundraising, handicrafts, medicine, pharmacology, photography, physiotherapy, research and social work."

List of Volunteers in FY19-20:

- Jennifer Baskerville (UK) Communications
- Christian Pahrman (Germany) Social work
- Monica Del Peral Zafra (UK) Pharmacy
- Paul Dillon (UK) Pharmacy
- Anita Ganguli (UK) Medicine
- Eleonora Tibbs (UK) Research
- Alexandra Heinrich (Germany) Physiotherapy & Clinical Volunteer Co-ordinator
- Maurice Lange (UK) Research
- Karine Pittet (Switzerland) Dentistry
- Daniel Sanfey (UK) Medicine
- Susan Mawson (UK) Medicine
- Irene Markert (Germany) Pharmacy
- Peter Kerr-Davis (UK) Research
- Hugo Adams (UK) Research
- Dr. Alan Schamroth (UK) Medicine
- Alessandra Culio (Switzerland) Physiotherapy
- Leá Christen (Switzerland) Social work
- Dr Marcello Scopazzini (UK) Medicine
- Jasmijn Loos (Netherlands) Research
- Ezra Spinner (Netherlands) Research
- Line Ruffieux (Switzerland) Medicine
- Yooby Gigandet (Switzerland) Communications & Calculations
- Wolfgang Hasler (Germany) IT
- Guy Dondlinger (Germany) Education
- Dr Moona Banerji (UK) Medicine
- Dr Saumya Kuruttuparambil (Austria) Medicine
- Roxane Porsack (Germany) Handicrafts
- Sarah Grant (UK) Education
- Sean Duggan (UK) Communications
- Ceire Connaughton (Ireland) Medicine
- Madeleine Issitt (UK) Research

Tracking over billions of dollars in charitable giving in the US, UK, Canada and Australia, Blackbaud Institute's 2019 Charitable Giving Report looks at philanthropy in 2019. It examines fundraising performance in the social good community, and thankfully finds small but consistent increases in giving over the last few years. The rate of online giving is increasing at a significant rate, up 12% in Canada and 4% in the UK on the previous year.

Realising the changing trends, the importance of social media and managing relationships, Calcutta Rescue focused on rebuilding its team in this area during FY19-20. Two vacancies appeared as Suchandra made a lateral change from media to CR's social worker and our PR Officer moved cities. CR were lucky to find very capable replacements and for the first time ever hired a qualified media professional. Most importantly was the hiring of a senior person to lead CR's fundraising efforts, and in September 2019, Sibani Basu Sen was recruited as Head of Fundraising.



In FY19-20, Calcutta Rescue received donations of Rs.699L compared to the previous year of Rs.799L. However, the previous year's income did include significant donations received for the purchase of CR's new school building.

Our ten Support Groups, with Calcutta Rescue registered entities, in 9 different countries continue to provide the financial backbone for the work we do. During the year, we received Rs.612L from them towards the day-to-day running of the organization. The groups also spend a lot of time and effort promoting our cause with trusts and foundations in their own countries.

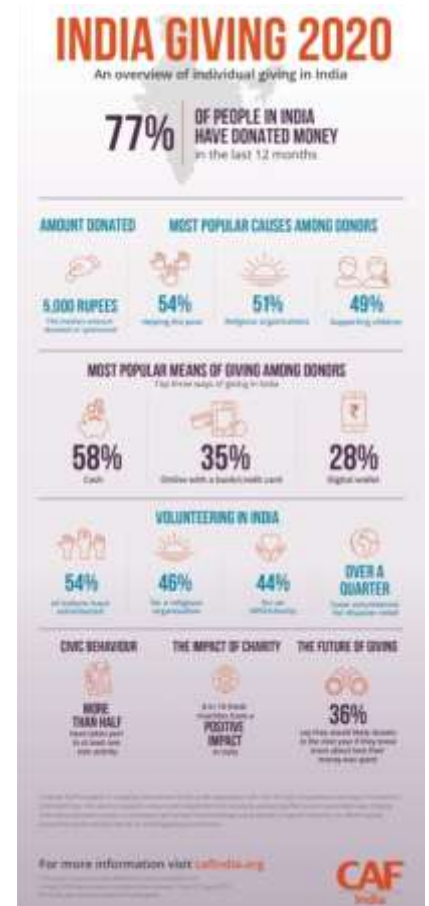
After several years of consistently better performance, our Indian fundraising achievement was well below expectations. In FY19-20, Calcutta Rescue raised Rs.58L compared to Rs.82L of operational income in the previous year - a decline of 29%. Two reasons for this include the new team finding their feet and a downturn in the economy. A couple of corporate companies who in previous years had consistently provided funding to CR were unable to do so in FY19-20 due to the financial losses they were incurring.

However, we believe groundwork has laid for the future. There has been a focus on reaching out to a wider range of audience and engaging with them through both online and offline channels. Several digital and social media campaigns were launched in the year, which helped us in building digital assets towards enhanced engagement with a potential donor base.



Some of our corporate partners who continued to support our cause even during this FY and some new addition to the list are:

- Sony India continued to sponsor the education cost of 120 slum children
- Webel continued to support one of the areas covered under our street medicine programme
- Heritage River Journeys continued with their support for our children in the education project
- Alliance Jute Mills supported education for our girl students
- Magma Foundation supported our disability day sports event and also provided funds for dry food ration to slum dwellers at the beginning of the lockdown
- Arohan Financial Services Pvt Ltd also assisted CR in the wake of the COVID lockdown for dry ration distribution in the slums



“Feel blessed to be associated with Calcutta Rescue team since 25 years. Saw God in Dr. Jack Preger, working tirelessly for the most downtrodden, who only had him. There is a Jack in every member of your team.”

- R.K.Nahata, Donor



Financial Summary: 2019-2020

To ensure statutory compliance and reporting to donor agencies, the Annual Accounts have been prepared in accordance with the accounting principles generally accepted in India, including the relevant accounting standards. A summary of the same is presented below. Specific reports are prepared as per requirements of the donors and funding agencies. All items of income and expenditure have been accounted for on accrual basis.



Summarized income & expenditure statement

Income	2019-2020		2018-2019	
	INR	% of Total	INR	% of Total
Donations *				
Local	55,62,893	8	75,89,813	10
Local - in Kind	2,59,200		3,11,040	
International	6,35,84,930	86	6,58,20,055	85
Earned/Self-Generated Income				
Sale of Handicrafts/Handloom	12,54,180	2	12,60,755	2
Interest	29,00,063	4	25,31,666	3
Profit on Sale of Asset			38,443	
Other Income	25,966		24,557	
Total income	7,35,87,232	100	7,75,76,329	100
EXPENDITURE				
Programme	6,03,35,492	88	6,46,27,290	89
Fund Raising	1,96,633		1,21,346	
Management & Administration	82,39,484	12	75,21,709	11
Total expenditure	6,87,71,609	100	7,22,70,345	100
Surplus/(Deficit)	48,15,623		53,05,984	

*excluding Donations towards capital projects

Building fund

A Building Fund was set up in 2014-15 in order to purchase a building to house the education program. Over the years with specific donations for building, received from support groups, the Fund balance as on 1-4-2018 stood at INR 166L. This accumulated fund was utilised for buying a property (Pathshala Project) in August 2018.

Below is a summary of Building Fund as on 31-3-2020

Particulars	(INR)	
Opening balance as on 1-4-2019	48,78,451	
Add		
Foreign donation received during the year	4,73,430	
Bank Interest earned during the year	2,92,707	
Total	56,44,588	
Less		
Architects' Fees (payment on account IN 2019-20, Capital Work in Progress)	1,95,000	
Unspent balance in Building Fund as on 31-3-2020	54,49,588	
Investments	31.3.2020 INR	31.03.2019 INR
Fixed deposits with Banks & 8% Govt.Bonds	4,78,51,186	3,96,75,942

Program-wise expenditure

	2019-2020		2018-2019	
	% of Total	Amount (INR)	% of Total	Amount (INR)
Health (Clinics, HIV program)	46	3,13,18,159	49	3,57,29,801
URBAN DOTS	1	9,19,425	1	10,37,736
Street medicine, arsenic and disability	13	94,17,391	13	93,63,911
Education	20	1,35,13,020	19	1,35,43,806
Handicrafts	4	26,17,968	3	24,14,190
Fund raising, management & administration	12	84,36,117	11	76,43,055
Main store and pharmacy	4	25,49,529	4	25,37,846
Total	100	6,87,71,609	100	7,22,70,345

Summarized balance sheet ▶

	31.03.2020	31.03.2019
	INR	INR
Assets		
Fixed Assets	3,05,18,096	3,03,44,709
Investments	4,78,51,186	3,96,75,942
Inventory	17,36,972	18,45,534
Sundry Debtors	13,668	43,125
Cash & Bank Balances	64,90,989	87,04,049
Loans & Advances	21,58,920	19,29,475
Other Assets and Deposits	17,04,887	13,61,681
Total	9,04,74,718	8,39,04,515
Liabilities		
General Fund	6,15,15,044	5,59,41,559
Building Fund	54,49,588	48,78,451
Specific Fund	1,70,23,604	1,69,87,821
Current Liabilities & Provisions	64,86,482	60,96,684
Total	9,04,74,718	8,39,04,515

Unspent balances as on 31.03.2020 ▶

	INR
Boarding School	4,54,825
Breast Cancer Project	1,36,588
Computer Training	10,000
Depreciation Fund	92,86,260
Education Program	16,40,627
Families Relocation	31,88,362
Infrastructure cost for Handicraft project	9,54,100
Library	42,582
Medical Project	5,60,630
Type -2 Diabetes Program	93,651
Renovation Fund	1,43,353
Street Medicine II (AVINA)	4,50,535
Vocational Training	62,091
Total	1,70,23,604

Unspent balances in the above projects are earmarked and carried forward to the next F.Y.2020-2021


Key financial highlights ▶

- Total income of Rs.736L. (73.6 million) is a marginal decrease of 5% over 2018-19. (Rs 776L).Due to the unexpected and sudden Global Covid -19 Pandemic in the last quarter of financial 2019-20 and lockdown in March, the local donations for the last quarter could not be raised to the fullest.
- Local donations at Rs. 58L (5.8million) as against Rs.79L (7.9million) in 2018-19 a decrease of 26%.
- Investments were up by 20.6% Rs.478.51L (47.85million)as against Rs.396.75L (39.67million) in 2018-19.
- The financial year ended with an operating surplus of Rs.48 L (4.8 million) as against a surplus of Rs.53L (5.3 million) in 2018-19.
- Health Program Costs have gone down by 12%. However expenses for Education Program, Street medicine, Disability, Handicraft, Main store and Pharmacy have remained almost the same as 2018-19. Total overall costs were down by 5%.
- Management and Administration Costs have gone up by 10%.This is primarily due to new recruitments in the Fundraising & Communications department.
- Overall General and Specific Fund increased to Rs.785L (78.5million) as against Rs.728L (72.8million) in 2018-19

Other matters ▶

- New tenders for medicine procurement were floated in February 2020, to be effective from April 2020.However due to the global pandemic and sudden lockdown, the final agreement with suppliers could not be signed. Most of the medicines are being procured at old rates. Whenever medicines cannot be purchased at the old rates, fresh rates are obtained from 2/3 suppliers, rates are compared and thereafter order is placed on approval from the purchase committee.
- The Order for Cancellation of Registration of Goods and Service Tax identification number(GSTIN) wef 13.01.18 was received on 30-4-19. The FCRA certificate was issued on 01.11.2016 and is valid for 5 years.(May 2021) Fresh application for renewal of FCRA certificate will be submitted to the Ministry of Home Affairs in January 2021.
- M/s Bhattacharya, Roychaudhuri & Associates, Chartered Accountants continued as Statutory auditors for the FY 2019-20. The Internal auditors KGRS & Co., Chartered Accountants, undertook quarterly reviews during the year and, where required, necessary corrective actions have been initiated.

THANK YOU

 A big thank you to all our donors and supporters across the globe. You have been our strength and helped us to transform thousands of vulnerable lives. We look forward to your continued support

Individual donors

Alessandra Cuillo
Abhisek Mandal
Aditi Lahiri
Aditi Roy
Aishani Sen
Ajay Kumar Mondal
Alessandra Giovanni Ciullo
Amanda Rey
Amex Patricia Thompson
Amitabha Debroy
Amitav Ghosh
Ananya Mukherjee
Andrea Lauchenauer
Anima Das
Anjana Saha
Anupriya Chatterjee Sen
Aritra Datta
Arnab Mitra
Arup Mondal
Ashu Rey
Avishek Neogy
Bappa Mukherjee
Bappaditya Mondal
Biddu
Bijoyini Roy

Bogumil Kulaga
Boleslaw Kulaga
Brijdeep Bhasin
Bryan Humphrey
Camelia Mukherjee
Chiara Lauchenauer
Constance Chatterjee
Daniel Picardo
Dasgupta
David M Trattles
David M Trattles
Debapriya Ghosh
Debarati Marik
Debasis
Debashis Mukherjee
Debasish Bhattacharya
Debasish Sengupta
Debjani Sengupta
Deep
Dr. Lekha Subaiya
Dukari Mondal
Erika Roseano
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Verbesserung der Wohninfrastruktur in städtischen Slums in Kolkata, Indien

Verbesserung des Lebensstandards
von 1'700 Slumbewohner:innen

Juni 2021

Von
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für
Allgemeine Baugenossenschaft Zürich ABZ
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Unsere Vision

Chancen schaffen, Leben verändern

Unser Auftrag

Die Organisation Calcutta Rescue arbeitet daran, das Leben der Bewohner:innen in den ärmsten Gemeinden in und um Kolkata in Indien zu verbessern. Der Fokus liegt dabei auf der Verbesserung des Wohlbefindens, des Lern- und Lebensstandard dieser Personen. Gearbeitet wird nur in Gebieten mit hohem Bedarf, in denen das Angebot von staatlichen, gemeinnützigen oder privaten Organisationen unzureichend ist. Dabei werden Allianzen mit anderen Organisationen initiiert. Die Zusammenarbeit ermöglicht es qualitativ hochwertigen Dienstleistungen für diese Gemeinden nicht nur bereitzustellen, sondern auch zu gewährleisten. Calcutta Rescue ist auf medizinische Hilfe für verarmte Menschen spezialisiert, aber das Angebot hat sich in den 40 Jahren seit dem Bestehen an die Bedürfnisse der Ärmsten angepasst und auf ein ganzheitliches Angebot erweitert.



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Kurzzusammenfassung

Calcutta Rescue (CR) ist eine mittelgrosse NGO mit Sitz in Kolkata, Indien. Wir konzentrieren uns auf die Unterstützung der Bewohner von Slumgebieten, die von den lokalen und nationalen Regierungen am schlechtesten versorgt werden. Wir wissen, dass Armut ein vielschichtiges Phänomen ist und versuchen, so weit wie möglich, einen multidimensionalen Ansatz zu verfolgen, um diese Armut zu lindern. Zusätzlich versorgt CR Patient:innen in ländlichen Gebieten: Sie nehmen den weiten Weg nach Kolkata in Kliniken von CR auf sich, um Behandlungen und Medikamente zu erhalten, die sie durch ihre lokale staatliche Einrichtung nicht ausreichend erhalten.

Die Organisation ist in den letzten vier Jahrzehnten langsam gewachsen und beschäftigt heute 150 lokale Festangestellte. CR hat ausserdem vier bis zehn zusätzliche, meist westliche, spezialisierte Freiwillige, die in strategischen, beratenden oder praktischen Funktionen arbeiten. Die Mitarbeitenden und Freiwilligen arbeiten in vier festen Kliniken für medizinische Grundversorgung, zwei mobilen Strassenkliniken, zwei Grund- und weiterführenden Bildungszentren, einem kleinen Beschäftigungsbetrieb für genesene Patient:innen und im Büro. CR hat bereits in einigen der Slumgebiete, in denen es arbeitet, Verbesserungen bei der Trinkwasserversorgung und den sanitären Einrichtungen installiert. Zudem bieten wir den Gemeinden in 32 Slumgebieten mit einer Gesamtbevölkerung von ca. 30'000 Menschen zumindest eine medizinische Grundversorgung an. Diese Slumgebiete sind über die ganze Stadt verteilt und könnten in Grösse und Charakter unterschiedlicher nicht sein. Zusätzlich werden auch etwa 2'000 Patient:innen aus dem ländlichen Westbengalen mit lebenswichtiger Gesundheitsversorgung versorgt.

Indien durchlebt derzeit eine schreckliche zweite Corona-Welle. Die Probleme, auf die CR abzielt, haben sich während dieser langanhaltenden Krise weiter verschärft und unsere Service-Nutzer:innen brauchen jetzt mehr denn je Unterstützung. Viele haben Hoffnung verloren und CR arbeitet daran diese wiederherzustellen.

Nachfolgend unterbreiten wir Ihnen einen Vorschlag zur finanziellen Unterstützung für einen Zeitraum von einem Jahr im **Bereich Lebensstandard & Infrastrukturverbesserung für zwei Slums** im Umfang von **35'000 CHF**.

Dies beinhaltet Reparaturkosten von Häusern, Bau von Badeanlagen und Nebenstrassen, alles um den Lebensstandard der Slumbewohner:innen insgesamt und im speziellen während der Monsunzeit (Juni-Sept) zu verbessern.

Mit diesem Vorschlag verfolgt Calcutta Rescue die folgenden Sustainable Development Goals (SDGs):

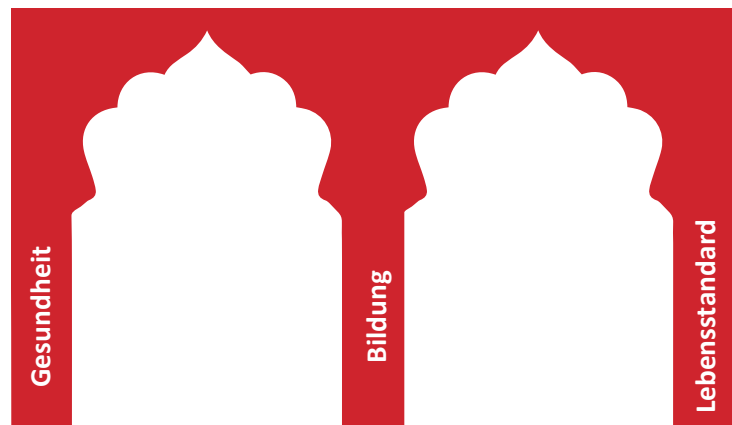


Die Strategie von Calcutta Rescue

Im Jahr 2019 beschloss Calcutta Rescue, seine Daseinsberechtigung zu überdenken, seine Rolle in einem sich verändernden Umfeld zu untersuchen und eine Strategie zu entwickeln, die den Bedürfnissen seiner Unterstützungsempfänger:innen besser gerecht wird. Jahrzehntlang waren die Gesundheits- und Bildungsdienste die Kernstärken von CR. Während einige wenige Personen von beiden Diensten profitierten, erhielten viele nur eines von beiden. Daher besteht der erste Teil der Strategie darin, unsere Gesundheits- und Bildungsdienste besser zu integrieren, so dass mehr Personen von beiden Massnahmen profitieren können.

Der zweite und wichtigste Teil der Strategie war, die Einführung eines weiteren Ansatzes zur Armutsbekämpfung zu prüfen. Vor seiner Pensionierung im Jahr 2019 arbeitete Dr. Jack, der Gründer von CR, sehr eng mit dem Slum-Gemeinde in Dakhineswar in den nördlichen Vororten von Kolkata zusammen. Zwar besuchten die mobile Klinik von CR die Gegend bereits regelmässig, aber es erschien als sei dies sinnlos, in einem Gebiet, in dem offene Regenrinnen die Norm sind und der Zugang zu sauberem Wasser sehr schwierig ist. Beide Probleme waren Hauptverursacher für viele der Gesundheitsprobleme in der Gemeinde und mussten gelöst werden. Seit 2017 hat CR bereits Toiletten, saubere Trinkwasserpumpen und Handwaschstationen in der Gemeinde installiert. Die positiven Auswirkungen auf die Gesundheit der Slumbewohner veranlasste CR zu der Entscheidung Lebensstandards in die Geschäftsstrategie aufzunehmen.

Das Lebensstandardprojekt, welches einen verbesserten Zugang zu sanitären Einrichtungen und Wasser, sowie adäquatem Wohnraum und Brennmaterial zum Kochen anstrebt, ist der neuste Dienstleistungspfeiler von Calcutta Rescue. Die drei Pfeiler auf dem die Armutsbekämpfung von Calcutta Rescue basiert sind nun neu seit 2021: Gesundheit, Bildung und Lebensstandard.



Die Bereitstellung von so tiefgreifenden Massnahmen wie Gesundheitsversorgung, Bildung und Lebensstandard ist für eine kleine Organisation wie CR eine Herausforderung - daher besteht ein wesentlicher Teil der Strategie darin, Partnerschaften mit Nichtregierungsorganisationen, Unternehmen und Regierung einzugehen, um die Ziele in den Slumgebieten zu erreichen.

Während CR sich darauf konzentriert, dass alle drei Massnahmen die städtischen Slums in Kolkata erreichen, wird es auch weiterhin den armen Menschen, die in den ländlichen Gebieten Bengalens und darüber hinaus leben, eine spezifische und qualitativ hochwertige Gesundheitsversorgung bieten. So findet zum Beispiel ein armer Dorfbewohner, der an HIV leidet, 200 km vom städtischen Kolkata entfernt lebt und keinen Zugang zu angemessener Behandlung, Medikamenten und Beratung hat, bei CR immer medizinische Unterstützung.

Der letzte Teil der Strategie ist die objektive Messung der Benachteiligungen in den Slumgemeinden in Bezug auf alle drei Pfeiler der Armutsbekämpfung. Dies qualitative Forschung ermöglicht es CR, Ressourcen gezielt einzusetzen und Mikro-Strategien für jedes Slumgebiet

anstelle eines Einheitsansatzes anzuwenden. Zum Beispiel gibt es in Dakhineswar immer noch 94% der Haushalte, die in Bezug auf Baumaterial für ihre Behausungen benachteiligt sind. Der gleiche Indikator liegt gerade mal bei 49% für ein anderes Slumgebiet namens Mayukh Bhavan. Daher kann CR entscheiden, das Thema Wohnen in Dakhineswar zu priorisieren, aber nicht in Mayukh Bhavan.

Diese Methode zur Messung der Mängel in den Slumgemeinden ist eine von der Entwicklungsprogramm der Vereinten Nationen (UNDP) entwickelte Methodik namens Multidimensionaler Armutindex (MPI)¹. Die erste Bestandsaufnahme wurde 2019 von Calcutta Rescue durchgeführt und wird nun alle 3-4 Jahre wiederholt.

Die MPI-Studie

Im Jahr 2019 halfen freiwillige Forscher aus Grossbritannien Calcutta Rescue bei der Durchführung einer der vermutlich gründlichsten Untersuchungen zur Armut in den Slums von Kolkata, die jemals durchgeführt wurde. Die Studie umfasste 23 Slums, in denen CR arbeitet.



Die Freiwilligen im Gespräch mit einer Slumbewohnerin für die Multidimensionale Armutstudie (MPI).

Es ist ein Ansatz, der allgemeine Annahmen darüber, was arme Menschen brauchen, über Bord wirft und stattdessen detaillierte Forschung betreibt, um die Fakten

in jeder Situation zu ermitteln und dann massgeschneiderte Lösungen zu finden. Das Ergebnis ist ein 100-seitiger Bericht, vollgepackt mit einmaligen Daten über die Slums, der kürzlich im *Journal of Poverty and Social Justice* veröffentlicht wurde².

Die grösste Überraschung waren die Unterschiede im Armutsniveau zwischen den einzelnen Gebieten, Personen im Hastings-Slum sind fünfmal stärker benachteiligt als Person im besten Slum. Das Armutsniveau in Hastings ist vergleichbar mit dem im afrikanischen Tschad, einem der am meisten benachteiligten Länder der Welt.

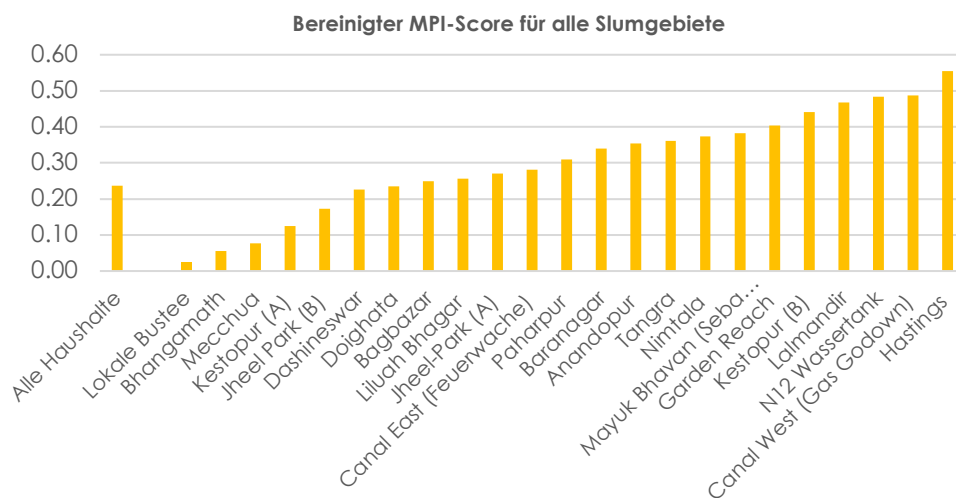
Im Slum Garden Reach betrug das durchschnittliche Haushaltseinkommen nur CHF 49 pro Monat, ein Drittel des Einkommens im Slum Jheel Park. Die Umfrage ermittelte auch, welche Slums die grössten Probleme beim Zugang zu Wasser haben, wo die meisten Kinder nicht in die Schule gehen und wo die Menschen am wenigsten über Hygiene und Gesundheit wissen.

Die Studie bewertet eine Reihe von Faktoren, um festzustellen, wie benachteiligt Menschen in jeder Kategorie sind. In diesem Fall waren die drei Hauptkategorien Gesundheit, Bildung und Lebensstandard. Diese Gesamtwerte wurden dann kombiniert, um die relative Armut in jedem Slum zu bestimmen. Die Forscher befragten die Teilnehmer zu allem, von ihrem Body-Mass-Index bis zu ihrem Wissen über häufige Krankheiten, von dem Brennstoff, den sie zum Kochen verwenden, bis zu der Frage, wie einfach es für sie ist, Wasser zu bekommen. Andere

¹<http://hdr.undp.org/en/2020-MPI>

²<https://www.ingentaconnect.com/content/tpp/jpsj/2021/00000029/00000001/art00007;jsessionid=2gne384epd57c.x-ic-live-03>

Fragen bezogen sich auf Kinderarbeit, Alphabetisierung, Impfungen und sogar darauf, ob sie einen Fernseher oder ein Mobiltelefon besitzen.



Weitere Forschung

Der Erfolg der Multidimensionalen Armutsstudie hat Calcutta Rescue das Vertrauen gegeben, empirische Forschung zu nutzen, wann immer es angebracht ist, um Investitionen in Ressourcen und Dienstleistungen gezielt einzusetzen. Weitere Forschungsprojekte beinhalten eine einjährige Kohortenstudie zur Untersuchung der Unterernährung in einem sehr benachteiligten Slum. Es hat auch zur Gründung des Calcutta Rescue Research Collaborative geführt³. Dieses multinationale Team von Freiwilligen, das sich regelmässig via Zoom trifft, ist ein Schmiede von neuen Ideen, die darauf abzielt, relevante, gut recherchierte und verantwortliche Forschungsprotokolle zu erstellen, die durch strenge Methodik und ethische Richtlinien gestützt werden. Das neueste Projekt wurde zu Beginn des Jahres lanciert und untersucht die Auswirkungen der COVID-19-Krise auf das Leben der Armen in Kolkata in Bezug auf physischer und psychischer Gesundheit, Wirtschaft, Bildung, und Nahrungsmittelsicherheit.

Was wir über die Auswirkungen von COVID-19 wissen

Der Zugang zu einer qualitativ hochwertigen Gesundheitsversorgung durch staatliche Einrichtungen ist für die Armen generell schwierig gewesen. Die aktuelle Pandemie hat die Schwachstellen weiter aufgedeckt und viele der Schwächsten des Landes fallen durch die Maschen. Viele der Unterstützungsempfänger:innen von CR haben ebenfalls gelitten: Müttern, die ihre Kinder nicht impfen lassen können, Krebs- und Tuberkulosepatient:innen, die ihre Medikamente nicht erhalten und Menschen, die nicht die richtige Ernährung bekommen.

Im Sommer 2020 führte Magic Bus, eine grosse Nichtregierungsorganisation mit Hauptsitz in Mumbai und nationaler Präsenz, eine Umfrage durch, um die Auswirkungen von COVID-19 auf ihre Dienstleistungsnutzer zu bewerten. Sie führte knapp 3'700 Interviews durch und dies waren ihre wichtigsten Ergebnisse:

³<https://calcuttarescue.org/poverty-research/research-collaborative/>

Verlust des Lebensunterhalts

Mehr als die Hälfte der befragten Eltern, nämlich 55 Prozent, gaben an, während des Lock-downs kein Einkommen zu haben - am höchsten im Osten (63 Prozent) und am niedrigsten im Westen (40 Prozent).

Ernährungssicherheit der Haushalte

- Etwa 35 Prozent der Eltern gaben an, dass die Mittagsmahlzeit, die ihre Kinder in der Schule erhalten, sehr wichtig ist und sie ohne sie nicht auskommen könnten.
- Etwa ein Drittel der Eltern (31%) gab an, Vorräte zu haben, die nur für eine Woche reichen würden.
- Die Mehrheit der Eltern (70%) gab an, ihre Ernährungsgewohnheiten angepasst zu haben. Mehr Frauen als Männer gaben an, diese Anpassungen vorzunehmen.
- Die Befragten gaben an, auf weniger nahrhafte Lebensmittel umzusteigen (56%), die Anzahl der Mahlzeiten zu reduzieren (47%) und kleinere Portionen zu essen (26%).
- Mehr als ein Drittel der Jugendlichen gab an, nicht mehr so essen zu können, wie sie es vor der Schliessung gewohnt waren (37%).

Calcutta Rescue ist dabei, eine Umfrage in den Slumgebieten durchzuführen, in denen wir tätig sind, um die Auswirkungen von COVID-19 in den Slumgebieten besser zu verstehen. Dies wird CR helfen das Angebot weiter zu verfeinern.



Calcutta Rescue verteilt Lebensmittel an Slumbewohner während der Pandemie.

ABZ Antrag: Verbesserung der Wohninfrastruktur in städtischen Slums

Kontext des Problems

Die städtischen Slumgebiete, in denen CR tätig ist, sind von Armut geprägt. In Kolkata leben Berichten zufolge ein Drittel der Bevölkerung auf der Strasse oder in den Slums der Stadt. Diese Menschen haben wenig oder keinen Zugang zu guter Bildung, angemessenen Gesundheitseinrichtungen und hygienischen Lebensbedingungen. Ihr allgemeines Wohlergehen ist gefährdet und sie und ihre Kinder haben es schwer, der Armut zu entkommen. Im Rahmen der Lebensstandard-Dimension sind Kochbrennstoff, Zugang zu Elektrizität und Wasser, sanitäre Einrichtungen, Baumaterialien und finanzielle Mittel einige der Parameter, die berücksichtigt werden, um die Defizite der Gemeinschaft zu ermitteln. Im Dakshineswar Slum, der im äussersten Norden von Kolkata liegt, sind 48% der Bewohner unter den Parametern des Lebensstandards benachteiligt. Während Sanitäranlagen, Wasser- und Elektrizitätsversorgung im Laufe der Jahre von CR adressiert wurden, ist ein wichtiger Bereich - die Wohnsituation - weiterhin ein grosses Problem. Die MPI-Studie zeigt, dass 100% der Bewohner des Slums Nr. 12 und 92% der Bewohner des Slums Dakshineswar nicht über robuste und qualitativ hochwertige Baumaterialien verfügen, was sie extrem anfällig für jährlich wiederkehrenden Monsun macht.



Die Wassersituation vor (links) und nach (rechts) der Installation von Wasserversorgung durch Calcutta Rescue.

Aufbau und Verbesserung der Wohninfrastrukturen

In Kolkata bringt die Monsunzeit (Juni – September) jedes Jahr Nässe, Überschwemmungen, Sickerwasser, Verstopfungen und viele gesundheitliche Probleme mit sich. Für die Menschen, die in den Slums leben, vervielfachen sich diese durch die prekären Wohnverhältnisse. Unsere jahrelange Erfahrung in der Arbeit mit Slumbewohnern weist auf die Notwendigkeit bestimmter Infrastrukturverbesserungen hin, um die Lebensbedingungen zu verbessern. Es besteht ein dringender Bedarf an betonierten Seitengassen innerhalb der Slums, stabilen Dächern und Wänden für Behausungen, sowie der Bau von Badehäusern in den Slums, um Hygiene und Privatsphäre zu gewährleisten. Wir planen, diese Massnahmen in zwei Slums von Kolkata umzusetzen, in denen unsere Strassenmedizin-Team im Einsatz ist – Dakshineswar und Tank No.12. Die medizinischen und lebensstandardbezogenen Interventionen ergänzen sich gegenseitig, so dass wir die sozialen Probleme ganzheitlich angehen können.

Das Ziel dieses Projekts ist es, die Lebensqualität der Menschen in den Slums durch infrastrukturelle Verbesserungen zu verbessern. Wir planen, die Strukturen der Häuser dieser Slumgemeinschaften zu verbessern, um sie widerstandsfähiger gegen das Wetter zu machen und so die Verletzlichkeit der Bewohner zu verringern und ihnen generell eine bessere Lebensqualität zu bringen. Da der Lebensstandard in direktem Zusammenhang mit der Gesundheit steht, hoffen wir, die Anzahl der medizinischen Eingriffe mit der Zeit zu reduzieren, da wir glauben, dass Vorbeugung ein mächtiges Werkzeug ist, um benötigte Heilungen zu reduzieren.

Unsere Erfahrungen mit den Bewohnern und die Multidimensionale Armut-Studie weisen auf zwei Hauptbedürfnisse hin: (1) der Bedarf an betonierten Nebenstrassen und (2) stabile Dächer und Wände für die Wohnprovisorien der Bewohner:innen. CR hat geplant, diese Probleme in zwei der informellen Siedlungen anzugehen - Dakshineswar (DKW) und Tank No.12. (T12) Slum. Unser Projekt engagiert sich für extrem benachteiligte Menschen und steht in direktem Zusammenhang mit Wohnen und Infrastruktur.

Aktionsplan:

Im Folgenden finden Sie den detaillierten Aktionsplan:

1. NEBENSTRASSEN

Die engen Gassen in den DKW werden jedes Jahr überflutet, was dazu führt, dass die Menschen durch angestautes Wasser und schlammige, enge Nebenstrassen waten müssen. Dies schränkt die Mobilität entweder ein oder macht sie extrem schwierig, was sich negativ auf das Einkommen der Bewohner:innen auswirkt. Es ist geplant, diese Siedlungsspuren bis Mai 2022 zu zementieren, damit das Gebiet für das kommenden Jahre monsunfähig wird.

2. BAUMATERIALIEN

CR plant, die derzeit allgegenwärtig verwendeten Plastikplanen durch Blechdächer zu ersetzen. Mit Bambus werden zudem die Wände verstärkt, so dass die Häuser Stürmen wesentlich besser standhalten können als mit den bestehenden Strukturen. Diese Massnahme gilt für Slum DKW und T12.

3. BADEHÄUSER

In keinem der beiden Slums gibt es geschlossenen Bademöglichkeiten und damit mangelnde Hygiene und Privatsphäre. Das betrifft vor allem die hygienische Privatsphäre der Frauen und heranwachsenden Mädchen, aber auch für Männer.

CR plant deshalb, je zwei geschlossene Badehäuser in DKW und in T12 zu bauen.

Mögliche Verbesserungen

Unmittelbar

- Die Wohnqualität von ca. 250 Familien wird verbessert
- 9'500 Quadratmeter (7'000 in DKW + 2'500 in T12) reparierte Nebenstrassen werden sich direkt auf ca. 1'700 Begünstigte auswirken und ihnen ein komfortableres Leben während des schlechten Wetters, insbesondere während des Monsuns, ermöglichen und ihnen helfen, ihrem täglichen Erwerb und Besorgungen nachzugehen. Zudem kann es Krankheiten verhindern, die mit stehendem Wasser begünstigt werden (z.B. Dengue und Malaria).
- In den Slums DKW und T12 werden zwei Badehäuser für jeweils ca. 150 Haushalte die Hygiene, die Privatsphäre und die Würde vor allem der in den Slums lebenden weiblichen Bevölkerung verbessern.

Längerfristig

- Deutliche Verbesserung der allgemeinen Lebensbedingungen
- Geringere Anzahl von gemeldeten Patient:innen mit Krankheiten, die durch schlechte Lebensbedingungen verursacht werden
- Kein Tropfwasser in den Häusern und bessere Wohnbedingungen
- Die Reparatur von Fahrspuren hilft den Nutzern, bei schlechtem Wetter, insbesondere bei Monsun, herauszukommen und z.B. medizinische Dienste in Anspruch zu nehmen
- Vermittlung von sanitären Gewohnheiten unter den Bewohner:innen, die dazu führen, dass die Instandhaltung in Zukunft von der Gemeinde übernommen wird

Zeitplan für das Projekt

CR hat bereits Erfahrung mit der Durchführung von Infrastrukturprojekten (Sanitärprojekte). Es sind keine Überraschungen aufgrund der Pandemie zu erwarten, da die Mitarbeiter von CR und die Lieferanten, mit denen wir zusammenarbeiten, geimpft sind. Administrative Hindernisse sind unwahrscheinlich, da CR in den letzten Jahren in diesen Gebieten mit der Zustimmung der lokalen Stadtverwaltung gearbeitet hat.

2021-2022						
Okt	Nov	Dez	Jan	Feb	März	April
	Projektstandort Vermessung	Ermittelte Bedürfnisse erneut prüfen und abschliessen	Bauarbeiten in den Slums DKW und T12			Überwachung der Nutzung der Anlagen bis zur Übergabe der Wartung der Anlagen an die Gemeinde

Projekt-Budget:

Budgetposten	Einheiten	Kosten pro Einheit (INR)	Gesamtkosten (INR)	Gesamtkosten (CHF)	Bemerkungen
Reparaturkosten für Häuser in DKW	110 Häuser	35'000	3'850'000	47'531 CHF	110 Häuser werden mit Blechschuppen und Bambuskonstruktion an den 4 Seiten repariert
Reparaturkosten der Häuser in T12	130 Häuser	35'000	4'550'000	56'173 CHF	130 Häuser werden mit Wellblech und Bambuskonstruktion an 4 Seiten repariert
Reparaturkosten für Nebenstrassen in DKW	7'000 qm	130	910'000	11'235 CHF	7'000 Quadratmeter Nebenstrassen werden zementiert
Reparaturkosten der Nebenwege in T12	2'500 qm	130	325'000	4'012 CHF	2'500 Quadratmeter Nebenwege werden zementiert
Konstruktionskosten für die Badeinheit	4 Einheiten	30'000	120'000	1'481 CHF	Je 2 Einheiten werden in DKW und T12 gebaut
Gesamt			9'755'000	120'432 CHF	
Verwaltungskosten			780'400	9'635 CHF	8 % für Projektdurchführungskosten
Gesamtbetrag			10'535'400	130'067 CHF	

Anhang: Fotos aus den Slums im Mai & Juni 2021

In den Slums Dakshineswar und Tank No.12 sind die Häuser improvisiert, die Dächer sind aus Plastik und daher sehr anfällig auf den jährlichen Monsunregen.



Während der Monsunzeit staut sich Wasser über längerer Zeit in den Gassen und dringt in die Häuser. Gerade für Personen mit Mobilitätseinschränkungen ist die derzeitige Lage ein grosses Problem.



Hier ein Blick auf die bisherige Bademöglichkeiten im Slum Tank No.12.



In Dakshineswar baden Menschen in der Nähe von Wasserquellen im Freien ohne jegliche Privatsphäre.

