

*Iswar Sankalpa*



# **Strengthening Disaster Response**

Community Based Strategies that worked  
during the Covid 19 Humanitarian Crisis

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Radhika Mullick Alkazi with Suhasini Bali  
ASTHA

This book is more than a documentation of our work—it is a reflection of the journeys, challenges, and triumphs of the homeless persons with mental health conditions who have lived in the midst of our city, mostly made invisible by our fear and disgust, often unseen and unheard.

At Iswar Sankalpa, we have always believed that care must begin where people are—in their communities, on the streets, amidst the lives they have built, however fragile. Through our community-based program, Naya Daur, we have witnessed the quiet but powerful transformation that takes place when empathy, trust, and sustained engagement replace institutionalisation.

The COVID-19 pandemic and the cyclone that followed revealed the depth of vulnerability for homeless persons with psychosocial disabilities. Yet it also revealed the incredible strength of community—the shopkeepers who became caregivers, the social workers who refused to give up, and above all, the individuals who, against all odds, began to reclaim their lives.

This documentation is important not only as a record of practice but as a statement of belief: that recovery is possible, that dignity is non-negotiable, and that no one should be left behind. It is our hope that the stories and strategies shared here inspire others—policymakers, practitioners, and citizens alike—to rethink mental health care with compassion at its core.

Let this book serve as a reminder that communities, when empowered, can become the most powerful sites of healing.

**Sarbani Das Roy**

Founder & Director, Iswar Sankalpa

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### All photographs by Nikhil Roshan

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# Section I

## 1. Introduction

The COVID 19 humanitarian crisis hit the world in 2020, causing a shut down and devastation in the growing silence of the lockdowns stretching over 2021 and 22. As governments and CSOs scrambled to reach out to people in distress, many questions arose. What are the strategies that enable people to connect in times of crisis to reach out to those in deep distress? What

kind of support structures, strategies should a country have built so that when a crisis strikes, we have already got the bridges that we must now travel on?

Working in the urban slums of Delhi with children and persons with disabilities and their families, ASTHA, a non-government CSO in



Narrow roads and steep stairs: the urban slums of Delhi (ASTHA)

Delhi, asked itself this question as it tried hard to reach out to children with disabilities in its program areas and throughout the city with relief. Being a community-based organisation, it drew upon its links in the urban slums and its community workers, the mothers' groups, the web of Anganwadi workers (who could point out all children and people with disabilities in their area), lists from schools and other organisations in the field to reach out to those in distress.

ASTHA's community workers became its first responders in the crisis. They knew the urban slums well and understood each family's vulnerabilities. They understood the contexts of many other urban resettlement communities and who to tap to reach out with support.

In its 30-year journey as a community based cross disability organisation, ASTHA has participated

and been witness to big paradigm changes in disability rights. From a thinking that children with disabilities could only be educated in special schools and some could not be educated at all to a belief in the right of all children with disabilities to quality education within the education system of the country. From seeing institutions for custodial care as spaces where children and persons with disabilities could and should be confined to for the rest of their lives, to recognising disability as part of human diversity, the agency of the child and person, their capacity, and their right to live in the community as equal citizens and not objects of charity. These are large and seminal moves captured by the UN Convention on the Rights of Persons with Disabilities (UNCPRD) in 2006.

Being a part of society and not being excluded from it has meant that services and support structures need to be right where the child and



On the Streets of Kolkata (Iswar Sankalpa)



A DPO meets in Mayurbhanj district of Odisha (Sadhana)

person lives. Children with disabilities, their families and persons with disabilities need to be able to take control of their lives, have the relevant information to make informed choices about their lives and be a part of all institutions of society on an equal basis with others.

### **1.1. From Alma Ata to Community Based Rehabilitation**

The year 1978 marked a turning point in global healthcare with the Alma Ata Declaration. This landmark document championed a paradigm shift, moving away from institutionalised care towards empowering individuals and communities to manage their own health, particularly emphasising the needs of children, disabled individuals, and those with chronic conditions. Primary healthcare became the cornerstone of

this approach, encompassing not just curative services but also preventive, promotive, and rehabilitative aspects. Education on health issues, nutrition, sanitation, and essential drugs were all included in this holistic vision.

This vision was strengthened in 2018 with the Astana Declaration, which pledged to “enhance capacity and infrastructure for primary care – the first contact with health services – prioritizing essential public health functions. We will prioritize disease prevention and health promotion and will aim to meet all people’s health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services, and palliative care”<sup>1</sup>.

Similar changes occurred in the disability and

<sup>1</sup> Declaration of Astana (who.int)

rehabilitation arena as disability movements across the world rejected the top down, extremely medicalized, institution based and charity approaches in rehabilitation and the concept and philosophy of community-based rehabilitation came into being. Promoted by the WHO, CBR was as a strategy to address needs of people with disabilities within their communities. (CBR) was seen as community action to ensure that people with disabilities have the same rights and opportunities as all other community members. This includes, for example, equal access to health care, education, skills training, employment, family life, social mobility, and political empowerment.

Embedded in communities with strategies aimed at inclusion and realization of rights in all areas of development, strengthening of formal and informal groups (DPOs) of persons with disabilities and their families, with a focus on inclusion and realization of rights, CBR strategies have over time become the base for community based inclusive development (CIBD). Factors such as gender, the social structure of a community and the intersection of disability with other vulnerabilities became more recognized as influencers of development and inclusion of children and persons with disabilities.

People with disabilities, and people from the communities became the frontline workers and important human resource that facilitated this.

These changes in thinking were consolidated in the UNCRPD (UN Convention on the Rights of Persons with Disabilities) 2006<sup>2</sup> which India ratified in 2008. **Article 26**, Habilitation and Rehabilitation, calls on countries to organize, strengthen, and extend comprehensive rehabilitation services that enable persons to

attain maximum independence, full physical and mental and social and vocational ability, and full inclusion and participation in all aspects of life. These services are to be available as close as possible to their communities and in rural areas<sup>3</sup> and include the provision of assistive devices and technologies. Complementing this are articles such as Living Independently and Being Part of the Community (**Article 19**), Personal Mobility (**Article 20**) and many others.

## 1.2. COVID-19: A Reminder of Vulnerabilities

Children and persons with disabilities are extremely vulnerable when in situations of either man made crisis such as conflict and wars, or in natural calamities such as earthquakes, tsunamis, or major public health crisis such as the recent COVID 19 pandemic. Some of the major reasons include, the close links between disability and poverty, the attitudes of society that do not see the child and person as an equal citizen, systems and institutions of society that are not designed to cater to diversity and the lack of inclusion, the political insignificance of this group of people among others. Because of their underlying impairments and barriers in participation, people and children with disabilities are particularly susceptible in a public health crisis such as the COVID 19 disaster.

With growing threats of climate change, there is a likelihood of disasters within disasters as witnessed by some States like West Bengal and Odisha during the pandemic and the research period (2019-22). Bengal and Odisha witnessed the Amphan cyclone and its devastating effects a few months after the COVID 19 lockdown. Delhi witnessed communal violence in its north-

2 United Nations. *Convention on the Rights of Persons with Disabilities*. (2006, December 13). (Article 19). Retrieved from <https://social.desa.un.org/issues/disability/crpd/article-7-children-with-disabilities>

3 <https://www.ncbi.nlm.nih.gov/books/NBK310924/>

east area in 2021, where many people acquired disabilities and others with disabilities lost their homes, belongings, jobs, and more.

As ASTHA organised online meetings with CSOs working in the country, in urban and rural areas, remote tribal areas and the hills and understood better the great challenges that were facing children and persons with disabilities in accessing food, in continuing their education, their work, in health-related needs, some patterns and strategies emerged.

Understanding how community-based initiatives responded to such crisis and supported vulnerable groups during this challenging time can offer crucial insights for future preparedness and response strategies. It was important to document them.

## Section II

### 2. The Research

The current research is an attempt to understand community-based strategies that enabled people with disabilities and long-term illnesses to access habilitation and rehabilitation during the pandemic.

The research has been conducted by ASTHA, in partnership with IFRA (Indian Forum for Assistive Technology). This informal group consists of persons with disabilities, their organisations, their family members, CBR practitioners / other service providers, representatives of children, women and older people without disabilities. With a vision of working towards a world of resilient, inclusive and empowered communities free from poverty for persons with disabilities and other marginalised populations in need of rehabilitation, IFRA advocates for affordable and quality rehabilitation services and assistive technology for persons with and without disabilities in the community.

#### 2.1. The Objectives

1. To understand the rehabilitation needs and experiences of persons with disabilities and people living with long-term illnesses in different contexts before and during the COVID 19 Pandemic

2. To explore the significance of community-based strategies in enabling care for persons with disabilities and long-term illnesses during Covid-19 and other disasters
3. To explore the role of community health and rehabilitation workers and their significance as first responders in the crisis

### 2.2. Research Methodology

#### 2.2.1. Research Context

Rehabilitation is a health strategy that is relevant to all people across their lifespan and across the continuum of care. The present research explored the detailed experiences of persons with disabilities and long-term illnesses linked to five community-based organisations working on rehabilitation in four states of India: **Chhattisgarh, Delhi, Orissa, West Bengal**. With varied contexts, these organisations work with tribal groups (Chhattisgarh and Odisha), migrant populations in the urban slums of Delhi, homeless populations in the city of Kolkata and the peri urban areas of Kolkata.

### 2.2.2. The Organisations

Organisations	Location	Rationale for selection
<i>Iswar Sankalpa</i>	Kolkata, West Bengal	Mental Health Organization working with homeless persons with psychosocial disabilities (Kolkata city)
<i>Jan Swasthya Sahyog</i>	Bilaspur, Chhattisgarh	A community based Public Health organisation working with people who live with long term illness as well as children and persons with disability.
<b>SANCHAR</b> <i>(Towards Disability Inclusive Development)</i>	North 24 Parganas, West Bengal	Cross disability Community-based organisation
<b>SADHANA</b> <i>(Society for Action and Disability and Health Research)</i>	Mayurbhanj, Odisha	Cross disability Community-based organisation
<b>ASTHA</b>	Delhi	Cross disability Community-based organisation



Navigating poverty in remote tribal areas, Odisha (Sadhana)

### 2.2.3. The Rationale for Selecting Organizations

1. It was decided that organisations that have been working directly in the communities for more than 10 years would have evidence-based strategies to share.
2. Their work focused on capacity building of individuals and providing rehabilitation care closer to homes. The work engages with families, community influencing the larger social change and facilitating inclusion of the group.
3. Their strategies included building cadres of community-based workers and community groups amongst the populations they work with.
4. There is resilience built among the communities with the organisation's presence and engagement and through the network of community workers.

### 2.2.4. The Process

Initial online meetings were conducted with management as well as staff of all the organizations to understand the work, the barriers faced by people and strategies used. Samples of different groups of children and persons with disabilities and those with long term illness, their families and community workers were then chosen by the organisations and researchers from ASTHA. Members of ASTHA visited each organisation and were supported by the organisation to visit their field areas and conduct interviews with children and persons with disabilities and their families and other stakeholders.

### 2.2.5. Qualitative Methods:

In-depth interviews, focus group discussions, and participant observation were employed to capture the lived experiences of individuals with disabilities and long-term illnesses, their families,



Navigating terrains where transport does not reach, Chattisgarh (Jan Swasthya Sahyog)

and community-based workers. This rich tapestry of narratives provided invaluable insights into the challenges, triumphs, and hopes woven into the fabric of community-based rehabilitation.

### 2.2.6. Quantitative Threads

The in-depth interviews were structured in a way that they further strengthened the research by offering statistically robust data on the needs, experiences, and outcomes of CBR interventions. This quantitative data provided a vital counterpoint to the qualitative narratives, ensuring a comprehensive understanding of the research topic.

### 2.2.7. ICF Framework: A Guiding Light

The research navigated the complex landscape of disability and health through the lens of the

International Classification of Functioning, Disability and Health (ICF). This framework, developed by the World Health Organization, recognizes disability as a dynamic interplay between health conditions, environmental factors, and personal factors. By adopting the ICF framework, the research ensured a holistic understanding of the experiences of individuals with disabilities and long-term illnesses, moving beyond a purely medical model of disability.

### 2.2.8. The Ethical Landscape

Ensuring ethical conduct throughout the research journey was paramount. A rights-based approach was adopted, prioritising the voices and autonomy of participants. Informed consent was obtained at every stage, and cultural sensitivity was woven into all research interactions. The researchers were always accompanied by members of the organisation. Parents spoke for the young child



Accessibility in the semi-urban areas of 24 Parganas (Sanchar, Kolkata)

and community workers translated what the participant said if it was a language not known by the researcher.

One hundred and fourteen (114) people along with their families/support persons were interviewed across all organisations. Of these, 40 are children, 62 are adults and 12 are senior citizens. Another 163 people with disabilities or with long term illness discussed issues and strategies during focus group discussions. Across all contexts, the majority of the people with disabilities, people with long-term illness and their families earn less than Rs 10,000 a month.

Ninety-three (93) community-based workers were also interviewed in groups. Project staff as well as senior management of the organisations contributed to the information and understanding of the team.

## 2.2.9 Compilation of the Research

Four documents compile the research and its findings.

### **Strengthening Disaster Response: Community Based Strategies that worked during the Covid 19 Humanitarian Disasrer**

- 1) **Iswar Sankalpa**
- 2) **Jan Swasthya Sahyog**
- 3) **ASTHA, SANCHAR and SADHNA**
- 4) **Learnings from five Community Based Organisations**



Navigating city roads (Astha, Delhi)



## Section III

### 3. Iswar Sankalpa- Support for the Mind, Kolkata

As the city of Kolkata fell silent in April 2020 and families huddled in their homes, the only people out on the streets were those people who were homeless. For persons with psychosocial disabilities who are homeless, many of whom were on the path to recovery, the COVID 19 pandemic brought grave challenges. Within months, in May 2020, the super cyclone 'Amphan' hit the city bringing a different type of devastation to the city and its most vulnerable. Heavy rains added to the struggles of people living without shelters, on the street, causing unprecedented damage in the city. All their belongings were destroyed, and shelters damaged.

The devastation brought by the humanitarian crisis was not just physical. "The COVID-19 pandemic and cyclones have left millions of families vulnerable to mental health problems and homelessness in Kolkata, bringing about a new wave of psychosocial disabilities in the city<sup>1</sup>."

In all this, the support structures built by Iswar Sankalpa for the rehabilitation of homeless persons living with psychosocial disability in the city sprang into action, protecting them from the shock and increased vulnerability during the sudden lockdown and the cyclones that followed.

#### 3.1. The Organisation

Recognizing that persons with psychosocial disabilities living on streets are amongst the most overlooked populations, Ms. Sarbani Das Roy and Late Dr. K. L Narayanan came

together in 2007 with a team of social workers and mental health professionals to create a just system of accessible mental health care for the vulnerable and forgotten population living on the streets of Kolkata.<sup>2</sup>

Through its flagship community-based program called 'Naya Daur', Iswar Sankalpa reaches out to persons with psychosocial disabilities providing rehabilitation services to them within their spaces in the streets of Kolkata.

*"We firmly believe that no one should be forced to move from the neighbourhood in which they live, to receive treatment. All efforts are made to build meaningful relationships with community members to support them to live meaningful and dignified lives."<sup>3</sup>*

The Naya Daur project works through dedicated program staff, Doctors, Psychiatrists, Counsellors with the Social Workers and Caregivers being on the ground. Social Workers are always moving across the busy streets of Kolkata, looking for persons living on streets in distress and starting the care process with them. At times they spot people, sitting alone in torn or layers of clothes, sometimes deep in conversations with themselves, finding food from garbage or shouting and abusing. Some may just be sitting in isolation.

#### 3.2. Proactive Outreach

Social workers proactively engage with individuals on the streets, building trust and understanding their specific needs. This community-based

1 Iswar Sankalpa, Support for the Mind, Newsletter Sept 2020, pg 01

2 <https://isankalpa.org/our-story/>

3 Interview with Ms Debyani, Manager, Iswar Sankalpa,

approach contrasts with the traditional "medicalization" of homelessness, which often overlooks the social and environmental factors contributing to the issue.

The approach of actively finding people in distress is followed by assessments where a team of Psychologists, Psychiatrists and Doctors, go to the field and guide the Social Workers and Caregivers. Social Workers are the first contact, spending significant time with persons in distress, building trust and then connecting the person with community caregivers, while keeping the daily visit and meeting alive till the person gets better.

Social Workers and Caregivers work together making individualised plans and connecting people to the health care system, livelihood, social security schemes, re-integrating them with families if possible.

### 3.3. Community as Caregiver: A Unique Approach

Iswar Sankalpa's unique strength lies in its belief in community as caregiver. Local shopkeepers, vendors, and others become trained "friendly faces" offering vital emotional support and practical assistance. This model leverages existing relationships and fosters trust, unlike institutionalised care that can feel isolating and impersonal. Caregivers are persons who live in close proximity to the homeless person. They are often the tea shop owner, worker, shopkeeper, vegetable/fruits vendors with whom this person has some contact. In many cases, the caregivers are also the influential people in the area.

For a person who is ignored and stigmatised by the whole society, a caregiver becomes the first and often only person to go for absolutely anything. As trust and friendship is strengthened, caregivers often become the family, the social

support of the person with disabilities. Having a caregiver accessible and available in their own environment is a vital element in the continuum of rehabilitation. Supported by a team of social workers on the ground, the caregiver engages closely with the person on the street, sitting with them, talking to them, listening and gradually working on their specific needs. From teaching basic hygiene, to regularising every day's meals, to constant emotional support they gradually form a close bond.

*"There is equity in philanthropy. People living in close proximity who are small shop owners become the caregivers to these persons, working along with social workers to support the care process. There is task sharing among community and professionals which facilitate the long term regular care for a person living on the street."*<sup>4</sup> Ms. Sarbani Das Roy, founder, Iswar Sankalpa

4 Interview with Sarbani Das Roy



### 3.4. Making Their Own Decision

The cornerstone principle of Iswar Sankalpa is the unwavering respect for individual autonomy. The decision to seek treatment rests solely with the person experiencing disability. As people start understanding their condition, they are enabled to make informed decisions concerning treatment and other aspects of their lives.

### 3.5. Rehabilitation Where the Person Lives

The strong guiding principle of the program is that no one should be forced to move from the neighbourhood in which they live, to receive treatment.

Food, clothing, shelter, care, and employment is mobilised within the very community that the homeless person once lived in as an outcast. Ensuring the right of persons with disabilities to live in community, this model has been crucial in supporting recovery, enhancing inclusion and preventing institutionalisation.

### 3.6. Communities as Support Structures

As communities witness the drastic change in people who were once outcasts, many join the caregivers in providing support. This creates an ecosystem of people understanding mental health and the need for care.

Person centred care, engaging with caregivers in the community, building support structures and enabling entitlements and reintegration in society are the cornerstones of this community-based program. It is this ecosystem that stood strong during the COVID 19 crisis.

In addition, Iswar Sankalpa runs day care centres



and shelter homes for women and men as temporary spaces for people whose health needs a lot of care. They also have programs that support assisted living for people who wish that. With strong belief in the holistic recovery approach, their work puts the person at the centre of the care process; it focuses on their social recovery alongside symptoms and supports this group in all areas of their life. People who were once seen wandering around, abused, ignored, are earning their living, have found support and are living integrated in the community.

Thus, Iswar Sankalpa is bridging a gap in society that denies homeless persons with psychosocial disabilities their right to health, food and dignity of care and support by working towards building empathetic and engaged communities.

Since 2007 when it was founded, Iswar Sankalpa has reached out directly to more than 3000 persons and indirectly to more than 11,000 individuals. It has nurtured around 300 caregivers working on the streets of Kolkata looking after persons who are homeless and connecting them with holistic care. More than 200 persons have recovered and are engaged in livelihood.

## Section IV

### 4.1. LIVING ON THE STREETS: The Barriers and Possible Paths to Rehabilitation

#### 4.1.1. State of Homelessness Worldwide

Homelessness is a global phenomenon, with an estimated 100 million people worldwide lacking permanent housing. The causes of homelessness vary from country to country, but poverty, lack of affordable housing, and mental illness are common factors. Mental illness is a major risk factor for homelessness globally. This risk is even higher for people with severe mental illnesses, such as schizophrenia and bipolar disorder.

#### 4.1.2. State of Homelessness in India

Statistics suggest that 25% of persons with mental illnesses in India are homeless.<sup>1</sup> And overall, one-third of homeless people suffer from one or more types of severe mental illnesses eventually.<sup>2</sup>

In India, homelessness is a growing issue, with estimates ranging from millions to tens of millions. The exact number is difficult to determine due to the lack of a comprehensive national census on homelessness. Census 2011 defines homelessness as "Households who do

- 
- 1 [https://www.researchgate.net/publication/266261491\\_Homelessness\\_and\\_Mental\\_Health\\_Challenging\\_Issue\\_in\\_an\\_Indian\\_Context](https://www.researchgate.net/publication/266261491_Homelessness_and_Mental_Health_Challenging_Issue_in_an_Indian_Context)
  - 2 <https://www.newindianexpress.com/cities/chennai/2016/sep/03/Mental-illness-plagues-homeless-1515673.html>



not live in buildings or census houses but live in the open on roadside, pavements, in Hume pipes, under flyovers and staircases, or in the open in places of worship, mandaps, railway platforms, etc. are treated as houseless households.

According to the Census of 2011, India has more than 1.7 million homeless residents, of which 938,384 are located in urban areas. These figures, however, grossly underestimate the real numbers of the homeless. Civil society organizations estimate that at least one per cent of the population of urban India is homeless”.<sup>3</sup>

Mental illness is a significant factor contributing to homelessness in India. Nearly 50% of this population was likely to have a mental illness, as per a report by Institute of Human Behaviour and Allied Sciences (IHBAS).<sup>4</sup>

Meanwhile, mental health has gained some attention through initiatives like the National Mental Health Policy 2014 and the Mental healthcare Act 2017. The National Mental Health Policy has the vision to “promote mental health, enable recovery from mental illness, promote de-stigmatisation and de-segregation, and ensure socio-economic inclusion of persons affected by mental illness, by providing accessible, affordable and quality health and social care to all persons within their life spans within a rights based framework.” The policy recognises the several causal linkages between mental illness and homelessness and aims to expand mental health services for vulnerable groups, including the homeless.<sup>5</sup>

3 <https://www.hlrn.org.in/homelessness#:~:text=Homelessness%20in%20India%20The%20Census%20of%20India%202011,in%20places%20of%20worship%2C%20mandaps%2C%20railway%20platforms%2C%20>

4 Balagopal, G., & Abraham, M. P. (2018, September 14). For Homeless Indians with Mental Illness, Institutional Care Need Not Be Final Destination. *Indiaspend*

5 National\_Health\_Mental\_Policy.pdf (nhm.gov.in), pg 13, 14, 42.

### 4.1.3. Profile of Persons with Psychosocial Disability on the Streets of Kolkata

Detailed interactions with twenty-one (21) persons living with psychosocial disabilities and eighteen (18) caregivers, along with social workers and senior management of Iswar Sankalpa presented the larger picture of persons living with psychosocial disabilities living in the harsh conditions of the street, the challenges in functioning and participation, the exclusions, and the possible paths to rehabilitation.

*Being on the streets people become more vulnerable to infectious diseases, physical injury, respiratory infections, skin diseases which can additionally bring difficulty in functioning pushing them farther from participating in society.*<sup>6</sup>

Many homeless people are local, but some travel from other states seeking work or escaping difficulties. Poverty forces some onto the streets, while others are abandoned by their families or flee due to illness, abuse, or addiction. This escape often leads to harsher conditions that worsen their physical and mental health. On the streets, it's even harder for them to connect with others or get help, trapping them in a cycle of struggle.

And yet as Iswar Sankalpa in Kolkata partners with them, many homeless people living with psychosocial disability recover, take jobs, go back to their families, and lead their own lives.

Of the twenty-one (21) people, the ASTHA team spoke to and learnt about in 2022, ten (10) have a diagnosis of schizophrenia, seven (7) people are living with psychosis, one (1) person lives with chronic schizophrenia and one person with bi-

6 [https://www.researchgate.net/publication/266261491\\_Homelessness\\_and\\_Mental\\_Health\\_Challenging\\_Issue\\_in\\_an\\_Indian\\_Context](https://www.researchgate.net/publication/266261491_Homelessness_and_Mental_Health_Challenging_Issue_in_an_Indian_Context)

polar disorder. Thirteen (13) of the 21 people are in their 40s in the prime of their lives, five (5) persons in their 50s, two (2) people are in their 60s with one person being 38 years old. Four (4) are women with seventeen (17) being men.

Living with psychosocial disability on the streets for long periods with irregular access to food, water, shelter, human interaction and care, leads to many challenges in the ability to negotiate the world according to its rules. The impact on the mental and physical health and wellbeing of the person is immense and deep.

When the agency first meets the person, many have been on the streets for years. Almost all have not bathed or changed their clothes for many days. Narratives describe people wearing dirty unwashed clothes, often caked with dirt, of long dirty hair matted with infections on the scalp, open wounds, sometimes sitting alone

and sometimes talking to themselves, shouting, and abusing. Most people are in a situation where both their physical and mental health is severely compromised.

The process of rehabilitation is often a long one starting with social workers befriending the homeless person, connecting them to caregivers who are living or running small shops, eateries etc. on the streets. This can take months. It is with these social workers and caregivers supported by the organisation, and specialists that homeless persons living with psychosocial disabilities navigate their paths to reclaiming their lives.

*Despite having a family close by, Sanjay (42) has been living on the streets of Kolkata for years.*

*“He always wore many layers of dirty clothes, and even a sweater with oil dripping. People would not come near him*





*or give him food. He would eat from the trash. Pareshan rehte the bahot, to ek hi kapde bahut dino tak pehente the. Ghar hai, bhai, bhabhi hai par isko ganda halat me dekh apne sath nahi rakhte hai”*

He would be worried all the time so wore only one set of clothes for days without washing. He has a brother and sister-in-law, but seeing his condition, they do not keep him with them.

When asked why he does not stay at home, he said that as he used to be in dirty clothes which were never washed and lived in a space with flies swarming all around. The family did not want him to stay with them. He then started living on the bus stand with one dirty blanket as his only belonging. He would roam around all day wearing layers of dirty clothes, eating from trash, abusing, and scaring people who come near him. He was restless and would not listen when spoken to. His wounds were infected with maggots and he complained

of pain in his legs making it difficult for him to walk and rest.

These are some of the outcomes of the vicious circle of illness interacting with the harsh conditions of being homeless. Like Sanjay, many others live on the streets with compromised mental as well as physical health. Detailed interactions painted a picture of comprehensive rehabilitation needs of the individuals as they struggle with difficulties in functioning which hinders their engaging in independent daily activities.

#### **4.1.4. Grave Challenges to Physical Health**

*“He would sit in one place most of the time. In the hot Calcutta afternoons, he would sit in the sun for long. His body was very weak and constant fatigue would make it difficult for him to walk long distances.”*  
Peter’s social worker

When interviewed, 18 of the 21 persons talked about feeling constantly tired. Seven (7) persons have trouble in walking. Two (2) of them shared that they cannot sit for a long time and have to take support or lie down as they rest along with not being able to carry or hold things and use their hands. Seven (7) of them have lost considerable weight and felt very weak. In addition, nine (9) people shared that they experienced pain on a regular basis.

While most people may not have a physical impairment that restricts walking, or a vision impairment, they may face difficulty in walking long distances because of extreme tiredness and malnutrition. Some people in extreme states of their illness may walk without any fear or sense of danger on the streets. For a few, a physical impairment has restricted their ability to move. Physical symptoms like chronic joint pain, limb pain, back pain, fatigue, gastrointestinal problems, and tiredness are commonly experienced by the homeless population.

*“Raat me awaz aati thi aur mujhe kabristan bulati thi, raat bhar mai ghumta rehta tha pata nahi chalta tha kaise kaha pahunch jata tha. Neend*

*puri nahi hoti thi, phir din bahar sar dard karta tha. Thoda bhi chalne par sans fulne lagta tha.” (Sameer who now works at a lunch stall)*

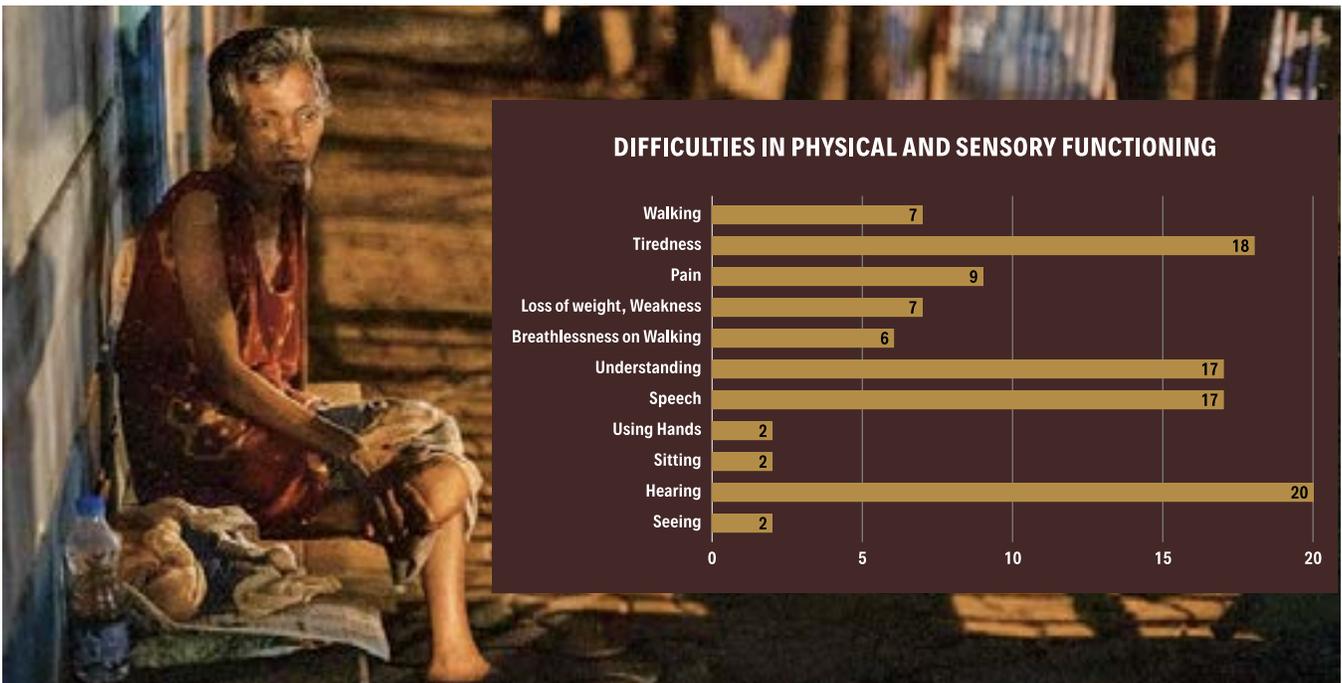
I used to hear voices in the nights and the graveyard would call out to me. All night long I would roam around not knowing where I was reaching and how. I would not sleep well and during the day my head would ache. If I walked a little, I would get breathless.

*“When we met Neeru, she kept saying that she has severe body ache and headache in the morning, making her feel tense and worried all the time. It was because she was not eating every day and was sleeping and sitting in the same damp space. She walks with a stick now” (Neeru’s caregiver)*

#### 4.1.5. Food Insecurity and Poor Diet

*“Idhar udhar se jo mil gaya kha lete the”*

In a landmark decision, India's National Human Rights Commission declared the right to be free from hunger a fundamental right. They interpret



*Article 21 guaranteeing life and liberty to encompass the right to food, further bolstered by other articles emphasising the state's obligation to ensure it. Hunger deaths are deemed violations of this right, attributed to "misgovernance" by officials. Even malnutrition leading to vulnerability to diseases qualifies as a violation, despite not directly causing death.*<sup>7</sup>

“Four out of five mentally ill homeless persons also have significant physical health problems. Unable to take care of themselves, they suffer from problems ranging from malnutrition, open lesions, rabies, untreated wounds, HIV/AIDS and are especially vulnerable to communicable diseases”.<sup>8</sup>

<sup>7</sup> Freedom from Hunger – A Fundamental Right: NHRC (National Human Rights Commission India)

<sup>8</sup> Creating Space for the Nowhere People, Naya Daur Community Based Treatment and Support for the Homeless Mentally ill: A Review, Iswar Sankalpa, 2011, pg 11 Naya-Daur-A-Review-@2011.pdf (isankalpa.org)

One of the major results of being homeless is the lack of access to clean wholesome food. All twenty-one (21) people were not eating properly every day before they met Iswar Sankalpa. Many would spend hours sleeping or wandering around without eating. Some would eat from trash; others were dependent on someone giving them food. Often the food given to them by others is oily and unhealthy if consumed daily, especially for the elderly.

The physical and mental health impacts of such a lack of access to healthy food are enormous and include being underweight, tooth decay, constipation, lethargy, headaches, poor mental health, irritability or anxiety, stomach aches and sleep problems.

*Surojit's family came from Lucknow. After the death of his father, he was all alone, living on the*



streets by himself. He would be seen sleeping all day and at times having sudden outbursts when he would start shouting, abusing, arguing. All day would go by sleeping or him struggling with his thoughts. He would eat once every 2 or 3 days.

Munni would starve for days and eat from the dustbin. She had fallen one day and lost some of her teeth. People would tease and scare her, so she would keep sitting in one place.

*“Sabh log bahut pareshan karte hai, to bahut udas aur pareshan rehti hu. Unpar chillati hu, par log darate hai, piche bhagte hai. Islie ek jagah shant baithi rehti hu.”*

Everyone teases me. I feel worried and sad. I shout back at them. They would scare me, run after me. So, I keep sitting silently at one place

#### 4.1.6. Poor Dental Health

Poor oral hygiene, tooth loss, decay and pain, limit the persons' ability to eat, worsening food

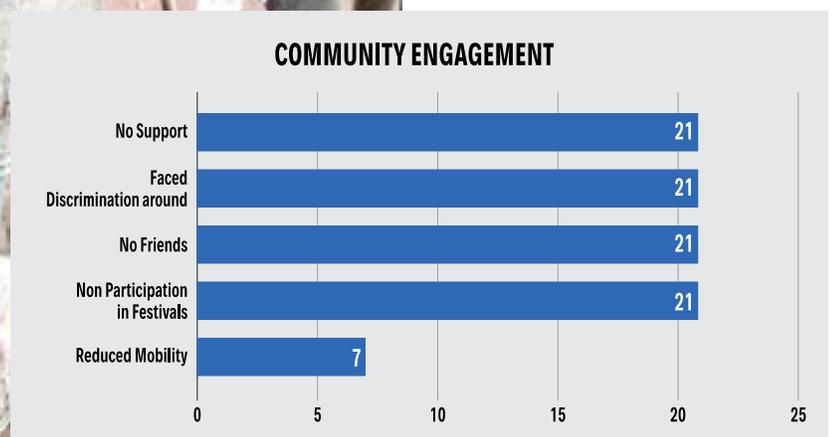
security and nutrition. Studies find strong associations between homelessness and having lost half or more of their teeth, poor dental hygiene and evidence of smoking, drinking, and drug use. Neeru and Munni, both 45 years old, shared that their teeth and gums hurt, and they are finding it difficult to eat.

#### 4.1.7. The Breaks in Communication

*“Pehle kisi se baat nahi karte the, paas jao to muh fer lete the, gussa karte the, chilate the.”*

At first, he would not talk to anyone. If you went close to him, he would turn his face away, become angry and shout.

Communicating with the outside world was a struggle for all the 21 people whom we spoke with and learned about with 17 of them having speech that could not be understood by others. Their terms of reference are very different from those around them as their illness causes them to break from reality, often talking to self or shouting,





laughing, being abusive and sometimes violent, seemingly irrational, incoherent. These breaks in communication often add to the exclusion of the individual at the community and institutional level. This was consistently shared by all during the interviews.

#### **4.1.8. On the Streets from Other States**

For some people like Prembai, the communication gap becomes larger as they come from different parts of the country and speak a different language.

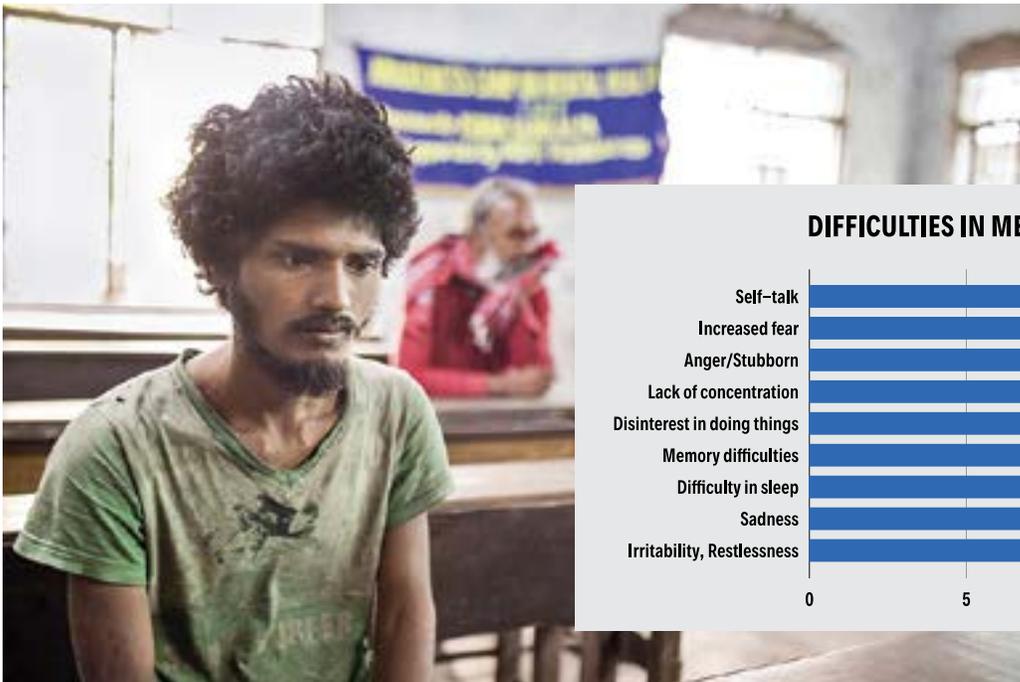
*Prem Bai has lived outside a temple on the ghats of the Hugli river for 10 years now. She survives on the food (prasad) given to her by the people who visit the temple. If people went near her or tried to talk, she would not respond and would keep sitting in one place with a sheet and objects, photos of God, goddesses, boxes, bangles all around her. People around her shared that she would speak in a different language which no one understood.*

*People would tease her, abuse her and not listen to her. She on her part has distanced herself from everyone. She rarely speaks or interacts now.*

Social workers from Iswar Sankalpa spent a lot of time building trust and gradually starting her medication. From her dressing style, and the bangles she wears it looks as if she was from some place in Rajasthan. Despite many enquiries, her family could not be traced. Her memories too have now faded.

#### **4.2. The Experience of Mental Health Challenges and Barriers in Care**

A lack of concentration, difficulty in remembering, irritability and restlessness, tiredness are faced by most of the people we speak with and about. People may also withdraw into their own worlds, isolated and isolating themselves from the rest of the world around them. There were no friends or a support system. They are not part of the festivals or community events and are often



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denied access to government offices or hospitals. This was before the care process started with Iswar Sankalpa.

All the twenty-one (21) people spoke about being restless and irritable before the care process. Lack of concentration (15), difficulties in sleep (11), memory difficulties (12), constant anger (13) were also some of the common experiences shared by homeless people with psychosocial disability.

*“Bahut chidchida, udas rehta tha, ek jagah rehna, uthta bhi nahi hai, nahata bhi nahi hai, kuch khana bhi nahi khata hai, bas khud se baat karta rehta tha.”*

*I would be irritated, sad and would remain in one place. I would not bathe for days, or eat and would keep talking to myself*

*Mintu, 40, has lived in Bagh Bazaar away from his home in nearby areas for many years. He has Bipolar disorder and during depressive episodes, he would stop talking and responding to anyone, spending days in silence with himself. There was a lack of motivation, he would not eat, clean himself, change or wear clothes.*

#### 4.2.1. The Sadness of Exclusion

The sadness of being alone, of losing family, of leaving children behind, of not remembering where I came from, where my close ones live and who I have in the world are all factors for the lingering sadness expressed by people we spoke to. Then there are the other setbacks and losses that life brings.

*Sanjay’s mother’s death took a toll on him. He stopped talking to people and would spend time alone in a clustered space where he has hoarded many things.*

*Like him many others expressed their sadness and how they had no one to talk to before the care process started.*

*Dhanopati, 45 and Mintu, 40 both live in the pavements of Bagh Bazar area. In the beginning, whenever people talked to them, they would reply very aggressively. Seen abusing and shouting at people, they would keep roaming the streets returning the taunts of people by hitting and*

abusing them. Eating alone, sitting alone was their routine.

*“Log samajhta hi nahi hai kya baat karenge” said Mintu*

People don't understand. How do we talk to them?

All the personal and environmental challenges make it tough for people with psychosocial disability to take care of themselves and they face barriers in completing daily tasks. All twenty one (21) of them had not been taking baths, cleaning themselves daily due to no access to sanitation facilities and personal challenges. Seventeen (17) persons talked about challenges in eating.

#### **4.2.2. Alcohol Addiction and Drug Abuse**

Alcohol and drug abuse is a common finding amongst many of the people living on the street. This is a big barrier as medicine will not work if a person is addicted, the social workers tell us. It takes extra effort to form a support system to follow up continuously with persons in addiction as there are more chances of relapse and dropping out.

*During the days, Shubroto (45) is to be found in the quiet corners of shops sitting or resting. Struggling with poor health and social exclusion, Shubroto has lived on the harsh streets of Hasting Kolkata for years. The years of roaming the streets, not eating enough or not eating at all for days are leaving him weak and tired. His family does not stay in touch with him. To escape this loneliness and pain he would drink. At one point, he had started taking cannabis regularly with a group of people at night. When social workers from Iswar Sankalpa met him, along with disturbed mental health, he had infections that required immediate cleaning and his body was covered with layers of dirt and wounds. In the doctors' meetings, he shared about constant*

*pains and difficulty in walking as his body was very weak. Along with his medication and therapy for schizophrenia, the work around personal hygiene, his diet, and healthy eating started. He was linked to a caregiver who engaged with him closely. As their friendship grew, Shubroto's health became better.*

*Today, he has stopped drinking but still falls ill frequently and the complaint of body ache remains. As he grew better, he started working at a home and earning money but could not sustain it as the weakness and pains were too much for him. In the Covid crisis, he kept getting sick and once fell severely ill with high fever and diarrhoea.*

*“Shorir kharab hoyegalo, jorr hoye chhilo”.*

*The caregiver who now is a friend consulted a doctor and took care of him. As Subroto is growing older now, his body that has taken so much abuse, is getting weaker.*



### **4.3. Women with Psychosocial Disabilities Experiencing Homelessness**

In the case of women with psychosocial disabilities, living on the streets, the marginalisation is three fold. Being a woman, with a psychosocial disability and homeless, exposes them to many situations of violence and those that make them extremely vulnerable to rights violations.



*In the corner of a street in Bidhan Nagar, Neeru has made a home for herself. Next to a bus stand, a small space carved out of old worn out tarpaulins, a bed, which houses an old crate, plastic boxes, water bottles, different bundles with her belongings, clothes and her sheet and pillow. In front are large drums coloured blue, yellow and red that store water and make a small boundary for her. Beyond them the street buzzes with autos, buses, cycles, rickshaws, people and much more. This is her home now. When we meet, she offers us a seat at her place. She asks the social worker for a bindi and the social worker takes off her own bindi and gives it to Neeru.*

*Battered by all the years of rough living, Neeru (45) now needs the support of a stick to walk from one place to another. Swapan da, tall, lanky with a kind face runs a small food stall on the very street and ensures that Neeru eats and takes her medication.*

*Neeru's family abandoned her due to her constant self-talk, abusive and violent behaviour. She has been living in the harsh streets alone for years now, leaving behind her children whom she keeps remembering. She has experienced violence of all sorts including sexual abuse. With years of surviving on insufficient and unhygienic meals, not changing clothes, facing sexual abuse, her physical and mental health had taken a beating when she met the social workers of Iswar Sankalpa.*

*“Barish me pura samay bheegti thi aur geele kapde hi pehne rehti thi, bahut dino tak. Geela jagah me rehna, kharab feka hua ya geela hi khana khana. Kapdo me hi toilet kar lena. Koi usse baat nahi karta tha, bas ek jagah baithi rehti thi, bahut body me weakness tha aur pain rehta tha.”*

*She would get wet in the rain and stay in those wet clothes for days, live in wet and damp places eating food that had been thrown away and wet. Nobody would speak to her. She would just sit at one place. There was a lot of weakness and pain in her body.*

*Neeru's friendship with Tapasi Kolay, the social worker from Iswar Sankalpa, took months of meetings, sitting together and not talking, but just drinking a chai together. Gradually the rapport built, and trust was strengthened. Tapasi talked to Neeru about her health and Neeru agreed to start the treatment.*

*As a psychiatrist started their treatment, the person who took the most responsibility was Neeru's caregiver Swapan Da and social worker Tapasi. Alongside ensuring regular medication, they worked with her to build her capacity to make small efforts to improve her own health- taking bath, wearing clean clothes.*

*Seeing their engagement with Neeru, all others in the area, who at first were hesitant, also came along to support her rehabilitation effort. Regular medication, care by people around, a support system built through Tapasi and Swapan da, she boarded the journey of understanding her emotions and working on it.*

*Gaining trust among the shopkeepers close by, she started doing small jobs, looking after their spaces, getting them things in exchange for some money. Gaining back control over her life through income, she would buy food with dignity each day and set up a small clean space to live on the street. She was just speeding up her recovery and started to save up money when the Covid 19 crisis struck.*



#### 4.3.1. Safety and Security: The Big Concerns

Safety and security remain big concerns for all women including Neeru who are homeless!

*“Mujhe itna acha kapda mat do, agar pehnungi to raat me so nahi paungi. Aisa ganda kapda rahega to koi admi pass nahi ayega. Kapde badal lenge didi to ladke chedenge mujhe.”*

Don't give me clean clothes. If I wear them, I won't be able to sleep at night. Men will not come near me if I am in dirty clothes. If I change clothes, I will face harassment from them

*“Jab women clients behtar hone lagte hai, wo apna dhyan rakhne lagte hai, saaf kapde pehn na, nahana”*

When women clients get better, they start looking after themselves, wearing clean clothes, and having baths.

*This often brings worry of their vulnerability to abuse. Over the years we have realised that this was the reason many women did not want to get new clothes and chose to be in cluttered spaces wearing dirty and torn clothes.*

According to the abstract of a study conducted by Narasimhan et al, 'women with mental illness living on the streets in India are ensnared into a disenfranchised, invisible, fringe existence that is more often than not predicated by a background of gender-based disadvantage, extreme poverty and critical life incidents. Gendered pathways into homelessness among those living with mental illness present the need to consider distinct health and social care system responses and practices'<sup>9</sup>

<sup>9</sup> Narasimhan, L., Kishore Kumar, K.V., Regeer, B., Gopikumar, V. (2020). Homelessness and Women Living with Mental Health Issues: Lessons from the Banyan's Experience in Chennai, Tamil Nadu. In: Anand, M. (eds) Gender and Mental Health. Springer, Singapore. [https://doi.org/10.1007/978-981-15-5393-6\\_12](https://doi.org/10.1007/978-981-15-5393-6_12)

Beyond their individual struggles, homeless women with mental illness face an additional burden of gender bias in aftercare support, as revealed by a study in the *Indian Journal of Psychological Medicine*. This finding aligns with the need for support and community rehabilitation as being carried out by Iswar Sankalpa and further strengthens the case for community-based rehabilitation<sup>10</sup>

#### 4.4. Despite the Odds: Finding and Making a Home

The unique rehabilitation strategy of building caring relationships between people right where the person lives often results in deep unconditional relationships. These relationships between the caregiver and the homeless person

often move beyond charity and philanthropy. Some, like Tarak da, find a home away from their original home.

*In the streets of Chetla, Tarak da (as he is addressed today), age 56, would be seen running around naked talking to himself or sitting all alone in a corner of the park. People would scare him, hit him if he went near them. Not making eye contact with anyone or speaking, he would go to the market area in hope of getting food. But with his disturbed condition, people would frighten him and get frightened by him.*

*He had not talked to anyone but himself for years, roaming around with unattended physical injuries for days, without eating, without leaving the same park and market area where he stayed. He would get sick as the weather changed, was not eating properly and also had difficulty chewing with pain in gums as maintaining personal hygiene was a challenge. He would feel sad most of the time, not sleep well as his anxiety and worry would keep his mind and body in distress all the time with not a single person to fall back on.*

<sup>10</sup> Moorkath, F., Vranda, M. N., & Naveenkumar, C. (2018). Lives without roots: Institutionalized homeless women with chronic mental illness. *Indian Journal of Psychological Medicine*, 40(4), 476-481 [https://journals.sagepub.com/doi/10.4103/IJPSYM.IJPSYM\\_103\\_18](https://journals.sagepub.com/doi/10.4103/IJPSYM.IJPSYM_103_18)



*Making a connection with him was difficult in the beginning but with persistence on the part of Amit da, the social worker, the care process started. Tarak da learnt to look after himself and take his medicine regularly.*

*We meet him in the office with his caregiver, (Kalyani), who has taken over from her father who started looking out for Tarak da. Today her father is no more, but the whole family has adopted Tarak da. As he started recovering, he started building relationships with those around him. Seeing this and the unconditional acceptance by the caregiver's family, people around him also started to respond to Tarak da. Being a keen learner and interested in cooking, he quickly picked up the skill and now cooks for food vendors and works along with them.*

*“He can make the most wonderful biryani” says his caregiver and often cooks for 7 to 8 people at a time. Sometimes in the evenings he likes to go and sit at the banks of the Ganga on his own. When on his own, he tells us he likes to reflect on his life.*

As Tarak da and his caregiver Kalyani talk, they keep referring to how they work and support each other. They are a family!

#### **4.4.1. People With Family**

While some people like Tarak Da find and become part of new families, some others may have their own families who are close to them.

*Bapi da has been associated with Iswar Sankalpa for about 3 years and 6 months before the lockdown happened. When they met, he was always sitting at one place on the streets. It seemed that he had no sense of danger. Traffic would come and go around him, but he sat as if he were unaware of it. As he says, “he was ill” (shorir kharap). His hair was*

*very long. He would get very angry if people tried to approach him and sometimes violent. He would throw stones at people.*

*When members of Iswar Sankalpa met him, he was on the street. Soon they noticed that an elderly woman would come regularly to give him food. She was his mother. When Bapi da's illness started, his mother had tried hard to get him medicines and treatment. But being poor and with little information about the illness, she could not sustain it and the medication was irregular. Bapi da did not get better and started wandering on the streets. His illness took a toll on the family and the stress resulted in the parents living separately.*

*But as he began to trust Iswar Sankalpa and take his medicine regularly there has been a drastic change in Bapi da. Once again, he is back spending the nights at home. He works till 7 in the evening driving a van and earns good money.*

*His father, who had given up on him, now stays with him, looks after him and handles all the money he earns. The relationship between the parents is also better now as their son is getting better.*

*Bapi da has a son and a daughter. We hear that his son comes regularly to look after his father, bringing him food and ensuring that he takes his medicine regularly. With all his family around him now, Bapi da has a mission. He wants to see that his son is educated and that he learns how to drive a van, earn a living. Then he will get him married!*

*For himself he tells us that he will look after other people who live on the street... “Pagol log” (mad people) he says with a smile.*



#### 4.4.2. Rehabilitation and Community Awakening

Rehabilitation of a person with psychosocial disability on the streets, affects the community around him/her. As they take more control of their lives, there is an increased understanding in the community that people in the most difficult circumstances can recover and take charge of their lives. For the person themselves, understanding their own journey often makes them look out for others in similar situations, creating a chain of resources for recovery and rehabilitation right where they live.

#### 4.4.3. Basudeb: An Inspiration to Others

*Basudeb, 62, drives a cyclerickshaw near the*

*Dhakuria area of Kolkata. Although his family lives close by, he has been on the streets for years as his health deteriorated.*

*Homeless and on the street, people would abuse and scare him from a distance. No one would want to go near because he would run after people. Seeing his anger, people were scared to pass the space he lived in. Not aware of danger, he barely escaped collisions with moving vehicles many times. Everyone had stopped talking or going near him. He had spent years not talking or paying attention to people, eating from trash. Nobody paid any attention to him.*

*Gopal da, who owns a small lunch shop under the bridge which is Basudeb's home was the person he would sometimes depend on for food. With the efforts of the social workers, Gopal da became Basudeb's caretaker. Having a known trusted*

person like Gopal da, Basudeb agreed and started the journey of his recovery.

Gopal da was persistent and determined in his every day's role in Basudeb's life. From giving him medicines in powdered form, dissolved in his food, he has brought him to a time when he himself asks for the medicine and takes it regularly. Along with the social workers, Gopal da and some community members, Basudeb worked on his self-care, dietary practices, hygiene and health. Doctors also visited him, checking on his physical and mental health.

All of these things together brought a drastic change in him. A small community of friends, people who ate at the lunch stall, rickshaw pullers and others grew around him. A rickshaw owner sold his old rickshaw to Basudeb and agreed for him to re-pay in instalments when he started to earn.

The path of getting work was not easy. Taking medicine regularly, managing the pain and weakness in the body made him try hard every day. It was the built structure of supporters in the community, members of the rickshaw union who guided and protected him if anyone misbehaved or cheated him, which spurred his recovery.

Today, Basudeb earns between Rs 60-150 each day and buys his food with most of the money. His son and other members of the family come to see him. However, he chooses to live on the streets where there are friends and a community of people.

He was resting in the afternoon under a bridge when we met him. This small open space under the bridge is a meeting and resting place of some rickshaw pullers, and to Basudeb, it is his home. There is a narrow bench where he rests, sleeps and a rope above where all his belongings hang. As he wakes up seeing us, he cleans his face and asks us





to sit. He talks very slowly and few sentences, but people now understand his language as they are paying attention to him.

#### 4.4.2.1. Looking After a Friend

Firoz da is another person with psychosocial disability in the area who is Basudeb's friend. As his health was deteriorating particularly during the COVID 19 lockdown, Basudeb tried hard to look after him. He regularly checked on his medication.

*"Mai to theek hogaya, wo kyu theek nahi ho raha? Shayad mera dawa usko lag jaye?"*

I became alright. Why is he not getting ok? Maybe my medicine will help him?

Whatever food he got, he shared with him. For months, he would save from his own money to get him food.

*"Inko pata chalta tha Firoz ko kuch chaiye to seedha Amit da ko phone karna ki unko kya chahiye."*

If he came to know that Firoz da needed something, he would immediately call Amit da and inform him

Basudeb loves to travel and has been to Odisha, Digha and other beaches with his friends. His next stop is Bhubaneshwar, he shares!



## *Section V*

### **5.1. Community Based Rehabilitation: A Strategy that Works**

Basudeb's recovery is an inspiration and an example to many in the community. Seeing his recovery and reintegration into the community and family, others in the community have been

able to identify people who may be living with a mental illness. Like him, many persons on the streets who have recovered take on peer support roles or even become carers for new clients. Their voices and feedback are informally incorporated in service design and implementation of the Naya Daur project. The holistic recovery approach followed by Naya Daur puts the person at the centre of the care process; it focuses on their social recovery alongside symptoms that they may be experiencing.

### **5.1.1. The Process of Rehabilitation: A Web of Many Stakeholders**

Of the 21 persons, we interviewed and got detailed information about, all except 5 (five) are at present involved in some work. This may be task-based work or working at tea stalls, making boxes, or at a drum company, working at a doctor's clinic and others. All 21 are walking a path of taking control of their lives. This is not an easy process and there can be many setbacks. But what we do see is that the process of rehabilitation does not only engage only with the individual. It engages the community around the person, the family wherever possible and the state.

In this situation, it is life on the streets of a large city. This involves a range of strategies. Building trust and comforting relationships with clients, mapping support systems in the communities, constant outreach and community awareness, and providing reasonable accommodations has resulted in both personal and community level changes.

A key principle of their work is to support persons to be active participants in and leaders of their own lives. This includes inclusion and participation in the community they desire. Constant discussions, meetings and understanding of barriers or conflicts that may be preventing them from feeling included in their community helps in building strategies around.

Believing in the social recovery of persons with psychosocial disabilities, Iswar Sankalpa stands alongside the persons as they navigate and plan for where they want to live, get a job, make friends, engage with different persons, systems etc. As per the individual needs and willingness, caregivers and social workers engage with clients. It may take 6 months with a person to change into clean clothes, eat regularly, so all engagement is centred around the person's activities of daily living and personal hygiene, whereas for someone who needs support in terms of livelihood, they are

linked to work. Whenever a person wishes to go back to their family, reintegration is attempted. For many others whose family can't be traced or they choose to stay on the streets, support is extended, and they are prepared for that.

Rehabilitation is not an easy process and there can be many setbacks. What is clear is that rehabilitation is a process which involves the understanding of the condition along with the social and economic and other factors that affect the functioning and participation of the person.

### **5.1.2. Citizenship and Accessing Institutions**

The person is facilitated to access institutions and social security schemes. Engaging with systems, going to health centres, accessing disability certificates and pension through a built a support system . As citizens of the country, they exercise their voting rights.

## **5.2. The Social Worker: The Vital Link Between the Organisation, The Caregiver and Person with Disability**

Walking alongside the homeless person with disabilities on the ground is the social worker and the caregiver. The program takes mental healthcare services to the users on the streets, creates a network of care for them within the community. Community caregivers work closely with them in day-to-day care, training them around self-care, supervising medications, looking after their safety and health, enabling independence. Equally significant in the process is the human touch, the care, the building of trust, understanding of the context and in which a person lives and the continuity of care.

Finding persons in distress on the streets is the first step taken by social workers. On finding this person they observe the person in their area for at least three months slowly building a relationship of trust. This can take months and sometimes even years. The organisation works with a strong belief in the will of the person with disability. No work is started until the person is ready themselves to work with the organisation, walking the path of recovery.

*“When we identify a person in distress, we look from where he is eating, who is helping him, who is the person they go to everyday. Not many people are willing to work with this person on the street. They say they do not have time. If the person agrees the work starts. We talk to them about the condition, need of medication and long process of care.”*

Through the long process of rehabilitation, the

social workers link the person to specialists, doctors, counsellors, psychiatrists, hospitals and other government and non-government agencies that are stakeholders in their rehabilitation. Alongside this is the focus on the person, engaging in the care and re-learning of activities of daily living, bathing, wearing clean clothes, brushing, doing one’s hair, eating regularly and much more. These are activities they do along with the caregiver, supporting, understanding new and emerging needs and facilitating them through the organisation. Social workers engage closely with persons starting their medication with support of caregivers. As caregivers start seeing the change, they gradually take up the role as primary caregiver to these persons. This is done with the support of the social workers who will visit the person every other day.

Social workers along with caregivers also work on the task of reintegration of the person in their families or communities, linking them to work



and entitlements, once again with the focus on independent access by the person.

*Tapasi, a social worker, talked about Radhika, a woman in her 40s who lived at Bidhan nagar station.*

*“Mathae jata, hatho me, paiero me dori, Jitna kapda mila, sabh pehna hua, hath me paer me gale me kapda. Pura shareer me kapdo ke tukre. Hum samne gaye to pathar mara, thooka.”*

Radhika was seen at Bidhan Nagar station with long uncombed, tangled hair and pieces of clothing tied to every part of the body. When I went to her, she spit at me and threw stones at me.

*I asked her if she wanted water, she shouted at me and asked me to leave. Slowly, I started going to her, talking to her as per her convenience, asking her if she had eaten, then keeping food for her sometimes. For some months, I would regularly go and give her food but not talk. Then gradually*

*I handed her clean clothes. She changed into them. We consulted with a doctor, got a haircut. Then one day, she started conversing with me.”*

*“As with Radhika, a lot of time and effort goes into building trust with us, so they feel heard and talk to us. This trust is the basis of all other interventions, and the social workers become family of these persons with disability.” - Trisha Chakraborty  
Coordinator*

Mental health camps are organised within the community: With the support of community organisations, these camps in the community spaces bring health services directly to the potential clients who otherwise would not be able to access them. Here, they are assisted with bathing, provided food, fresh pair of clothes, basic materials for personal hygiene. Doctors and counsellors are available to talk to and for a health check-up. These camps generate much awareness in the community about what is



possible. As people bathe, wear clean clothes, eat a meal, the dramatic changes in them showcase to the community that change is possible.

### **5.3. The Caregiver: Building Trust, Fostering Friendships through Proactive Outreach**

Caregivers are the people living close to the person with psychosocial disability who are homeless. They are proactive in building tailored accommodations for each person. By reaching out all the time, they have built connections and a relationship based on trust. This enables the persons to continue the care and provides an opportunity for them to be proactive in identifying their specific needs and work along them around those issues.

In the initial days and months of their interactions, caregivers provide regular food and medicine to the person with disability. A key role is to ensure that the person takes their medicine regularly. As they get better, caregivers will link them to some work, so they start earning and buying their own food and make a practice of taking regular medicine.

Emotional and social support is the basis of the relationships between caregivers and individuals. This support and trust built is the basis of gradual work on self-care-cleanliness, maintaining hygiene, as first steps. These social relationships are vital in creating a belongingness, conditions of survival, access to resources and entitlements for persons with psychosocial disabilities.

The Naya Daur community-based program on the streets of Kolkata demonstrates how people with less specialisation and study but better understanding of the context and the people can train to become important partners of the rehabilitation process. This task sharing is

extremely important, says Sarbani Das Roy, the founder of Iswar Sankalpa.

#### **5.3.1. Continuum of Care, Giving Information, Building Friendships**

Working along with the social worker, the caregiver enables the interface of the person with disability with the specialist, the doctor, and the system. For example, the hospital or an office where documents have to be made.

There are regular health camps in the communities where doctors, psychiatrist visit to check on people or through these caregivers followed up via calls. If a person needs a bath, needs to change clothes, is having a sudden outburst, their caregivers are there. Often, persons with psychosocial disability will sit or sleep near their caregivers' shops, feeling secure and heard. Knowing that they have this person in their sight all day, helps in the recovery process.

Social workers visit each person every day, checking on their health. This prior engagement became crucial during the Covid-19 and cyclones when many difficulties emerged. As they engage with the person in full view of the community, the change is often witnessed by all, neighbours and the community. Everyone in the periphery gets involved creating a support system and bringing an entire change in a person's life.

The strong guiding principle here is that no one should be forced to move from the neighbourhood in which they live, to receive treatment. All efforts are made to build meaningful relationships with community members, avoid the seclusion and ill-treatment of people with mental health conditions or psychosocial disabilities and support them to live meaningful and dignified lives.

## Amola di

Amola di works at a tea shop. With her limited income, she provides food to people she cares for, looks after them and believes in bringing change. Today Amola di is a caregiver to seven persons with psychosocial disabilities.

Social worker Tapasi Kolay shares

*“Hum thak jayenge par Amola di nahi thakenge, wo bacho ki tarah sab clients’ ka dhyan rakhti hai. Lockdown me bhi paisa nahi tha, par kahi se bhi lakar har din sabko khana diya. Roz sabke sath baithti hai, sabhi inke baat sunte hai.”*

We may get tired but Amola di never will. She takes care of all the people on the street like her own children. She herself had no income during lockdown but she continued sharing her food everyday with them. She would sit with everyone, listen to them.

Munni lives across from the tea shop Amola di works in. She had been on streets for years spending time sitting alone.

*“Log pareshan karte the. Khana nahi khati thi. Baithi rehti thi. Darr lagta tha.”*

People disturb me, tease me, I would not eat, I felt scared and would keep sitting in a place.

Munni would be very frightened and scared when first talked to. It took days of sitting silently with her, small meetings to build a relationship. With time, her medication, food became regular. Amola di’s care and nurture is what brought changes in her.

*“Meri bachi hai, mujhe chahe khana na mile ya deri hojaye par isko samay par roz khana dena hi hai. Mai humesha pyaar se baat karti hu, isko sunti hu, isliye ye mujhse pyaar se baat karti hai.” - Amola di*



She is like my child. I ensure she is eating everyday even if I have eaten or not. I listen to her, talk to her with love so she shows affection with me.

*“Pehle kapdo me hi susu, potty kar deti thi, periods ka bhi pata nahi chalta tha. Abhi mai roz help karti hu nahane me, kapde badalti hai, baal banati hai. Dhare dhare sab theek ho raha hai.”*

She is getting better. Earlier she had difficulty during periods, would soil her clothes. Now, I am teaching her to change clothes, do her hair.

## Sanjay

In the busy streets of Kolkata, small tea shops, other eateries, those selling a range of goods, line the pavements. While traffic whizzes past, people sit on small benches sip tea, eat food and others shop. Thirty-five-year-old Sanjay owns a tea shop here which he runs with his mother. He had been observing and giving food to two people who were living on the streets close to his shop, but never thought about how else he could support them.

Sanjay recalls his experience of the first health camp organised by Iswar Sankalpa where he got direction on how to further support them. Here he heard a discussion on self-care and met social workers and community caregivers assisting people in taking bath, changing clothes and cutting hair, sitting with them to talk and eating with them.

With his own will and acquired knowledge, Sanjay has today built strong relationships with Anna, Shambhu and others living on streets.



*Shambhu used to be a bus conductor. As his mental health started deteriorating, he started cutting off from others, talking to himself, engaging in loud arguments and often getting violent. He has been homeless for years now as family and others choose not to engage with him. Living at the bus stand next to Anna's place, he would run after vehicles abusing, shouting, and met with serious accidents twice. Having no one to turn to, he kept lying on the road till Sanjay found him. He had spent days with unattended injuries, and without eating.*

*Today, Shambhu works part time in Sanjay's shop. He talks to customers, has built relationships with others in the area. Shambhu and Sanjay share a deep bond. He goes and lives with Sanjay and his mother often and eats with them. As he is earning now, he even saves some money and keeps it with Sanjay's mother.*

Shambhu told us,

*“Ab mai shaadi karega. Ek suit aur gadi chahiye. Biwi bike lega aur mujhe piche bitha kar ghumayega. Sanjay bhai ayega shaadi me.”*

I will marry, buy a suit and a bike. My wife will take me around on that bike and Sanjay will

come to my wedding.

Anna sits very close to the bus stop, near Dhakuria bridge, where Shambhu is. Sick and disturbed Anna struggles to pass every day. He hails from some place in South India but has not been able to recall his hometown. Speaking a different language has kept him at a distance from people. He is seen lying down or sitting in one place on the busy road near the bus stand, where people are passing by all the time. He would mutter to himself, make no eye-contact, wearing torn clothes or no clothes. He had lost one leg and is having difficulty walking. Not having accessible spaces and people understanding his needs, he is further excluded from building friendships. Some People may stop and give him some money and that is when he would eat.

Having struggled in verbal communication with Anna, Sanjay has found other ways to communicate with him.

*Mai usko bina bole samajh leta hu. uske shareer ka ek ek part samajhta hu, kab kaha dard hai, kab unka mann theek nahi hai, kya pareshani ho rahi hai, aur phir uspar sath me kaam karta hu.*

*Public toilet me jana, nahana, khud ko saaf rakhna, ye sab dhare dhare seekha isne. Ab samay se dawai leta hai, khana khata hai aur pehle se bahut acha hua hai. Pani ka bottle bhi rakhta hai.*

Without him speaking I understand him. I understand every part of his body, where and when he is in pain, when he is not feeling alright and then I work on that with him.

He learnt slowly, how to use the public toilet, how to keep himself clean. Now he takes his medication on time, eats his food and is much better than earlier. He even keeps a water bottle with himself now.

*Jis din who dukhi hota hai mujhe pata hota hai aur mai uske liye idli lata hun.*

The day he is sad, I can tell and I will get him an Idli

Sanjay goes to him every day, talking to him, giving him his meals and medicine.



*“I can miss a meal but I would never miss meeting Anna and Shambhu. They have their fixed time to eat food and medicines and wherever they roam, they would come to their place at that time. They come to my stall anytime, drink tea, talk to me, talk with customers. Everyone knows them through me, so no one teases them or insults them. This increased interaction in their life helps them along with their daily medicines. They know my home, come there if they do not find me.”*

Sanjay is an active and influential member of his community, and he uses this towards the rehabilitation of his friends who live on the street. In times like Covid and Cyclones, they were to be found near Sanjay’s home. Even though his shop was closed, he would give some money to Shambhu. He connected with other local people, his friends to arrange food, shelter and safety for people like Shambhu and Anna who are homeless. Along with Sanjay and Amola Di there are many caregivers, shop keepers, stall owners who are family to people with psychosocial disability ensuring timely medication and support

## Zafar Imam

Zafar Imam lives with his family in the Park Circus area and runs a confectionery shop. He is a community caregiver who reaches out to many people in need living on streets and makes them part of his family. He has given space outside his house for people to come sleep there. There is a water connection to help people take a bath. Many men and women have been in his care, lived close to him, started medication, got better and are back to their homes or shifted

places. He is looking after 6 people now.

*“Ita pathar fekte the, loq ched dete the. Hum sabko mana karte hai, uske gussa ko rokne ke liye biscuit diya. Logo ko bola isko chedo mat. Ye aste asthe humare karib aane shuru hua. Kapda fata rehta tha, gussa rehne se kapda khol deta tha. Hum dosti banaye aur phir waha hum use control kar pate the. Phir dawai regular kiya, usse aram milta tha, neend ata tha. Sardi, dard ki dawai bhi dete zarurat hone par. Jaise dawa khatam hua, naya aajata tha. Baat karna shuru kiya, fekna khatam. Phir aahista aahista ghar ka batana shuru kiya aur ghar gaya.”*

People used to tease them, throw stones and bricks at them. I used to stop them. I used to give them biscuits and tell people not to tease them. Slowly and slowly, he came closer to me. His clothes were torn. When he was angry he would open up his clothes. I became his friend and then



I was able to control him. Then I got him to take his medication regularly; that would make him feel better. I also gave him medication for cold and pain if he needed them. The moment the medication would end, more would come. Then he started talking, stopped throwing things. Then slowly he started talking of home.



## Warris Alam

Warris Alam is Zafar's friend and another caregiver. He is like a father to many persons who have no one to turn to as described by him. During Covid-19, he lost his own wages but continued meeting, giving food, connecting people in need with resources.

*“Wo bhi insaan hai. Sabun se ragad ragad ke nehlate hai. Bache se bhi zyada pyaar karna hota hai. Bahut patience chahiye. Gusse ko pee jana hoga. Itne saalo tak logo ne unhe pareshan kiya hai to samay lagta hai unko vishwas dilwane me.”*

said Warris, the caregiver.

He is also a human. I would apply soap and help him take a bath. One needs to love them more than children. People have teased them, abused them for years so it will take time to make them trust us. It requires patience and one needs to forget all the anger.

*“Me and Zafar bhai are friends. We work together with people in our area, and get in touch with social workers. My aim is*

*to train these people. They change if we show them love and support. I clean their clothes, change them, sit on the ground with them like they are sitting, this makes them feel accepted and cuts the fear these people develop from others. I am a Muslim and have taken care of many clients who are Hindu. Many got better and their children call me mama (uncle) and still visit me.”*

### 5.3.2. Friendships Based on Equality and Choice

Waris Alam, Zafar Imam, Sanjay and the other caregivers talk about focusing on choices of the people they care for. The aim is to build a friendship based on equality. For example, they will not give the person just anything to eat, instead they will ask for their choice in food that is available. Not only does this build their friendship but gives the person more control over their own lives. Later these choices become the bigger choices about whether to go back to the family or what kind of work they want to do and how they want to live their lives.

#### 5.4. Social Change: Engagement of the Wider Community

Witnessing change in people, and seeing others from their own communities working closely with people has opened up the minds of the community. These friendships have had a ripple effect and gradually others start coming in to support and contribute to the care process. For example, when Warris Alam or Sanjay are not there for some days, they are able to call on other local shop owners, their customers, and restaurants to check on the persons under their care.

As people start working their earning translates not just into material things but expands their role as master of their life. Reaffirmation of autonomous selves is enabled by the supports built at work. Witnessing the change through close connection influences people to shed the stigma related to a person with psychosocial

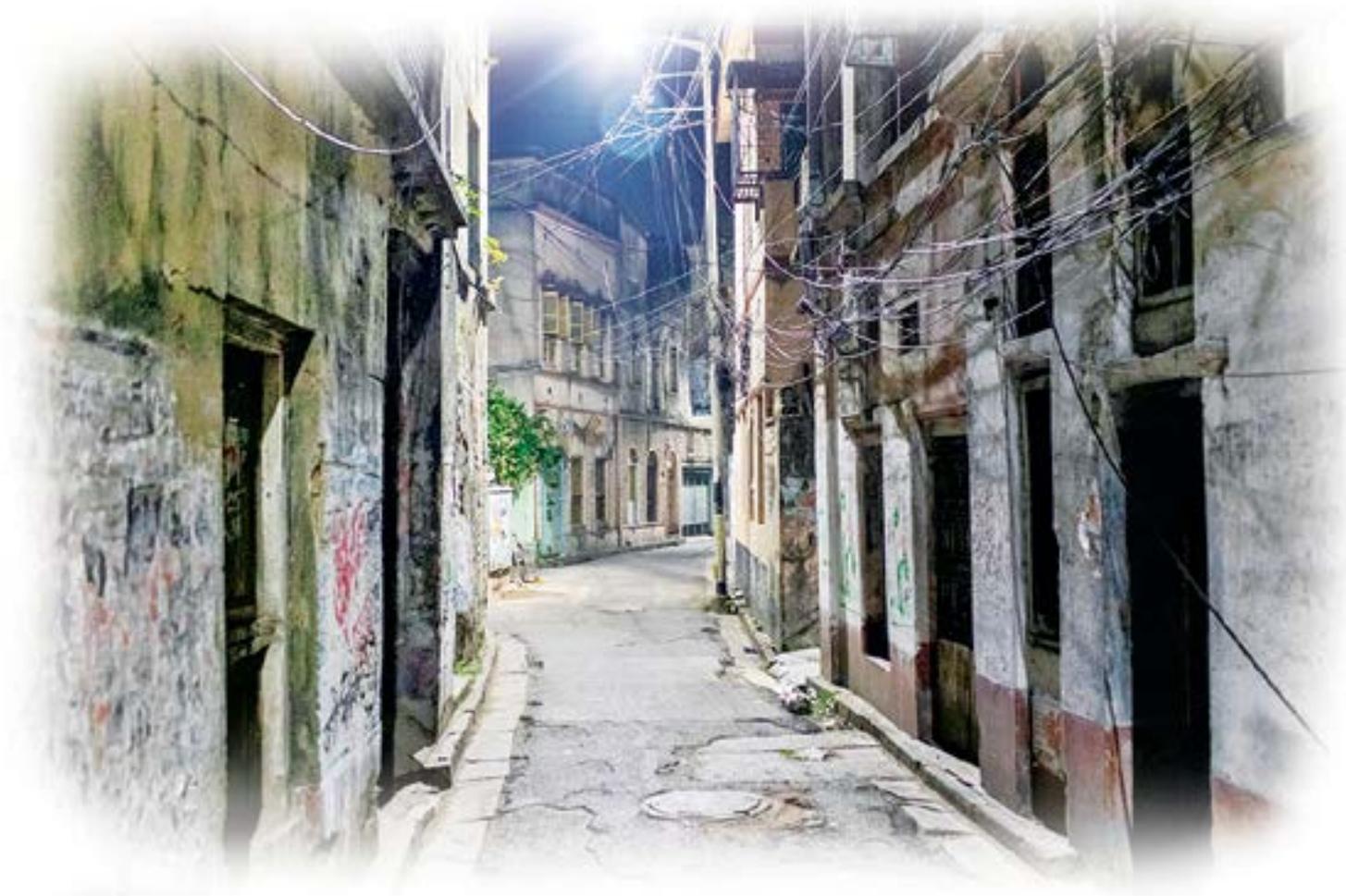
disabilities and many others join the caregivers and become part of the journey of individuals as they get better and become more independent. This community change is strengthened by awareness campaigns organised regularly by the organisation. This also creates opportunities for people as they recover, to work and earn in the community.

Just as Iswar Sankalpa believes that the 'right to care is an inalienable right of all persons, it also believes that all persons with psychosocial disability have the right to refuse medical treatment, the latter right only being overridden if the person is likely to cause harm to himself or others. Negotiation for treatment is therefore an important step in the process, as the cooperation of the person is essential for treatment over a long term. If the person's family has been identified, rapport is built with them and their consent is sought for medical treatment.



## Section VI

### 6.1. Homelessness Amidst Disasters: Resilience on the Street



#### 6.1.1 Disaster within a Disaster: The Amphan Cyclone

The unexplained lockdown and shutting of all the means of survival brought many challenges to those living on the streets. All the small tea and food stalls on the streets from where they would eat were shut. Many had taken small jobs to earn daily, helping in their recovery, making them feel valued and accepted. All those people lost their work. The loss of routine and money to buy a meal meant that once again they were dependent on others.

According to a study conducted by Charitable Trust Housing and Land Rights Network “homeless people experienced violation of their human rights in Pandemic. They suffered from severe food insecurity, loss of livelihood, and adverse health.”<sup>1</sup>

**May 2020;** Kolkata, already grappling with the COVID-19 pandemic, faced a new enemy – Cyclone Amphan. Packing powerful winds,

<sup>1</sup> [http://timesofindia.indiatimes.com/articleshow/85019425.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/85019425.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

the storm pummelled the city, leaving a trail of destruction. Trees lay uprooted, houses crumpled, debris blocked streets. Power lines snapped, plunging areas into darkness, and communication networks faltered. The storm surge flooded coastal areas, adding to the misery.

Amphan severely hampered Kolkata's pandemic response. Healthcare facilities, stretched thin, now dealt with storm injuries and displaced people. Medical supplies needed for COVID patients were also used for storm victims. Fragile infrastructure, barely holding up, strained further. The consequences of these multiple disasters was also that “the number of homeless persons with psychosocial disabilities have increased on the streets.”<sup>2</sup>

*“Ekhane chilo sara raat”*

She was here the entire night, says the shopkeeper next to where Prembai sits. Prembai spent the

<sup>2</sup> Iswar sankalpa: Support for the Mind, Newsletter , April July 2021 pg 1

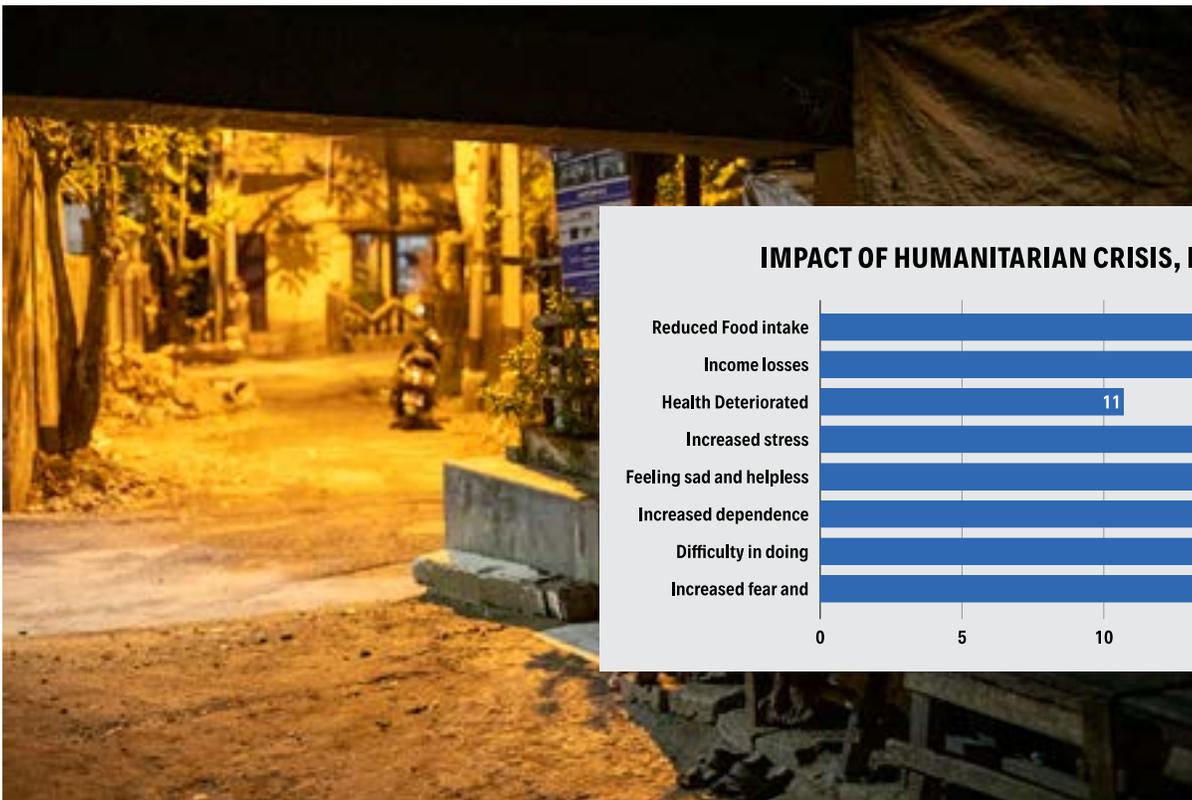
harrowing 6 hours on the streets when Cyclone Amphan was ravaging through the city of Kolkata, uprooting trees and lamp-posts on the streets.

All twenty-one (21) persons spoke about the increased anxiety and fear among them leading to irritability and agitation, sadness, and helplessness. Some people who had been on the tenuous path to recovery, of taking charge of their lives relapsed, while others were on the edge.

*“Lockdown me bahut mushkil aayi. Bahut log khana chodo pani tak ke liye taras gaye the”..*

It was very difficult during the lockdown. Leave alone the lack of food, many people yearned for water as it was scarce!

The physical absence of trusted supporters like the social worker added to the confusion about the dos and don'ts of the sudden lockdown. This took its own toll on the health and wellbeing of people.



*Peter works at a shop in Beniapukur. When social workers met him in 2011, he was living alone on the streets in a distressed condition. He would not talk to people and not eat for days. With months of building rapport, getting his attention, social workers started working with him. He started taking medicines and recalled his family.*

*The family were hesitant to take him back. But seeing the change and support of the organisation they felt reassured. Peter started living near his brother and sister-in-law and working at a shop. Work gave him a routine and ensured he was eating every day. He would get lunch at work and with money earned each day, buy dinner for himself. His life was just getting back on the rails when the lockdown hit. Suddenly, all routines got disrupted, and Peter was confused about what was happening. The initial days of no work and information on why everything was shut got him worried. His brother, a daily wage earner, also had no money to eat and support him. With such uncertainties looming large, Peter stopped taking medicines. He was increasingly agitated and anxious and started roaming the streets again. When social workers visited him, he would refuse to talk and look at them. He would not eat and spent long days sitting alone in the sun.*

*“Bahut ups and downs hua. Khana nahi khana, lockdown ke bad bhi kaam par nahi jana, bahut chidchidapan badh gaya tha. Tabiyat bhi bahut bar kharab hua, fever ho jata tha. Community ke log us samay doctor ke paas lekar gaye, par abhi dhire dhire behtar ho raha hai.”*

There were many ups and downs. Not eating food, not being able to go to work even after the lockdown was lifted. Increased irritability. His health became worse, he would get fever now and then. The people from the community took him on time to the doctor. Now slowly, he is getting better.”

With constant support of the caregivers, social workers online, and the organisation, Peter and many others held on. In fact, because of the bonds with caregivers and social workers and the community, Iswar Sankalpa reports fewer Covid-19 cases in their area of work.<sup>3</sup>

### **6.1.2. Exclusion from Official Relief Work**

The language of social distance reinforced the discrimination and social exclusion for persons with psychosocial disabilities on the streets. These changes and loss of routine increased the anxiety and restlessness among the group. Social workers shared how they saw clients struggling and going back from the path they had developed from.

As hygiene was considered to be a preventative measure for spreading the virus, people who had no means to eat or drink water, struggled to keep washing hands, and to wear masks.

The stigma attached to mental illness kept them away from any relief work which led to further marginalisation and exclusion.

*“Barish ho rahi hai, raste me soye hue hai. Koisone ka jagah nahi hai, kaha jayega? Police kya madad karegi? Khichdi bante the, par un log ko kaun dega, line me bhi lagenge to bhaga denge”*

It is raining, people are sleeping on the streets. There is no place to sleep. What help will the police give? They are giving khichdi, but who will give it to those people? Even if they get into the line. They will shoo them away

In addition, this population often lacks necessary documents to access relief measures concerning food, shelter, health, hygiene and livelihood. The State itself had not been able to give much

<sup>3</sup> <https://isankalpa.org/wp-content/uploads/2021/11/THE-FRONT-LINE-WORKER-AND-THE-PERSON-WITHIN.pdf>

thought to this population.

An analysis of State circulars regarding the provision of lockdown relief for the poor reveals that there is hardly any mention of the word 'homeless'<sup>4</sup>

*I thought if we don't go, how would the clients be? But during the lockdown we observed that the community awareness and relationships built were helpful as people reached out to each other. They would talk and ensure that clients are safe and have eaten. –Social Worker*

These challenges were overcome only through the already built network of caregivers, social workers and the organisation. Wherever the organisation worked with the police, they got their cooperation. Partnership with them was helpful as they allowed caregivers and social workers to go meet the clients and also provided them food. This was also the time that friendships built amongst persons with disabilities held strong and people looked out for one another in the middle of the disaster.

### 6.1.3. Challenges in Accessing Medication

*Manoj da fell very ill during the lockdown. Doctors in the government hospital refused to treat him. They are homeless, who will take their responsibility? Then the caregiver Khalida di who herself was struggling financially arranged money for transport and got his treatment done at a private hospital.*

Getting psychiatric medication was a challenge during the lockdown. Social workers could not go to the field and caregivers had no prescriptions. Many caregivers then stepped up, went to medical shops advocating with them to understand the

urgency of getting medication. Social workers talked to them on the phone, explained the work and visited some shops and ensured that they continued the medication via clients or caregivers even when they could not come.

As the lockdown was lifted, some of the social workers who had bikes went to those areas first, talked to shops asking them to help in an emergency. With special permission social workers started going to the fields, meeting each client every day, ensuring delivering medicines. Worried and anxious some clients refused to take the medicine as they were not seeing the social worker daily and would ask about them to the caregiver. Then through video and phone calls, they would talk to clients, explaining about the pandemic and motivate them to continue medicine.

### 6.1.4. Safety and Security: Concerns of Homeless Women During Disasters

*“The street was so quiet in lockdown, I was afraid to fall asleep. I had been harassed by men on the streets. I was afraid of being assaulted, so I kept roaming the streets to see if I could find other people.”*

Being homeless and sleeping on streets during the pandemic was scary, lonely, and confusing for women with psychosocial disabilities on the streets. There was increased fear about safety and sleeping alone on the silent street.

*Radhika asked the social worker if she could stay in the shelter temporarily. As she was getting better and taking care of herself, she understood that she is vulnerable to sexual abuse on the streets.*

*Shefali dropped out during the Covid-19 lockdown. One day when the social worker Amit met her, her face was burnt. She shared that some boys have done that. Roads were all empty and they started*

<sup>4</sup> <https://thewire.in/uncategorised/homelessness-amid-covid-19-miseries-untold-and-promises-shattered>



teasing and harassing her. "Before we could work with her, she went missing again," said Amit, her social worker.

Many caregivers reached out to Iswar Sankalpa with concerns for the safety and security of women. But not everyone chooses to stay at a shelter.

*"Barish me rahega, thand me rahega par wahi rahega. Waha mai apni marzi se kuch bhi kar sakta hu. Inko freedom chahiye. Shelter gives routine and control. unka habitat me unko theek karna hai hamara kaam hai. Islie lockdown me bhi hum udhar gaye aur wahan kaise wo rahe, apna dhyan rakhe, uska intizam kiya"*

Going to the shelter is a choice for the person. They may choose to stay on the street even when it is raining or very cold. There they can make their own choices. People want freedom. Shelters have a routine and control over the person.

Our mission is to rehabilitate people in their own environment. That is why even during the lockdown we went where they were and tried to cater to their needs.

## 6.2. Increased Resilience: Strategies That Worked

As the pandemic struck, Iswar Sankalpa like all other organisations went online in an effort to keep up its work and connections with the people living with mental illness on the streets. However, unlike other organisations who knew where their clientele was, the lockdown had brought its own chaos to the streets.

It was difficult to trace people on the streets because many had been scared away from their usual places by the police. Shopkeepers and others who earlier had allowed them to sit near their shops now did not want them anywhere nearby. Social distancing brought its own norms.

As small shops and eateries where people worked or ate were shut down, people on the streets had to move constantly to find food. The social workers of the organisation, although present online, could not go on their daily connections with the people they worked with. It was in this silent chaos that the strategies and relationships that had built up before the lockdown swung into place.

The organisation sprung into action. People on the streets had nowhere to cook so dry edible ration was procured to be distributed as was medication for people. The challenge was on how to get to the people who may themselves have become displaced. It was a caregiver who was already in the community and members of the community who had become aware of the people who lived on the streets near their homes who stepped up along with the social worker and the organisation at this time. Communities where people with disabilities lived swung into action as did the person on the streets themselves.

Dry ration and medicines were procured before time to ensure no one misses out on a meal and medicine. There were difficulties in reaching

out to the clients as many were displaced by the police or had shifted from the space. Community persons came out to look for them, reaching out to the clients ensuring their safety and wellbeing.

**Online One to One Conversation:** The caregivers and community persons living close by who could be a shop owner, a resident, a vendor connected with the social workers through their phones, putting them through to persons with disability on the streets. Social workers were then able to understand their concerns, giving them assurance and support with knowledge.

**Online Doctor's Consultation:** Through the network of community volunteers and relationships built, social workers connected those in need to doctors.

**Small Gatherings:** Leaflets with information were distributed, awareness meetings were conducted. Support systems were further strengthened, and strategies were made for persons with psychosocial disabilities.

"Amidst the second-wave and lockdown, West Bengal was hit by Cyclone Yaas in May 2021. The organisation, having learnt several lessons in May 2020, when super-cyclone Amphan hit West Bengal, had taken all precautionary measures to equip the shelter homes with emergency water and electric supply. Food supplies for a week were procured and stored. Items that could be affected due to heavy rainfall were protected, guidelines for protecting electronic items in the shelters were shared with the caretakers of the shelter homes. The local government systems were contacted to provide emergency services in case the need arises."<sup>5</sup>



5 [isankalpa.org/wp-content/uploads/2021/11/2021-April-July-Newsletter.pdf](https://isankalpa.org/wp-content/uploads/2021/11/2021-April-July-Newsletter.pdf)

### 6.2.1. The Caregiver Steps Up

During and even before the pandemic, caregivers were the strong support system for people who have no family and are ignored by all. 'Unspoken Guardians' as IS calls them. During the lockdown, most were in distress themselves with all sources of income from their small shops and business



shut down. However, with some support from Iswar Sankalpa and continued strong connections with social workers, many stepped up in different ways.

Amola di, who runs a tea stall, could not continue to run the business. She started working as a domestic helper, earning Rs. 500-700 per month. With the same money, she ensured food for seven (7) people with psychosocial disabilities she is caregiver to.

*"She has always extended herself. She joined us to reach out to people, talk to them, counsel them and ensure that everyone in her area has food to eat in that time" - Tapasi Kolay*

*"Mai 7 logon ki dekh bhal karti hu, lockdown me sab bahut pareshan ho*

*gaye the, sabka kaam band hogaya tha, mera bhi kaam band ho gaya tha par kaise bhi jugaad karke, khana banati thi, sabko deti thi. Bant kar khane se acha lagta hai. Hum khaye aur bacha log nahi khaye kaise hoga? Hum akela kuch*

*nahi khayenge. unke maabaap nahi hai, humi dekhenge na unhe phir. Hum garib hai 100 Rs din ka mushkil se hota tha, usi me sabh bant kar khate the. Hum late ho jayenge khane me, but in ko time par in ka khana dena hai."*  
- Amola di



"I look after seven people. Everyone was very disturbed during the lockdown. Everyone's work had been stopped. Mine was too. But somehow I would manage and make food for all and give food to the people I was caring for. We eat and

our children don't eat? How can that happen? I will not eat anything alone. If their parents are not there then we have to look after them. I am poor and barely make Rs 100 in a day. Even then we eat together. I can be late in eating my food but they have to be given food on time!"

### 6.2.2. Equity in Philanthropy

*Iswar Sankalpa started working with Babar da who lives on a bridge in Raja Bazar just before the lockdown. Social worker Nadeem built rapport with him and started meeting him every day, working with him, giving medicines. During the lockdown when Nadeem could not go to meet Babar Da, there was a crisis. Suraiya and Khaleda, who lived close by to Babar da were struggling themselves without money and food. But as they heard of Babar da and others in distress, they started making food in their homes for them.*

*"During the lockdown, my husband and I voted to go outside, finding people and providing food to them. I used to take my little child along. The police were very strict and would beat up people who were seen outside. But we explained to them and got permission to go out for short periods of time. My husband would help bathe people on the street and I would trim their beards and give them food. We have to stand with our brothers and sisters. They are no different from us.*

*When we went out looking for Babar da, he would be sitting in one place. During Covid-19 lockdown even the shopkeepers would not allow him to sit close to the shops. He was in a very bad way. He did not want to talk to us. Slowly and with a lot of coaxing and love we were able to draw him in. I would take my little baby and go to him, sit with him and give him*

*his medication"*

*Then we became good friends, and he started trusting us. He takes his medicine regularly now. If there is a problem he comes to my house. If he wants to get in touch with Nadeem he comes to my house without hesitation and asks me to call Nadeem.*

*Although we were able to support him, it is also true that what we could do during lockdown was much less than what we could do at other times.. Food was also less than it was earlier." -Khaleda*





*According to Babar da, it was very difficult during the lockdown. There was no food and there was no work. All the shops were closed. He was given ready to eat food which had things like chiwda sattu, Muri and other dry food. But how long can you live on that? You do need rice and chapat!*

*Babar da has been on medication now for two years and feels better.*

*Ekhon bhalo lagbe* (Now I feel well).

The feeling of fear is less as he finds comfort in Khaleda and her family.

During cyclones, fever, common cold and seasonal illnesses increased. Caregivers had discussions with the people they were caring for, around taking care of their health, wearing clean clothes, and how to maintain hygiene with clients. Some clients would wear wet clothes, so they worked with them making them understand why it is important to stay dry and how they can get help. It was collective efforts by caregivers, the community and social workers that supported the health, stability and progress in persons with psychosocial disability. The process of identifying more people in distress continued through

emerging leaders in the community.

*Amphan ne to dukaan bhi uda diya. Gach uda diya. Jaise wapas theek kar rahe the phir ek aur toofan. Khud khane ko nahi tha par client ko usi me se thoda hissa dete the. Swapan Da*

Amphan tore through my stall, uprooting many trees. Just as we were getting back to our everyday life another storm hit us. We had no food for ourselves. But whatever was there we gave some to the client.

*Swapan da has been taking care of Neeru for five years now. He said he welcomes all people to his tea stall.*

*“Iswar Sankalpa has convinced me. When someone gets better, I try to find their homes and send them back if they wish to. For Neeru we have built a space here.”*

*Mushkil kya hai? Hume bas pyaar se rehna hai aur unki sunna hai. Dukaan khulte hi sabh aate hai, khana khate hai, sunte hai meri baat.*

*In lockdown, everything was shut, but with his rapport with the police, he continued giving shelter and food to all the people in need.*

*Neeru was just getting better when the COVID ! disaster struck. Thinking of that time Neeru said,*

*“Bahut darr lagta tha raat me sone me akela, ekdam khali roads, aur samjh me nahi aa raha tha kya hua”*

*I used to feel very scared at night to sleep alone. The roads were absolutely empty. And I did not understand what was happening.*

*The routine that she had built which was very important for her rehabilitation was disturbed with the sudden lockdown. Everything closed and she was all alone on the street. This increased her anxiety and stress. Medicines stopped for some days and when Swapan Da her caregiver reached out to her, she refused to take it.*

*With time and discussions, talking to Tapasi ( social worker) on phone and video call, Swapan da made sure of Neeru's wellbeing. This was not easy as he himself was struggling with a closed business and adapting to the change. Despite this, he made sure that with whatever means he had, he would share it among his family and Neeru. This relationship and support made Neeru believe she has a family and people who care for her.*

*Although food and medicine was taken care of, spending time all alone in those fearful times did take a toll on her health. She was seen as quieter, scared, and would share feeling scared at night. Swapan da made some arrangements for her to stay with his family. She would stay there for some days but then return back to her own space.*

*“But I worry for her, I worry for her safety. I look after her, but there is no one at night around her. All sorts of drunk men roam around at that time.” Swapan Da.*

Sanjay's tea stall was closed but he continued giving food twice a day to the three persons in his care. He took support from clubs and community kitchens when there was difficulty but ensured that all of them ate every day. He continued the routine of giving Rs. 10 or 20 to those who worked for him. Although he himself faced many difficulties, his resolve to care for the clients made him reach out to people and continue the care. When he heard the news of the second wave, he prepared himself. He talked to the organisation and asked it to ensure medicine for all the people on the streets. He spoke to a few friends and vendors to help him with food during the disaster. He assured the organisation that he would take care of everything else.

Clients are like family to the caregivers. Along with ensuring the wellbeing of everyone in their family, they did the same for them. They would engage with persons with disability during the day, talk to them, sit with them, provide food, money or shelter and would call the social workers in the evening and update them about every person, their wellbeing and if any support is needed. Some caregivers walked and cycled long distances to find the people they cared for and provide comfort.

*“Khud ka family ko bhi dekhna tha, clients ko bhi dekha. Hum agar khayenge to unko bhi khilayenge. Ye soch hai humari.” Sanjay*

*I had to look after my own family as well as the clients. If we eat, we will also ensure that they eat. This is the way I we think.*

Like Sanjay, other caregivers extended themselves beyond the people they looked after, giving them food and space near or inside their homes.

Zafar Imam emptied his basement and gave that space for some clients to live in. During cyclones and lockdown, they all found comfort in him.



He ensured a daily meal for them and assurance and compassion.

*“Dikkat bahut hua lockdown me. Dukan ekdam band tha. Apna problem kisi bhi tarah dekh lenge par unka kaun sunega? Bahut ghumte hue log yaha aate jate the, unke sath baithna, khana dena, pareshani sunna. Apne se jo bhi ban pata hai karte hai, kisi ko nirash nahi karte. Kuch clients miss bhi ho gaye us samay. Kuch ghum kar kuch din bad wapasa aaye. Thoda aage badne se kaam hota hai. Jaha mushkil hota tha waha humare dost Waris bhai un logo ko samjhate the. Hum mil kar koshish kiye ki koi bhi bhukha na soye ya pareshan rahe” Zafar*

I had a lot of problem during the lockdown. My shop was closed. Our problem, we will somehow solve but who will listen to them? A lot of people who were just roaming the streets would come here. Sitting with them, giving them food,

listening to their problems...whatever, I can do I do. I never turn anyone away.

We missed out on some clients at that time. Some went away and came back after some time. We can get work done only if we move forward. Whenever, I had a problem, my friend Waris bhai would speak to them. Together we tried to see that no one sleeps hungry or remains troubled.

### 6.2.3. Communities Come Forward

Years of investment in building a community that cares, showed its relevance during the COVID 19 Humanitarian Crisis. The organisation's strategy of building communities where the person stays, paid off. Aware communities were able to support people with disabilities in their area even as members of the organisation could not reach them.

*“Bahut time lagta hai badlaw aane me. Pehle sab sochte hai kuch nahi ho sakta hai, dhere dhere sab hota hai. Lockdown me aas paas ke logo ne madad kiya-khana khilaya, paisa bhi diya, kyunki ye theek ho raha hai na isliye. Pehle to pass me bhi nahi jate the.”*

It takes a long time to make a change. Earlier everyone thinks nothing can happen, slowly it all happens. During the lockdown people close by helped a lot. They gave food and money as they saw that he was getting better. Earlier they would not go close to him.

*Many community volunteers came forward and reached out to many people in distress during the lockdown, providing hot cooked meals, ensuring they are taking medication and whenever needed contacted us and also connected us with many people. Their presence helped in the continuity of ongoing rehabilitation and also reaching out to newer people. –Social Worker*

Amidst the howling wind and heavy rain during the Amphan cyclone, Neeru's makeshift shelter on the street was destroyed, leaving her with broken space and no belongings. These constant setbacks made her anxious and full of anxiety. Seeing this, members of the community who knew Neeru by now, came forward and helped her with setting up the space again. Someone gave polythene, someone gave a cot and someone some sheets. Just knowing that people were there for her was the reason that kept the hope alive in her.

Tarak da would roam around naked when the social workers met him in 2018. Now he works in a shop, cooks for the shopkeepers in that area, and has built friendships. In lockdown, the shop was closed, and his income stopped. Tarak also got a fever and fell ill with Covid. At a time when everyone was struggling economically, people from the community took him for consultation and also arranged a space for him for isolation built with polythene and papers. When his caregiver did not have the money to buy him a pair of slippers, the vendors at the market pooled in their money and bought it for him.



*"Humne samay ke sath mehsus kiya hai ki agar bhaiya itna durr se aakar inse baat karte hai, to hum to yahi rehte hai roz dekh sakte hai inko"*

Over time, we have realised that if the social worker can come from far off to take care of the persons, we can do it as we live right here.

From being all alone on the streets, persons with psychosocial disability have now formed meaningful friendships in the community. These friendships were the reason why they could pass through scary times like Covid pandemic.

#### **6.2.4. Peer Support: Taking Care of Each Other**

*"We were worried that we were not able to reach out to many clients. I was worried about how we would even ensure the care of even half the people we worked with. To my surprise, when we visited the area, many had taken on the responsibility of their own care and of others."- Social worker*

As the team got back to the field, they heard many stories of persons with psychosocial disability helping each other out. As people took responsibility for their own health and the health of others, new leaders emerged. Some clients found more people who needed help. They reached out to the caregivers and social workers to talk to new persons in need.

*Vijay aur Umesh are two friends who looked after each other in difficult times.*

*"Kisi ko bhi mushkil hota tha hume dusra phone kar dete the. Dono ek dusro ko dhund kar le ate the. Bahut dosti tha. Ek ka kapda ganda hua dusra ne dhoya."*

If one of them faced any difficulty, the other one would call us. They would go find each other for consultation when we visited. If one had dirty clothes, the other one would wash.

*"Chinta Korbe na Dada",*

*Don't worry brother, said Basudeb, a person who is recovering and takes care of his friend Firoz. Firoz lives with schizophrenia and his physical health was deteriorating for some time. Basudeb da, who is on treatment since eight nine years, has been better and hoped for better health for his friend.*

*During the lockdown, he ensured food for Feroz every day. It was a struggle to go stand in line for food or go around looking for food, but he made sure to share with his friend, whatever he got. He checked on him reminding him to take his medicine.*

*"Dawai le liye kya? Zarur lena, chodna nahi mai bhi le raha hu."*

*Have you taken medicine? You must take your medicine. You should not skip it at all. I am also taking my medication*

*He reminds Firoz da's caregiver to give him food, talk to him, and inform the social worker.*

*"Hum to theek hogaye hai, ye bhi theek ho jaye. Didhi hum isko roz dekhte the, bolte the naha lo, khana kha lo, sath baith kar khana bhi de dete the."*

*I am better now and I hope he should also feel okay soon. I would meet Firoz every day, would encourage him to take bath, assist him in taking bath, would check if he has eaten. I would sit and eat with him said Basudeb.*

*Basanti worked with her caregiver. As the work stopped with the lockdown, she started roaming around distressed. Seeing this, some members of the community came forward and gave her small tasks to do in return for money. With this money,*

*Basanti took care of herself and her mother on the street. She reached out to medical stores explaining the symptoms of people getting fever or cold, got the medicines and took care of others.*

### 6.3. Taking Charge of Life

*People surprise us sometimes, said Amit da, a social worker. When a crisis comes, people themselves do so much.*

*“With some clients, many efforts went into talking to them about basic cleanliness, but it seemed they were not open to taking baths. To our surprise when we visited them after the lockdown, they were all clean, taking baths, and taking care of all other clients. They would laugh when they saw our surprise and say, you did not come so we cleaned ourselves thinking of what you said. And we realised it was because of all the discussions we used to have around this.”*

Working in collaboration with people, creating support in the community where the person lives, knowledge of the rehabilitation process: these were some of the strategies of the organisation that had created a network of support for the person living with psychosocial disability on the streets. These networks were sustained and activated when the crisis struck in a way that people in the most vulnerable situation were supported during the humanitarian crisis.

#### 6.3.1. Social Workers and Disasters

Even though they were not all in the field, the team of caregiver, social worker, counsellor, psychiatrists, doctors all worked together to ensure care of the person on the street. Having given knowledge and made strong relationships with the caregiver, the social worker was able to reach out and continue their work. Even though

it was online, they were connected to the person on the street. The caregiver who was in the field, maintained the important link between the specialist, the social worker, and the person on the street.

*“We realised during this time how clients are so emotionally attached to us. They would be angry on the phone that we were not going to meet them. They trust us and we are like their only family. Thus, whatever the situation was, we were on the streets, meeting them, helping them in any way possible. Looking at the way we interact and work with clients, the other people in the area would learn. Our behaviour, relationship with them, motivated many other supporters in the area, who became the well-wisher of the clients in the crisis” – Amit, Social worker*

The strategy of building support networks before the pandemic, enabled persons on streets in difficult times like lockdown. It was the



relationships built in community, emergence of community supporters who grew with Iswar Sankalpa's engagement, all the work around self-care and making clients independent and them forming friendships among themselves that was helpful in the crisis like Covid-19 and multiple cyclones.

*"We were worried that we were not able to reach out to many clients. I was worried about how we would even ensure the care of even half of the clients. To my surprise, when we visited the area, they were taking care of each other and also through support by the caregivers and other community members." - Social worker*

*"Jaise pitaji ke aane par bacha ka reaction hota hai, aisa khushi hua clients ko jab hum mile, wo reaction hum kabhi bhi nahi bhulenge" - Social Worker*

The reaction that a child has when their father comes home, was similar to the reaction that our clients had when they met us. We will never forget that reaction.

A woman client who lived at the railway station, went missing in the lockdown. The station was shut so the social workers were not able to look for her.

*"We went to the station but could not find her. She was in our care. We asked around but there was no information about her for some time. Then one day, a few people who had seen us engage with her before, said that they would look for her and they found her. We talked to them from a distance, and they assured us that they would look after her, give her basics. Many more supporters came forward during this difficult time. It was not one person, many people supported the people on the street."*

*"Some of the people live near a mall. A shopkeeper there had seen us engaging with them. During the lockdown, he would reach out to us if anyone was not feeling well, connect them with us through video call and we did counselling, consulted with the doctor through phone.*

*"Chai is their food. Char din khana nahi khayega par chai chahiye. Chai ek energy hai. Mai sabji lene ke bahane clients ko milne jati thi. Bina ghar me bataye milna, unhe touch karna. Kisi ke hath se khana nahi khate the, bas mere hath se, to mujhe to jana hi tha" Tapasi.*

Chai is their food. They will not eat food for four days but they want their chai. It gives them energy. I used to say that I am going to buy vegetables but I would go and meet the clients. Meet them, touch them. They do not eat food from anyone else's hand. Just mine! So I had to go!



## SECTION VII

### 7. The Lessons Learnt

The work of organisations like Iswar Sankalpa, take us a little closer to the vision of the UNCRPD; a paradigm shift in disability rights. The UNCRPD advocates the right for "all persons with disabilities to live in the community and the freedom to choose his or her residence."<sup>1</sup> Persons with disabilities are not to be forced to live in any particular living arrangement.

For homeless persons with psychosocial disabilities this is perhaps the most difficult right to realize as the prevailing thinking is that this person cannot think for themselves or is a danger to society or would be better protected in an institutional setting. Indeed, homeless persons with psychosocial disability are the most vulnerable to forced institutionalisation and forced treatment.

The long process of building trust, of letting the person with disability take the lead, of enabling a return to autonomy and choice are important elements in the rehabilitation process that take place right on the street where the person lives. The knitting together of peer and community support are other important strategies that strengthen a person's ability to take more control

over their lives. The community caregiver, other persons with disability are all a part of this network of peer supporters, who can further support the person to take their own decisions in life. Through proactive outreach, providing access to information, and emotional support, this Community Based Rehabilitation model is enabling people to make informed decisions concerning their care and other aspects of their lives.

A model such as that of Iswar Sankalpa also demonstrates that the specialist is not the only person in the rehabilitation team. The caregiver, a lay person from the community can provide context driven, accessible individualised supports tailored to the individuals needs services to the person with disability.

In India, the Rights of Persons with Disabilities Act 2016, and the Mental healthcare Act 2017 both emphasize the right of the person with disability live in the community.

**While reiterating the right of the person with disability to live in the community, the RPWD Act also fills the right with the caveat that persons with disabilities will be given access to a "range of in-house, residential, and other community support services, including personal assistance**

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1 United Nations. *Convention on the Rights of Persons with Disabilities.*(2006, December 13). (Article 19). Retrieved from <https://social.desa.un.org/issues/disability/crpd/article-19-living-independently-and-being-included-in-the-community>

necessary to support living with due regard to age and gender”<sup>2</sup>.

The Mental health Care Act 2017 also clearly outlines the rights of persons living with mental illness. The right to access mental healthcare in a range of settings includes the right to Community Living with supports. “Every person with mental illness shall “have a right to live in, be part of and not be segregated from society”<sup>3</sup>. These are seminal rights and Iswar Sankalpa gives us a community based model to achieve this.

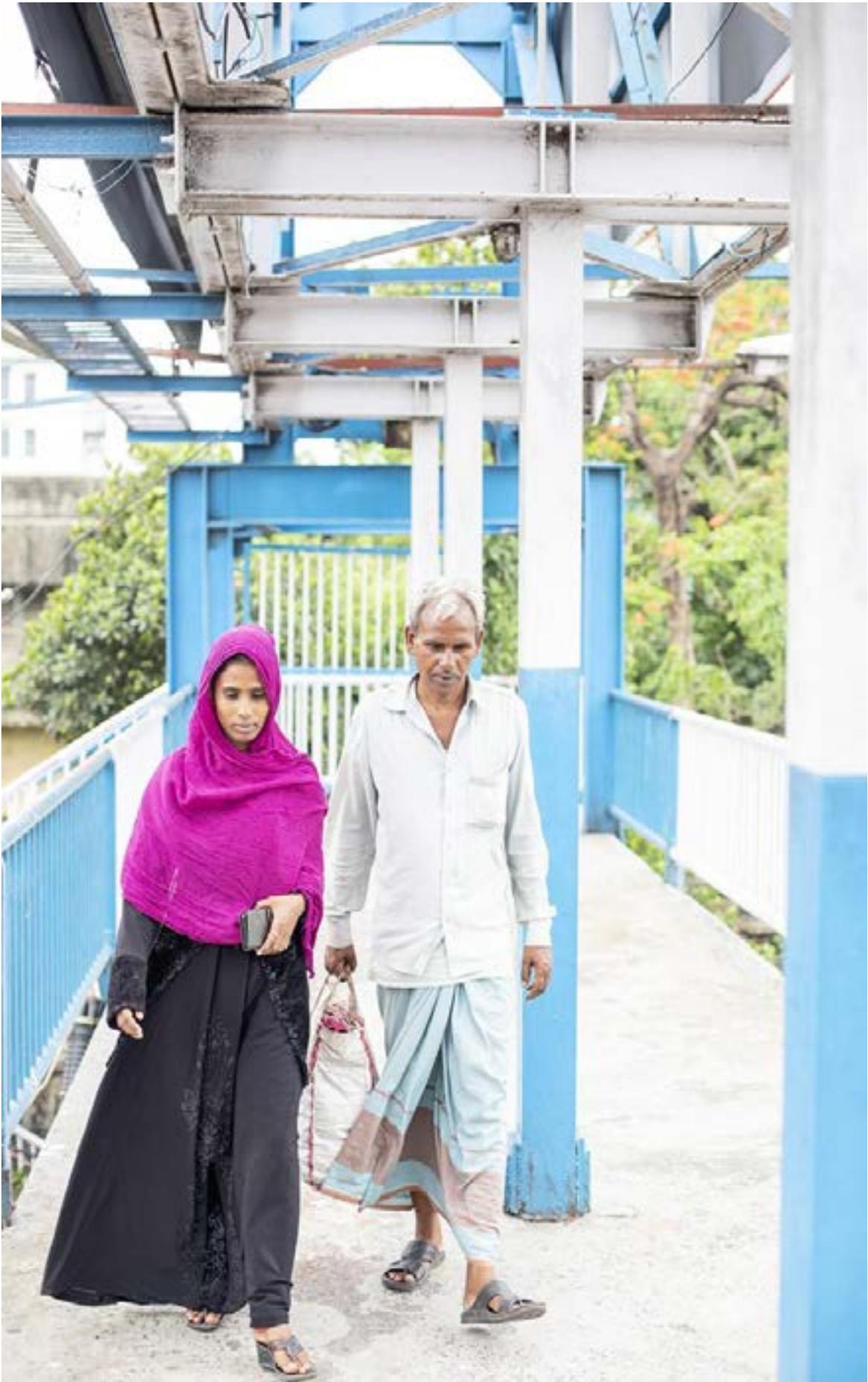
Building a support network as a strategy enabled persons on streets in difficult times like lockdown due to COVID 19 and multiple cyclones. It was the relationships built in community, role of caregivers and emergence of community supporters who grew with Iswar Sankalpa’s engagement, all the work around self-care and enabling independence, fostering strong friendships and relationships among themselves that proved to be essential strategies in the crisis like Covid and multiple cyclones.

*“Pandemic and multiple cyclones only made us stronger, they made us believe that we are capable of overcoming adverse circumstances that may arise in future. We are certain that one day the last person on the street will feel supported, belonging on the streets.” Iswar Sankalpa*

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2 Rights of Persons with Disability Act, 2016, (India ) sec 5 Retrieved from <https://disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf>

3 The Mental Healthcare Act 2017, sec 19, the Right to Community Living. The Mental Healthcare Act, 2017 | Legislative Department | Ministry of Law and Justice | GoI



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