

Shraddha Rehabilitation Foundation

**PROJECT PROPOSAL APPLICATION
FOR**

**REHABILITATION OF
MENTALLY – ILL ROADSIDE DESTITUTES**

TITLE

**Rescue, Treatment, Rehabilitation and Re-union of mentally ill roadside
destitutes with their families across India**

Accompanied By

A Grassroot Psychiatric Social Out-reach Awareness Programme

Core Experiences of Shraddha:

The overall experience of Shraddha is that around 95% of the total mentally ill destitute population hail from rural and/or poor backgrounds and have agriculture as their livelihood.

A majority of the target group turns out to be illiterate or under-educated .

This lethal combination of poverty and illiteracy results in compounding of the overall rehabilitation scenario.

It seems that the reason for the increasing number of mentally ill coming to the streets in Mumbai are :

1. Mumbai being a metropolitan city offers enormous job opportunities to even unskilled work force.
2. The quest for finding better livelihood leads the young generation to migrate to Mumbai but the failure to live up to the social and economical pressure of the city eventually adds to their emotional agony.
3. This agony causes people to be afflicted with mental disturbances.
4. The easy availability of train and other mode of transportation from different parts of the country brings a greater influx of people already afflicted with untreated mental illness into this metro.

Reasons for the Project

Shraddha has been treating and reuniting mentally ill roadside destitute and has been successful in its efforts. Although Shraddha has the infrastructure to accommodate and treat 120 patients at a time, unavailability of sufficient funds forces us to limit its service to a maximum number of 70 patients at a time. Since Shraddha has been well established, and is known to various segments of the society, many individuals, groups as well as officials rescue patients whenever they come across and refer them to Shraddha. Since the number of patients landing up in Mumbai has scaled up over a period of time, immediate attention to this mounting problem has to be invested in.

Unkind behavior and physical assault towards those helpless human beings on the streets are on the rise. Reasons for the above tragedy can be illustrated as;

1. *Lack of awareness*
2. *Ignorance*
3. *Lack of social responsibility*
4. *Increased public demands*

5. *Urbanization*
6. *Stigma attached to the illness*
7. *Economic hardships*
8. *Lack of treatment and care*

Thus, Shraddha realizes the need of expanding its wings to deal with the most heart wrenching sights on our streets, the mentally ill roadside destitute, more efficiently and professionally. This can only be achieved with collective efforts of each and every individual in the society. Shraddha is vigilant in mobilizing all the available resources to fight for this prevailing cause.

Aim of this Project:

In order to deal with the underlined cause of mentally ill destitutes more efficiently, Shraddha realizes the need of expanding its services in the areas of massive rural–urban awareness campaigns, rendering treatment to more destitutes and promoting collaborative efforts of various segments of the society.

Objectives of The Project:

- a) To rescue maximum number of mentally ill destitutes.
- b) To provide free shelter and food to the rescued patients.
- c) To provide free pharmacological treatment to the rescued patients.
- d) To rehabilitate them with various psychosocial interventions.
- e) To trace out addresses of the patients and correspond with the families. To facilitate reunions of rehabilitated patients with their lost families.
- f) Reuniting patients to their families who have long thought of them as lost or even dead and entrusting their care with the ones who love these patients.
- g) To follow up with all the reunited patients in order to ensure their well-being.
- h) To promote massive mental health awareness among rural villages, schools, families, police personnel, railway officials, and general public. Imparting a wide range of mental health awareness among different sections in the society, like youth, and the common man with more emphasis on rural villages from where the patients hail, realizing that these segments can widely influence the society.
- i) To network with other NGOs in order to generate collective efforts.

Future Plan Specifics Of The Project

1. *The proposed project is a time bound plan for 3 years aiming at maximum utilization of existing infrastructure of Shraddha. Although Shraddha is situated in a 6.5-acre campus and it has a capacity of 120 patients to accommodate, its service is at present rendered only to a maximum of 70 patients at a time, prima facie due to the lack of funds.*
 - a.) *In the first year of the proposed project 85 patients will be treated at a time which would allow Shraddha to render its services to 15 more patients at a time. In the process 50 more reunions will be facilitated. Thus the total number of patients reunited in the first year of the project, on the basis of 260 reunions as the current existing baseline , is expected to be 310.*
 - b.) *In the second year of the proposed project 100 patients will be treated at a time which would allow Shraddha to render its services to 30 more patients at a time. In the process 105 more reunions will be facilitated. Thus the total number of patients reunited in the second year of the project, on the basis of 260 reunions as the current existing baseline, is expected to be 365, amounting to 1 reunion everyday of the calendar year.*
 - c.) *In the third year of the proposed project 100 patients will be continued to be maintained and treated at a time which would allow Shraddha to continue to render its services at the above projected figure of 1 reunion everyday of the calendar year.*
 - d.) *Realizing the fact, that treatment and rehabilitation alone do not ensure the reunited patients' well being, the family of the patients and the social environment around them will be educated regarding mental illnesses and they will be equipped with further management of the reunited patients.*
 - e.) *Periodical follow up of each reunited patient will be carried out in order to avoid relapses. Medicines will be sent free of cost to those who are unable to afford the cost.*
2. *An awareness campaign which includes several awareness programs among target groups such as rural villages, youth, police personnel and railway officials with an emphasis on the rural villages of the reunited patients.*

Shraddha intends to organize awareness programs in particular in those villages where the teams go for reunions across India. The team will consist of Qualified Psychiatric Social Workers, Nurses, technical assistants and already rehabilitated patients. The team will stay in the village itself and will organize awareness programs in coordination with local authorities like Panchayat, Police Station and schools. The team will carry all the necessary

equipments like Public addressing systems, Tents, Banners, I.E.C. & B.C.C. materials, Laptops, LCD Projectors, Psychiatric medicines, Pamphlets, Leaflets, referral cards etc. The awareness programs will be conducted in local schools or Panchayat halls. The local press and electronic media will be involved in the awareness move.

- a.) In the first year of the project 144 rural villages across India will be covered in the proposed awareness program.*
- b.) In the second year of the project, further 288 awareness programs in different states would be carried.*
- c.) In the third year of the project another 288 awareness programs will be conducted across India.*

Thus the total number of villages covered in the awareness program at the end of the 3 year project will be around 720.

Process Of Implementation of the Project

- In every first month of the first two project years, 3 Psychiatric Social Workers, 1 nurses, 1 ward boys will be recruited.
- An additional RMO will be recruited only in the second year of the proposed project.
- A training program will be conducted in the 2nd month for the newly selected staff to develop their capacity and to get an orientation about the work.
- The current intake of 70 patients at a time will be increased to 85 in the first year, 100 in the second year, and maintained at 100 in the third year.
- Treatment and therapeutic interventions will be carried out right from the first patient picked up until the last gets reunited.
- Attempt to trace the address and possible correspondence will be carried out.
- Reunion of the picked up patients begins by the 3rd month of the program year on the assumption that the time span required for the recovery of a patient is 3 months.
- Follow – up will begin from the 4th month of the program year and it will cover all the reunited patients. It also includes sending medicines free of cost to the patients who cannot afford the expense.
- A group comprised of Social Workers, nurses, technical assistants and patients will carry out awareness programs in those villages from where the rescued patients hail. In the normal course a huge crowd gathers in the village at the time of reunion. The team will, in consultation with the local authorities organize the general public over there and an awareness program will be conducted. Free counseling and psychiatric examinations will be provided. By the end of the project around 720 villages will be covered in the awareness programs.

EVALUATION AND REPORTING:

A periodical evaluation of the project will be carried out in order to ensure the success and sustainability of the program. An executive committee will be formed comprising of the Director, Project Manager, and Program coordinators. A monthly meeting with all the staff who are involved in the project will be held which would enhance proper coordination and execution. In every three months, an executive meeting will be held in order to plan various strategic methods to implement the programs. The executive committee will monitor the developments of the project. A review report will be presented by the project manager in every three months with all the staff.

Proper documentation of each activity will be maintained throughout the project period. An admission paper will be filled at the time of each admission and serial numbers will be given to those patients who are under this particular project so that they can be easily identified. Records of treatment and prognosis will be documented. At the time of reunion acknowledgment letter from the family will be furnished and a case report will be made with the photographs of the family. All kinds of proof of follow up will be maintained.

A detailed report on each awareness program conducted will be prepared by the social workers with all the available proofs like letters from the local authorities, photos, news clippings etc. Steering committee which would plan and adopt different new methods of awareness generation will be formed. This committee would hold meetings with those who are involved in outreach programs.

PLANNED PERIOD OF EXECUTION : 3 YEARS

BUDGET OF THE PROJECT : AS PER ATTACHED SHEET

CONTRIBUTION REQUESTED :

Given the gradual word-of-mouth publicity that we receive and the corresponding increase in the contributions therefrom, we are confident that our organisation would be able to meet the inflationary costs in the projected budget increase for the coming three years, as well as an approximate 1/3rd of the additional costs as depicted in our budget chart from various donations from sources other than through your esteemed organisation. As such we request your kind self to help us meet the remaining actual costs of the projected increase, which would be as under:

1st Year	11,01,500 - 68 %	Rs. 7,50,000 /-
2nd Year	26,08,300 - 67%	Rs. 17,50,000/-
3rd Year	28,66,400 - 66%	Rs. 19,00,000/-

Financial Details

Project Name	Capital Expenditure	Operational Expenditure
Shraddha Rehabilitation Foundation	From April 1,2006 – March 31, 2007 Rs.29,72,843/-	From April 1, 2006 – March 31, 2007 Rs.25,11,539/-
	From April 1, 2007 - March 31, 2008 Rs. 13,20,459/-	From April 1, 2007 - March 31, 2008 Rs. 33,30,556/-
	From April 1, 2008 - March 31, 2009 Rs. 4,47,950/-	From April 1,2008 - March 31, 2009 Rs. 30,67,889/-
	From April 1, 2009 - March 31, 2010 Rs. 6,85,171/-	From April 1, 2009 - March 31, 2010 Rs. 44,35,025/-
	From April 1, 2010 - March 31, 2011 Rs. 10,87,676/-	From April 1, 2010 - March 31, 2011 Rs. 47,85,185/-

Summary of Budget Details

Project	Expenditure (As per Financial Year) (Rs.)	Expected Income (Rs.)	Deficit
<i>Rescue, Treatment, Rehabilitation and Re-Union of mentally ill road side destitute</i>	<i>1.04.2011 to 31.03.2012</i> ----- <i>Rs.66,84,000/-</i>	<i>Rs. 59,34,000/-</i>	<i>Rs. 7,50,000/-</i>
	<i>1.04.2012 to 31.03.2013</i> ----- <i>Rs.82,42,000/-</i>	<i>Rs.64,92,000/-</i>	<i>Rs.17,50,000/-</i>
	<i>1.04.2013 to 31.03.2014</i> ----- <i>Rs.85,55,000/-</i>	<i>Rs.66,55,000/-</i>	<i>Rs.19,00,000/-</i>

CRITERIA FULFILLMENT BY SHRADDHA

We believe we fulfill all the criteria under the concerned Sections for Guidelines for approval of associations and institutions set by the National Committee, Government of India. In according approval to any association or institution, the National Committee shall satisfy itself that -

The association or institution is constituted as public charitable trust

-Yes, Shraddha Rehabilitation Foundation is registered with the Charity Commissioner, Registration No. E-13686 dated 22/1/1992

The persons managing the affairs of the association or institution are persons of proven integrity

-Yes, two of the trustees are prominent & reputed psychiatrists of Mumbai and another trustee is the Executive Editor of the reputed magazine Business India.

The activities of the association or institution are open to citizens of India without any distinction of religion, race, caste, sex, place of birth or any of them and are not expressed to be for the benefit of any individual or community

-Yes, while picking up the patient from the street, there cannot be and there is no discrimination as to religion, race, caste, sex or place of birth.

The association or institution maintains regular accounts of its receipts and expenditure

-Yes, we have been submitting audited annual accounts regularly till today.

The instrument under which the association or institution is constituted does not or the rules or regulations governing the association or institution do not contain any provision for the transfer or application, at any time, of the whole or any part of the income or assets of the association or institution for any purpose other than a charitable purpose

-Yes, the trust deed of Shraddha Rehabilitation Foundation clearly does not contain any such provision.

As the National committee may consider fit activities supercede the upliftment of the rural poor and urban slum dwellers as prescribed in the Section 11K

-Our activities supercede the upliftment of the rural poor and urban slum dwellers as prescribed in the appropriate Section as the National Committee may consider fit for the support, and goes beyond to deal with human beings who are the poorest of the poor which is destitutes, walking on the roads and who have been afflicted with psychiatric illness, nullifying their mental functions and exposing them in totality to the vagaries of nature.

The benefit of the project or scheme which already exists and is an ongoing activity flows to the public in general or to individuals belonging to the economically weaker sections of the society

-Yes, the psychiatrically ill destitutes, being on the road are a much neglected, economically weaker section of society.

Income Criteria for selection of beneficiaries

-Income criteria for selection of beneficiaries is nil, as the beneficiaries are the mentally ill road side destitutes picked up from the streets of Mumbai.

The treatment given to the mentally road side destitutes is absolutely free of cost.

All the beneficiaries are destitutes and do not have any income whatsoever.

Extent of freeship/reservation available to beneficiaries belonging to economically weaker sections of the society.

-The entire project is giving absolutely free treatment to mentally ill road side destitutes, where in the income criteria for selection of beneficiaries is nil.

Therefore all the beneficiaries are belonging to economically weaker sections of the society.

The applicant has the necessary expertise, personnel and other facilities for efficient implementation of the project or scheme.

- Yes, our organization has four qualified Psychiatrists, two doctor RMO's, six nurses, seven qualified psychiatric social workers, six social workers, two ward boys, a cook, and an ambulance driver. We have got the infrastructure and requisite medical facilities and equipment in place to deal with these patients.

MONITORING & MEASURABILITY OF THE PROGRAM

Since each organization has its own criterion of monitoring and measurability, Shradha tends to measure its goals from a three pronged main perspective

- a) The number of inmates that it has at any point in time and
- b) The number or reunions of recovered destitutes with their families in one calendar year.
- c) The number of social outreach awareness programs that it has been able to initiate in one calendar year.

Today, while we have adequate infrastructure in place to accommodate 120 patients, the acute constraint placed by our financial and manpower resources, enables us to cope with an in-house patients strength of only up to 70 patients, which essentially means 50 of our potential bed strength (about 40% of our max capacity) remain unoccupied at peak times.

EXPECTED OUTCOME OF THE PROGRAM

The expected outcome of the enhancement of the project through the sanctioning of the grant would again be of two fold:

a) More actual statistical number of mentally ill destitutes would be rescued, saved, treated, and reunited with their families resulting in actual reduction of the number of wandering psychiatrically disturbed destitutes; as well as actual reduction of psychological stress and emotional turmoil caused in the families because of separation from a loved one.

b) More number of families, neighborhoods, communities, would become aware of the very basic fact that psychiatric illness is a treatable ailment and this would reduce the emphasis on stigma and discrimination within society.

RATIONALE OF GRANT BUDGET PROJECTIONS

We have based our budget projections on our awareness of our actual capabilities to increase the quantum of work from our centre at Karjat in terms of all parameters - the increase in inhouse patients, the increase in reunions of recovered destitutes, and the increase in awareness programs possible over the next three years.

Our plan is to increase in the first year of the proposed program the inhouse patients-on-any-given-day strength from the current figure of 70 to 85 and also correspondingly increase the reunions from the current 260 to 310. We envisage the need of the services of an additional three psychiatric social workers, a nurse and a ward boy to implement this objective. Given this additional staff we are confident that we can initiate at least 4 psychiatric awareness camps in the community.

In the second as well as the third year our objective is to increase and maintain the inhouse patient strength at 100 with the reunion of the recovered destitutes touching 365 in a calendar year (amounting to one reunion every day). This would need an additional input of staff (another three psychiatric social workers, a nurse and a ward boy) to implement the objectives. Given the fact that 100 patients is a sizeable quantity and come in with their own load of medical problems, the services of another residential RMO is envisioned and taken into account.

The point to be noted is that we are expecting the grant to keep us moving right through till the end of the third year even though the quantum of inmate strength remains the same (at 100 bed occupancy) and other measurable activities like the

reunions and awareness programs also remain at the same frequency. We believe that were anyone be able to sustain us for two consecutive years on the same statistical load, we would be able to harness external financial mechanisms and inputs in place to keep the program running and sustain momentum independently and on our own.

Ultimately your involvement and your contribution for three consecutive years should evolve and result in the enhancement of our productivity to the point that we should be and would be able to maintain on our own a 100 inhouse patients-on-any-given-day strength and a reunion of a recovered destitute occurring averagely on every single day of the calendar year.

Our budget projections have taken into consideration a modest inflationary increase of 10% per year. These inflation figures have only been applied to the additional work load and increase in quantum of work projected to be financed through the grant. The inflation figures applicable to our ongoing current expenses are expected to be met by us inhouse from our own regular donation sources.

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SUSTAINABILITY OF THE PROJECTED PROGRAM

The implementation of the programs outlined above is dependent upon

- a) Dedicated sincere manpower, in particular the qualified psychiatric social workers, more so because the reunion of the rehabilitated destitute with his family and the grass root awareness programs at the community level are dependant upon them.
- b) Continuous financial outlay to meet the implementation of the program. This assumes greater importance because once any increased capacity of indoor admissions is achieved, the recurring expenses continue indefinitely until such time that the destitutes recover and are reunited with their families.

The approach to the financial sustainability is **four pronged**:

1. Getting donations on a monthly basis from individual / organizational donors who are sensitized to psychiatric illness and are able to make monthly small / medium donations.
2. Getting donations from corporate on a periodic / annual basis, which are earmarked for corpus and long term sustainability and which are placed in fixed deposits of various banks to allow the interest to be used thereupon.
3. Getting annual grants from funding NGO's such as your esteemed institutions to allow to meet growth and expansion expenses.
4. Increasing the quantum of agricultural, dairy produce, growing vegetable to increasingly meet the consumption requirements of the inmates.

❖ Emotional Milestones

Drs. Bharat and Smitha Vatwani founded Shraddha in the year 1988. Shraddha was originated from the appalling sight of a mentally ill destitute eating leftover from garbage and drinking water from the sewage drainage line. He was rescued and treated as the first destitute of Shraddha Rehabilitation Foundation and he turned out to be a graduate from Andhra Pradesh, a state of India. The second patient was picked up with the motivation gained from the emotional outburst and overwhelming honor that the family of the A.P. patient extended.

The efforts continued and several patients were rescued from the road and were reunited with their lost families. To prove the point that mental illness does not spare any single individual regardless of caste, creed, education and status, there was a lecturer of J.J. School of Arts, Mumbai who had been rescued from the street, treated and was helped to regain his job. This led artists from different parts of the country to come up with an art exhibition, which eventually could mobilize some funds for the organization with which the very first set up for mentally ill destitute which could house 20 inmates was built at Dahisar in Mumbai.

An MBA holder who graduated from Indian Institute of Management was rescued after having spent several years on the road and was treated and rehabilitated and continued his job for another six years from the organization.

In 2006 a male patient from Orrisa was rescued and reunited with his lost family after having spent 16 long years on the road. His parents and other relatives could not recognize him for a while.

A male patient of Pune after missing for 4 years was reunited and as an expression of gratitude the patient's family donated an ambulance to the institution in 2007.

A male patient was reunited in Uttar Pradesh on the day of his sister's marriage, after missing for almost 4 years.

Shraddha was successful in reuniting a female patient in 2007 who had been sheltered for nearly 10 years in Shraddha.

In the course of the journey Shraddha rescued 3 females with children from the street successfully reuniting two of them in Haryana and Maharashtra respectively. Due to the inability to locate the third family, Shraddha decided to help provide shelter for the same and the mother-child have both been shifted to a NGO dealing with such cases.

In the past two decades Shraddha managed to rescue and reunite around 1900 mentally ill destitute with their families. These statistics themselves suggest that Shraddha's commitment and efforts to the cause of mentally ill destitute has yielded progressive results.

Shraddha's existence has been inspirational to various segments of society and people acknowledge and appreciate our efforts and voluntarily come forward to get into this unique stream of social work.

❖ Other Milestones

It has been 5 years since we started our Karjat project. Giving hardcore statistical figures we have picked up, treated, and reunited with their families in different parts of India 884 mentally ill roadside wandering destitutes in all :

47 destitutes in the year 2006
134 destitutes in the year 2007
156 destitutes in the year 2008
212 destitutes in the year 2009
261 destitutes in the year 2010
74 destitutes in the year 2011 till March 31st

The other developments that have taken place are :

- a) Innumerable visitors have started visiting the centre,
- b) Innumerable residential NSS student camps of various colleges have been held over the years,
- c) Collaboration with various like minded NGO's / Institutions who care for the mentally ill has been initiated,
- d) Innumerable awareness programs about psychiatric illness have been held in different villages and colleges of India,

AND THE WORK HAS GATHERED MOMENTUM. Our basic objectives of removing the myths and stigma surrounding mental illness, bringing focus to the fact that mental illness is a treatable entity and bringing about a certain concern and care towards the plight of the wandering mentally ill are being addressed in earnest.

SUSTAINABILITY TILL DATE:

The greatest strength of Shraddha is its sustained perseverance over the years. Despite the fact that the cause of the mentally ill roadside destitute did not have /does not have many takers /sympathizers, in view of the poor awareness amongst the lay public, the organization has held its own and has very slowly but surely moved from strength to strength. From a small two room tenement to a 6.5 acre full fledged Rehabilitation Center there has been definite growth spanning 20 years. A committed hands-on work force has always been a great contributor to the success of the foundation.

In Shraddha's triumph to the cause, leading Indian corporates and institutions such as HDFC, ONGC, Steel Authority Of India (SAIL), Valuelabs (Hyderabad), Pidilite Industries, TATA Projects, Ekta World, TATA Investments, Sun Pharmaceuticals, Wonderland Developers Pvt Ltd., Lions' Club of Juhu Gulmohar, Mehran Edulji Bilimoria Charity Trust, Nergesh Khurshedji Dady Public Charitable Trust, Perin Davar Memorial Trust, Shri Babulnath Mandir Charity and International institutions such as Hilfswerk Fuer Ashadeep Association Germany and H. Goldie & Co. London, have come forward to lend their might to our efforts. A reputed NGO like Rotary Club of Mimbai Queens Necklace has donated an entire unit to Shraddha and also chipped in with monthly contributions.

In addition we have also received help from innumerable altruistic minded individuals. Individual donors have often come up with monthly contributions to ease the burden of recurring expenses.

The interest on funds placed in various FDs (partially obtained from the sale of our Dahisar project, which was lying defunct in view of the entire work being shifted to Karjat) has helped meet some of the ongoing recurrent expenses.

CONCLUSION:

Collaborative and collective efforts have always been the corridor for greater success for any cause. Shraddha's allegiance and dedication to the cause of the mentally ill roadside destitute have given new lives to many downtrodden and neglected mentally ill. In our voyage towards a greater aspiration, many have been emotionally touched and been part of the endeavor in a huge way and in fact those meltdowns were the stepping stones. Having done some quantum of selfless service Shraddha feels both humbled and privileged, but the agony and the plight of the mentally ill on the road oblige our consciousness to act more concretely. Shraddha is eternally obliged as well as proud to express her gratitude to all those who have been part of the pains in this journey.

Shraddha believes in the theory of a collective and a shared approach of lending help to the neglected segments of society. We trust that the expertise and experience of Corporate Society and/or Socially Minded Individuals added to the dedication and commitment of Shraddha would herald a significant landmark in the care and welfare of the mentally ill roadside destitute.

With The Will Of The Almighty guiding us, we sail together in the journey towards the common goal of the wellbeing of the mentally ill on the streets of India.