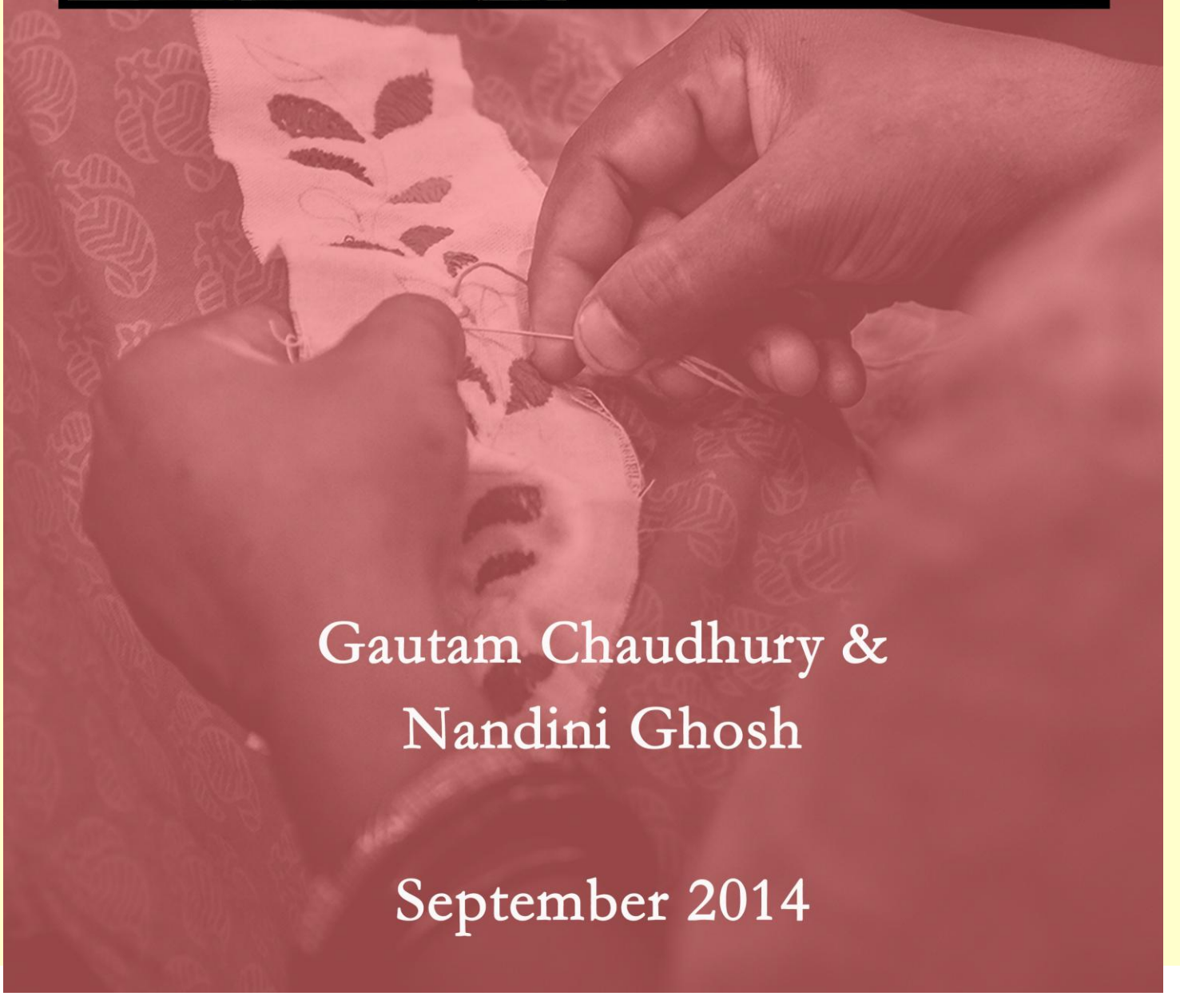
Report of the EXTERNAL EVALUATION of SARBARI,

Shelter for Urban Homeless Women with Psychosocial Disability



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September 2014

About the Evaluators:

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Gautam Chaudhury is a development professional with more than 35 years of expertise in the field of disability. His major area of work is aimed at an inclusive society with a particular focus on poor persons with disabilities, to be citizens with equal rights and fundamental freedoms

His career includes founding Sanchar, a society for Appropriate Rehabilitation of the Disabled and working as CBR (Community Based Rehabilitation) Consultant, Resource Person and Evaluator for Government of India and several Indian and International agencies and NGOs such as UNICEF, CAPART, UNDP, EDD, CASA, CINI, RCFC and Deaf Child Worldwide, UK.

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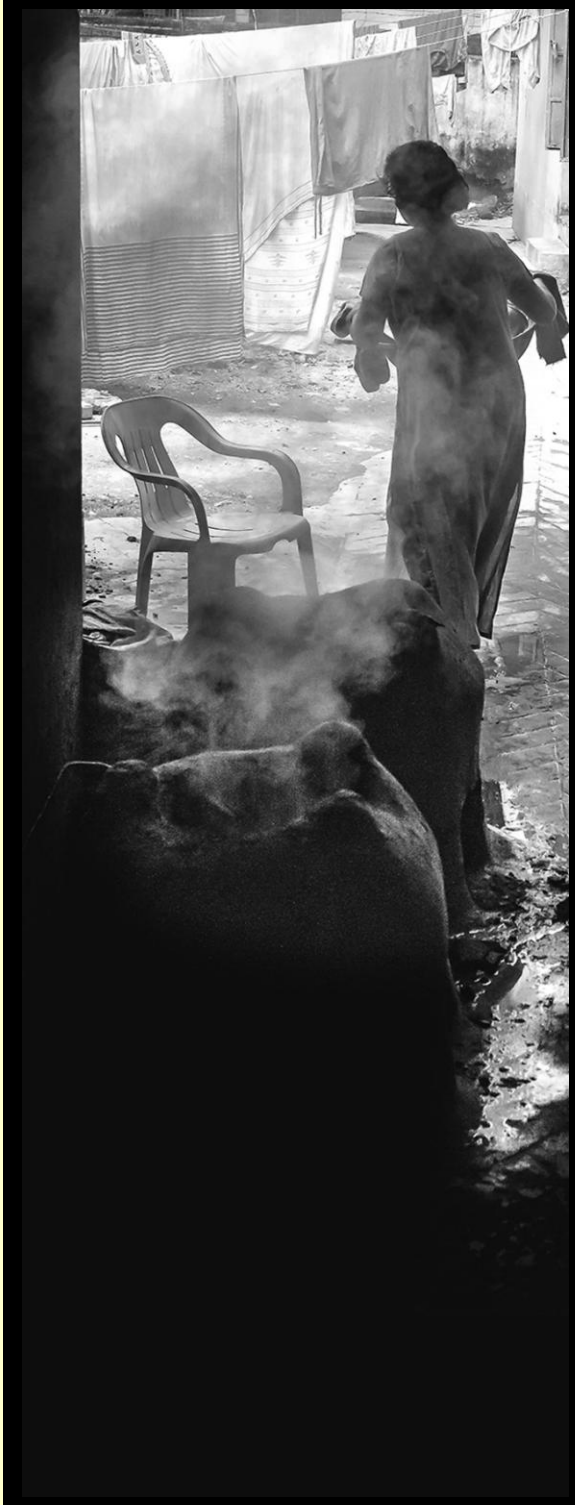

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We owe a debt of gratitude to the Iswar Sankalpa team, especially those who are involved with Sarbari, the shelter. Their involvement, hard work, sincerity, concern and openness were inspiring and energizing to us. Even the brief time we spent with them was enough for us to appreciate the effort that has gone in setting up their work. The warmth and hospitality made us feel completely at home, and a part of the group. We also thank the women in the shelter, at home, community people and all the organizations and people for their time and joining us in the process of review / evaluation.

Our special thanks to Iswar Sankalpa for giving us this opportunity to learn.

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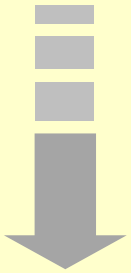


SUMMARY

Iswar Sankalpa (IS) was established in 2007 after a survey conducted by some of the founding members identified 466 homeless persons with psychosocial disability in need of support and care in Kolkata City, most of who were homeless women with psychosocial disability. It was found that certain areas had more concentration of homeless persons.

IS initiated their outreach programme where they started tracking persons with psychosocial disabilities. Over time, they build rapport with the person, then offer food and a check-up by a psychiatrist. Medicines are given with the person's consent. Some of the men were encouraged to visit a 'drop in centre' in the area where the person is helped to look after his personal hygiene, get food and get engaged in some activities. In the afternoon, the persons using the services at the drop in centre leave. They spend the night in various places including the pavements. IS was getting concerned about the women because of their increased vulnerability. One of the women who were recovering well was gang raped and murdered. This sort of triggered of a chain of reactions that ended in IS starting a night shelter for women with psychosocial disabilities in a place provided by the Kolkata Municipal Corporation in 2010.

Sarbari (the shelter) has completed four years. It was planned by all concerned to review the need for the Shelter at this juncture in order to assess the overall effectiveness of the programme and to help in developing a strategy for the future. Two external persons facilitated the process. The IS team, the women, some of their family members and others joined the process.

The **shelter** covers an area of about 12,000 square feet. It has a capacity of about 80 persons. It has adequate space, well ventilated, with adequate safety and security measures. Once a person is taken in following a thorough assessment, appropriate interventions are carried out that includes medications, maintaining hygiene, counselling, and other therapies. There is a vocational unit which works as a therapy and the same time raises some funds. The activities are done in a manner so that the residents apart from recovering from their illness they re develop self worth. Appropriate interventions were done for 31 women who have other health problems.

Since its inception till July 2014, 288 women were taken in. The women are from various states. Majority are from various districts of West Bengal. Some are from various other states that include Bihar, Jharkhand, Andhra Pradesh, Assam, Maharashtra, and Uttar Pradesh. More than 50% of these women were referred by the police. The police preferred to refer women with psychosocial disability to this place because of flexibility in the norms and the quality of the services. Some were taken back by the police to place them in other places. Some were referred by the organisation to other places.

Some of the women have become staff of the organisation and some are involved in various activities according to the need and their capabilities. The activities include helping others in need in maintaining hygiene, cooking, helping in the vocational unit.

IS has succeeded in helping 43 women getting disability identity cards and 41 ration cards. 6 of them have bank accounts.

Till date**,** 131 women were handed over / sent back to their homes. Following an assessment by a team, comprising the Psychiatrist, counsellor, care giver, social worker and the restoration officer, it is decided whether the client can be

sent back to the family. The factors considered include symptom reduction, functionality level, communication and interpersonal relationship and the family members' view on the matter.

Out of these at present 95 are at home and being regularly followed up through visits (pre, restoration, post) and phone calls. 19 of the women are at present engaged in different types of supportive employment that includes *biri* making, *papad* making, dress box making, jewellery making, garland making, daily labour, embroidery work and running own petty shop. Another 9 women have gone back to the work that they used to do. Some of these women are under follow up.

Some of these women are either irregular in taking the medicines and some have discontinued. One of the reasons is the cost.

At an average one person has to spend Rs. 350 to Rs. 500 per month on medicines.

When a woman cannot go back to the family the shelter tries to provide supportive employment to some. Majority of the women are from a poor socio-economic background. Some are literate. The skills are limited. 9 women are placed outside mainly as domestic help. They stay in the place of their work. Another 9 are employed in the shelter, in a hotel and attendants in a hospital. These women commute from the shelter. The women are escorted to their place of work (to and fro).

All the women those who are involved in various activities in the shelter are paid incentives. This is based on the type of work and the time given.

The Government: With support of HUDCO, the municipal corporation does the major maintenance work. The shelter also gets some financial support from the department of vagrancy. The corporation's health unit is also involved in providing space to IS in two of their health centres.

Key issues and recommendations

Overall, the women are pleased with the entire range of services provided as well as the fact that they are not treated just as 'patients' but as human beings who is going through a problematic phase, which is temporary. All this helps the women to gradually gain back their self confidence. Many of them gradually get involved in the activities of the shelter in a structured manner. Most of the residents are aware of what was wrong with them. They are also aware of the need to take medicines in a regular manner. Some are aware that they may have a relapse and what they should do then.

The residential facilities of Sarbari (the shelter) are excellent. The services provided are of very good quality. It is a unique kind of place as most of the other shelters do not have this kind of services. Sarbari is helping the women to have dignity of life, safe and secure environment and mental treatment and stimulation for women who might have lost purpose in life. Mental illness is diagnosed, managed and treated during their stay at Sarbari. Even some are treated for physical ailments.

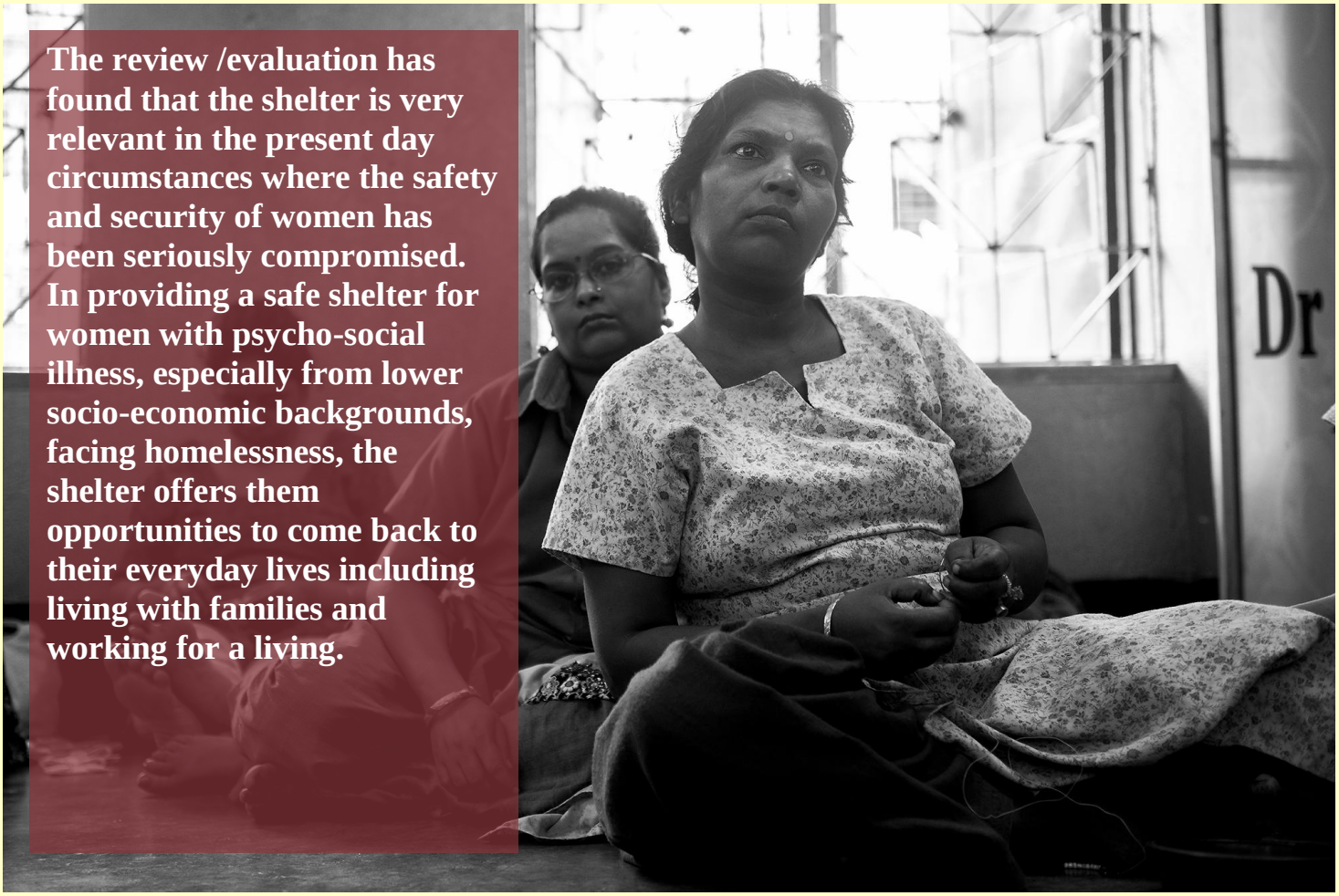
All the women engaged in some kind of work are paid incentives. This boosts their self worth and reflects non exploitation.

The shelter has managed to get identity cards for some of the residents. This is no mean achievement.

The Shelter has a team of capable and caring staff. Most of them expressed that the one of their major strength is they work as a 'team'. The utilisation of resources and good staff are done efficiently and that is reflected in the outcomes. Good team work with a bunch of sensitive and capable staff ensures this.

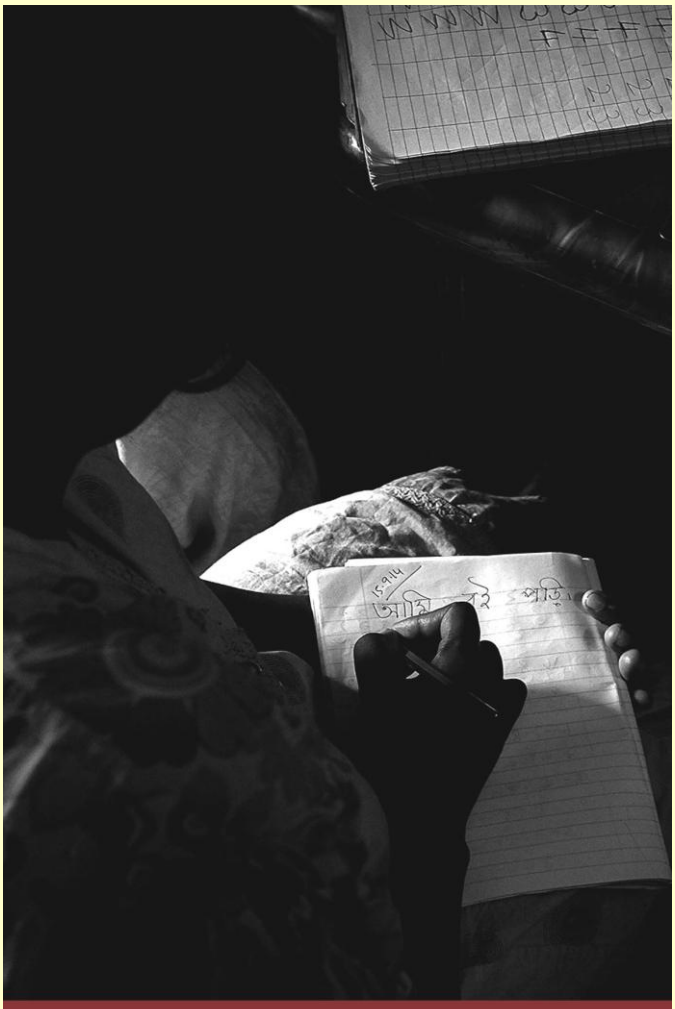
However there are a reasonable number of women who are going to stay in the shelter. This is their home. Some of them are elderly. The number is likely to increase. The shelter is also in the lookout for some land of their own.

The restoration strategies need a relook.



The review /evaluation has found that the shelter is very relevant in the present day circumstances where the safety and security of women has been seriously compromised. In providing a safe shelter for women with psycho-social illness, especially from lower socio-economic backgrounds, facing homelessness, the shelter offers them opportunities to come back to their everyday lives including living with families and working for a living.

- The model is definitely a replicable one yet Iswar Sankalpa has to take into consideration financial implications, space requirements and attitudes for working with women with mental illness, if they decide to set up similar centres elsewhere.



- For Resettlement, the team needs to consider a range of skills training depending on available market demands linking with capabilities of the women. These should also include literacy, communication and accounting skills.

- Regarding follow up of restored women, the review/ evaluation recommends re-strategising for better retention in home and community. There is need to build more linkages within local community and additional staff may be considered for the same. We suggest that the effort to get community involved should be started in a limited geographical area.
- For resettlement, IS can also consider Group homes for long term residents, similar to independent living centres elsewhere, maybe outskirts of the city.
- IS need to actively lobby with Department of Health and Department of Women and Child Development for bearing at least cost of medicines incurred for the treatment of these women.
- IS also needs to advocate and lobby with the government to take proactive role in setting up and monitoring such shelters, including providing financial and other support.
- IS needs to lobby with governments at state and National level to ensure that the National Mental Health Programme converges with the shelter, resettlement and restoration schemes.
- In the year 2013-14 the shelter's expenses was approximately Rupees 119 per person per day. One of the major challenges in the area of 'sustainability' this kind of venture is sustained funds. IS has been able to successfully manage to raise funds and continuing to do so. IS is also exploring possibilities of taking up ventures aimed at economic independence of the women residents which is also likely to support some of the costs for their living. There are

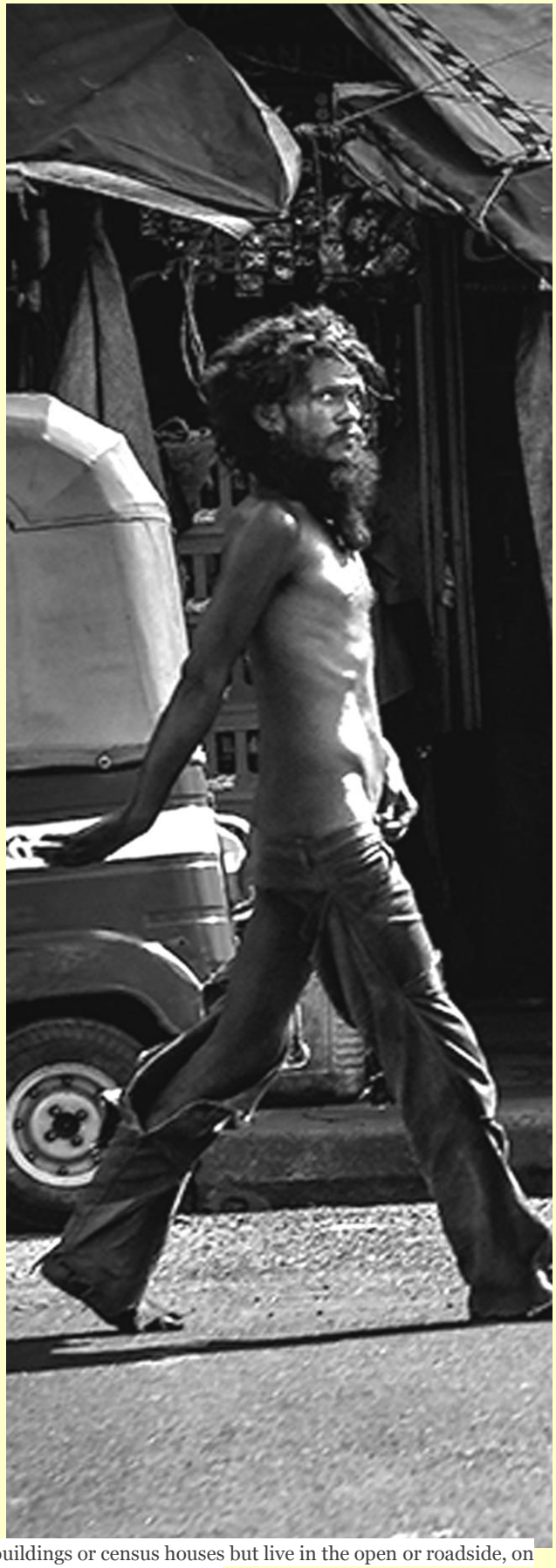
many other areas like facilitating the process of restoration.

- The government cannot abdicate its responsibility by meagre financial support and where possible some space. The outlook of the authorities that a 'favour' is being done is unacceptable. Budgets in the health, welfare, education sectors are being lessoned. Restrictions are being put in the social sectors (that includes funding and working norms). In the rights perspective the state cannot abdicate its responsibility to promote, protect and fulfil the rights of all the citizens.

To sustain the support the government has to include increased financial support.

1. BACKGROUND

Iswar Sankalpa (IS) is a registered organisation that works with a primary focus on meeting the needs of persons with psychosocial disabilities / mental illness especially those who are homeless[1] in Kolkata city. According to Census of India 2011, West Bengal is among the three major states that has the highest proportion of homeless and has had the least success in reducing the proportion of homeless persons (Times of India December 7, 2013). The organisation, which was registered in 2007, conducted a baseline survey in 2007, in the 141 wards of Kolkata on the incidence of the population of homeless mentally ill. They found 466 persons who were in dire need for support and care, being an extremely vulnerable group who are at high risk and yet lack the insight and cognitive capacity to give 'informed consent' to undergo diagnosis or treatment.



The survey had further revealed:

- The majority of the patients identified belong to the age group of 18 to 35.
- 90% of the men who are rescued have some kind of physical injury
- 20% of people come in with major physical ailments.
- As a result of the abuse they undergo during the period of homelessness, they become very vulnerable to HIV/ AIDS.
- However their mental illness and lack of insight isolates them from health or humanitarian services of any sort.
- Due to deplorable inadequacy of services available for the homeless persons with mental illness, these people remain invisible and are lost forever.
- The Homeless with mental illness remain outside the purview of both the Government

[1] Census of India 2011 defines homeless households as those which do not live in buildings or census houses but live in the open or roadside, on pavements, in pipes, under flyovers and staircases, or in places of worship, mandaps, railway platforms, etc.

schemes and the Non Government Organizations reach because of their inability to recall their names, addresses and other details to prove citizenship. Thus they lose all their basic rights of citizenship

- The stigma of mental illness and the attitude of the general population towards the mentally unwell stems out of a 'fear' of unreason and myths around mental illness.
- Homeless women with mental illness are the most vulnerable and are subjected to sexual harassment. Their complaints are never registered in any police station and the abuser remains scot free.
- In a month at least one patient rescued needs admission for a co-morbid medical or surgical problem.

Following the findings IS launched, the 'outreach programme,' in pockets where they found higher concentration of homeless persons. In the outreach programme social workers spend time roaming around the streets of a given area in the lookout for persons with mental disability. Once they come across such a person who appears to be behaving in a strange manner and /or spends the day roaming around the area with no definite residences as such, they keep an eye on her/him. In most instances it is found that the person is not from the area and does not remember from where and s/he has come to this place. They usually spend the night in the pavements. Some of them are engaged in a part time manner, helping in a local tea shop or some other place. If somebody offers food they eat. Some of them look for left over foods in a dust bin. They live on the same set of clothes and not seem to bother about their personal hygiene. The social worker then tries to make friends with the person. They chit chat with the person, offer food and gradually gain the trust of the person. Then a Psychiatrist comes and following an interaction with the person (assessment) offers medicines (with consent of the person) and tags the person to the nearest hospital for other health issues if any. Some (men) are offered to visit a drop in centre (there are two such drop in centres and one is stationed inside a police station). Here they come sometime in the morning, spend the day and leave in the afternoon. During their stay they are helped to wash themselves and maintain their personal hygiene, offered food and some recreation / creative work to be engaged with. In the afternoon they go back to their respective areas. Some of them are engaged in some work, like helping in a tea shop, in which they get involved and the others roam around – spend the night in the work place, some pavement or in an open space.

The IS team always felt women who are homeless needed more protection as abuse was high and the women were very vulnerable They were also realising that for continuity of medicines and other interventions some centre based services were needed. In that period one of the women who were progressing well was gang raped and murdered. Like other homeless people she did not have any identity as a citizen. Even the dead body was sort of 'stateless' one. This incident sort of triggered of the tremendous need for a shelter, especially for women with mental illness as they were in a more vulnerable situation than the others. The overcrowded government homes, in deplorable conditions were not considered as an option for obvious reasons.

IS started exploring the possibility of a physical space to locate the residential shelter for homeless women. An order of the Supreme Court dated 27.01.10 in the IA No. 94 in the writ petition (civil) no. 196 of 200, PUCL vs Union of India and others regarding homeless people

and shelters for them also helped. As they wanted to make the government a partner in this venture they approached the then Mayor of Kolkata, who took a pro active role in the process. He offered a part of a corporation building which was lying idle. IS was allotted the place by the municipal corporation on lease for 20 years and renovated the whole part that was allotted to them. The shelter was formally inaugurated in April 2010. It began its journey with 10 homeless women. It has a capacity for about 80 persons. In the beginning days IS faced a tough time managing resources to run the shelter. The efforts included food from the local Gurudwara, free medicines from some drug manufacturers and local donations

Over a period of time gradually IS succeeded in raising resources to run the shelter. The shelter is now in its fourth year. There was a plan to carry out an evaluation rather review of the shelter at this juncture to assess the overall effectiveness, relevance of the programme and to address the probable strategies for the future.

The organisation has also initiated mental health services in the municipal health centres of two wards (76 & 83) - Project Sambandhan (Urban Mental Health Programme). The municipal authorities have provided space and some logistics support. They are supposed to provide free medicines. IS personnel go there and run the mental health part. It runs every day. The unit serves about 1100 clients a month. Apart from the service of the Psychiatrist and a counsellor, medicines are also provided, as government medicines are hardly ever available. According to the IS team, the number of clients is gradually increasing. This is a report of the review which was done during the period end of July to beginning of August 2014.

2. TERMS OF REFERENCES

The entire evaluation was undertaken keeping in mind the following objectives:

. Assess the design, performance and the results obtained during implementation of the project in terms of relevance, efficiency, appropriateness and sustainability

. Determine the impacts of the Project, focusing on the impacts obtained on resettlement of residents in mainstream society either through restoration to family and/or restoration of functional capacity

. Analyze main project activities in receiving, referring and supporting Homeless persons with psychosocial disability and assess progress made towards the achievement of the project's outputs and outcomes to make improvements of the model

. Identify lessons learned and provide recommendations for model duplication

2.1. Evaluation questions:

The evaluation will answer in a not exclusive manner the following questions**:**

a) To what extent have the activities and cares implemented in the shelter met the necessities of the people attended?

b) Did the residents of the shelter experience any change after they entered/were referred to the shelter? What were these changes? Were the changes positive?

c) Were the support services provided by the shelter effective in homeless persons with psychosocial disability reintegrate in a sustainable manner?

d) To what extent does the influence of having stayed in the shelter persists on women who no longer receive its support?

e) What are the effects of the Projects on prevention of homelessness for persons with psychosocial disability?

f) How adequate and relevant was the shelter model in terms of supporting homeless persons with psychosocial disability?

g) To what extent have the activities and cares implemented in the shelter met the necessities of the people attended?

h) Were the Staff's capacities and skills adequate to carry out their tasks properly?

i) To what extent did the infrastructure of the shelter facilitate the implementation of activities planned in the project? Did the people attended feel comfortable in the shelter?

j) Was the methodology of work adequate to achieve the proposed goals? Could it have been designed differently?

k) Was the project able to fulfil its specific objectives to generate its expected outcomes?

l) Has the planned budget been respected?

m) Have the implemented activities been efficient according to resources and outcomes?

3. METHODOLOGY

The review / evaluation was facilitated by two external persons with a disability and development background and took place between 19 July and 3 August 2014. The process was planned with the team from IS and executed in their midst with their full support.

There were several interactions with the in charge and the team members of the Shelter, in order get to know them well, share the objectives of the review and the way in which it is to be carried out, reach a consensus on the same and have a discussion on the activities. Over the next few days therefore we interacted with all the personnel of the Shelter and the IS team and joined different members of the Shelter team (and at times independently) in visiting and interacting with various individuals, groups, organizations in Kolkata and the outskirts and some of the women in the shelter. Every effort was made to organize our visits in a way that minimized the disturbances of the routine activities.

The **methods** used with different groups are summarised below.

In depth Semi structured interviews with three families at their residences who were restored (the criterion included -the shelter team's level of satisfaction with the restored persons and the geographical location).

In depth Semi structured interviews with two women in the shelter who were resettled.

In depth Semi structured interviews with 14 women in the shelter (the criterion included the duration of stay, age range, chronicity of the condition).

In depth Semi structured interview with the in charge of Sarbari (the shelter)

Semi structured interview with a board member (cum Psychiatrist) of Iswar Sankalpa.

In depth Semi structured interview with the research team (comprising a Psychiatrist and a researcher)

In depth Semi structured interview with the Secretary cum director of Iswar Sankalpa.

Semi structured interview with the Chief organiser, Vagrancy Directorate- Eradication & Control of Juvenile Beggary & Vagrancy, Department of women development and social welfare, Government of West Bengal

Semi structured interview with the Engineer (Officer on Special Duty) Kolkata Municipal Corporation,

Semi structured interview with the senior health advisor of the Kolkata Municipal Corporation.

Semi structured interview with the Officer in Charge of Hastings police station

Informal interaction with the Officer in Charge of the Alipore Police station.

Focus group discussion with the **shelter team** members (10- included care givers, cook, counsellors, social workers, members of the vocational unit)

Focus group discussion with the 'outreach' team members (10).

Focus group discussion with the UMHP team members.

Informal interaction with some of the residents of the shelter.

Informal interaction with some neighbours of the restored families that we visited.

Study of documents included individual records of the residents, websites including that of Iswar Sankalpa and reports to support agencies, newspaper articles on IS, Government homes for the homeless and the mentally ill, financial documents etc.

Observation of the residents and the staff at work in some days and in various times of the day.

4. SARBARI (THE SHELTER)

4.1. Programme objectives

Objective 1
Providing a safe, stable and inclusive living environment for 80 homeless mentally ill women from the streets of Kolkata at any one time.

Objective 2
To recognize and support the strengths and abilities of each woman, and to encourage each woman to take on vocational activities to increase employability and economic independence

Objective 3
To assist women in attaining and retaining income safe and stable housing, support/employment, long-term supports and other resources required to help her move toward self-reliance and independence

Objective 4
To achieve a healthy and stable funding profile for the shelter.

5. MAJOR FINDINGS/ OBSERVATIONS

5.1. RESIDENTIAL

Residential facilities are based in the ground floor of a part of a two storied building comprising an area of about 12,000 square feet. The shelter has three big halls, a vocational unit, about six rooms, toilets and an open sort of a courtyard. Three rooms are used as office, research, and for the staff. The municipality health centre is based in a part of the building. A part of the first floor which is owned by the Municipal Corporation and not given to anybody as yet is lying vacant. The other part of the building is used as a health centre of the corporation.

The shelter has a capacity to house around eighty persons. The average occupancy is between 70 to 80 persons. Homeless women are referred by the police and by the outreach team. A few are also referred by other organisations. Most women who are referred are with mental illness. They are from various parts of the country. The local police prefer to refer women here rather than to government homes.

Sulekha, 25 (approximately) year old, is from Lalipur in Uttar Pradesh. She was married at the age of 15. According to her she has two daughters. One is 8 yrs old and the other 3 years old. On request she wrote the names of her daughters (Bhawana and Rangni) and her husband (Dayaram).

She is restless, absent minded and incoherent at present. She was brought by the police about 10 days back. She does not remember how she came here. She had studied up to class VIII.

"I want to go home"

"We come across many homeless persons – many are sexually abused. In general all mentally ill persons identified by us, especially those who are women, are referred to IS. We are rather lucky to have Iswar Sankalpa. Apart from the care they get there, we can place them there immediately – and then get the papers from the court etc. Otherwise we have to keep them until we get the court papers – where would we keep them, especially a woman...and then we all know the state of the government places."

- A police officer in the area

Once a woman is taken in, a thorough assessment is carried out by a team that includes a psychiatrist, counsellor and a social worker. Every woman is given a bed roll and new clothes and other items for personal use. They are helped to get used to the daily routine of the home, and other residents also help them even with the personal hygiene if needed. Apart from the staff, some of the residents are given responsibilities to help others as per their capabilities and the need. Interventions include socialisation within the 'community' in the home, along with medicines which they are given at fixed times and counselling and other therapy sessions. The women are also brought into regular life by involving them in day to day activities of the shelter – for example, whenever any staff or guest come a glass of water and following an enquiry a cup of 'tea' (with biscuits) is offered by some of the women who are working as staff or getting back to 'life.'

35 year (approximately) old **Malalti Rani Pal** is at Sarbari for about three years.

She is married and has a daughter who studies in middle school. Her husband is a potter. He used to make clay pots at home and sell in the local market. Apart from managing the house she used to help her husband in his work. Reportedly her husband used to drink and beat her up.

"I left my home as I had become mad. I was roaming in the streets. Then I was brought here.
Now I am better. Here the arrangements and people are very nice. At home we do not get this type of food. It is really good here."

With her help IS found her elder sister in Assam. Though the sister had reportedly told that she would take Malati back yet it appeared that she was not keen to do so. Last week her nephew had come to see her.

'Will they take me back? Otherwise I will stay here. I can cook and do household work. I can also learn other types of work.'

"*Everyone gets up in the morning – brushes their teeth and visits the toilets (at around 6:30 – 7:00 am). Then there are prayers (National anthem) – have tea. Breakfast at 8 a.m. Then dance – supervised by the counsellor. Then they have their bath. We ensure/ help those in need (shampoo – twice a week). Lunch at around 12 noon. Then people laze around – some sleep, some are in the vocational unit. Some watch television.....afternoon tea. Dinner at around 9 pm.... sleep.... mostly on the floor (each one has a set of beddings). Each person is given medicines as prescribed."*

- An inmate who is now a staff

"As all most all the women who come here are from poor families, they do not have beds at home. So we give all the women bed rolls so they also feel this is home."

- Staff member

The counsellors spend time with each inmate. The course of intervention is decided as per the need. There interventions include various methods including occupational and dance therapy.

"There is always a challenge to work out different intervention strategies with different persons with different conditions. We take it as a challenge. It motivates us to think of new ideas to overcome the hurdles. There is always scope for flexibility. If some intervention is not working out with somebody....try out something else... flexibility is always there."

- Counsellor

5.1.1. The vocational training unit slowly involves each new member in vocational activities involving different levels of skills and competencies. Following identification of skills / preferences - people are engaged in different kinds of work. About 50% of the residents are regular. Residents are encouraged to take part in the activities. They are not forced to do so. Many of them gradually get involved in their own 'pace.'

The vocational unit is just not for learning vocational skills. As pointed out by some of the staff, the skills learnt here generally do not help them to get employment outside. But it gradually gets

them involved in doing some work and creating something. This makes a tremendous difference in their self confidence and self worth. We observed that some women are engaged in learning / doing to make some things, some just watching and a few are outside the 'circle'. Slowly the ones that are watching get involved in what others are doing. It may start with a probe like what is being made and the use of that product. After some silence one responds. Then another adds onto it. Then another points out that it could be made in a different manner. Over period of time

some more get involved. Some are surprised to find that they are good **in certain skills. This again adds to their self worth.**

Saraswati (age could not say- estimated around 30 years). She was married and lived in Bangalore – she has one child, a daughter, who is about nine years of age. Her husband left her in Bangalore to go to Delhi to earn more money by making caps. At home they were making baskets and earning Rs. 50 per basket – in a month they earned around Rs. 5000. He came home once and went and married her sister's daughter. The husband used to repeatedly ask for dowry from her father.

Then he convinced her to go with him to Delhi and on their way there he threw her from the train somewhere midway. She was very hurt after being pushed from the train and spent quite a lot of time in hospital but she does not remember where.

She has been in Sarbari for a year – her only wish is to go and see her daughter. But she does not remember the address, neither of her in-laws nor her natal village. She does not want to go home – not to her husband who has married again neither to her family of eight siblings who she says fight among themselves all the time.

She knew tailoring and sewing before and is working on bettering those skills as well as being very good in household work. She helps with the packing of the food at the drop in centres. She earns around Rs. 500 per month from all these work and it is being saved by IS in her name. She wants to give the money to her daughter. She says she is taking medicine for the pain in her body after the train accident. She also had anxiety attacks and sleeplessness after the accident so she had to take medicine for that also.

"I am Ok now. I want to go outside and work."

Things made in the unit include 'bags' of different kinds, pen stand, photo frame, door hangers, jewellery (materials used is cotton, Jute and plastic). Recently block print has been introduced. The unit also makes small food packets (snacks like '*nimki, gaza, naru, chire bhaja'*) which are supplied to a shop. Then seasonal iems like Rakhi's and candles are also made.

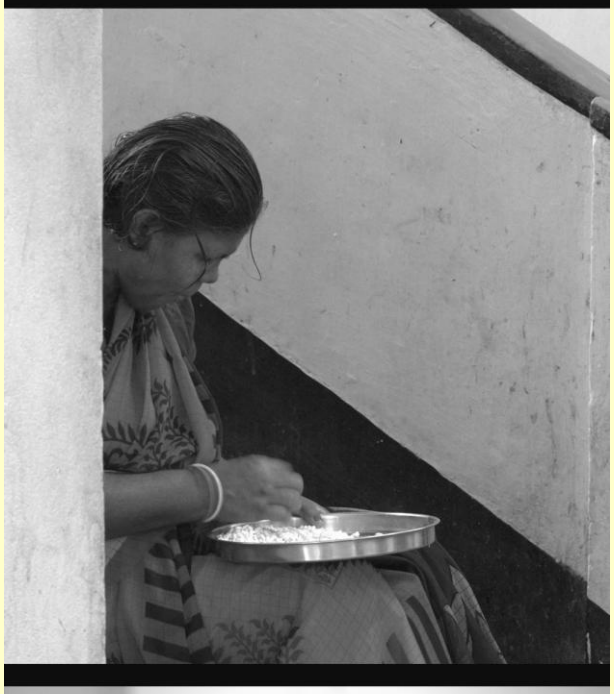
The vocational unit is well equipped for the above activities. The products are sold – one day exhibitions are held in various companies. Depending on the degree of involvement of the person, a financial incentive is given, usually saved in her name with the organisation authorities. In the year 2013-14 the total income from the sales were Rupees 1, 85,414.00 and in the current year (14-15) till July Rupees 64,325.00. In the year 2013-14, 84 residents got 15% of the profit and this year till date 51 residents are getting 30% of maximum retail price.

5.1.2. Cultural activities / Leisure

Residents are encouraged to perform on various occasions. Some sing, some dance usually in house and at times outside. During Durga Pujas (the biggest festival in West Bengal) buses are hired and residents are taken for an outing mainly to visit different puja pandals. Some women are also taken for an outing to different places of interest or where they can enjoy themselves. There is also a television provided for their entertainment.

"I was under treatment for about a year and then confined to home for about another year. My sister in law used to get very angry with me...I could not even take care of myself. Like washing my clothes etc. I also had some problems with my mind. One day I left home. Now I am OK. It's really good here. The staying arrangements and the food are good. Here people are nice. I do not have any problems with anybody. This place is lot better than my home. Looking forward to put on a new dress and go out in a bus to visit some Durga Puja pandals."
- A woman in the shelter

"Some feel that they are sort of put on hold. So we decided to take out some in small groups of 4/5 persons. 2/3 of the staff accompanies them. We walk in the locality. We had thought of going further out using public transport. But till now when we go further we take them out in our vehicle."
- A staff



5.1.3. Food and related Facilities

There is a full time cook for the shelter. One of the residents helps in cooking at Sarbari- mostly rice and vegetables for lunch. Others, including some residents, help in various activities in the kitchen. This includes preparing food packets for the drop in centres and field staff. For many of the residents getting involved in various activities in the kitchen and gradually getting more involved works as a therapy. As most of the women used to cook at home getting involved in the activities related to cooking gradually helps them to get back the confidence in their abilities. All residents who are involved in the process of cooking, packing and serving food are given financial incentives. Drinking water is supplied through the corporation.

"At home we do not get this type of food. It is really good here."
-Women in the shelter

5.1.4. Toilets and general hygiene

There are four toilets and three bathrooms. There is a separate toilet for the staff. The toilets are kept clean. Apart from the part time cleaner, the users are encouraged to keep the toilets clean. Some of the residents who help others in need also play a proactive role in maintaining general hygiene and the toilets. Residents are given shampoo twice a week. Residents are also given new set of clothes and encouraged to wash then regularly. Help is provided by the 'staff' and others for those who need help or unable to do so. One of the oldest residents also takes care of hygiene part of all residents and specially trains new residents in hygiene. She gets a financial incentive for her work. In general a decent cleanliness is maintained the place and the residents.

5.1.5. Staying together /Freedom / privacy

All the residents that we interacted with expressed that they did not face any problems with other residents irrespective of their state of mental health. In general we observed that the women are given freedom to be with themselves. Some were lying down; some were sleeping, some sitting, some in the vocational unit, some watching television and some chatting with each other. There are a few who are new, usually in an incoherent state, generally sit near the entrance of the building and repeatedly enquire with the staff when are they going home. There is always a patient response that the police are in the lookout for their family and once they find out, her family members would be informed.

The residents have free access to any part of the shelter. They are not allowed to go out on their own. As the residents are not allowed outside the shelter campus socialisation is limited within the shelter compound among the residents, staff and at times some visitors.

5.1.6. Access, security and safety

The building has five entrances. Four of them are operational. There is a high boundary wall around the courtyard. The outside gate is kept locked with a security guard in place. One of the entrances to the building is kept open in the day time. The security appeared to be adequate.

All the entrances to the building which are commonly used have a few steps. There are no handrails. The toilets need modification to make them barrier free.

There are three fire extinguishers which are regularly maintained. Staff is oriented on the use of these.

There are adequate fans and lights. Emergency battery lights are also regularly maintained.

Pest control is carried out on a regular frequency. Mosquito repellents are also used as and when needed.

5.1.7. Women in the shelter

In general the residents are encouraged to recover in their own pace.
In July 2014, there are 74 residents in the shelter.
Since inception total entries in the shelter is 307 (288 persons + 19 re-entries).

Year	No. of women
2010	54
2011	55
2012	83
2013	69
2014 (till July)	27

The total number of women who exited the shelter is 235. In thee current year till July, 27 women have gone from the shelter, which includes 13 women who went back to their family, 2 women resettled in the community, 2 women to community (left on their own- in the beginning days when they were better, went out with a relative/ friend and did not come back), 8 women who were referred elsewhere and 2 women who died.

Out of the total 288 women who were taken in, only nine women were without mental illness. The women who were re admitted were due to relapse of symptoms and losing their jobs in which they were placed (resettled).

Age range of the women in the shelter between 2010 to 14 July 2014:

Age group	Number of women
15 to 29 years	95
30 to 44 years	111
45 to 59 years	57
60 years and above	25

The average occupancy in the last two years has been around 60 to 70.

Since 2010 till July 2014, 155 women were referred to the shelter by police, 81 women by the organisation itself and 52 women were referred from other sources.

According to the doctor, the average cost of medicines is within the range of Rs. 350.00 to Rs. 500.00 per month.

Apart from regularly receiving medication for mental illness some do have / develop other health problems. Till date 31 women needed interventions for other health issues. These included tuberculosis, gynaecological problems, child birth and other health needs.

5.1.8. Identity as citizens

The residents did not have any form of identity related documents (e.g. residence, voter identity card) when they came to the shelter - they are virtually ‘stateless.’ Iswar Sankalpa personnel have managed to convince and persuade the local authorities in this regard. This has resulted in 43 women getting disability identity cards and 41 getting ration cards (for subsidised food grains and few other essentials) till now. The women with ration cards are registered with the local ration shops so that one can avail the facilities. Six of the have new bank accounts.

5.1.9. Referral services

Some of the women who are taken into the shelter are referred to other places for various reasons. This includes government homes, hospitals for mental health and other health needs and some are taken back by the police.

From 2010 till July 2014, 59 women were referred to different places. They included the police taking back 34 women. The police reportedly have put seventeen women in government care facilities.

At times the police refer some women with very severe symptoms. The shelter is not in a position to take care of them. The police are requested to place them in government hospitals where they can be managed. At times the police themselves inform the shelter that they would put some of the women in government places. The police refer these women to the shelter for a short time (2-3 days) and then take them away to place them in other places. The shelter is not informed about the whereabouts of these women.

Two women were refereed to other homes in West Bengal and one to the Banyan Adaikalam in Chennai (a NGO). Two women were referred to government hospitals for other health needs. Three women were referred to Pavlov Mental Hospital (Government), one of them has expired. The two women who were referred to the Pavlov mental hospital are being followed up. Reportedly the authorities of Pavlov hospital are discouraging Sarbari personnel to follow up the ones admitted with them.

"Currently we are only following up those individuals who are directly under our care facility i.e. either they are in the shelter or been restored back to family. Since we do have a small resource it is being difficult to follow up the referred cases as well. But in future if we have more resources we can also plan out to do follow-up of all the cases coming under our realm."

- **A staff**

5.2. RESTORED WITH THE FAMILY

The team comprising the Psychiatrist, counsellor, care giver, social worker and the restoration officer decide whether the client can be sent back to the family. The factors considered include symptom reduction, functionality level, communication and interpersonal relationship and the family members' view on the matter.

Out of the total 288 women, 131 were handed over / sent back to their homes. At present 95 women are staying with their families, 12 women are missing from their homes, 7 are staying in government hospitals or other institutions, 5 clients are back at Sarbari for treatment, 4 have expired and 8 were not followed up after restoration.

Out of the total 131**,** 55 women are under regular medication, 10 are irregular in taking the prescribed medicines, 25 women have discontinued taking medicines, and 19 women do not need medicines as they do not have any major psychiatric problems. There is no information regarding medication of 22 women.19 of the women are at present engaged in different types of supportive employment that includes *biri* making, *papad* making, dress box making, jewellery making, garland making, daily labour, embroidery work and running own petty shop. Another 9 women have gone back to the work that they used to do. Some of these women are under follow up. These women are from different states, but the bulk of them are from West Bengal. The tables below illustrate the state-wise distribution of the women and district wise distribution in West Bengal:

India: State wise distribution

State	No.
West Bengal	91
Madhya Pradesh	6
Bihar	9
Orissa	4
Andhra Pradesh	3
Uttar Pradesh	4
Tripura	1
Jharkhand	3
Chhattisgarh	1
Assam	5
Maharashtra	1
Unable to elicit	3
Total	131

West Bengal: District wise distribution

Sl. No.	District	No.
1	S 24 Pgs	14
2	N 24 Pgs	17
3	Kolkata	24
4	Birbhum	3
5	Howrah	2
6	Maldaha	1
7	Purba Medinipore	3
8	Paschim Medinipore	5
9	Bankura	2
10	Barddhaman	4
11	Hoogly	3
12	Nadia	8
13	Jalpaiguri	2
14	Murshidabad	2
15	N Dinajpur	1
	Total	91

5.2.1. Follow up

All the 95 women who are staying with their families are followed up regularly mainly over the phone.

Pre and restoration follow up visits were done with 26 families. Pre restoration visits were done for all the 26 families. Out of these visits 10 were for restoring the women to their families.

32 year old, Sima's family had migrated to West Bengal from Madhya Pradesh in 1950s. They have virtually little contact with people back home. Sima's family have shifted to the present resident at Madhyamgram about 10 years back. The family comprises Sima's parents and one older and one younger brother. Sima's father used to work as a lorry driver. He is out of his job following an accident which damaged his knee and medical intervention did not restore the knee function properly. At present he packs *pappads* at home. Sima's mother is a housewife. Her older brother used to be a lorry driver and left home since about five years. The family has no information about his whereabouts. The younger brother works as a cook in a fast food joint near their home. At the moment he has left his present job and looking for

one. The family's income would be around Rs. 5000 per month. They live in a rented one room house (with a small space in front- apart of which is used as a kitchen) with pakka walls, mud floor and tinned roof. They have electricity. The younger son has a desktop computer at home which is used to watch films, play games and use the internet.

The family had ration cards which they have lost when they had shifted to the present place. Now they have no identity proof (including voter ID cards) or residence proof. It appeared that they are neither aware of where and how they can get them from and what purpose nor much concerned about it.

Neither the parents nor the children had ever been to school. The younger brother has learned to read and write by himself.

Sima was married when she was around 15 years old to a man living in Jabalpur having agribusiness. She stayed 2 years with her husband and started having symptoms of mental illness there itself, which included violent and aggressive behaviour, speaking incoherently and running out of the house. Her husband brought her back around 6 years ago and deserted here with her natal family.

The family had tried local indigenous healers (*'jhar phunk', 'ojha'. 'gunin'*) to treat Sima which yielded no result as such. They were not aware of any medical treatment (in spite of a hospital nearby) nor any of the neighbours told them about it. Her mental problems persisted.

"She used to speak incoherently... at times be violent....used to defecate on the bed"
Mother

Sima had run away many times – one time she was spotted by her brother in law in Tollygunj and was brought back in his taxi. The second time, about two years ago, was missing for over 2 months and was found by Delhi police who brought her back through Madhyamgram Police Station. After 2-3 months she ran away again. She was referred to Iswar Sankalpa by the Child Welfare Committee (Kolkata) around mid 2012.

After spending some time in Sarbari she could tell the others about her home. When she was a bit stable a home visit was made by IS and the family was willing to visit and take her back.

She developed further mental problems when no one from home visited her at IS. Stopped eating and talking to people – diagnosed with TB and underwent the full course of treatment. During this period intervention from IS made the father visit her at Sarbari. Iswar Sankalpa used to pay the fare for the father to visit her once every week. After she was found to be free of TB she was restored to her home by IS staff in presence of and with full cooperation by the family. One of the reasons for restoring her to home given by IS was that she was so depressed that they feared for her life and felt that she would be better off at home. She went back to her home in March 2014.

After coming back from IS, the family reported that she was taking food and bath properly, packing *papad* with her father and taking medicines regularly. Was at home for 2 months – was getting well although some symptoms were there but were not reported to IS.

Sima went missing again on 15th April 2014. Locals say she was seen near New Barrackpur Police Station but the family never went to find out anything about her.

IS had provided medicines free of cost for 3 months with a gap of 2 months in between when she started displaying symptoms. Instructions were given from IS to contact but they did not

do so.

The family reported that IS is a good place and Sima got good food there and proper care. Sima's father had met other residents living there while they were working or doing household work or getting vocational training. He also met others who have been restored at the reunion organised in March 2014.

The family reported that the neighbours are not hostile rather friendly towards Sima.

Our interaction with some of the neighbours confirmed this.

"It would be proper for Sima to stay in a place like Iswar Sankalpa. We cannot keep her at home as she continues to run away'.

Parents of Sima

It appeared that the family feels helpless and has not taken initiative to find out about Sima. Sima's father reported that he had been to the local police station who had asked for a photograph and residence proof. As the family had none they seemed to have left the whole matter to fate.

Post restoration follow up visits done for 40 women. When the shelter team comes to know that a woman is irregular in taking her medicines, discontinued medication, or the family members are not taking proper care they visit the family. For some the visits are made more than once. Follow up for eight women were discontinued as the phone numbers or the residence were changed without informing the shelter personnel.

32 women visit the Shelter for follow up. Seven women dropped out. One woman was from Madhya Pradesh who had come once and the others discontinued (3 of them were missing from home). Two of the women who had left their homes again were referred to Pavlov hospital and one was taken back in the shelter. All the 32 are continuing to visit Shelter for follow up and medicines in a frequency suggested by the Shelter personnel. In case some miss 2/3 visits then an enquiry is made.

30 year old Alo lives with her family near Kalyani Simanto station (KMC ward 6) with her family. Her family comprises her husband and five children. Aged between 16 and 9/12 months. Her eldest son has gone to Gujrat with his father to work along with his father who is a skilled construction worker. The eldest daughter works as a household help in one house in the neighbourhood. The next two daughters are going to school. They also help their mother in household activities. They live in a mud house just beside her brother's house which is semi pucca. Brother and his family are very supportive as are a few neighbours living close by. Her husband sends home money at regular intervals and is expected to come home for a break during Durga Puja. Alo studied up to class III.

When Alo needs to go out for work like market or to the doctor one of her daughter /mother takes care of the children.

In middle of 2012 she exhibited symptoms like hyperactivity and sleeplessness. Neighbours collected money and took her to a doctor ay Kalyani government hospital where she was diagnosed as a person with mental illness. She was prescribed medicines which she did not take regularly. Then she left home by train and was found at Sealdah station by Iswar Sankalpa.

She does not remember where she went but there was a period of 2-3 months between her leaving home and being restored (back home) in June 2013.

Alo expressed that her stay in Sarbari was very good.

"Other residents were friendly. I did not feel disturbed. The people there (staff) was good. The food and other arrangements were good. "

At present she is not taking any medicine as she was pregnant and now she is breast feeding her child.

Sometimes she feels weak but symptoms like before (when she used to sing and dance) are not there anymore. Problem of sleeplessness remains.

Alo does most of the household work by herself helped by her daughters – goes to market and buys stuff herself and can manage finances.

She does not maintain regular contact with IS and has not been back there after she came home. Personnel from Iswar Sankalpa have visited a few times to find out how she is doing.

According to Alo (and her brother / neighbours) she is not aware of any other person with problems like her in the area are not visible Alo said if she sees any such person she will refer to other places (includes Klayani Hospital and Iswar Sankalpa). She herself has very little or no idea about the hospital in the locality neither she is aware of any mental health facilities. She is also not aware of the health worker in her locality.

She expressed that that her problems with her mood were caused by worrying too much about her family and food.

When we went to her house she was out in the neighbourhood with her youngest child. She had finished cooking (rice, dal and mashed potatoes). Her two school going daughters were at home. She came hurrying to meet us with her youngest son in her lap and with a smiling face. She looked happy to see people from Iswar Sankalpa and at ease with life in general.

"I would love to visit Iswar Sankalpa when my husband is here during Durga Puja. I also would like to go with my husband to his place of work and spend some time there. My mother will look after my daughters when I am away."

They belong to ST community but they are neither aware nor received any benefits either under ST or BPL category.

Follow up is over the phone is generally done at a regular intervals - *'once in a month or as per doctor's advice.'*

All the 95 women who are restored and staying with their families are followed up.

The follow up includes information about whether the woman is having her medicines regularly, how is the family adjusting with her, whether the woman is engaged in some house hold activities or engaged in any kind of employment.

35 year old Kalyani is married and has 2 children- daughter 15 years and son 13 years . The children were admitted to school in her husband's place. None go to school at present. Both are staying with their father near Lakshmikantapur. The son has been sent to Kerala to work as apprentice in a goldsmith shop.

Kalyani started having problems with her mind when her son was about 2 years old. She suddenly started singing and dancing and laughing aloud. The husband informed her brothers about her condition. After about a week of showing symptoms her brothers brought her back with her children to see if they could help with treatment. According to Kalyani it was her typhoid (high fever) that triggered her problems. As her fever took time to subside she used to have fits also. She was being treated in the local hospital.

She ran away from home 2-3 times but was found by her family and neighbours before she could go far. Once after continued medication when she was better her brothers took her back to her in laws house. Her husband who is a fisherman was away at sea then. Her elder sister in law beat her up and drove her out of the house, keeping her children back. She was found by Iswar Sankalpa staff at their medical camp at Kidderpore in a incoherent state in August 2010

She stayed around two years at Sarbari.

"Sarbari is good place. I had no problems with the other residents. The other arrangements like food and staying was good. The staff was good to us."

At present she does not feel any problem but sometimes feels very sleepy so she goes to sleep.

She stays with her elderly parents and four brothers while one brother lives in Kakdwip. The youngest brother (unmarried) is at present in Kerala. He has built the pucca house (with tinned roof and one medium sized room) in which she is now living with her parents in Kalyani.

Kalyani earns her living by making '*biris*' at home and gets around Rs, 2000 per month. She has to spend nearly Rs. 1000 monthly on her medicines which she goes herself to get from the government hospital as well as to meet the doctor every month. She expressed that her doctor is a nice person. She does not do household work as her mother does it.

Neighbours are supportive and helpful as is family even though they maintain separate households.

She informed us that there are two other women with mental illness in the area. She had helped one of them to connect with her doctor. She does not maintain much contact with them as they do not talk much. She does not feel like taking the initiative to interact with them. Most of her time is spent on making *biris*. She goes around her neighbourhood in her spare time. Her daughter had once come to see her with a relative. Apart from that she has no contact with her family.

"I want to go back to my husband's house and be with my children. I miss my children badly"

She reported that she is now aware that she needs to see her doctor regularly and continue the prescribed medicines.

Out of the 95 women, 44 are women who are continuing medicines regularly– some go to the local hospital or psychiatrists. One of them is tagged with one of the services of IS. In some cases the families are aware of the services available and some uses the facility suggested by the shelter when they leave the shelter. Those who find it difficult to afford generally go to government hospitals. 9 women are irregular, 7 women do not need medication (they do not have any mental health problems), 25 have discontinued medicines and for the rest 10 women there is no information available.

12 women have relapses. For a few of them IS accompanied the woman with family members in the local hospital for a check up, a few are continuing their follow up at IS and some are in relapsed state as they are not continuing their treatment (*'non cooperation from the client/family not taking them for treatment').*

In general a phone of a key member of the family is used. There are attempts to converse with the prime care giver and the woman herself. This does not work out all the time. At times if the family does not have a phone which is accessible then a neighbour's phone is used.

'When the information is second hand, to be very frank we are not sure about the reliability. We repeat our attempts to at least talk to the prime care giver."

"Manpower is also an issue.'

Shelter staff

As mentioned earlier, a home visit is planned once issues are identified. They include lack of 'reliable' information, discontinued medicines for some time, relapse, etc.

5.3. COMMUNITY RESETTLEMENT

"When a woman cannot go back to her home for some reason i.e. she cannot be restored back to family, we try to provide them supportive job opportunity in the community e.g. as domestic help, ayah work, housekeeping etc. This is what we call community resettlement."

Since 2011, nine women were helped to be placed in the community with a job. All those who are working are employed as domestic help or attendants in hospitals. Most of these women stay in the place of work.

Out of the nine, three of them are continuing with their work. One was back to the shelter following a relapse and has gone back to her work place. Two of them have a relapse (one relapse of substance abuse). They are at the shelter and will go back to their work place once stable. One has changed her place of work and at present commuting from the shelter. Two who had a relapse were back at the shelter and now employed in the shelter as support staff.

40 year (approximately) old **Sundari** used to live with her husband and three sons. He used to ride a van rickshaw. He used to take hasish regularly and beat me. Used to work in the in a person's house as a housemaid.

She used to worry all the time about the family and the future.

'I had problems with my mind.'

'I left home. I was lost and crying. One person came and offered me food. Then I landed in this place.'

Sundari is here since last two years.

When she was better her family and parents were contacted from here over the phone.

'My parents ring up – others don't care.

IS took me to my in laws place. They (includes my husband and elder son) don't want me back.

I am Ok now but it's my fate. I miss my sons.'

Her children used to study in school. The eldest son is with her husband and she came to know that the younger ones are send to Maharashtra to work in goldsmith shops. She can read and write.

Sundari is happy with the arrangements here. She says that she has no problems with anybody and most are very helpful.

Since about a year she is working in a Hospital (run by a NGO) as an attendant. She along with others looks after the persons admitted in a female ward. Her work includes help in bathing, toileting, feeding, changing the bed sheets etc.

'*I like the work. I earn Rs 2000/ month. I save the money with didi here. I leave in the morning and am back in the evening.*

Lunch is provided by her employers.

At present she also helps in the shelter. Every morning she cleans the dust bins and make them ready for the day. Earlier she used to do a lot more.

'We all are keeping well here. I don't want to go back to my home. I will stay here only.'

Nine women are now residing at the shelter and are engaged in some work. Four of them are employed as support staff in the shelter. Another four are employed as female attendants in hospitals. One (with hearing impairment/deaf with no mental illness) is employed in a hotel as a house keeping staff.

27 year (approximately) old bubbling **Fatema** has hearing impairment. She was the first client in Sarbari. She was referred by police (2010).

She used to work in somebody's house. She had to leave the place.

She had an address with her (a goldsmith's shop). An enquiry there and all the efforts of IS to trace her family yielded no results.

She is now employed as a housekeeping staff in Hotel Park Plaaza for about four months. She expressed that she does ironing and sweeps the floors in the hotel.

The hotel authorities have expressed that they are very impressed with her. They have also old that that Fatema has lot of enthusiasm and she is willing to do whatever task is given to her.

Before being employed she used to be in the charge of the kitchen in Sarbari. She also used to ensure that all the residents and when appropriate the field staff had their food in time.

"I earn Rs 1500/ a month. I am saving the money. I want to buy a pair of ear rings".

Fatema is being helped by a Special Educator to be literate and improve her communication skills. She can write her name (In English) and uses informal signs.

She works for six days in a week. Her working hours is from morning till evening. Sunday is her off day. She is escorted by a staff of IS to and fro from her work place every day.

Those who commute from the shelter are escorted to their work place (to and fro).

5.4. INCENTIVES TO THE WOMEN IN THE SHELTER

Year	Amount per month	Number of women	
2012	Rs 50-149 per month	18	From household work
	Rs 150-499 per month	16	
	Rs 500 and above	4	
2013	Below Rs 50	80	From household work
	Rs 50-149 per month	29	
	Rs 150-499 per month	5	
	Rs 500 and above	3	
2014	Below Rs 50	7	Includes earning from Household and Vocational work
	Rs 50-149	5	
	Rs 150 – 499	36	
	Rs 500 and above	23	

In general the money earned by the residents is kept in the shelter. IS is in the process of helping these women opening bank accounts. As mentioned earlier at present six of the women have bank accounts.

'I want to go home. I will work in the fields as I used to do. I have to continue having the medicines. They are expensive. I don't know how will I manage that.

If I don't like it there or they don't take me back I will stay here. I will do some work here, save money and 'settle' down.'

One of the women who live and does some work in the shelter

5.5. RESEARCH

There is a research unit based in the shelter comprising two members, a 'researcher' and a psychiatrist (who is full time in Iswar Sankalpa). The research unit seeks to collect evidence on the extent to which the interventions in the shelter make a difference and document the changes in Quality Of Life (QOL) of those who are restored. They use the WHO Quality Of Life scale. They have undertaken a comparative study on functional aspects, socialisation and other aspects of QOL between clients in outreach, night shelter and restored categories which they plan as a longitudinal study by repeating the process every year. They have also mapped the effects of the duration of stay in the shelter in comparison to others who experience homelessness and differences between people who have received treatment and those who have not.

Till date, they have noticed that there is difference in restoration and shelter in terms of socialisation and relationships. Within families when cognitive functions are lower, members are not happy about it and expect the person to behave and act as she had been before. Most of the women want to go back home, whereas many want to stay and earn money in Sarbari. The person needs to feel that s/he is self reliant. Some of the women are addicted to substances.

5.6. THE PERSONNEL / STAFF

The 'staff' comprises

- **Three psychiatrists** – two are part time (twice a week each) and one is sort of full time (3 days a week for medical purposes in the shelter, also involved in the research programme and in other programmes of Iswar Sankalpa) *(OAK supported)*
  Each are allotted some clients
- **2 Counsellors** – for the shelter (they divide the work among themselves)- *(OAK supported)*
- **Vocational unit**- 5 trainer *(four OAK supported)*
- **Vocational therapist** – 1 *(OAK supported)*

- **Special educator**
- **1 project assistant** – liaising, reports, documentation
- **Restoration officer** – 2 *(one OAK supported)*
- **Social workers** – 1 dedicated to the shelter *(OAK supported)*
- **Others** –Outreach– 7 social workers also at times involved in shelter work as per need. *(OAK supported)*
- **3 residential staff**- 2 nurses and 1residential caregiver for overall supervision and day to day activities of the shelter.- *(two OAK supported)*
- **2 nursing staff** (10hours a day) – looking after the day-to-day activities and medicines in the shelter.
- **4 residents** – as staff (salaried) – look after the place, day to day activities (cooking, personal hygiene, wash, feeding, preparing food for the field staff and DICs, taking part in other activities of the shelter etc). *(OAK supported)*
- **Security** – 3 *(OAK supported)*
- **Driver 1***(OAK supported)*
- **1 part time** – cleans the toilets.
- **One supervisor** – overall in charge. *(OAK supported)*
- **Administration overall** – 1 accounts person *(OAK supported)*, 1 in the Fund raising Unit *(OAK supported)*, Director*(OAK supported)*

5.6.1. Records

Each resident has a personal file. The records comprises

- Doctor's prescriptions
- Counsellor's record
- Social workers records
- Care giver's records
- Vocational unit's records
- Resettlement records
- Others

The above sections are updated by the concerned person/s generally at monthly intervals. Some, depending on the need, at times have more frequent updates.

Quarterly – four scales are used to assess the progress

1. Positive and negative syndrome care
2. IDEAS (*Indian Disability Evaluation Assessment Scale*)
3. Global Disability Score
4. Life skills (smaller version)

All the above data is then fed into a 'vital information tracking system' which is updated once a month and used for monitoring.

There is an office register of the residents which is updated every day.

On their exit from the shelter every person is given a prescription and in many instances a place / person (hospital with mental health facility/ psychiatrist) for follow up.

The records are regularly updated.

5.6.2. Monitoring

Formal meetings are held once in a month. At times extra meetings are held depending on the need. In general there is a sort of informal monitoring almost every day.

5.6.3. Induction and ongoing learning

Induction is done for all new staff. It includes what is IS, its purpose, strategies and activities. Then the personnel learn on the job – with guidance where appropriate

5.6.4. Periodical 'training / learning sessions'

Regular in service learning session are organised. These depend on the issues – like side effects of medicines, what kind of behavioural manifestations are generally seen in different conditions. Problems faced by and expectations of the personnel.

5.7. OTHER STAKEHOLDERS INCLUDING GOVERNMENT

5.7.1. The Kolkata Municipal Corporation (KMC)

The KMC has leased the place to Sarbari for running the shelter. The HUDCO (Housing and Urban Development Corporation Limited), a Public Sector Company owned by Government of India bears the expenses for maintenance that includes electricity and water, through KMC.

'If the infrastructure can be made better it would be nice'

'The need is accommodation for some more people. Everybody there looks happy. The mode of the running the organisation creates that environment. The total management is very efficiently done.'

'There is a tremendous need for the type of work being done by IS. I don't know what would be the future.'

'A senior person from HUDCO had visited IS and was so impressed that another 70 lakhs was approved for 3 more shelters.'

OSD, Engineer, Civil, KMC who is responsible for Sarbari

HUDCO supports 5 more shelters – of these, only one is sort of functioning and the others are not.

5.7.2. The Health Department of KMC

The corporation mainly works with vector born diseases and communicable diseases; mental health is not addressed. However they are aware of the work being done by IS and Sarbari.

'IS – good work being done...that's why the corporation is involved. Nobody thought about people with mental illness especially those who are homeless - they came up with a proposal....high social commitment...went there once.'

Health advisor, KMC

'For this kind of work we will provide PPP models with dedicated NGOs'

'One has to lobby with the health department to explore possibilities of including this issue in the urban areas.'

Health advisor, KMC

5.7.3. Vagrancy Directorate, Office of the Controller of Vagrancy under Department of Women Development and Social Welfare, Government of West Bengal

The Vagrancy department has a shelter scheme. Through this they have supported Sarbari for 40 residents (includes some non-recurring and recurring expenses).

'We consider them as a good organisation as we have not received any negative report since 4 years of our support.'

'It is a rare case of residential facility and treatment - usually shelters are not concerned with treatment - shelters need to provide bedroll, functional toilet with running water, safe drinking water and recreation facilities. As we do not fund the treatment - so not concerned about the rest of the money they raise. There has been no misappropriation or mis-allocation of funds allocated by the government.'

'If they apply for 80 residents, then department is willing to consider the proposal for the same also.'

Chief organiser, Eradication & Control of Juvenile Beggary & Vagrancy

5.8. BUDGET AND EXPENSES

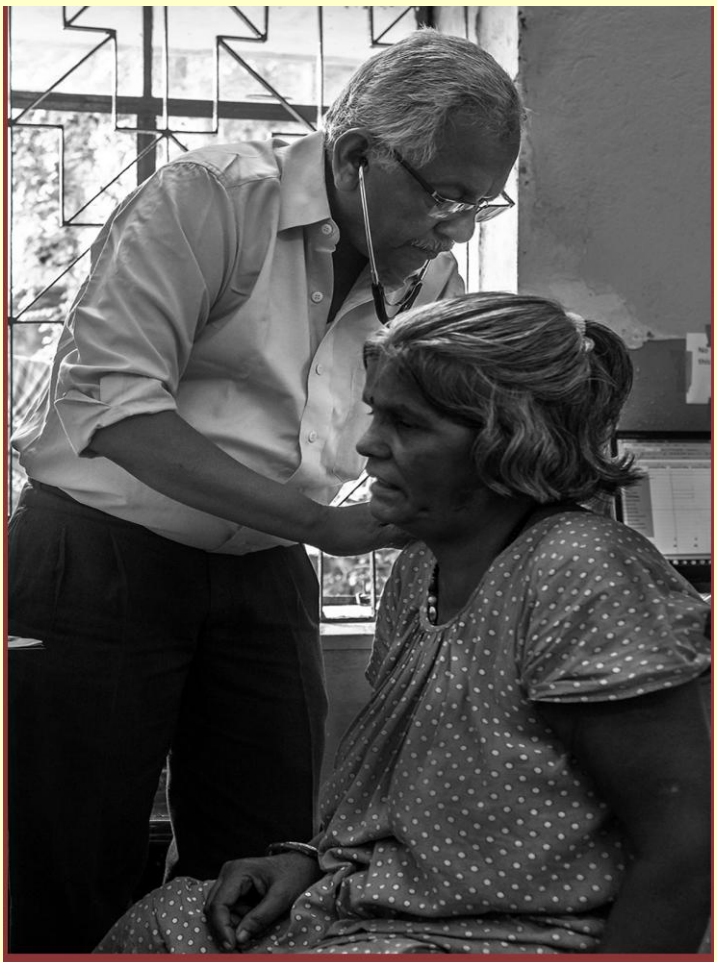
The budget for the year 2013 (Jan. Dec.) was Rs. 73, 66,938. The total expenses were Rs. 76, 07,741. Out the total expenses, OAK foundation's contribution was Rs 52,06,430 (68.43%) and the rest of the 31.57% was from other sources (that included Government funding, funding agencies for programme such as Tractor India Ltd., Paul Hamlyn Foundation, Navajbai Ratan Tata Trust, Collison Trust and individual donors – both cash and in kind). Out of that 31.57%, the Government's contribution (Department of Social Welfare – Vagrancy) was 5.22% and the local government's (KMC) contribution was the space provided by them. 26.35% of the expenses were raised through the other funding agencies and individual donations (both in cash and kind).

46.58% of the total expenses was for the staff.

The expenses for the year April 2013 - March 2014 was Rs.66, 39,080 (average per person per day expenses was estimated to be Rs. 119.77).

The budget for the year 2014 (Jan- Dec) is 134, 09,601. The estimated budget has considerably increased since the last two years. One of the major reasons is that the estimate contains money for acquiring some land.
(Please refer to annexure 2)

6. KEY ISSUES



".....and then we all know the state of the government places. One cannot compare the services.....Obviously we prefer to place them in IS shelter."

-Officer in charge of a Police Station

" ..a home away from home."

"..one person has a place to stay at night in peace."

" A woman....can smile like a woman...and not be afraid."

"Identity...they are not considered as citizens....we have succeeded in getting some identity cards for some...efforts are on for the others."

-Personnel at Sarbari

6.1. The shelter

The shelter has adequate space and maintained well. It's well ventilated. About fifty four percent of the women are referred by the police, 18 percent from other sources and the rest are referred by the other sections of IS. The police prefer to refer women with psychosocial disabilities in this shelter rather than the government places because of the ease of referral even at odd times and the facility of procuring appropriate legal documents from the court when it opens. The other reason was that the facilities, personnel and care that are available in Sarbari cannot be compared with the existing government places.

Once a woman is taken in following a detailed assessment by a team, appropriate interventions are planned and carried out in a systematic manner. The interventions include counselling, medicines and different therapeutic services. As most of the women, at the time of entry into the shelter, are not able to take care of their personal hygiene including their clothing, staff and other residents help them in this matter till they are capable to look after themselves. All the residents are helped to re-learn the basic skills to look after themselves. Many are gradually involved in the activities related to keeping the shelter clean, cooking, serving food and washing.

Overall, the women are pleased with the entire range of services provided as well as the fact that they are not treated just as 'patients' but as human beings who is going through a problematic phase, which is temporary. All this helps the women to gradually gain back their self confidence. Many

of them gradually get involved in the activities of the shelter in a structured manner.

Most of the residents are aware of what was wrong with them. They are also aware of the need to take medicines in a regular manner. Some are aware that they may have a relapse and what they should do then.

Many of the women do not remember from where they have come. Some do not want to go back home. For some, the families are not keen in taking them back. Some had come back with a relapse. For some, the medicines were discontinued as the family could not afford to (or did not consider this expense as essential). Some women, especially the elderly, have taken the shelter as their home.

"...will stay here as long as I live"

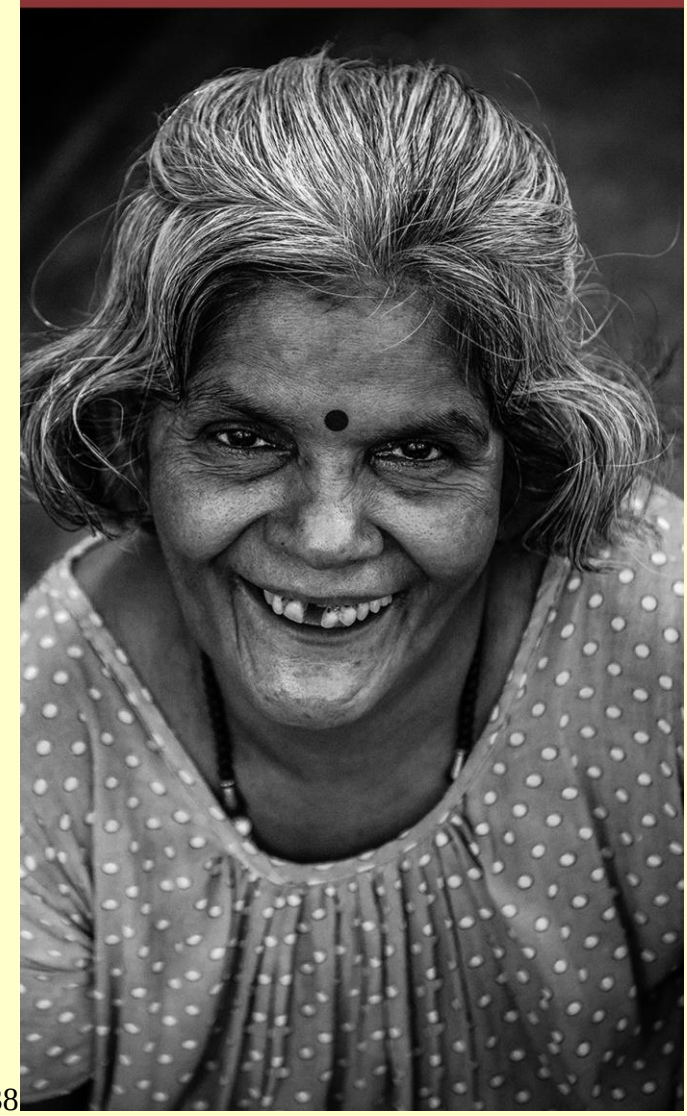
"I don't want to go back to home. Who will bear the expenses of my medicines? I will do some work here and stay."

".....will stay here all my life and make food for the residents and for people at the drop in centres"

"I have nowhere else to go.....I will stay here and work."

"I am OK. I want to go outside and work."

-Residents of the Shelter



The residential facilities of Sarbari (the shelter) are excellent. The services provided are of very good quality. It is a unique kind of place as most of the other shelters do not have this kind of services. Sarbari is helping the women have dignity of life, safe and secure environment and mental treatment and stimulation for women who might have lost purpose in life. Mental illness is diagnosed, managed and treated during stay at Sarbari. Even some are treated for physical ailments.

Majority of the residents are from the lower socioeconomic strata. Some of them had the opportunity to go to school (mostly dropouts). They have the basic literacy. Most of them had been involved in household work; some had worked as labourers and some as seasonal vegetable sellers. With poor literacy, exposure and freedom they have very limited skills. This perhaps restricts there scope of employment. However at Sarbari, the women are also paid incentives for the work they do. This in a way appreciates their work and gives value to it. This further reinforces their self worth.

The vocational unit mainly works as a therapy. For some it helps in re /gaining some skills. Whenever one 'creates' / makes something, it generally gives a satisfaction and helps boost one's self worth. The end products are generally used for fund raising.

The impact on the women of stay – good experience, fond memories, food and the stay is very good and treated very well by the staff. The idea of engaging some women in some work is great. The incentive given appreciates the women's participation in the activities and reflects non exploitation. The women gain back their self esteem and are sort of independent in managing themselves well.

The Shelter has a team of capable and caring staff. Most of them expressed that the one of their major strength is they work as a 'team'.

".... association of likeminded people.....though they are employees yet they work as a team"

"The environment here is such that when I wake up in the morning I feel like coming here. I don't want to take leave."

"The team here is meant for the job....they are motivated...enthusiastic.....the values match."

"As a professional there is scope of growth"

"With the help of others I have learnt a lot. Now I can confidently handle the responsibilities given to me."

The personnel involved in Sarbari

The utilisation of resources and good staff are done efficiently and that is reflected in the outcomes. Good team work with a bunch of sensitive and capable staff ensures this.

However Sarbari needs to take care regarding the following:

- The table below reflects that at present out of the total 77 residents, about 34 residents are likely to stay in Sarbari long term (tentative estimation). For many of them, this is their

home. Sarbari has got identity documents like ration cards, disability identity cards for some of them. This is a great achievement. There are some elderly persons in this group. The total number including that of the elderly is likely to increase over period of time.

Number of women continuing in the shelter till August 2014 - 77

Age Distribution of those continuing in the shelter

Age Class	*Number*
15-29	*23*
30-44	*34*
45-59	*14*
60 and above	*6*

Duration of stay

Duration of stay	*Number*
Above 3 years	*15*
1 to 3 years	*32*
6 to 12 months	*8*
3 to 6 months	*7*
Less than 3 months	*15*

Number of women who have remote chances of going back home

Age Class	*Number*
15-29	*7*
30-44	*13*
45-59	*8*
60 and above	*6*

(Source: Over all in charge of Sarbari)

Is the shelter is also becoming a home for the homeless especially those with psychosocial disabilities? Then the shelter can consider the possibilities of further strengthening the initiatives taken by the vocational unit and explore some more ventures where more of the 'permanent' members take part.

- The skills developed in the vocational unit have limited scope in their community and in general. If the aim is to restore as many women as possible with their families then one also has to examine the marketability of the skills learnt in the unit. Marketable skills also require abilities to procure raw materials, complete the product and market the same. Over that the products made here has to have market in the place of residence and then one has to compete with others in the market. One also needs entrepreneur skills to do this.

  We were wondering about exploring possibilities in the service sector. For example, Sarbari also supplies small food packets (like small packets of fried things) to one shop. It may consider exploring the possibilities of linking with some existing food chains in the city including baked products.

- IS is also exploring possibilities of having a place of its own. Can the permanent residents take up a certain activities say in groups of a certain number (and if possible stay together) in independent living group homes in the community? Each group member will be responsible for some designated work as per the aptitude for which necessary skill training can be organised, while one person would be 'mother' of the group. But then this whole effort needs thorough market analysis, availability of appropriate manpower and has to be run like a business venture and overall place for group homes.

  Then the other group that needs to be considered is the elderly population who is likely to be permanent residents of Sarbari.

6.2. Restoration

'Sending back to home....the entire process gives a sense of achievement.....a leap forward....very satisfying.'

'There are limitations at home- the pre restoration visit tries to address that – not for all,'

"When they go back to the real world many have problems re/adapting – there are adjustment problems...the person needs coping skills...more visits are needed.'

'One has to understand that going back home....the structure remains the same....no structural changes.'

'...perhaps the best option is to send back to home with some skills that is likely to give economic independence.. .'

Out of the total 288 women, till July 2014, 235 women have 'exited' the shelter.

131 women were placed back with their families. At present, 95 are staying with their families and are being followed up (the rest includes some women missing, some 'went back' to government hospitals/institutions, some are back at Sarbari and some have expired). This is a reasonably good number. For some, pre restoration visits are made. Follow up visits (post restoration) are done usually when there is a problem like discontinuing medicines, relapse, issues in the family etc. At times medicines are also given by IS at home. Some are continuing to visit the Shelter for follow up and medicines that are given free of cost.

At present follow up of 95 women are done by the shelter. This is mostly done over the phone. However the staff expressed that the follow up over the phone works for some and does not work in the desired manner for some.

44 of these are till now regular in having their medicines. The others include those who are irregular, discontinued, those who do not need any medicines (7) and for some there is no information as such. Many clients, when they leave the shelter, are given a reference of a psychiatrist in that region (with an explanation to the family) – this is done by the psychiatrist /s of the shelter by using their network of fellow professionals. Reportedly in spite of this some family members seem to not know where to go and continuing the cost of the medicines is a challenge for many. Those who cannot afford to purchase the medicines generally go to the

government hospitals. Many a times some of the medicines are not available in the hospital and one needs to purchase them from the market.

As the clients are scattered around it is not always easy to make visits at home. Many times visits are made in other states also. The visits are generally confined to the family and at times a brief interaction takes place with the neighbours. This is too less a time to understand if the restoration has been successful as for some the pre existing factors that had led many of them to leave home persists. The family members preconceived ideas / views are perhaps the major barriers to acceptance and inclusion. The community at large adds to this.

One perhaps needs to identify the 'barriers' at home and outside and try to address them with an aim to lower /remove them. For this one needs to spend more time and work out appropriate strategies. Some may work and some may not. There are no easy / straight forward answers to these issues. And then what may work in one family / community may not yield the same result in another situation.

Another issue for consideration is linking with the primary health care system. There are health workers and PHC's in most places. Then there are ASHA's (Accredited Social Health Activists) in some places and an Anganwadi worker (ICDS – Integrated Child Development Services) everywhere. The ICDS worker generally works in collaboration with the health personnel in many aspects. The social worker can take the initiative to find the health person and link our client with them. A visit to the PHC will be still better. One can try to ensure that whenever

'the structural barriers need to change'

there is a health problem (including mental health) the health worker or the person / family member/s can visit the PHC and the doctor there can refer the person to an appropriate place (likely to be Community Health centre or a district hospital).

Then one can explore possibilities with the local bodies like the panchayet/ school teacher /other key persons. This will also help many with some identity papers that may lead to some benefits (non/tangible). Then there are possibilities of having access to the National Rural Livelihood Mission (skill training, joining a women's group -savings and credit +, economic initiatives), National Rural Employment Guarantee Scheme (wherever it exists)

If the family belongs to the below poverty line the woman can be included in the insurance programme for the poor (Rashtriya Sasthya Bima Yoyona). There is another insurance scheme under the National Trust that covers persons with intellectual disabilities (mental retardation), cerebral palsy, autism and multiple disabilities. Some of the women with mental illness are persons with mental retardation.

The other possibility is to look out for any NGO working with some development issues. If there is one, may also try to link up with them in a manner that is likely to be helpful.

IS needs to explore the above possibilities and others as appropriate. For this the Social Worker needs to spend more time for the follow up visit. The shelter may consider having a few more personnel in the team. These can be tried out in the area which is not very far to begin with. One has to remember that the focus has to be (also) on the barriers that exists in the family and the community at large and not mainly confined to the person. As one of the personnel of IS has pointed out that *'the structural barriers need to change'* and for this one has to strategise and work for it.

6.3. Resettlement

18 women have been resettled. All of them appear to consider Sarbari as their home. Those who are staying in their work places (mostly as domestic help) are not likely to be permanent members there. Most are placed in organisations or homes that are well known to Sarbari and their team.

It is good to see that Sarbari has succeeded in placing some in jobs that pay. These women are earning and this has added tom their self worth. The lack of skills limits the scope and opportunity.

The challenge is to make attempts to place some of them in rather not so well known places.

The women in the shelter are not allowed to go out on their own including the ones that are resettled. One understands the concern of the shelter but then this restricts their freedom. IS needs to consider the possibilities of allowing the women to go out on their own. This can start with the ones that are resettled.

6.4. The role of the Government

Mental health is one of the National health programmes. In the XIth Five Year plan, one of the objectives was 'to *ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population.'*

Though awareness on mental health has increased, unfortunately lack / very limited services especially for the underprivileged still continues to remains as a big issue. One of the major areas is also lack of affordability by the underprivileged clients and their families.

The issue of homelessness is also needs more serious attention. The Supreme Court has on many different occasions, asked the state governments to set up appropriate shelters for the homeless. In spite of that, the numbers of shelters are far from being adequate. Shelters for homeless women, especially women with mental

health issues, are another major area of concern. The increased vulnerability of being mentally unstable and being a woman makes things worse.

IS has set up a 'shelter' for homeless women with psychosocial disability. Most of these women are from poor backgrounds and many of them are not able to remember where they come from and for many the family is not keen on taking them back.

In the venture of IS the government's role has been limited to providing space and some meagre support to run the shelter.

The Municipal Corporation's health department does not address non-communicable diseases. Hence MH is not in their domain.

The National Programme on Mental Health has components like district mental health committees etc.

One suggestion was that one needs to lobby with the health department to ensure that Mental Health services be available, accessible and affordable to all including the poor.

The Government cannot get away by abdicating its responsibilities / obligations and only look for Public Private Partnership (non profit) ones. The PPP model for the homeless sounds nice but the appropriate government needs to ensure that financial support is adequate for such ventures.

Mental health is a vital part of the National Health Mission, and hence there needs to be a strong lobby for the proper implementation of the National Health Mission in terms of more mental health facilities with free medicines for the poor.

6.5. Budget & expenses

The government's contribution to the shelter expenses is about 5%. The Kolkata Municipal Corporation has provided the space on long term lease. One of the major strategies of the government is Public Private Partnership (mainly non profit). This is unacceptable. The government cannot just contribute a meagre part of the expenses. It appears that the government has a vague notion about non profit private organisation's (mainly NGOs) capability to raise money/resources. In present days there are many restrictions being put on the non governmental organisations and 'foreign funding'. Over that because of the recession throughout the world funding sources are getting limited.

Iswar Sankalpa has successfully raised about 10% (2013) of the expenses from local sources. It has increased its drive to raise more money from local sources.

Following the order of the Supreme court the Department of Women, Child Development and Social Welfare, Government of West Bengal has passed a notification for a scheme of the urban homeless (no.2601-SW JJA- 13/11 Part 1, dated 16 August 2011) through which the present

contribution is made to the Shelter. Interestingly the stated objectives of the scheme include the following:

'Encourage NGOs/ CSOs/Private organisation to set up shelters for the urban homeless providing them neccessaty institutional and financial support.

Ensure access of the urban homeless population to shelters with basic amenities to enable a life of dignity'

There is another scheme 'Swadhar' by Government of India – '*for women in difficult circumstances'.* It is a kind of shelter for women in need and though it includes 'mentally challenged women it excludes women with major mental illness *'except for the psychotic categories who require care in specialized environment in mental hospitals'* .There is no scheme as such for homeless women with psychosocial disability. One needs to lobby for it.

7. SUMMARY & RECOMMENDATINS

- The review /evaluation has found that the shelter is very relevant in the present day circumstances where the safety and security of women has been seriously compromised. In providing a safe shelter for women with psycho-social illness, especially from lower socio-economic backgrounds, facing homelessness, the shelter offers them opportunities to come back to their everyday lives including living with families and working for a living.

- However the review / evaluation acknowledges that the shelter has been able to address the issue of homelessness in urban context to a limited extent. Although the shelter serves a small population who have nowhere else to go and women who may not be in a position to seek shelter, yet the services are very needed and relevant/justified.

- The model is definitely a replicable one yet Iswar Sankalpa has to take into consideration financial implications, space requirements and attitudes for working with women with mental illness, if they decide to set up similar centres elsewhere.

- Regarding follow up of restored women, the review/ evaluation recommends re-strategising for better retention in home and community, rather than relapsing into mental illness and coming back to the shelter. There is need to build more linkages within local community and additional staff may be considered for the same. We suggest that the effort to get community involved should be started in a limited geographical area.

- For Resettlement, the team needs to consider a range of skills training depending on available market demands linking with capabilities of the women. These should also include literacy, communication and accounting skills.

- For resettlement, IS can also consider Group homes for long term residents, similar to independent living centres elsewhere, maybe outskirts of the city.

- IS needs to actively lobby with Department of Health and Department of Women and Child Development for bearing at least cost of medicines incurred for the treatment of these women.
- IS also needs to advocate and lobby with the government to take proactive role in setting up and monitoring such shelters, including providing financial and other support.

- IS needs to lobby with governments at state and National level to ensure that the National Mental Health Programme converges with the shelter, resettlement and restoration schemes.

- In the year 2013-14 the shelter's expenses was approximately Rupees 119 per person per day. This year the projected expenses are more. One of the major challenges in the area of 'sustainability' of this kind of venture is sustained funds. IS has been able to successfully manage to raise funds and continuing to do so. IS is also exploring possibilities of taking up ventures aimed at economic independence of the women residents which is also likely to support some of the costs for their living. There are many other areas like facilitating the process of restoration. The government cannot abdicate its responsibility by meagre financial support and where possible some space. The outlook of the authorities that a 'favour' is being done is unacceptable. Budgets in the health, welfare, education sectors are being lessoned. Restrictions are being put in the social sectors (that includes funding and working norms). In the rights perspective the state cannot abdicate its responsibility to promote, protect and fulfil the rights of all the citizens. As mentioned earlier apart from funding support there should be a monitoring system which is transparent and accountable.

ANNEXURE 1

INTERACTION WITH SOME WOMEN IN THE SHELTER

35 years old **Savitri** has completed one year of stay at Sarbari. Her natal home is near Madhupur. She was married off at a very young age to a local boy who did not want to live with her and got married again. After a few years, around 12 years ago, her father again got her married to the present husband with whom she has 2 children, a son aged 7 years and a daughter aged 2 years. As her husband had another wife with whom he has 2 sons, she used to stay mainly with her parents and brother. Her mental illness developed then and they took her for treatment to a doctor in Asansol. When she used to take the medicines she used to be ok, but missing medicine meant that she would lose mental balance and would fight with others.

She had a fight one day with her sister in law and picked up her daughter and left home. "*Jab hamara dimaag kharaab hota tha to bahit gussa aata tha*." (When my mind is not working well, I get very angry).

She boarded different trains and reached Kolkata where she stayed on the platform for 3-4 days and begged for food. She was then found by the railway police and handed over to Howrah district police. The police found her daughter to be malnourished so they admitted her to Hope Foundation Hospital at Taratalla. After 2 months there she was referred to IS. Her daughter was produced before the Child Welfare Committee and transferred to a home run by a NGO while Savitri was brought to Sarbari. In this one year period she has met the child twice – once in Sarbari and once during CWC proceedings.

Savitri likes IS very much but wants to go back to her children. She feels that she had no problem when she came here hence does not feel any change in her condition. She wants also to go back to her parents and brother. She says the medicines she takes are for sleeplessness.

She gets up at 6 am – after finishing bath and personal care she helps with kitchen work – after breakfast does sewing – has lunch at 1 pm – sleeps after that. She said that she had mental illness for 6 months but after she got better, for the last 6 months she has been working in the kitchen and is paid for it.

Food is good and she likes the fruits that are given every day.

Other inmates – some are good some not so good – *"Matha kaam nahi karta to kaam nahi karta."* (when the mind does not work one does not do any work)

For her help in food preparation she receives a salary which is saved by IS in her name – this is in addition to money she earns from sewing. She has saved Rs. 3000 till date. She wants to use this money for her daughter's marriage.

Regarding future plans she said that she will go back with her daughter to her father's house. Her father promised to buy her some land and build a house for her. Her son, who used to be with husband has been admitted to a hostel in Odisha where he studies in class II. When her brother came to visit her, she has planned with him to go home before Durga Puja this year. She will earn her living by cutting paddy or other crops throughout the year for which the daily wage for women in their area is Rs. 100/-. She realizes that she will need around Rs. 1000 per month for her medicines. She has however no plan about how she will procure the medicine when she goes home.

Rath God (age cannot say)Has been in Sarbari for the past four years. She was found at Sealdah station by IS staff. She says seeing Gopalnagar she feels that maybe she lived in that area. But she could not recall any details about where her house was nor could she recognize the roads etc. At home she says there was her father, mother and elder brother who works in a bank.

When she was found at Sealdah she used to defecate in her clothes and beg for food from nearby shops and lived under a tree. When Sarbari was started she was persuaded by the staff of IS to come and live here.

For her, Sarbari is a good place as they give good food, soap, medicines to her. She says she has medicines regularly 5 pills at nights and 3 pills in the morning. She has no idea regarding the cost of medicines. Now she needs to have medicine for blood sugar also. Sarbari arrangements are good also – for sleeping and other things too.

She now works fully in the kitchen cooking food making *chappatis* and helps to serve food. She also makes tea and serves it to other inmates and guests. For all this work she is given a salary but does not know how much she earns or how much she has saved till now. Her money she says is kept with IS.

For future she wants to go home so they advertised in the newspaper with her photo one year ago but there has been no response.

"Will stay here all my life and make food for inmates and for people at drop in

centre."

Phulwari (age does not know) was found by IS staff 5 years ago and was part of the outreach programme in Sealdah. She came to Sarbari 4 years ago. Before she stayed alone and cannot remember much about life before. Chameli of IS tried to help her find her home but did not manage it. Chameli organized for her to get food at the drop in centre and after 3-4 months she came to Sarbari.

She helps in cooking at Sarbari mostly rice and vegetables for lunch. She also takes care of hygiene part of all inmates and specially trains new inmates in hygiene. She does not like television.

"I have nowhere else to go. I will stay here and work".

40 year (approximate) old **Tara** used to live with her elder brother and their three grow up children in Mograhat. She lost her parents about 10/12 years back. Tara's brother has a two room(with a kitchen) pucca house. They have electricity and a television. Apart from the homestead they do not have any land.

She used to help in the household work. She was sent to Bihar to work as a maid in a person's home. After about 10 years she came back. After her return apart from household work she used to help her brother in selling vegetables in the local market.

One day she met with an accident and broke her leg (left). She was admitted in NRS (Kolkata) hospital. She had surgery and after about 4/5 months was discharged. Then after her return she was confined to her home for a long time (leg immobilised). Since then she cannot walk properly. Manages to take steps with a limp.

" I was under treatment for about a year and then confined to home for about another year. My sister in law used to get very angry with me...I could not even take care of myself ..like washing my clothes etc. I also had some problems with my mind. One day I left home'

"Now I am OK. It's really good here. The staying arrangements and the food is good. Here people are nice. I do not have any problems with anybody. This place is lot better than my home. Looking forward to put on a new dress and go

out in a bus to visit some Durga Puja pandals."

IS had managed to contact her brother. He had come to see her.

" Dada had said that he has built a separate kachha room for me. He also said that he would take me home for a few days and then .....come back here.

I don't know....what will I do at home ...I will not b able to do much work.....my sister in law would not like that..

I can do some work like cutting vegetables and helping in cooking.

I have medicines (thrice a day)..I am not sure why I have the medicines."

26 (approximately) year old **Jahida** is from Bangladesh (Tambalpur?). At home she has a sister who has two sons. Jahida is unmarried.

She was found in Sealdah station and brought here about a year back.

"I left home and got up in a train. Then one day I was brought here. Here people and arrangements are nice."

She had chicken pox. Now she is OK.

Jahida usually keeps quiet. No eye contact. Seems to be lost in some thoughts.

"I want to go home."

55 year (approximately) old **Chambala** is here since two years.

According to her she is from Hatebhanga. She remembers that one has to get down at Batgachi and take an auto to her home. At home she used to live with her husband, four daughters and two sons. Three of her daughters are married and the other has mental illness and at home. She used to be a housewife.

Chambala is illiterate. She was brought to Sarbari from Sealdah station.

" I became mentally ill. I left home"

I have medicines every day. I am Ok now. I do have pain in my knee joints and problems with my sleep.

Here the arrangements and people are nice.

I don't want to go back home. Who will bear the expenses for my medicines? I will do some work here and stay."

50 year (approximately) old **Champa Ghosh** is here since about two years.

About 20 years back she was married and used to stay with her husband who was an agricultural labour.

"I had a problem with my mind..it was not working properly. I stopped eating and refused to live with anybody. I was sent back to my brother's place.. after sometime they stopped giving me food....I left home and used to roam around...sometimes people used to give something to eat."

She was found in Sealdah station- was seen by a doctor ....used to get food and medication from IS. Then she was brought here.

"Chameli masi brought me here. Here the arrangements and the people are nice. I don't want to go back. I Will stay here as long as I live.

I help here by collecting water, cutting vegetables etc.'

22 years old (approximately) **Soma** used to live with her mother and maternal uncle in Bijoynagar. Her maternal uncle's family used to live in their native.

Soma has lost her father in her childhood. As a kid she had gone to the local preschool (ICDS). She did not go to school. They had their own house without a toilet.

She was placed as a housemaid in a person's home. She used to work in two shifts. At times she used to come back from her work after sunset because of the workload. Her uncle used to beat her up whenever she came home late.

"I used to give the money I earned. Still he used to beat up. I was always sort of scarred that he would beat me."

One day after work I did not feel like going back home. I was 'put' on a train.'

About two years back the police found her in Sealdah station and placed her in IS.

'I was in and around the station. Some people used to give me food. I don't remember how long I was there'

I had some problems with my mind….now better. I have my medicines regularly.

Here people are nice and the living arrangements and the food are nice. I have no problems with others. I sleep in a cot.'

At times while interacting she appeared to be lost in some thoughts.

She likes making garlands with beads.

" I miss my mother…..scared to go back.. will be beaten up again and perhaps I would not be allowed to go out."

Soma has told the staff that she would stay in Sarbari and do some work.

25 year (approximately) old **Nisha Kukari** is from Khandua in Madhya Pradesh. She used to live with her parents. She has a younger sister who is married and a younger brother who dropped out of school after studying up to class III. They have a 3 roomed house (one pacca and two kaccha). She had been to school and studied till class III.

'I and my father used to work as agricultural labourers. I used to get Rs 50/ day as wages and give that money to my father. Other times he used sell fruits in the local market. I used to help him.'

The family moved to Indore city. She used to work as a housemaid.

I fell ill and the family moved back to Khandua.

'My mind was not good. I left home …was in a train – changed trains many

times.'

She was found by the police in Howrah station and placed in Sarbari. She was very restless when she came. She is in Sarbari for about two years.

'Now my mind is OK'

Her family was traced. She did talk to her father over the phone. He has informed that he will come to visit her.

She is comfortable with the arrangements in Sarbari. She likes the place, the food etc. She has good relations with all.

She does some work in the shelter.

'I want to go home. I will work in the fields as I used to do. I have to continue having the medicines. They are expensive. I don't know how I will manage that.

If I don't like it there or they don't take me back I will stay here. I will do some work here, save money and 'settle' down.'

40 year (approximately) old **Chanchala Adhikari** use to live in New Alipore camp with her family of brothers and her paternal uncle along with his family was their neighbour.

She used to make threads at home using a spinning wheel. Use to earn about Rs 100/ per week.

In the middle of 2011 she was found roaming in the streets in an incoherent state and was put up the in shelter. She stayed here for about two years . Got better. Her family was contacted. Her brother took her back home. She used to help in the household work.

At home the medicines were discontinued and there was no follow up by the family..

'My sister in law and auntie started getting upset with me. They used to abuse me. I felt like a mad person. I left home'

She was again found roaming on the streets and was put up in the shelter.

She feels a lot better now. She is having medicines regularly.

She expressed that the arrangements in the shelter couldn't have been better. People are nice.

"I will go back to my home. If not then I will stay here and work.'

35 year (approximately) old **Phultusi** used to live with her family.

She has two grown up children. One son and one daughter. They used to live in Maharashtra. She started having problems with her mind. She was sent back to her home. Her mother's sister from Kolkata came forward. She helped Phultusi to get a job as a housemaid. Later in a hotel.

One day she had gone to buy some bangles and lost her way.

I had problems with my mind…somebody used to whisper to me…

I am better now.

'My children with their father have shifted to Orissa. I have heard that my daughter is married and I have grandson. I have never been to Orissa. They said that they will come during the pujas.'

She was taken to her brother's place where she stayed for a night.

Phultusi's husband has expired. When she went home she had the attire of a married woman. She believed that her husband is still there. People in her in laws place found this weird and difficult to accept.

She was first identified by the outreach personnel. She used to come to one of the drop in centres. From there she was shifted to the shelter. She is in the shelter for about two years. She is happy about this place. She feels that during cooking the spices should be fried properly (it was suggested that she demonstrates this one day). She is quiet pleased with the arrangements here.

'I do work here. I also work in the vocational unit.

If people from home come to take me, I will go back. I need medicines which the family has to provide. Or else I will stay here and do some work.'

Annexure 2

1.DIRECT SUPPPORT COST – Up to December 2012

Description				
	Received from Other sources	Received from Oak Foundation	Total Expenses	Total project Budget
Food	56960	839358	896318	1440000
Hygiene materials	7353	47967	55320	48000
Dress	18875	2525	21400	40000
Bedding	24000	31910	55910	120000
Medicine	77210	82166	159376	480000
Laundry			0	24000
Critical Care treatment	5428	18009	23437	200000
Restoration	34394	11426	45820	500000
Materials for therapy	63798	5770	69568	120000
Excursion	42574	31155	73729	150000
Total	**3,30,592**	**10,70,286**	**1400878**	**31,22,000**

2. Consultants and other contracted services.

Description				
	Received from Other sources	Received from Oak Foundation	Total Expenses	Total project Budget
Consultation Fees	-		-	
Audit Fees	2,000	4,000	6,000	10,000
Training on Mental Health Care	55,500	63,548	1,19,048	1,00,000
External Evaluation			-	
Total	**57,500**	**67,548**	**1,25,048**	**1,10,000**

3. Travel and conferences.

Description				
	Received from Other sources	Received from Oak Foundation	Total Expenses	Total project Budget
Staff Travel	600	15544	16,144	60000
			-	
Total	**600**	**15,544**	16,144	**60,000**

4. Equipment and capital expenditure.

Description				
	Received from Other sources	Received from Oak Foundation	Total Expenses	Total project Budget
8 seater vehicle		805404	8,05,404	800000
Construction of 4 Counselling cubicles	15,00,000	71000	15,71,000	150000
Furniture & Fixtures	50687	99113	1,49,800	100000
Construction of Toilet			-	100000
Tools for gardening/Paper Products			-	50000
Machinery for Penmaking Unit			-	250000
Computer(2)		83,000	83,000	70,000
Total	**15,50,687**	**10,58,517**	**26,09,204**	**15,20,000**

5. Other.

Description				
	Received from Other sources	Received from Oak Foundation	Total Expenses	Total project Budget
Fuel for cooking	5290	71903	77193	105000
Fuel for vehicle	10600	78228	88828	100000
Centre Hygiene		8265	8265	40000
Centre Maintenance	28651	51935	80586	60000
Communication	7808	32591	40399	72000
Printing and Stationary	86	42318	42404	60000
Documentation	10543	35689	46232	72000
Ambulance Maintaince	61006		61006	
Total	**1,23,984**	**3,20,929**	444913	**5,09,000**

6. Indirect overhead.

Description				Cost Year 1
	Received from Other sources	Received from Oak Foundation	Total Expenses	Total project Budget
Head Office Rent	13,500	90,000	1,03,500	90,000
Garage Rent	9,600		9,600	
Electricity/Communication		25,797	25,797	36,000
Total	**23,100**	**1,15,797**	**1,38,897**	**1,26,000**
Grand Total	-	-	-	**54,47,000**

*** other sources includes social welfare,hudco,tractors india ltd,ongc,navajbai ratan tata trust,collinsson trust,general donation

SALARY UP TO DECEMBER 2012

Title/Position[3]	Received from Other sources	Received from Oak Foundation	TOTAL PROJECT EXPENSES	Total PROJECT BUDGET
Project Director		2,31,000	2,31,000	2,52,000
Doctor		2,61,934	2,61,934	3,00,000
Doctor	24,587	2,24,963	2,49,550	3,00,000
Matron		71,912	71,912	1,80,000
Nurse	8,000	80,000	88,000	96,000
Nurse	8,000	32,000	40,000	96,000
Counsellor	29,630	1,51,505	1,81,135	1,80,000
Counsellor	10,000	1,28,000	1,38,000	1,80,000
Supervisor	89,000	1,48,554	2,37,554	1,80,000
Social worker	10,000	83,000	93,000	1,20,000
Social worker		93,532	93,532	1,20,000
Vocational Therapist		44,000	44,000	48,000
Vocational Therapist		44,000	44,000	48,000
Vocational Therapist		32,000	32,000	48,000
Vocational Therapist	61,000	8,000	69,000	48,000
Special Educator	16,000		16,000	
GDA	7,000	15,000	22,000	36,000
GDA		15,000	15,000	36,000
GDA		15,000	15,000	36,000
GDA		15,000	15,000	36,000
Driver		54,000	54,000	72,000
Sweeper	33,000		33,000	30,000
Cook	6,000	36,000	42,000	48,000
Security Personnel		18,000	18,000	54,000
Security Personnel	45,000	18,000	63,000	54,000
Security Personnel	45,000	18,000	63,000	54,000
Security Personnel	53,000	18,000	71,000	54,000
Accountant	13,000	1,52,000	1,65,000	1,80,000
Communication & Fundraising Officer		60,000	60,000	1,80,000
Restoration Officer		1,07,236	1,07,236	1,44,000
Grand Total	**4,58,217**	**21,75,636**	**26,33,853**	**32,10,000**

2012 Expenses- Break Up with Details

1.DIRECT
SUPPPORT COST

Description								Cost Year 1		
	Social Welfare	HUDCO	TIL	ONGC	NRTT	COLLI SSON	INDIV DONORS	Total project	Oak	Total Expenses

Food							56960	1440000	839358	896318
Hygiene materials	4542						2811	48000	47967	55320
Dress							18875	40000	2525	21400
Bedding	24000							120000	31910	55910
Medicine	8924			37985	27261		3040	480000	82166	159376
Laundry								24000		0
Critical Care treatment							5428	200000	18009	23437
Restoration					34394			500000	11426	45820
Materials for therapy	19036		43602				1160	120000	5770	69568
Excursion							42574	150000	31155	73729
Total	**56,502**	**-**	**43,602**	**37,985**	**61,655**	**-**	**1,30,848**	**31,22,000**	**10,70,286**	**1400878**

2. Consultants and other contracted services.

Description								**Cost Year 1**		
	Social Welfare	**HUDCO**	**TIL**	**ONGC**	**NRTT**	**COLINSSON**	**INDIV DONORS**	**Total project**	**Oak**	**Total Expenses**
Consultation Fees							7,800			7,800
Audit Fees	-						2,000	10,000	4,000	6,000
Training on Mental Health Care	-				55,500			1,00,000	63,548	1,19,048
External Evaluation	-									
Total	**-**	**-**	**-**	**-**	**55,500**	**-**	**9,800**	**1,10,000**	**67,548**	**1,32,848**

3. Travel and conferences.

Description								**Cost Year 1**		
	Social Welfare	**HUDCO**	**TIL**	**ONGC**	**NRTT**	**COLINSSON**	**INDIV DONORS**	**Total project**	**Oak**	**Total Expenses**
Staff Travel	-						600	60000	15544	16,144
	-									
Total	**-**	**-**	**-**	**-**	**-**	**-**	**600**	**60,000**	**15,544**	**16,144**

4. Equipment and capital expenditure.

Description								**Cost Year 1**		
	Social Welfare	**HUDCO**	**TIL**	**ONGC**	**NRTT**	**COLINSSON**	**INDIV DONORS**	**Total project**	**Oak**	**Total Expenses**
8 seater vehicle								800000	805404	8,05,404
Construction of 4 Counselling		15,00,0						150000	71000	15,71,000

cubicles		00								
Furniture & Fixtures	18050			32637				100000	99113	1,49,800
Construction of Toilet								100000		-
Tools for gardening/Paper Products								50000		-
Machinery for Penmaking Unit								250000		-
Computer(2)								70,000	83,000	83,000
Total	**18,050**	**15,00,000**	-	**32,637**	-	-	-	**15,20,000**	**10,58,517**	**26,09,204**

5. Other.

Description								**Cost Year 1**		
	Social Welfare	**HUDCO**	**TIL**	**ONGC**	**NRTT**	**COLINSSON**	**INDIV DONORS**	**Total project**	**Oak**	**Total Expenses**
Fuel for cooking							5290	105000	71903	77193
Fuel for vehicle							10600	100000	78228	88828
Centre Hygiene								40000	8265	8265
Centre Maintenance							28651	60000	51935	80586
Communication	7233						575	72000	32591	40399
Printing and Stationary	36						50	60000	42318	42404
Documentation	1899					8524	120	72000	35689	46232
Ambulance Maintaince						36476	24530			61006
Total	**9,168**	-	-	-	-	**45,000**	**69,816**	**5,09,000**	**3,20,929**	**4,44,913**

6. Indirect overhead.

Description								**Cost Year 1**		
	Social Welfare	**HUDCO**	**TIL**	**ONGC**	**NRTT**	**COLINSSON**	**INDIV DONORS**	**Total project**	**Oak**	**Total Expenses**
Head Office Rent	-						13,500	90,000	90,000	1,03,500
Garage Rent							9,600			9,600
Electricity/Communication	-							36,000	25,797	25,797
Total	-	-	-	-	-	-	**23,100**	**1,26,000**	**1,15,797**	**1,38,897**
Grand Total	**83,720**	**15,00,000**	**43,602**	**70,622**	**1,17,155**	**45,000**	**2,34,164**	**54,47,000**	**26,48,621**	**47,42,884**

Salary-2012: Break Up

Title/Position[3]	Social Welfare	TIL	COLLISSON	INDIV DONORS	Total charged to the project	Total charged to Oak	TOTAL EXPENDITURE
Project Director					2,52,000	2,31,000	2,31,000
Doctor					3,00,000	2,61,934	2,61,934
Doctor				24,587	3,00,000	2,24,963	2,49,550
Matron					1,80,000	71,912	71,912
Nurse				8,000	96,000	80,000	88,000
Nurse				8,000	96,000	32,000	40,000
Counsellor				29,630	1,80,000	1,51,505	1,81,135
Counsellor				10,000	1,80,000	1,28,000	1,38,000
Supervisor	77,000			12,000	1,80,000	1,48,554	2,37,554
Social worker				10,000	1,20,000	83,000	93,000
Social worker					1,20,000	93,532	93,532
Vocational Therapist					48,000	44,000	44,000
Vocational Therapist					48,000	44,000	44,000
Vocational Therapist					48,000	32,000	32,000
Vocational Therapist		53,000		8,000	48,000	8,000	69,000
Special Educator			16,000				16,000
GDA				7,000	36,000	15,000	22,000
GDA					36,000	15,000	15,000
GDA					36,000	15,000	15,000
GDA					36,000	15,000	15,000
Driver					72,000	54,000	54,000
Sweeper	33,000				30,000		33,000
Cook				6,000	48,000	36,000	42,000
Security Personnel					54,000	18,000	18,000
Security Personnel	45,000				54,000	18,000	63,000
Security Personnel	45,000				54,000	18,000	63,000
Security Personnel	45,000			8,000	54,000	18,000	71,000
Accountant				13,000	1,80,000	1,52,000	1,65,000

Communication & Fundraising Officer					1,80,000	60,000	60,000
Restoration Officer					1,44,000	1,07,236	1,07,236
Grand Total	**2,45,000**	**53,000**	**16,000**	**1,44,217**	**32,10,000**	**21,75,636**	**26,33,853**

Expenses: January 2013- December 2013

1.DIRECT SUPPPORT COST

Description					
	Received from Other sources	Received from Oak Foundation	Received in kind	Total Expenses	Total project Budget
Food	31169	1156470	200214	1387853	13,30,000
Hygiene materials	15066	7396	3664	26126	22,000
Dress	6250		385965	392215	90,000
Bedding	0		47125	47125	50,000
Medicine	109968	435598	16312	561878	5,50,000
Laundry	22667		5990	28657	28,500
Critical Care treatment	136544	59202		195746	2,24,000
Restoration	21125	22185		43310	95,000
Materials for therapy	148236	2742	27800	178778	1,35,000
Excursion	0	14072		14072	
Total	**491025**	**16,97,665**	**6,87,070**	**2875760**	**25,24,500**

2. Consultants and other contracted services.

Description					
	Received from Other sources	Received from Oak Foundation	Received in kind	Total Expenses	Total project Budget
	-				
Consultation Fees	54,000			54,000	
Audit Fees	34,000	4,483		38,483	20,000
Training on Mental Health Care	39,246	7,400		46,646	10,000
External Evaluation	-				90,000
Total	1,27,246	**11,883**		**1,39,129**	**1,20,000**

3. Travel and conferences.

Description					
	Received from Other sources	Received from Oak Foundation	Received in kind	Total Expenses	Total project Budget
Staff Travel		32291		32,291	33000
Total		**32,291**	**-**	**32,291**	**33,000**

4. Equipment and capital expenditure.

Description					
	Received from Other sources	Received from Oak Foundation	Received in kind	Total Expenses	Total project Budget
8 seater vehicle	-				
Construction of 4 Counselling cubicles	-	27722		27,722	27,722
Furniture & Fixtures	8,950	70	118000	1,27,020	
Construction of Toilet	-			-	
Tools for gardening/Paper Products	5,100	2400		7,500	
Machinery for Penmaking Unit	-			-	
Computer	50,382			50,382	
Total	**64,432**	**30,192**	**1,18,000**	**2,12,624**	**27,722**

5. Other.

Description					
	Received from Other sources	Received from Oak Foundation	Received in kind	Total Expenses	Total project Budget
Fuel for cooking		99198		99198	95,000
Fuel for vehicle	34000	85225		119225	1,10,000
Centre Hygiene		4572		4572	5,000
Centre Maintenance	25000	65016.8		90016.8	60,000
Communication	6888	63812		70700	75,000
Printing and Stationary	10702	37148		47850	40,000
Documentation	3222	49771		52993	50,000
Vehicle Maintaince	3575	17156		20731	20,000

Vehicle Insurance	0	26700		26700	27,000
Fundrising Event	78039	52220		130259	1,10,000
Total	**161426**	**5,00,819**		**662244.8**	**5,92,000**

6. Indirect overhead.

Description					
	Received from Other sources	**Received from Oak Foundation**	**Received in kind**	**Total Expenses**	**Total project Budget**
Head Office Rent		1,08,000		1,08,000	1,08,000
Garage Rent	14,400			14,400	
Electricity/Communication		26,587		26,587	36,000
Total	**14,400**	**1,34,587**		**1,48,987**	**1,44,000**
Grand Total	**8,58,529**	**24,07,437**	**8,05,070**	**40,71,036**	**34,41,222**

*** other sources includes social welfare,hudco,tractors india ltd,Paul Hamlyn Foundation,navajbai ratan tata trust,collinsson trust,general donation

Salary January 2013 – December 2013

Title/Position[3]	**Received from Other sources**	**Received from Oak Foundation**	**Total Expenses**	**Total charged to the project**
Project Director	2,74,460	2,52,000	5,26,460	5,10,000
Doctor		2,66,669	2,66,669	6,00,000
Doctor	10,300	2,80,804	2,91,104	5,20,804
Matron		1,54,800	1,54,800	1,54,800
Nurse		1,03,200	1,03,200	1,03,200
Nurse			-	
Counsellor		1,85,867	1,85,867	1,93,500
Counsellor		1,86,727	1,86,727	1,93,500
Supervisor		1,91,504	1,91,504	1,93,500
Social worker	77,000	90,300	1,67,300	90,300
Social worker		1,20,962	1,20,962	1,20,962
Vocational Therapist	53,000	39,600	92,600	51,600
Vocational Therapist		39,000	39,000	57,000
Vocational Therapist		48,800	48,800	48,000
Vocational Therapist		52,000		

	4,000		56,000	51,600
Special Educator	61,000		61,000	
GDA	11,952	39,600	51,552	39,600
GDA		30,340	30,340	39,600
GDA		9,900	9,900	9,900
GDA			-	
Driver		77,400	77,400	77,400
Sweeper	36,000		36,000	36,000
Cook		51,600	51,600	51,600
Security Personnel	70,000		70,000	61,050
Security Personnel	70,000		70,000	60,000
Security Personnel	70,000		70,000	60,000
Security Personnel		53,950	53,950	60,000
Accountant		1,78,500	1,78,500	1,93,500
Accountant(2)		15,000	15,000	
Communication & Fundraising Officer		1,75,670	1,75,670	1,93,500
Restoration Officer		1,54,800	1,54,800	1,54,800
Grand Total	**7,37,712**	**27,98,993**	**35,36,705**	**39,25,716**

2013 Expenses with Break Up

1.DIRECT SUPPPORT COST

Description								Cost Year 2			
	Social Welfare	TIL	T.S.M	NRTT	COLINSSON	PHF	INDIV DONORS	Total project	Oak	Total Expenses	KIND DONATION
Food					10000	21169		13,30,000	1156470	1187639	200214
Hygiene materials	15066							22,000	7396	22462	3664
Dress					6250			90,000		6250	385965
Bedding								50,000		0	47125
Medicine	39368	6278		64322				5,50,000	435598	545566	16312
Laundry						22667		28,500		22667	5990
Critical Care treatment				136544				2,24,000	59202	195746	
Restoration			6400	14725				95,000	22185	43310	
Materials for therapy		78113			1467	68656		1,35,000	2742	150978	27800
Excursion									14072	14072	
Total	**54,434**	**84,391**	**6,400**	**2,15,591**	**17,717**	**1,12,492**	-	**25,24,500**	**16,97,665**	**2188690**	**6,87,070**

2. Consultants and other contracted services.

Description								Cost Year 2			
	Social Welfare	TIL	T.S.M	NRTT	COLINSSON	PHF	INDIV DONORS	Total project	Oak	Total Expenses	KIND DONATION
Consultation Fees							54,000			54000	
Audit Fees							34,000	20,000	4,483	38483	
Training on Mental Health Care				33,000		6,246		10,000	7,400	46646	
External Evaluation								90,000		0	
Total	**-**	**-**		**33,000**	**-**	**6,246**	**88,000**	**1,20,000**	**11,883**	**1,39,129**	

3. Travel and conferences.

Description								Cost Year 2			
	Social Welfare	TIL	T.S.M	NRTT	COLINSSON	PHF	INDIV DONORS	Total project	Oak	Total Expenses	KIND DONATION
Staff Travel	-							33000	32291	32,291	
	-						-				
Total	**-**	**-**		**-**	**-**		**-**	**33,000**	**32,291**	**32,291**	

4. Equipment and capital expenditure.

Description								Cost Year 2			
	Social Welfare	TIL	T.S.M	NRTT	COLINSSON	PHF	INDIV DONORS	Total project	Oak	Total Expenses	KIND DONATION
8 seater vehicle										-	
Construction of 4 Counselling cubicles								27,722	27722	27,722	
Furniture & Fixtures	5950				3000				70	9,020	118000
Construction of Toilet										-	
Tools for gardening/Paper Products	5100								2400	7,500	
Machinery for Penmaking Unit										-	
Computer					50,382					50,382	
Total	**11,050**	**-**		**-**	**53,382**		**-**	**27,722**	**30,192**	**94,624**	118000

5. Other.

Description								Cost Year 2			
	Social Welfare	TIL	T.S.M	NRTT	COLINSSON	PHF	INDIV DONORS	Total project	Oak	Total Expenses	KIND DONATION
Fuel for cooking								95,000	99198	99198	
Fuel for vehicle			8000			26000		1,10,000	85225	119225	

Centre Hygiene								5,000	4572	4572	
Centre Maintenance							25000	60,000	65016.8	90016.8	
Communication	2648		4240					75,000	63812	70700	
Printing and Stationary	3246	3400	4056					40,000	37148	47850	
Documentation	3222							50,000	49771	52993	
Vehicle Maintaince							3575	20,000	17156	20731	
Vehicle Insurance								27,000	26700	26700	
Fundrising Event							78039	1,10,000	52220	130259	
Total	**9,116**	**3,400**	**16,296**	**-**	**-**	**26,000**	**1,06,614**	**5,92,000**	**5,00,819**	**6,62,245**	

6. Indirect overhead.

Description								**Cost Year 2**			
	Social Welfare	**TIL**	**T.S.M**	**NRTT**	**COLINSSON**	**PHF**	**INDIV DONORS**	**Total project**	**Oak**	**Total Expenses**	**KIND DONATION**
Head Office Rent	-							1,08,000	1,08,000	1,08,000	
Garage Rent							14,400			14,400	
Electricity/Communication	-							36,000	26,587	26,587	
Total	**-**	**-**		**-**	**-**		**14,400**	**1,44,000**	**1,34,587**	**1,48,987**	
Grand Total	**74,600**	**87,791**	**22,696**	**2,48,591**	**71,099**	**1,44,738**	**2,09,014**	**34,41,222**	**24,07,437**	**32,65,966**	**8,05,070**

2013 Salary – Break Up

Title/Position[3]	Social Welfare	TIL	NRTT	COLLI-SSON	INDIV DONORS	Total charged to the project	Total charged to Oak	TOTAL EXPENDITURE
Project Director			2,74,460			5,10,000	2,52,000	5,26,460
Doctor						6,00,000	2,66,669	2,66,669
Doctor					10,300	5,20,804	2,80,804	2,91,104
Matron						1,54,800	1,54,800	1,54,800
Nurse						1,03,200	1,03,200	1,03,200
Nurse								-
Counsellor						1,93,500	1,85,867	1,85,867
Counsellor						1,93,500	1,86,727	1,86,727
Supervisor						1,93,500	1,91,504	1,91,504
Social worker	77,000					90,300	90,300	1,67,300
Social worker						1,20,962	1,20,962	1,20,962
Vocational Therapist		53,000				51,600	39,600	92,600

Vocational Therapist						57,000	39,000	39,000
Vocational Therapist						48,000	48,800	48,800
Vocational Therapist				4,000		51,600	52,000	56,000
Special Educator				61,000				61,000
GDA				11,952		39,600	39,600	51,552
GDA						39,600	30,340	30,340
GDA						9,900	9,900	9,900
GDA								-
Driver						77,400	77,400	77,400
Sweeper	36,000					36,000		36,000
Cook						51,600	51,600	51,600
Security Personnel	70,000					61,050		70,000
Security Personnel	70,000					60,000		70,000
Security Personnel	70,000					60,000		70,000
Security Personnel						60,000	53,950	53,950
Accountant						1,93,500	1,78,500	1,78,500
Accountant(2)							15,000	15,000
Communication & Fundraising Officer						1,93,500	1,75,670	1,75,670
Restoration Officer						1,54,800	1,54,800	1,54,800
Grand Total	3,23,000	53,000	2,74,460	76,952	10,300	39,25,716	27,98,993	35,36,705

Expenses for the year 2012-13

PARTICULARS	AMOUNT	AMOUNT
To Direct Cost		
- Bedding Expenses	31,310.00	
- Dress	2,375.00	
- Food Exp.	9,68,157.00	
- Hygine	37,753.00	
- Critical Care Treatment	18,009.00	
- Excursion	45,227.00	

- Material for Therapy	6,265.00	
- Medicine Cost	1,40,226.00	
- Restoration Expenses	13,065.00	12,62,387.00
To Other Direct Cost		
- Centre Hygine Exp.	8,627.00	
- Car Insurance	26,700.00	
- Centre Maintainace Exp.	58,169.80	
- Communication Exp.	46,266.00	
- Documentation	38,411.00	
- Fuel for Cooking	89,085.00	
- Fuel for Vehichle	97,028.00	
- Printing & Stationary	41,155.00	4,05,441.80
To Cosultant & Other Contract Service		71,848.00
To Employer PF Contribution		55,352.00
To Staff Salaries & Others		
- Communication cum FR officer	1,02,500.00	
- Cook	47,184.00	
- Doctor Fees	5,72,782.00	
- GDA	84,000.00	
- Driver	72,000.00	
- Project Director	2,52,000.00	
- Security Charges	49,500.00	
- Counsellor	3,18,391.00	
- Nurse	1,12,860.00	
- Matron	1,04,104.00	
- Accountant	1,60,472.00	
- Restorattion officer	1,36,708.00	
- Social Worker	3,68,484.00	
- Vocational Trainer	1,61,500.00	25,42,485.00
Travel & Conference		21,898.00
- Councilling Cubicles		98,722.00
- Furniture & Fixture		99,183.00
Project Sambandhan		
- Diagnostic Charges	36286	
- Training	88500	
- Emergency Hospitalisation cost	136544	2,61,330.00
- Vocational Unit		
-Medicine Expense	1998	
- Vocational Trainer	65000	
- Vocational Material	50238	1,17,236.00
Shelter for urban homeless		
- Cleaning Materials	11579	
- Stationary & Telephone	12693	
- Manpower	350000	

- Medicine Cost	24722	3,98,994.00
By Fixed Assets		
-Bedding Expenses	10000	
- Carrom Board	6968	
- Stand Fan	10250	
- Chair Table	7800	
- Recreational Facility	7608	
- Almirah	5950	48,576.00
Total		**53,83,452.8**
Total Women		**137**
Average per person per year		**39295.27591**
Average per person per day		**107.6582902**

Expenses for the year 2013-14

To Direct Cost	**Amount**	Amount
- Food Exp.	1172178	
- Hygine	7396	
- Critical Care Treatment	71072	
- Excursion	53041	
- Material for Therapy	117	
- Medicine Cost	367559	
- Diagnostic Charges	82697	
- Restoration Expenses	22804	17,76,864.00
Other direct cost		
- Centre Hygine Exp.	8021	
- Car Insurance & Maintaince	38034	
- Centre Maintainace Exp.	74034	
- Communication Exp.	56432	
- Documentation	52639	
- Fuel for Cooking	94241	
- Fuel for Vehichle	82225	
- Printing & Stationary	39100	
- fund rising event	63386	
- Audit fees	4483	
- Training on mental health	3100	5,15,695.00
To Employer PF Contribution		57,878.00
To Staff Salaries & Others		
- Communication cum FR officer	161837	
- Cook	52800	
- Doctor Fees	498589	
- GDA	62740	
- Driver	79200	
- Project Director	252000	
- Security Charges	52300	

- counsellor	362787	
- Nurse	99660	
- Matron	151608	
- Accountant	191208	
- Restoration officer	151608	
- Social Worker	399185	
- Vocational Trainer	172600	26,88,122.00
- Travel & Conference		37,376.00
- Fixed Assests		4,03,400.00
Project Sambandhan		
- Diagnostic Charges	45785	
- Training	13000	
- Emergency Hospitalisation cost	59994	1,18,779.00
- Vocational Unit		
- Medicine Cost	31522	
- Vocational Trainer	46000	
- Vocational Material	67808	
- Stationery & marketting	8703	1,54,033.00
Shelter for urban homeless		
- Cleaning Materials	10823	
- Stationary & Telephone	9550	
- Manpower	300000	
- Medicine & Dignostics Cost	23959	3,44,332.00
Shakhyam		
- Vocational material	183312	
- Training	12246	
- Medicine	35193	2,30,751.00
Restoration		
Medicine & incentive		11,850.00
Total		**63,39,080.00**
Total Women		**145**
Average per person per year		**43,717.79**
Average per person per day		**119.77**

Project Budget for the year 2014

Description	Amount
Staff salaries and related charges	3782831
Direct support to target population	3848400
Consultants and other contracted services	440000
Travel and conferences	92600
Equipment and capital expenditure	43,00,000
Other direct costs	792770
Indirect overhead	153000
Total Project Budget	1,34,09,601.00

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Report of the EXTERNAL EVALUATION of **SARBARI**, Shelter for Urban Homeless Women with Psychosocial Disability

By

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September 2014

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