



**Annual Report**  
April 2012 – March 2013



WHEN YOU ARE HOMELESS  
AND CAN BARELY CLOTHE YOUR BODY,  
YOU HAVE ONLY YOUR SENSE OF SELF TO  
REMINDE YOU THAT YOU ARE HUMAN.  
YOU ARE VULNERABLE.  
PSYCHOLOGICALLY, SOCIALLY, ECONOMICALLY.

WHEN YOU ARE MENTALLY ILL,  
YOU LOSE YOUR SENSE OF SELF, AND  
OTHERS SHUN YOU.  
YOU ARE VULNERABLE.  
PSYCHOLOGICALLY, SOCIALLY, ECONOMICALLY.

WHEN YOU ARE HOMELESS  
AND MENTALLY ILL,  
THE WORLD TURNS ITS BACK ON YOU.  
YOU DON'T EXIST.  
YOU BECOME THE NOWHERE MAN

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## A NOTE FROM THE SECRETARY'S DESK

As I walk down the familiar streets of Kolkata to my immediate destination, the pavements seem to tell their stories. Stories of travelers they have seen, heard and the touch of footsteps they have experienced. Some of the tales have been happy. Some have been sad. Some footsteps have held the spring of the hopeful while some have dragged on with despair. It is within such a tapestry of the pavements of Kolkata that the story of Iswar Sankalpa is woven.

The work that we do for the people rendered homeless with psychosocial disability has taken leaps forward in the last six years. From an outreach program practicing community psychiatry and creating 'familial' bonds within the neighbourhood with a network of voluntary 'caregivers', to a Day Care Centre in the premises of Hastings Police Station — which has established an important shift in the way the homeless persons with psychosocial disability is perceived. A shift from being arrested under Anti-Beggary Act as 'law breakers' to persons who need help and support from every section of society. Then came the Night Shelter for Urban Homeless women — Sarbari. At last, few women find a space to heal from wounds inflicted by family, state and society. And find the power within them to raise their heads as empowered human beings. They redefine their identity, find new skills and start rebuilding a life. A long journey from Nowhere people to citizens of State.

The year 2012 — 2013 has been a year of expansion into a much needed sphere of mental health service delivery — The Urban Mental Health Program in collaboration with the Kolkata Municipal Corporation. As a link to our homeless program, it had been felt for long that early intervention, awareness of mental health issues and affordable treatment held the key to addressing the vicious cycle of homelessness and mental illness. Thus, it is with this aim that the Kolkata Municipal Corporation has come forward to include mental health services within the primary health care system in their wards 78 and 82. This has been one of our greatest successes this year. None of this would have been possible without the extreme hard work put in by our team members and the blessings of those who we had an opportunity to serve.

In this report you will read about our efforts to empower lives battling with hunger, abandonment, poverty, domestic violence, depression as well as 'voices' within which abuse, command as well as praise once in a while. You will read about many a phoenix — who has risen from the ashes of dehumanisation and rebuilt his/her life slowly once more. You will read about our successes and our challenges.

The path or pavement is important, because it can make the travelers' journey so much easier.

You are important because you have answered the call to be part of our journey. To be part of the pavement which has the will to soothe the weary traveler and help her to heal within.

Sarbani Das Roy — *Secretary, ISWAR SANKALPA*



WE SHARE, YOU CARE  
- COMMUNITY CARE GIVING



# NAYA DAUR

## Community-based Outreach Programme

This past year, Iswar Sankalpa's flagship programme found itself in its 6th year running. Initiated in June 2007, Naya Daur is a sustainable community-based care and support programme for homeless persons with psycho-social disability within the metropolitan areas of Kolkata. It is a programme that weaves together state, private and community into a network of resources that not only cares for this forgotten population, but works towards making them productive members of families and community.

In the past twelve months, the programme has significantly furthered its impact on the community-based level. It was found that greater degrees of responsibility were being spread across individuals and groups on a ground level. The numbers of neighborhood caregivers have been steadily increasing, as have the predominantly warm receptions towards local awareness programmes. This has also been evident in the rise of numbers of our clients who are slowly being reaccepted and reincorporated back into local communities through various employment opportunities.

Similarly, repeated efforts in communication via advocacy meetings over the past year have led to a greater shift in the attitudes and working relationships with state agencies, such as the Vagrancy Department and the Deputy Mayor's office.

While there are of course constant struggles being faced on a micro-level of everyday functioning in the Naya Daur programme, it is evident, from a larger perspective as well as from the numbers, that the premise behind the programme and its work are being continuously fulfilled. It is always a grateful pleasure to see the efforts of this unique programme come to light, which only furthers our desire to continue on this journey.

### Challenges Faced

- *Raids by the enforcement branch of Kolkata Police:* Raids on the streets of Kolkata, led to several of our recovering clients being deported away to vagrancy homes, a place where neither their mental nor physical, health and safety can be guaranteed. This was a major challenge this past year that needed immediate resolution.

*How it was dealt with:* Contact was initiated with the Vagrancy Department and the Deputy Mayor of Kolkata regarding the issue. Requested was that in the future if any such kind of raid is to happen that the local councilor and police stations of the area are informed so as have prior information and prepare accordingly on part of Iswar Sankalpa for our clients' welfare. The appeal was met in positive regard.

- *Medication Supply:* The supply of psychotropic medicine is often in a state of flux, and hence focus was shifted towards further systematization of the supply chain to ensure sustained efficiency, compliance and therapeutic benefit.
- *MIA:* Due to the nature of homelessness and drifting, the recurring event of clients going missing in the midst of their treatment regime was an issue that required looking into, and it is hoped that greater interactions with the police will help in this regard.

### Future Prospective

- Greater and further intensive and systematic intervention for clients.
- Increase in numbers of local caregivers in the community.
- Greater negotiations, interactions and mutual dependency with the state police departments.

**KUMAR - A vagrant no more**

One hot Indian summer's day, in the first week of April 2012, a Naya Daur social worker went on his usual daily rounds of the Rajabazar area, identifying new clients as well as following up on old ones. However, this particular morning, the social worker found one particular client missing from his usual street corner.

Kumar, a homeless man with schizophrenia, had been a client under the outreach program for over 2 years. Over his course of therapy and treatment on the streets he had recovered significantly enough to be able to recount small family histories and details, but no luck had come about locating his home. Fortunately, he was also stable enough to hold steady supportive employment as a construction worker and as a part time barber/shaver and thus sustain himself.

Upon questioning the local community members of Kumar's whereabouts, no one could provide any answers. The social worker went back the next day, and the next, and the next — still no sign of him. Kumar had simply vanished into thin air.

Over the course of the next few months, the organisation came to hear of multiple reports of police raids which led to homeless persons and beggars being deported to the state-run vagrancy homes. Realising the impact of such raids upon our homeless psycho-socially disabled clientele, the Iswar Sankalpa Outreach team planned a visit to the vagrants' home. There, for the 4 months since his disappearance, Kumar was found residing. Without his regular treatment and care, his condition had deteriorated significantly, and he was in a very poor health and hygiene state.

So, began the lengthy proceedings of releasing Kumar from the vagrancy home. The Controller of Vagrancy required family members to come in person to ensure proper identification and release; of course in the case of the homeless mentally ill this is often hard to achieve. Nonetheless, as luck would have it, around the same time the Iswar Sankalpa restoration team were finally able to locate and contact Kumar's family. Hailing from a small border village between the states of Maharashtra and Madhya Pradesh, Kumar's father and elder brother came to Kolkata, met the Controller of Vagrancy and after verification of their identities, the release order for Kumar was given.

And so, finally, by November 2012, a withered but still steady Kumar was not only successfully discharged from an unsuspecting stint in the vagrancy home, but was also miraculously reunited with his long lost family. No longer repeatedly losing himself and suffering at the hands of time and space, Kumar was a functional, stable and grounded man once more.



**By the Figures : FY 2012-2013**

Client distribution per Area	Male	Female
Sealdah	11	14
Rajabazar	16	5
Beniapukur	15	6
Tollygunge	17	7
Keoratala	17	1
Khidderpore	27	6
Majerhat	24	2

Total No. of Clients - 168

127	41
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Total No. of Clients receiving treatment - 168

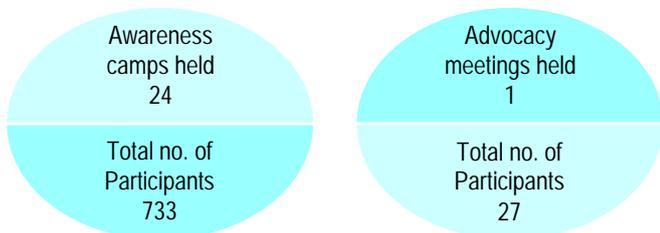
New cases 62	Previous Year's cases 106
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Total No. of Clients restored - 6

Services Provided

Food distributions 832	Hygiene provisions 526	Doctors' visits 134
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**Awareness and Advocacy efforts**





DIGGING DEEP  
- GROWING ROOTS

# DROP-IN-CENTRE

## Dr. K. L. Narayanan Rehabilitation Centre

### ALI - The silent observer

The moment you meet Ali, the first thing you notice about him, is how quiet he is. It is a calm silence which embodies him — he likes observing all around him — a silent observer with bright intelligent eyes.

Ali was first encountered by the Iswar Sankalpa team at a medical camp being held in Watgunge on 8th January, 2012. While he is not homeless with his family living in Watgunge itself, he spends most of his time on the streets. Diagnosed as having paranoid schizophrenia, it was the team psychiatrist who suggested to Ali's family members that he could be sent to the Dr. K L Narayanan Rehabilitation Centre regularly — a safe and secure space from which he could benefit not only from the regular medical check-ups and counselling, but also from the group interaction and training activities.

Over the past year and a half Ali has gone from rarely interacting with others, from not making any eye contact, from not eating or drinking at the DIC, to now — a young man who loves to participate in all the activities being held at the DIC. Whether it is gardening, cooking or detergent making, Ali is an active participant and leader who takes his own initiative in engaging with the trainings and the group. In all this, while his symptoms have greatly reduced and he is more and more functional every single day, Ali continues to stay true to himself — he remains that smart, silent observer with bright intelligent eyes.

The Iswar Sankalpa drop-in-centre (DIC), officially named as the Dr. K. L. Narayanan Rehabilitation Centre, is located at a space provided for by the Kolkata Police within the premises of Hastings Police Station. The DIC is a therapeutic day-care centre for the physical, emotional, psychological and social integration and well being of homeless persons with psycho-social disability through mental illness.

Over the last twelve months, the DIC has focused on providing overall rehabilitation for 5- 7 homeless persons with mental illness in an effort to mainstream them back into society. This was achieved through facilitated participation of the clients in select, occupational and vocational activities such as cooking, dance movement therapy, art therapy, and gardening. Additionally, the provision of regular doctor and counselor visits to the DIC ensured systematic pharmaco- and psychotherapy, all of which ultimately aimed at restoring the client's self-confidence, self-reliance and independent living.

This past one year, while the number of clients attending the DIC have been relatively low, they have in fact been very stable and regular in their attendance. Amongst the clients, there has been significant improvement in their self-care and hygiene, self-esteem and productivity, social interaction skills, rapport building with the DIC staff and trainers; as well their personal life skills and vocational skills build up. Improvements such as these, help strengthen the premise of providing therapeutic benefits through structured, regulated routines, despite being provided through a non-institutionalized set up.



### Challenges Faced

- *Street raids and Vagrancy home deportation:* Clients are unknowingly carted off by street raids to the city vagrancy homes, where they are left to suffer indefinitely in anonymity and silence.
- *MIA:* Clients going missing from their 'home on the street', which is unfortunately a part and parcel of the nature of homelessness, drifting and wandering.

### Future Prospective

- More frequent visits to the vagrancy homes, and greater mutual communication with the Vagrancy department is required on part of the Iswar Sankalpa to ensure our clients safety and well being.
- A greater degree of vigilance is required on part of the Iswar Sankalpa outreach team, as well as on the part of linkages with the Kolkata Police, to ensure that clients within the purview of our programmes are monitored more efficiently and rigorously.
- From April 2013, the Dr. K. L. Narayanan Rehabilitation Centre will be graciously receiving a one year funding grant from the Paul Hamlyn Foundation to sustain its rehabilitative efforts in this regard. It is hoped that with a steady source of funding, the centre would be able to improve upon its facilities and activities which have been in play since the commencement of the program in 2009. Sustainable funding allows for the growth and development of a more structured and stable rehabilitation program at the DIC, which can in turn lead to more tenable practices and futures for the beneficiaries concerned.



### By the Figures : FY 2012-2013



SAFE AND SOUND  
- A HOME AWAY FROM HOME



# SARBARI

## Shelter for Urban Homeless

Sarbari, begun in April 2010, was propelled into being based on the realisation that homeless women with mental illness who live and reside on the streets are extremely vulnerable to different kinds of abuses, and so require a secure and safe place to reside, where their treatment can also be done effectively and comprehensively.

Over the past 12 months, Sarbari has provided shelter, care and treatment to a total of 140 individual women. With a maximum capacity of 80 residents at any point in time, this high total residency number is an indicator of the high inflow-outflow ratio.

The year has also provided the opportunity to practice and bring into place a more streamlined and systematic intake, therapeutic, and release procedure.

Initially when a woman is identified as homeless and having mental illness through the Outreach Program or through the Kolkata Police, and consequently agrees to be brought to the shelter, primary emphasis is placed on their basic hygiene requirements, as well as physical and mental health care and symptom reduction. Once the women become more stable and functional, they are then gradually involved into the daily household activities of the shelter, which doubly function as basic life skill therapies. Counselors and therapists work at identifying the women's areas of interest and aptitude – occupational and vocational therapy training programmes proceed on such a basis. Through these activities their employment options are identified; the women are ultimately aimed at being resettled back into the community, so that they can sustain themselves and earn a livelihood through their own earnings. In the meanwhile, if home addresses are provided and locatable, the women are restored and repatriated with their families where possible.

This past year, we have also emphasized on providing entitlements to the residents of the shelter. We have been able to open bank accounts of several women residents, as well as begun the process for application of the Unique Identity Card, i.e., the Aadhar card. Provision of these entitlements aim at restoring back to these women their identities, and thus their basic rights of citizenship and existence.

### Challenges Faced

- *Physical health status of the residents:* Over the past year, there were a few incidents of deteriorating general health amongst the residents, hence greater focus is now given to the physical health aspect of the women to ensure early detection and intervention. Additionally, a dietician has been consulted, and diet charts have been prepared for the residents based on their physical condition (General, Diabetic, and Renal diets).
- *Influx/Out flux dilemma:* Due to the restoration and resettlement process, there is a constant dynamic flow of residents within the shelter. This often has a psychological impact on the remaining residents, who not only experience the loss of their friends and roommates, but also must negotiate the fact that they themselves are not going home. Additionally, many who are restored are often the more functional individuals in the shelter. Thus, there is often a flux in the levels of general activity at the shelter from time to time, since it takes some time to prepare new women for the various shelter activities. To combat this, particular emphasis is given on newer residents' skill and capacity building, so that when the old and functional individuals leave the shelter the newer women can more easily fill in their positions.

- *Resettlement and restoration issues of certain residents:* A challenge which still remains is that of how to deal with women whose families could not be traced or are not re-accepted back into their families, and whose chances of resettlement are slim. There are also quite a number of elderly women, who are also a challenge as the shelter is not fully equipped for handling geriatric issues. A more permanent solution for these select groups of women needs to be sought, and so began the conceptualising of the eventual creation of a long stay home.

Future Prospective

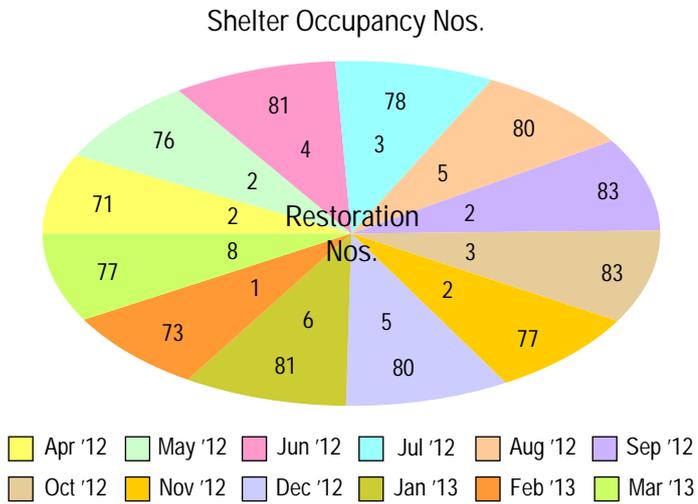
- The shelter programme will be taken forward with all its activities, with further streamlining of the process as much as possible. Greater focus will be placed on the individual women, so as to provide more tailored treatment plans for our clients, and thus work towards achieving these specific goals.



Total No. of women residents - 140

New residents 77	Previous Year's residents 63
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By the Figures : FY 2012-2013



JYOTI - A star shining bright

Jyoti, when she was first brought to Sarbari - Shelter for the Urban Homeless through our Naya Daur Outreach Program, was a seemingly frail yet extremely aggressive elderly lady. Suffering from schizophrenia, her aggression was her only release and recourse out of a condition she, or the majority of people around her, could not understand. Delusions of persecution meant trusting anyone was next to impossible, especially in a new place where she knew no one, and so abuse spewed forth from her lips indiscriminately to one and all around her. Verbal abuse and aggression - the only means she was left with to try regain even the smallest sense of control, control of the deep darkness she found herself trapped within.

Over time, Jyoti's restless aggressive nature was calmed, and soon a new sense of purpose instilled her; through her involvement in various vocational she found ways in which to sublimate her restlessness and excess of energy into other productive outcomes. Never idle, she would dabble in a plethora of activities at the shelter - one afternoon you would find her beading and crafting a beautiful pair of earrings; the next day Jyoti would be kneading dough for cooking while wearing the previous day's shiny products on her ears.

As with rehabilitative efforts, often it is found that one activity type or training base has a more profound impact and influence on any one particular person, depending on their past interests and learnings. With Jyoti, it was soon observed that she had a real knack and interest in cooking. Soon enough, there she was - Jyoti, forewomen of the edible snacks production line. What started off as an occasional venture into the cooking scene, ended up with Jyoti for all practical purposes taking over entire cooking sessions and guiding the other participants, while the trainers only needed supervise her. Hair net in place and gloves on hand, Jyoti was no longer that abusive old lady, she was a do-er: not only training herself, but taking the lead and training others.

Currently, Jyoti has been resettled within the local urban community — she has been found full-time work as a live-in housemaid. Her employer states that Jyoti is a responsible, hard and ready worker. She still visits the Sarbari shelter home for health follow ups. It is in these instances that one can really take notice of Jyoti, and see her for the woman that she always was. The only difference now is that she is no longer covering in the shadows of her dark past. Because without even knowing it perhaps, every time she steps into the threshold of Sarbari she is a source of inspiration for the other women; Jyoti — our very own brightly shining star, lighting up the way for all her fellow compatriots.

WEAVING BACK TOGETHER  
- THE FABRIC OF LIFE



# RESTORATION

## Rehabilitation, Resettlement & Restitution

Since the inception of Iswar Sankalpa, working with an urban homeless population with mental health needs has furthered the organisation's realisation of the demands of this sector of work, as well the variety of efforts which are critically required on behalf of the organisation. One significant goal of Iswar Sankalpa's intervention in the lives of these 'nowhere' people is the eventual re-integration of the person back into the community – and if there is one – the family.

The philosophy behind the restoration and resettlement processes is to facilitate and foster independent community living of our clients, so that they may live a productive, dignified life in society, in spite of having psycho-social disability.

The past 12 months have led to not only restoration of 52 new individuals (more than a 1/3 of all restoration cases till report date) back to their homes and long lost families, but also in ensuring that follow up care was also critically provided to both previous and current restoration case clients. Additionally greater emphasis was placed on ensuring that the communities in which restoration was taking place were involved in the process of the person's reintegration, that is, in addition to family members, the local Panchayats, community based officers and NGOs, and neighbouring community people were also informed regarding mental illness and awareness spread on mental health. Local governmental health centres which could provide primary and/or supplementary services to the restored individuals were also targeted and identified; the creation of liaisons with these institutions were done in hopes of providing a greater support system for any restored individual.

For those individuals who were looking to be resettled and reintegrated back into mainstream society, greater emphasis was placed on motivating our clients in engaging in vocational and occupational therapies and trainings, as well as garnering functional literacy skills, to facilitate engagement in supportive employment. Additionally, liaising with different social security schemes has begun in order to obtain disability certificates, bank accounts and Unique Identity (UID/Aadhaar) cards for our clients, which are essential matters in recreating and giving back these individuals their long-lost identities.

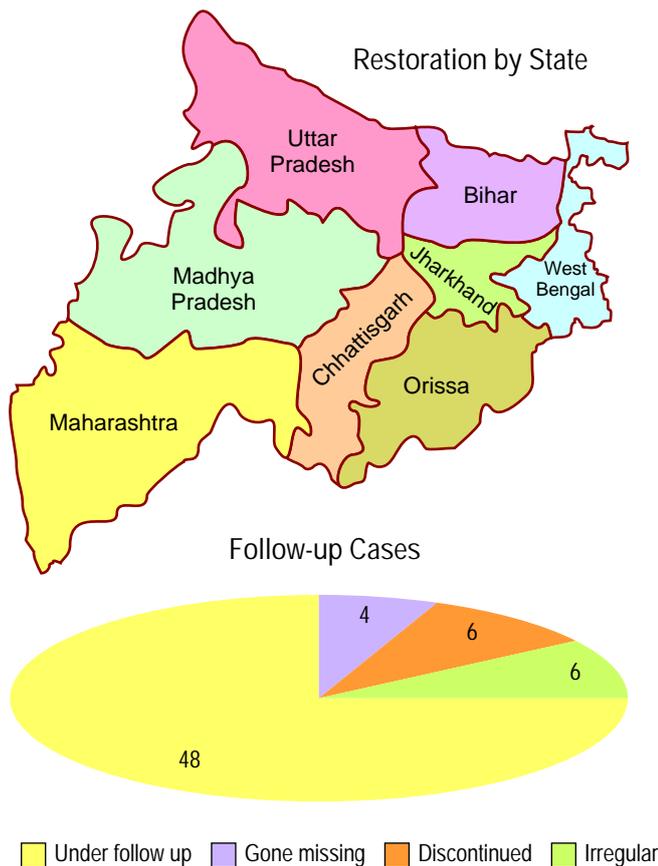
### Challenges Faced

- *Working on a trans-national scale:* Having encountered clients from all but 4 states of India, the process of restoration is a long and lengthy one. Difficulties range from communication issues to locating small obscure places, making the challenge of restoration even greater.
- *Ensuring greater therapeutic compliance:* A great challenge which needs to be further looked into is clients' continuation of treatment and medication post-restoration, which can often be interfered with due to lack of access and availability of health services and/or the financial burdens of it.
- *Combating rejection and ensuring re-acceptance of client back into family/community:* The need for continued campaigning and awareness initiatives regarding mental health and illness, in both local communities as well as on a larger nation wide scope, is tantamount. This can be aided by ensuring that the clients do not become a liability and are self-supporting members of the family and community through appropriate trainings.

Future Prospective

- Restoration and resettlement processes need to be given greater priority and made into a programme in their own right, especially to effectively work on the national scale that we find ourselves on.
- Greater efforts need to be made to ensure restored and resettled clients are accepted, productive and self-sustaining as much as possible back in their homes and communities, through increased liaison and awareness camps with local community based-initiatives as well as state health and police services.
- Explore more tailored vocational and occupational skills trainings, so as to provide greater supportive and employment opportunities for the clients' eventual resettlement.
- Arrange for appropriate long stay home accommodation for those clients who in the long run will not/cannot be restored back to their homes and families.
- From April 2013, funding from the Paul Hamlyn Foundation will help sustain a more systematized Vocational Rehabilitation Unit at the shelter.

By the Figures : FY 2012-2013



RAJAT - Lost for decades; finally found

One warm April afternoon back in 2010, the Naya Daur outreach team identified a middle aged man, approximately forty years of age, living on the streets of Rajabazar in Kolkata. Rajat, was a gentle man, yet utterly lost and confused, suffering from schizophrenia.

Under the purview of the Outreach programme, he received months of treatment, care and support on the streets itself, which over time led to the slow but steady recovery of Rajat. After approximately 2 years of receiving long term treatment and therapy under Naya Daur, one day in 2012 Rajat was finally able to recall his home location - Panchpauli. The Iswar Sankalpa resettlement and restoration team immediately contacted the Panchpauli Police Station, and over the process of a few months managed to eventually trace out his home address. It turns out that Rajat is from the other side of the country — Nagpur, Maharastra.

Rajat's story, whose real name is Bharat, began 21 years ago. A young teenage Bharat had once aspired to study science in high school. However, upon not managing to secure a place in the science stream, he was compelled to complete his schooling in the commerce stream. According to his family members, that is when his problems first began and his behaviour began to become erratic. Having completed school, feeling dejected from his academic route, he sought fulfilment by going to Mumbai, hoping to find work in the film industry. Somewhere on this journey, Bharat got caught in the throes of schizophrenia. And thanks to the vast Indian Railways network, one day Bharat found himself in the City of Joy, unable to communicate with anyone around him, lost in the recesses of his mind, and living on the streets. Bharat became lost, and in his place, Rajat — the homeless man with mental illness — was born.

It took 21 years, for Rajat to be able to retire and Bharat to regain his rightful life back. On 13th August 2012, Bharat's brother and uncle came all the way from Nagpur to Kolkata, to Iswar Sankalpa, to visit and meet their long lost loved one whom they had long presumed dead and gone. Finally, on 17th September 2012, a month after the family's decades-long reunion which took place at Iswar Sankalpa in August, and over 2 years since our first interaction with him, came the time for Bharat to leave the care of Iswar Sankalpa. And so it was a momentous occasion — a reunion and repatriation two decades in the making — when Bharat was finally reunited with his family and returned to his long-lost home in Panchpauli; Bharat, a man who is lost no more.

Project	First time Restoration Cases		Re-restoration Cases	Total
	Male	Female		
Naya Daur	6	-	1	7
Arogya	1	1	-	2
Sarbari	-	39	4	43
Total			5	52

DRIVING ON  
- FULL SPEED AHEAD



# AROGYA

## Emergency Response Unit

Project Arogya, is an Emergency Response Unit, whose aim it is to provide immediate emergency care and allied services to homeless persons with psycho-social disability as a result of mental illness, who are encountered through the various other Iswar Sankalpa programmes. Arogya functions within the Kolkata metropolitan area of West Bengal, and is a joint-collaborative effort between Iswar Sankalpa and the Kolkata Police, as well as state-run psychiatric and general hospitals.

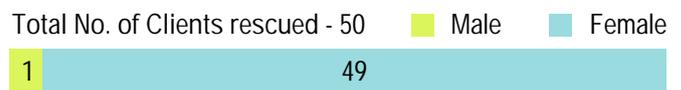
Over the last 12 months, Arogya has catered to 50 individual cases by effectively initiating a critical care response for people who were in acute psychiatric distress. Through the Iswar Sankalpa medical crisis response team, each individual was assessed, and with the aid and collaboration of appropriate medical and legal bodies for health and custody, immediate medical care/hospitalization and relief was provided to these men and women.

While this past year's outcomes and figures (largest as of yet since the inception of the project) are signs of progress, it cannot be emphasised enough the continued need for greater and more intensified collaborative efforts with state agencies so as to ensure effective management of emergency service provision to this voiceless and marginalised community.

### Challenges Faced & Future Prospective

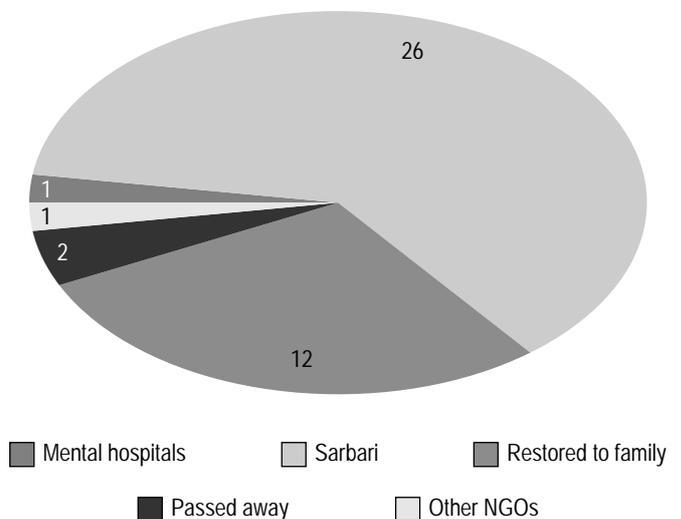
- **Need for changes at Policy level, as well as training of Police Personnel:** Through sustained advocacy efforts on part of Iswar Sankalpa, significant change need to be enacted at a Kolkata Police policy level, along with greater awareness generation and training of the Police personnel, so as to ensure maximum efficacy of emergency response services.

### By the Figures : FY 2012-2013



Total No. of police stations participated - 8

### Referrals & Restorations





# SAMBANDHAN

## Urban Mental Health Programme (UMHP)

Funded by the Navajbai Ratan Tata Trust is the Urban Mental Health Programme (UMHP), part of Iswar Sankalpa's Project Sambandhan : A Community of Care.

Begun in April 2012, UMHP is a novel 3 year pilot project, in partnership with the Kolkata Municipal Corporation (KMC), which aims at having a more preventative influence in the field of urban mental health care and access. By taking a more pre-emptive course of action, UMHP hopes to combat the striking increases in unawareness, stigma, societal taboo against mental illness and health, and consequently the lack of mental healthcare access and treatment. As such, UMHP is focused on evolving a care pathway for the socio-economically disadvantaged population of slums residing in 2 wards of the city of Kolkata suffering from mental illness, and integrating this pathway into the primary health care setting, in order to promote early detection and intervention, while simultaneously combating stigma and lack of sensitization.

UMHP has a dual pronged approach in creating sustainable change in this regard:

First, it attempts to integrate mental health services with general health services offered at the ward health units of ward numbers 78 and 82, under the KMC and in the process train and create non-psychiatric workers in the field of mental health. This will help in establishing a faster identification, intervention and treatment process.

Second, it aims in evolving a community movement towards positive mental health. This is an inclusive idea of mental well-being and not simply the absence of mental illness or common mental health problems. This will help target the knowledge, attitude and practices of the community and bring change.

Our vision is that the 2 wards of Ekbalpore and Chetla, will serve as models which the KMC can adapt in their other wards, heralding a new Calcutta – the city of joy where madness is no longer misunderstood, shunned and discarded off, but embraced and provided intervention, treatment and support.

### Philosophy behind UMHP

The main philosophy behind the work under this project is to integrate mental health services with general health care offered at a primary care level for underprivileged populations in an urban set-up.

In order to accomplish this on a sustainable and achievable level, various changes need to be sought in the structural availabilities, as well as in the human resources currently present and in their capacities. In line with the programme's dual faceted aims, this past year, greatest emphasis has been placed on the creation, opening, and smooth running of the mental health clinics within the premises of KMC run ward health units, as well as on initiating significant awareness campaigns within the wards for effective dissemination of information and sensitization regarding mental health and illness.

### Major Accomplishments till date:

- Signing of the Memorandum Of Understanding (MOU) with Kolkata Municipal Corporation, thereby legally affiliating Iswar Sankalpa's work with that of the KMC, providing the crucial impetus required to initiate sustainable change.
- Training of Medical Doctors and Health Workers of ward 78 to strengthen their knowledge, attitudes, and practices regarding mental health.

- Consolidation and efficient functioning of the clinic in ward 78's health unit from September 2012 onwards.
- Distribution of psychotropic medication from the health unit itself, with supplies being provided by the KMC.
- Counseling and rehabilitation supports are gradually becoming more and more stabilized and efficient at the 78 health unit.
- Awareness and advocacy campaigning with ward 78 have taken off to a great start, involving schools, CBOs, local clubs, mosques, auto campaigning, and door-to-door home visits.
- KMC has shown indications that they may look into specifically hiring another medical doctor for this project, providing positive reinforcement in regard to the level of involvement of the stakeholder.

Challenges Faced

- Lack of awareness within the community which requires continual and intensive communication strategies in order to create a visible change.
- Involving the health workers and doctors at the ward health units (currently in 78, and eventually 82 when it is opened) in a holistic manner in order that they continue to engage with identified clients and to address the procuring of psychotropic medicines.
- Continued need to scan the area for more options in setting rehabilitation activities for clients both outside and within the premises of the clinic.
- Greater emphasis needs to be placed on providing incentive for clients and caregivers so as to become more involved in support groups, and then move onto expanding the group base and activities.



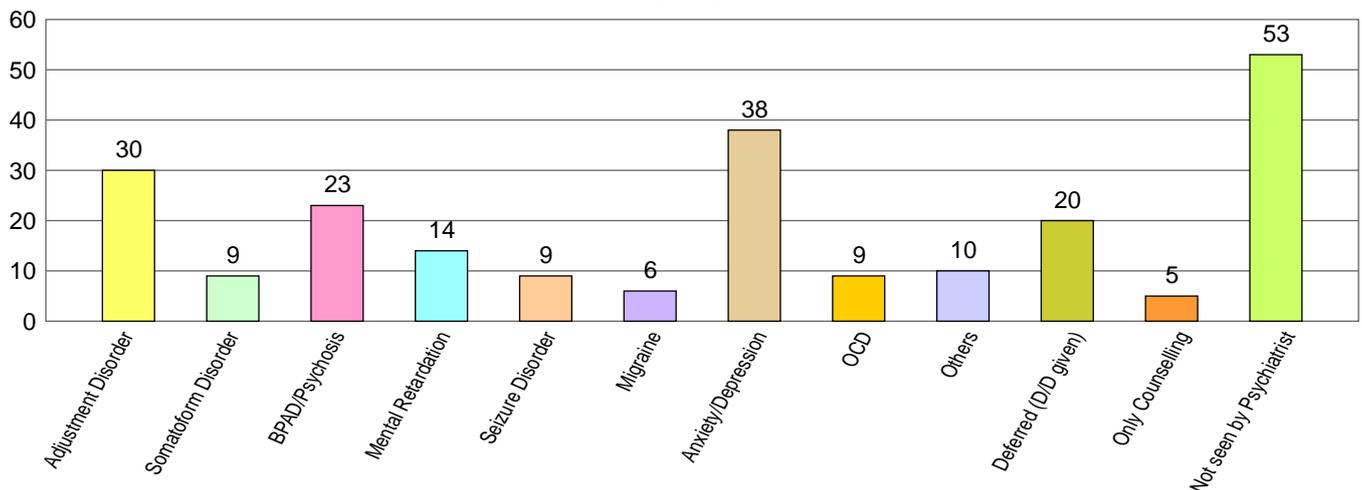
Future Prospective

- *Health Unit and Clinic Opening:* The process of integrating the procurement of psychotropic medicines from the health unit itself requires further streamlining. The clinic's self-sufficiency also requires further establishment, focusing on increasing the capacity building and involvement of the health workers and doctors at the ward health unit. Lastly, of course, the clinic at ward health unit 82 is to be set up and made functional.
- *Awareness and advocacy events:* Awareness programs still remain a high priority to achieve UMHP's targets for community involvement, by developing relationships with local schools, community clubs, community based officers. Likewise, advocacy meetings remain crucial; methods and possibilities of greater media coverage are being looked into.
- *Ward Mental Health Committee:* It is hoped that eventually a Ward Mental Health Committee will be created and function as the monitoring and grievance body for all matters involving mental health, the ward populations and the ward health units.

By the Figures : FY 2012-2013

Activities	Numbers
No. of people who have visited clinic	316
No. of registered clients	226
No. of community awareness events	26
No. of community people sensitized	9494
No. of KMC doctors trained	10
No. of KMC health workers trained	53

Primary Diagnosis



## POOJA - Spreading her wings

One crisp winter morning in early December 2013, a lonely, tired and fraught woman found her way along the winding lanes of Ekbalpur. In what must have been a terrifying moment, she found the courage to walk through the doors of the Urban Mental Health Programme's mental health clinic at the Ekbalpur ward health unit in ward 78.

Accompanied by her father and neighbour for moral support, Pooja is a 30 year old woman whose primary complaint was the inability to tolerate loud noises and that her head constantly felt like it would burst. Married, for the past 10 years with two children, she constantly felt rebuked by her mother-in-law, and unsupported by her husband. Upon further questioning, it was divulged that she was prone to fainting after any stressful event in the house, and had also tried to commit suicide previously over a year ago, after which she had been admitted in the hospital for about a month.

Pooja registered herself in to the clinic, as the programme's 94th registered client.

Diagnosed by the UMHP clinic psychiatrist, as having adjustment disorder and dissociative attacks, she was encouraged to come in regularly for counselling as well as receiving medicines. Since her first visit, Pooja has now become a regular client at the clinic, coming in at least once a month for follow up check-ups with our team.

Through the use of relaxation exercises and daily diary maintenance, along with supportive counselling and medication, Pooja slowly began to develop the resilience to effectively balance out the demands of everyday life. Pooja was also encouraged to bring her husband in for counselling; together and separately they receive couples therapy. As the months went by, their marital relationship began to slowly rekindle as each started to take some time out for each other, show gestures of support and communicate openly.

Over time, Pooja's headaches have stopped, as have her fainting spells. She began to feel more motivated to work in the house, and recently also discussed the idea of possibly engaging herself in some form of supportive engagement as well. Pooja continues to bring her husband along for every visit of hers to the clinic. Her faith in the support she received from the UMHP clinic, is evident in the fact that she has also referred another client to the clinic.

Pooja who was once cocooned in her despair and suffering is gradually metamorphosing into a blossoming butterfly in front of our very eyes. The cowering and timid woman we saw walk into our clinic last year is slowly but surely disappearing. Standing before us, in her stead, is a woman renewed with hope and life, ready to spread her wings and finally take off.



## RESEARCH WING

This past year, as part of the Sambandhan Project, Iswar Sankalpa has grown by yet another great leap and bound through the formation of an in-house Research Wing. The Research Wing has been created with the chief vision of furthering the basis of research and study within the discipline of mental health, in particular community mental health, within the Indian context. This will be compounded upon through the creation of a Research Ethics Committee on community mental health initiatives.

To do so, six related research topics on Mental Health and Mental Illness which are to be studied during the three years of Sambandhan project have been decided. According to the initial stages of planning, two research studies will be completed every year.

The Research Wing will also have the primary responsibility of accruing all quantitative and qualitative data in regards to the various Iswar Sankalpa projects, and then compiling it for easy documentation and dissemination such as through the Management Information System (MIS). In addition to this, the research unit also has the task at hand to formalise the operational definitions of key terms within the frameworks with which the organisation works in.

### Highlights

The following research studies have been undertaken this past year and are in the process of completion:

- Investigating the relationship between Severity of Mental Illness, Quality of Life and Social Functioning of Homeless persons with mental illness who are Community Based, Night Shelter Based and after restoration into Family.
- Finding out whether Health Workers' attitude towards mental illness change with the 'Training on Mental Illness' and How Empathic concern is related to Attitude towards Mental Illness.

### Future Prospective

- The study "Pathway to Outreach Mental Health Intervention Initiatives for the Homeless Mentally Ill in Majherhat" will be completed.
- Formal creation of an 'Ethics Committee on Community Mental Health Research'.



Rakshabandhan 2012: Securing the knots and ties of love and protection with the Kolkata Police



Rakshabandhan 2012: Friend of Iswar Sankalpa, Koel Mullick ties a Rakhi on a homeless friend with psycho-social disability



Welcoming Former President of India, Dr. A P J Kalam



Former President of India, Dr. A P J Kalam addresses the gathering



World Mental Health Day 2012: Programme Inauguration by Mr. Khandelwal, Koel Mullick, Rituparno Ghosh, Subhen Chatterjee, Farzana Alam and Ms. Roychowdhury with Jharna and Romana, two of the Sarbari residents.

## EVENTS

April 2012 to March 2013 was a great celebratory year for the homeless men and women with psycho-social disabilities with whom Iswar Sankalpa works. Over the course of the year, events abounded encouraging the outside world to participate and join Iswar Sankalpa in bringing joy, love and laughter to the lives of our beneficiaries.

Events included:

- Observing Brother's Day (Rakshabandhan) with the Kolkata Police, Kolkata Municipal Corporation and friends of Iswar Sankalpa
- Having the honour and privilege to host the ex-President of India, Dr. A P J Kalam
- Celebrating World Mental Health Day 2012 with dance-drama productions by the women residents of Sarbari
- Going on a Durga Puja Parikrama pandal hopping with our homeless friends
- Ending the year 2012 with Christmas celebrations with a cake party with Ashutosh College students
- Having an outdoor picnic treat on the 30th of December with all our beneficiaries and friends of Iswar Sankalpa
- Starting 2013 started off on a love-filled note with Valentine's day and the Bengali Spring being jointly celebrated with a Basanta-Utsav extravaganza at Sarbari
- Bringing color and light to the lives of the women residents of Sarbari with a small yet colorful in-house Holi celebration.



World Mental Health Day 2012: The Sarbari residents performing 'Aashayein' - A new light, A new hope

# SUMMARY OF FINANCIAL STATEMENTS

Balance Sheet as on March 31, 2013

ASSETS	AMOUNT (Rs.)
Liquid Assets	4544460.92
Tangible Fixed Assets	1308690.16
<b>TOTAL ASSETS</b>	<b>5853151.08</b>

LIABILITIES	AMOUNT (Rs.)
Current Liabilities	3372196.00
Statutory Liabilities	36908.00
Own Fund*	2444047.08
<b>TOTAL LIABILITIES</b>	<b>5853151.08</b>

\*Includes Corpus Fund of INR 110034.3

Income and Expenditure Account for the year ended March 31, 2013

PARTICULARS	AMOUNT (Rs.)
<i>Income:</i>	
Institutional Grants	3532000.00
Foreign Contribution	1888412.16
General Donation	537808.00
Government Grant	420000.00
Interest Income	307880.50
Other Income	147150.00
<b>INCOME TOTAL</b>	<b>6833250.66</b>
<i>Expenditure:</i>	
Nayadaur project expenses	1430020.00
Sarbari project expenses	4490569.80
Sambandhan project expenses	2754366.00
Arogya project expenses	181787.00
Shelter for Urban Homeless project expenses	398994.00
Vocational unit expenses	117236.00
General expenses	832889.87
Statutory Due Payment	150009.00
<b>EXPENDITURE TOTAL</b>	<b>10355871.67</b>
<b>EXCESS OF EXPENDITURE OVER INCOME</b>	<b>3522621.01</b>

For Iswar Sankalpa

Dr. Srikumar Mukherjee  
Treasurer

Kolkata, 16-07-2013

For Biswajit Dutta & Associates,  
Chartered Accountants

B. Dutta  
Partner  
(M. No. 053167)

## Receipts and Payments Account for the year ended March 31, 2013

RECEIPTS	AMOUNT (Rs.)	
<i>Opening Balances:</i>		
Cash in hand	53270.55	
Syndicate Bank A/C 95032010048521	7329486.80	
SBI A/C 30169297950	527279.91	
Axis Bank A/C 910010048707207	87374.00	
		7997411.26
Corpus Fund received		110034.30
Institutional Grants		3532000.00
Foreign Contribution		1888412.16
General Donation		537808.00
Government Grant		420000.00
Interest Income		307880.50
Other Income		147150.00
Statutory Due received		294688.00
Advances received		22000.00
<b>TOTAL</b>		<b>15257384.22</b>

For Iswar Sankalpa

For Biswajit Dutta & Associates,  
Chartered Accountants

Dr. Srikumar Mukherjee  
Treasurer

B. Dutta  
Partner  
(M. No. 053167)

Kolkata, 16-07-2013

## Receipts and Payments Account for the year ended March 31, 2013

PAYMENTS	AMOUNT (Rs.)	
Nayadaur project expenses		1430020.00
Sarbari project expenses		4490569.80
Sambandhan project expenses		2754366.00
Arogya project expenses		181787.00
Shelter for Urban Homeless project expenses		398994.00
Vocational unit expenses		117236.00
General expenses		582134.50
Statutory Due Payment		416709.00
Purchase Of Fixed Assets		341107.00
<i>Closing Balances:</i>		
Cash in hand	82126.55	
Syndicare Bank A/C 95032010048521	3240319.33	
Syndicate Bank A/C 95032010054251	7589.70	
Syndicate Bank A/C 95032010054140	383134.43	
SBI A/C 30169297950	703029.91	
Axis Bank A/C 910010048707207	128261.00	
		4544460.92
<b>TOTAL</b>		<b>15257384.22</b>

For Iswar Sankalpa

For Biswajit Dutta & Associates,  
Chartered Accountants

Dr. Srikumar Mukherjee  
Treasurer

B. Dutta  
Partner  
(M. No. 053167)

Kolkata, 16-07-2013

**BISWAJIT DUTTA & ASSOCIATES***Chartered Accountants*20, Nakuleswar Bhattachaya Lane; Kolkata 700 032; India  
Tel:+91 – 9831931002; Email –biswajit07@yahoo.co.in**Audit Report for 2012 - 2013**

To The Members

Iswar Sankalpa

138 Shyamaprasad Mukherjee Road, Kolkata 700 026

We have audited the attached Consolidated Balance Sheet of ISWAR SANKALPA, 138, Shyamaprasad Mukherjee Road, Kolkata 700026, as at March 31, 2013, the Consolidated Income and Expenditure Account and the Consolidated Receipts and Payments Account annexed thereto and the Balance Sheet, Income and Expenditure Account and the Receipts and Payments Account relating to the Projects Ascent, Nayadaur, Night Shelter, Sambandhan, Sarbari (Oak), Arogya and Shelter for Urban Homeless also annexed thereto for the year ended on that date. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these statements based on our audit.

We conducted the audit in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts appearing in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion towards the members of the above only.

We report that

1. We have obtained all the information and explanations to the extent it is available, which to the best of our knowledge and belief were necessary for the purposes of the audit.
2. In our opinion, the Society has kept reasonably proper books of account so far, as appears from our examination of the books.
3. The Balance Sheet and Income & Expenditure Account dealt with by this report are in agreement with the books of account.
4. In our opinion and to the best of our information, and according to explanations, to the extent they are given to us and subject to the notes on accounts, the said accounts give a true and fair view -
  - (i) in the case of the Balance Sheet, of the state of affairs of the above, as at March 31, 2013, and
  - (ii) in the case of Income and Expenditure Account of the Excess of Expenditure over Income of its accounting year ending on the above date.

CA B. Dutta

M No. 053167

Partner

Biswajit Dutta &amp; Associates

Chartered Accountants

FRN No 322853E

Kolkata, 16-07-2013

# ORGANISATIONAL DETAILS

## APRIL 2012 - MARCH 2013

### SALARY DETAILS

Slab of gross salary (Rs.) plus benefits paid to staff (per month)	Male staff	Female staff	Total staff
Less than 5,000	8	6	14
5,000 - 10,000	7	7	14
10,000 - 25,000	5	9	14
25,000 - 50,000	1	2	3

Total annual payments made to consultants (Rs.)	Number of consultants
Less than 5,000	-
5,000 - 10,000	-
10,000 - 25,000	3
25,000 - 50,000	-
50,000 - 1,00,000	1
>1,00,000	2

Particulars	Amount per year (Rs.)
Head of the organisation: (including honorarium)	4,92,000.00
Highest paid Full Time regular staff:	2,97,345.00
Lowest paid Full Time regular staff:	36,000.00

### TRAVEL DETAILS

Travel Details	Amount (Rs.)
Total cost of National Travel by Board Members/staff/volunteers on behalf of the organisation	65,000.00
Total cost of International Travel by Board Members/staff/volunteers on behalf of the organisation	0.00

### BOARD MEMBERS MEETING DETAILS

Date	Attendance
9th April 2012	4/7
11th June 2012	4/7
29th July 2012*	6/7
23rd November 2012	4/7
28th December 2012	4/7
8th March 2013	4/7

\*AGM + 6 non-board members

# THANKS AND ACKNOWLEDGEMENTS

Iswar Sankalpa would like to take this opportunity to thank our most gracious benefactors. First and foremost is our liaison with the Kolkata Municipal Corporation and the Kolkata Police, without whom our work would never have taken off the ground nor consequently been sustained.

To the right are the donor institutions and organisations without whose *grants-in-aid* awarded towards specific programs, as demonstrated in their combined philanthropy and funding, our work would be left unsaid, unwritten, and un-acted upon:

OAK FOUNDATION  
THE HOPE FOUNDATION  
NAVAJBAI RATAN TATA TRUST  
MANI DEVI JHUNJHUNWALA CHARITY TRUST  
COAL INDIA LTD.  
THE COLLISSON CHARITABLE TRUST  
CONTROLLER OF VAGRANCY  
(GOVT. OF WEST BENGAL)  
OIL AND NATURAL GAS CORPORATION LTD.  
TRACTORS INDIA PVT. LTD.

Iswar Sankalpa would also like to extend our deepest thanks to all our generous friends and well wishers who have *donated in cash* supported us through this year and have helped make a difference:

ˆ >50,000 :

Dr. APJ Abdul Kalam, Former President of India  
Sarbani Das Roy

ˆ 20,000 – 49,999 :

Samuday Psycon  
Torrent Pharmaceuticals Ltd.  
John Gontkof  
Arup Kumar Chowdhury  
Ramswarup Bimla Kumari Dhoot Trust  
Godavari Commodities Ltd.  
Lilabati And Phanindranath Dey Memorial Trust  
Shree Venkatesh Films  
Tridib Das Roy

ˆ 10,000 – 19,999 :

W I P S  
Rajat Lodha  
Anirban Roy  
Micro Labs Ltd.  
Swapna Bhattacharjee  
Jodhpur Tea & Industries Pvt. Ltd.  
Koel Mullick  
T P Roy Chowdhury & Co. Pvt. Ltd.  
Anand Gopal

Nirmal Thakur  
Rotary Club  
La Renon Healthcare Pvt.  
Ltd.

ˆ <10,000 :

SU Pact HR Services  
Arindam Chatterjee  
Chandra Bali Sen  
Mina Guha  
Technofriction  
Assam Flour Mills  
Kirti Marketing Pvt. Ltd.  
The Anands  
Dr. Samir Prasad  
Maruti Illappa Kamble  
Pabitra Gupta  
Rajat Ghosh  
Rita Bhattacharya  
Ronojoy Saha  
Rumela Saha  
Ankit Bhattacharya  
Nikita Bhattacharya  
Sonia Chaterjee

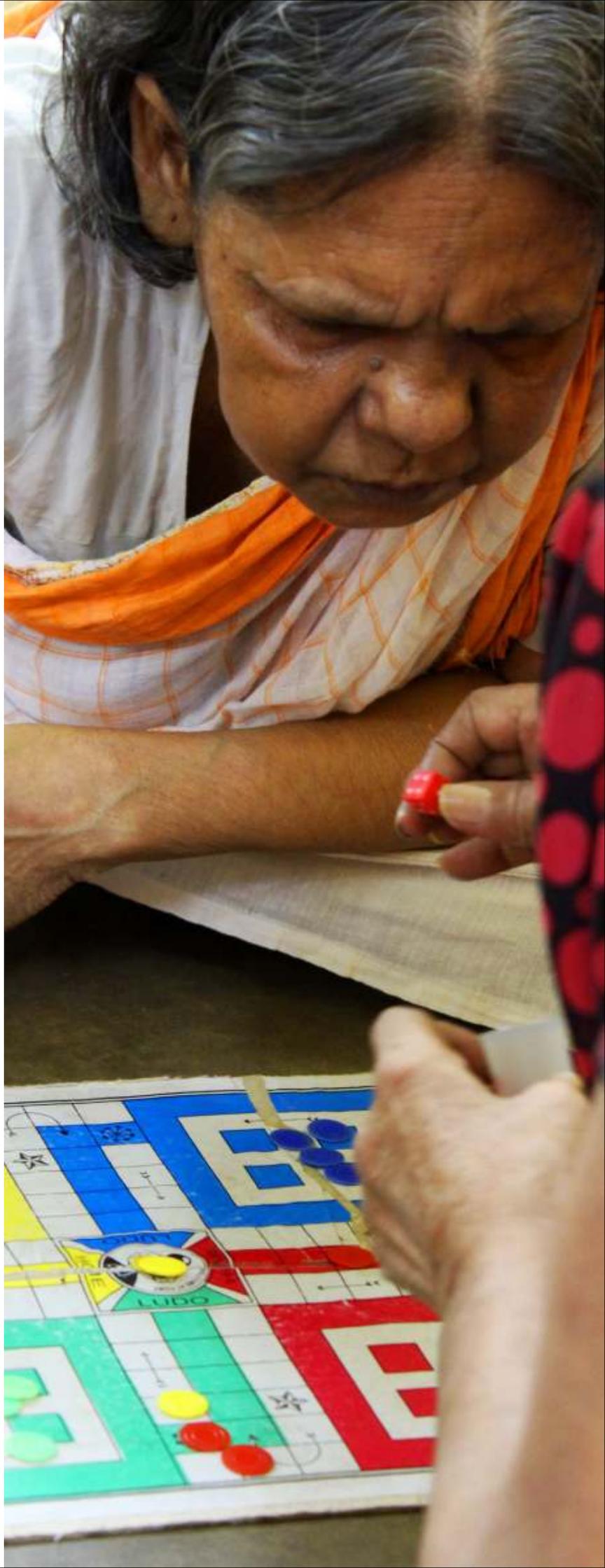
Anupam Chakravorty  
Surojoy Bhowmick  
Koel Ghosh  
Sekhar Poddar  
Mala Sengupta  
Sudip Kundu  
Anirban N Ghosh  
Rajendra Khandelwal  
Uma Chakravorty  
Arup Kumar Das  
Jaydip Mukherjee  
Chirabrata Majumder  
Sudipta Paul  
Srijita Basu  
Shatarupa Saha  
Shubham Moulik

We also appreciate all the gifts that have been *donated in kind* towards the organisation and its beneficiaries. Special thanks go out to the *Naya Daur Outreach Program Caregivers, Santosh Naskar, the Salvation Army, Baisakhi Naskar, Maitreyee Adhya, Mohan Motors, Raju Khandelwal, Students from Asutosh College, Canara Bank, Teachers from Rani Birla Girl's College, Hive India, Firad Hakim*, and the many others who are too numerous to list here.

Lastly, Iswar Sankalpa would like to express its acknowledgement of the following medical officers and pharmaceutical companies, whose backing has supported our various mental healthcare initiatives this past year: *Dr. Srikumar Mukherjee, Dr. Abir Mukherjee, Dr. R. R. Ghosh Roy, and Dr. Abhiruchi Chatterjee; Alteus Biogenics Pvt. Ltd., Intas Pharmaceuticals Ltd., Neu Foreva (Unichem Laboratories Ltd), and Shine Pharmaceuticals Ltd.*

## CURRENT BOARD MEMBERS

Dr. Ranadip Ranjan Ghosh Roy	<i>President</i>
Dr. Prabir Paul	<i>Vice-President</i>
Ms. Sarbani Das Roy	<i>Secretary</i>
Dr. Debashis Chatterjee	<i>Assistant Secretary</i>
Dr. Srikumar Mukherjee	<i>Treasurer</i>
Mr. Surajit Ray	<i>Member</i>
Ms. Kalpana Basu Mazumder	<i>Member</i>



*Clients' consent has been sought to share their stories and pictures. Pictures are for representational purposes only.*

Iswar Sankalpa is registered under the Indian Societies Registration Act 1860, Registration No. S/1L/42976 of 2006-07

All donations are exempt from tax under Section 80G (5)(vi) and Section 12AA of the Income Tax Act 1961

Foreign contributions are accepted under FC(R) Act 2010



**Sankalpa – The resolution to make a difference**

**ISWAR SANKALPA**

Administrative Office:

138, S. P. Mukherjee Road, Kolkata – 700026

☎ 033 2419 7451

Sarbari – Shelter for the Urban Homeless:

19B, Chetla Hat Road, Kolkata – 700027

☎ 033 2449 1152

Email: [isankalpa@gmail.com](mailto:isankalpa@gmail.com) Website: [www.isankalpa.org](http://www.isankalpa.org)

