

Rehabilitation of Homeless People in Bangalore

CHLP-Fellowship Final Report-2022-2023



In collaboration with-
Project Smile Trust
Ajim Premji Foundation

Community and Health Learning Program-CHLP

Rehabilitation of Homeless People in Bangalore Report

May 2022 to January 2023

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**Fellow, Community Health and Learning
Program**

By Shahrukh Khan

CHLP 2022-2023

Bangalore

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1. Acknowledgements

Before I joined this fellowship, there were many roads traversed; innumerable decisions made; many hurdles crossed; difficulties negotiated; some falls along the way; but eventual victory. Through it all, there was a constant companion and guiding light. To Him, is my first offer of gratitude.

It is almost impossible to list the number of people who have contributed to my rich experiences and learning during the fellowship. One common factor among all of them was their willingness to give without expecting anything in return. I am indeed blessed to have come across such wonderful people. A big thank you to all of them!

Karthikeyan K, Janelle De'Sa, Uma Chaitanya, Radhika Kaulgud, Dr. Thelma Narayan and Dr. Ravi Narayan, were the pillars around which this fellowship revolved. Their availability and readiness to go to any lengths to help us in our exploration of community health made the experience all the more worthwhile. The CHLP team including the entire office team contributed to our learning and made our time at CHC a pleasurable one. Mr.Karthikeyan my mentor, requires special thanks for his complete trust in me and for helping me to work to the best of my abilities.

I would like to thank Project Smile Trust and Ajim Premji Philanthropy Foundation (APPF) supporting this dynamic and unstructured program, which aims to provide a dignified life for Bangalore's homeless people. My association with Project Smile Trust is from 2018 as a sponsor for my events.

My big support: Sr.Zahra Akhtar and Karthik who were super supportive in all phrase of this program. During the fellowship I also got to know SOCHARA and many fellow colleagues of my batch, without all their support, I could not have made it through. Thanks to all of them.

2. Introduction

The journey started with a question by my friend at an event: What is CHLP?

Hello, this is Shahrukh. A quick intro about myself: I have completed my bachelor's degree from St. Joseph's College in Bangalore. I have always been associated with many social groups in Bengaluru, as the institute from which I graduated always sowed the seed of community support. I have not found my other half yet, so I was able to find my own nonprofit to contribute a small share back to society, especially to the most deprived. This organization was founded by the last benchers of my batch.

I am associated with many non-profits and social group in the city and was introduced to the CHLP program by a co-worker, and it all started from here! Since my early college days we group of friends always wanted to give back to the society and help the most vulnerable and marginalized communities. I have lead projects such as empowering and skilling the women, women hygiene drive, Student empowerment, COIVD early symptoms screening, Employment for youth etc.,

Currently I am heading the Human Resources Department for Project Smile Trust along with my professional career as Global Training and Talent Manager at WPO Pvt Ltd. I know it sounds bit confusing but that is me- super busy guy. I was thrust into experiencing life firsthand at a very young age due to my position as the family's oldest child and the lack of education on my side. I took on family responsibilities after my father passed away when I was 12 years old.

It is difficult to separate one's life experiences from a specific time period, as it is intrinsically linked to one's past. As I sit down to document my experiences during the community health fellowship, I see that it is going to make sense only when I include my past experiences, orientation and elaborate on certain decisions I took. This is even truer in the case of community health, since community health is an approach or a perspective that is linked to a person's values, beliefs and orientation in life.

3. Why did I join the fellowship?

Community Health Learning Program attracted me because of the vast, deep and enlighten experience I would gain through this fellowship. Being associated with people at ground zero and facing reality, I always indeed want to explore every aspect of community health.

SOCHARA is also one of the reasons to take up this fellowship as it gives immense pleasure to be a part of legacy in Community Health sector.

My fellowship at CHLP started on 4th May, 2022. Prior to this fellowship programme on community health, I had absolutely no idea on what is community health or plainly speaking what health activism was all about, until I met Karthik (CPHE, Sochara) last year. Of course, community health is no rocket science that only Einteins could understand. I had vague ideas on how health care system ought to be such as health care means both preventive & curative aspects going hand in hand, health care has to be demystified, medicalization of health should stop, appropriate technology was the answer not the mindless introduction of new technology, health care must be a service not a commodity, privatization & capitalist led globalization were responsible for the current crisis in health care, Public financing & control of health care was the key to answering this crisis & re-orientation towards society.

Along with my ongoing responsibilities as a social worker, my intent for joining the fellowship program was to broaden the spectrum of my knowledge and exposure to our current state of community health and its grey areas.

My 5 year experience of working in a corporate company in Bangalore literally left me disgusted with the corporate system. It could probably have been described as scenes in Harry Potter, where your every move was monitored, how you behaved with others, disapproval of dissent during debates, psychological games played just to expose your inner thoughts & use this against you whenever convenient, threats of termination as ways of silencing & make sure one may never speak up or is afraid to speak up against the company.

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All through my education was nowhere related to social work and work in the development sphere, but I have been able to relate my beliefs with my work and vice-versa. They have fed into each other and influenced each other deeply. My experience till now has taught me that, as social beings we have a responsibility towards each other. When we fail in that responsibility, there is disharmony, discord, misery and an increasing gap between people. This can be reduced by collectively fighting for equity and justice. The collective fight has to be based on love – a love that rises over human differences and egos. Love is the cord that binds together humankind and one can share this love only when one has experienced it themselves. For me, experiencing this love and sharing it with others is true worship.

I would definitely one day take community as my full term employment and try to explore as much as possible and the support we could provide to the communities.

There are a variety of ways to take up community health. Here are a few: **1. Take up volunteer work with an organization that focuses on community health. Examples include health clinics, health education programs, and community health initiatives.** **2. Become a health educator in your community. This can include teaching classes on nutrition and exercise, or providing health screenings and referrals.** **3. Become a health advocate. This can include advocating for access to healthcare, or working to address health disparities in your community.** **4. Become involved in health policy or research. You can join local or national organizations that are working to improve health outcomes in your community.** **5. Invest in community health programs. Donate money or resources to organizations that are working to improve the health of your community.** **6. Educate yourself and others on the importance of community health. Share information with your family, friends, and neighbors about the importance of staying healthy and preventing disease.**

4. Learning Objectives

Yes, Indeed

One thing I have understood *“Medicine and politics cannot and should not be kept apart” -1992*

This was a lifetime experience and no doubt about the exposure I got in terms NGO functioning and deep knowledge of Public Health. how we can handle projects and stay focused on our plans. This learning program helped me to understand the power of teamwork and self-persistence.

Main objective for the next 8 months was to explore on issues related to health from a socio-economic & a political perspective or 'Politics of Health'. Which will help in better understanding of Homless People.

Learning Objective:

- The primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social
- To get an in-depth understanding of Community Health to support the homeless people in Bangalore.
- As mentioned above we cannot separate Government benefits from People.
- Health programs and Government should work together for better results.
- “Health is a social, economic and political issue and above all a fundamental Human Right.
- The goal of health for all can only be reached through a fully democratic process. It must be a program of health by the people

Methodology -

- Reading relevant materials available on issues such as globalization, liberalization, privatization, govt, policies in relation to health & other influencing factors, contributing to my understanding on 'Politics of Health'.
- To develop a critical understanding of the People's Health Charter. Identify issues taken up in Karnataka & follow up on what actions have been taken till now
- Meeting key informants & organisations involved in the relevant issues & what actions have C been taken
- Attending meetings relevant to the topic& get insights into the issue
- Field visit, if feasible & critical

Learning from modules and how I applied the learning in my work:

Health is a political struggle and it becomes even more difficult when it comes to “Homeless People in the City”.

Conscientization and political action led by the people is one of the key approaches

“Struggle for a people oriented health service system became a component of wider struggle of the masses against exploitation and oppression” Health service development is thus-

- A socio-cultural process
- A political process

Homelessness is a major issue in cities around the world, and it is increasingly becoming a problem in urban areas. Homeless people face a wide range of health challenges – from mental health issues and substance abuse, to physical health problems caused by inadequate nutrition and lack of access to healthcare.

In order to address the health needs of homeless people, it is necessary to address the underlying causes of homelessness. These include poverty and inequality, lack of affordable housing, and lack of access to education and jobs. Political action is needed to create policies that ensure that homeless people receive the support and resources they need to access healthcare, housing, and other basic services.

Local governments can also play a role in addressing the health needs of homeless people. This can include providing outreach and health services to homeless people, as well as providing supportive housing and other services to help them become more self-sufficient. Additionally, local governments can advocate for increased funding and resources for homeless services, and support initiatives that promote housing stability and access to healthcare.

Finally, it is important to remember that homelessness is a complex issue, and that there is no one-size-fits-all solution. It is important to continue to work together to find creative, collaborative solutions that meet the needs of all members of the homeless community.

5. Learning from modules and how I applied the learning in my work. Reflections on use of the LMS, videos and participation in live online sessions.

I had the opportunity to take part in a CHLP fellowship, which was focused on how to become a more effective leader. The workshop was incredibly helpful, as it provided me with a lot of practical advice and tools that I could apply to my project.

One thing I learned was the importance of communication. As a leader, it is important to be able to effectively articulate my ideas and explain them clearly. Chlp taught me how to do this by breaking down big ideas into smaller and more manageable steps. This has helped me to be more precise and articulate when I explain things to my team.

I also learned about the importance of understanding different perspectives. In order to be an effective leader, I need to be able to understand the views of those around me. CHLP taught me how to do this by listening actively, asking questions and allowing people to express their opinions without judgement.

This has allowed me to gain deeper insights into my colleagues and better understand their needs and objectives. Finally, I learned about the importance of feedback. CHLP taught me how to give constructive feedback in a way that is effective, genuine and positive. This has allowed me to be more open and candid with my team and ensure that they are aware of what they have done well and where they can improve.

Overall, the CHLP was an incredibly valuable experience and has helped me to become a more effective personlity. I am now better equipped to communicate, understand different perspectives and provide constructive feedback. I am confident that the skills I have learned will allow me to become an even better leader, and I am excited to continue to develop and hone my skills.

6. Some modules which I changed my way of thinking and made me to look the world differently:

A. Health Movements, Social Movements and Social Change

B. Mental Health

C. Proposal writing and Fundraising

D. Project Management

E. Child Health

F. Globalisation and Health

G. Communication for Health

H. Health Technology and Innovation

I. Palliative Care

J. Community Health Action Initiatives

K. Women's Health

L. Food And Nutrition

M. Understanding Voluntary Health Sector

N. Comprehensive Primary Health Care (CPHC)

A. Health Movements, Social Movements and Social Change

→ Health movements, social movements, and social change are interconnected concepts that refer to how people come together to advocate for changes in the social structure and healthcare system. Health movements are organized groups of people who work towards improving the health of the community by addressing issues of health equity, access to care, and quality of care. Examples of health movements include the American Cancer Society, the National Alliance on Mental Illness, and the National Council of La Raza.

→ Social movements are broader than health movements and involve large numbers of people working to bring about social change. Social change is the process of transforming society, its culture, and its institutions. Examples of social movements include the civil rights movement, the feminist movement, and the environmental movement.

→ Health movements, social movements, and social change are all connected. Social movements can lead to health movements, as when a social movement like the civil rights movement leads to health movements like the Black Lives Matter movement. Social change can also be a result of health movements, as when health movements lead to changes in the health care system and access to care.

→ Ultimately, health movements, social movements, and social change are connected in that they all work towards creating a more equitable and just society. By working together, these movements can create real, lasting changes that benefit everyone.

B. Mental Health

Mental health refers to a person's overall psychological well-being. It encompasses a wide range of conditions and disorders that can affect a person's mood, thinking, and behavior. Some common examples of mental health conditions include anxiety disorders, depression, and schizophrenia.

Mental health is important for overall well-being and can impact a person's daily life, relationships, and ability to function. Mental health conditions can also lead to physical health problems if left untreated.

Risk factors for mental health conditions include genetics, life experiences (such as trauma or abuse), and lifestyle factors (such as stress or lack of social support). Treatment for mental health conditions can include therapy, medication, and lifestyle changes. Therapy can include cognitive-behavioral therapy, which helps a person identify and change negative thought patterns, or talk therapy, which can help a person process their feelings and experiences. Medications, such as antidepressants, can help regulate mood and reduce symptoms of certain conditions. Lifestyle changes, such as exercise and stress management techniques, can also help improve mental health.

It's also important for individuals to have access to mental health services and support. This may include seeing a mental health professional, joining a support group, or utilizing employee assistance programs.

A few causes for mental health problems?

- ◆ childhood abuse,
- ◆ trauma,
- ◆ neglect.
- ◆ social isolation
- ◆ loneliness.
- ◆ experiencing discrimination and stigma
- ◆ Including racism.
- ◆ Social disadvantage,
- ◆ Poverty or debt.
- ◆ Bereavement (losing someone close to you)
- ◆ Severe or long-term stress.
- ◆ Having a long-term physical health condition. causes mental health problems?

7. How was a balance between work, life and the CHLP maintained?

Life during the COVID-19 pandemic has been challenging for many people worldwide. The virus, which was first identified in Wuhan, China in 2019, quickly spread to become a global pandemic, leading to widespread lockdowns and disruptions to daily life.

Many people have faced job loss and financial difficulties, while others have struggled with isolation and mental health issues. Schools and businesses have closed, and travel has been severely restricted.

To slow the spread of the virus, governments around the world have implemented a variety of measures, including lockdowns, social distancing guidelines, and mask mandates. These measures have been successful in slowing the spread of the virus, but have also had a significant impact on the economy and people's daily lives.

Despite the challenges, people have also found ways to adapt and support one another. Communities have come together to support local businesses, and people have turned to technology to stay connected with loved ones.

The pandemic has also highlighted the importance of healthcare and essential workers, who have been working tirelessly to keep us safe and healthy. Vaccines have been developed and distributed to help bring an end to the pandemic.

Overall, the COVID-19 pandemic has been a difficult and trying time for many people, but it has also brought out the best in humanity as we come together to support one another and work towards a common goal.

Balancing work and personal life can be challenging for many people, especially during the COVID-19 pandemic, which has led to widespread remote work and other changes to daily life.

One of the key challenges of balancing work and personal life is finding a way to separate the two. With remote work, it can be difficult to "clock out" at the end of the day, as the boundaries between work and home blur. To help with this, it can be helpful to establish a routine and set specific work hours, as well as creating a dedicated workspace in the home.

Another important aspect of balancing work and personal life is setting priorities and managing time effectively. This can involve creating a schedule, breaking down tasks into smaller, manageable chunks, and learning to say "no" to non-essential tasks.

It's also important to make time for self-care and personal activities. This can include things like exercise, hobbies, and spending time with family and friends. Taking breaks throughout the day, and taking time off when needed, can also help to prevent burnout and maintain a healthy work-life balance.

It's also important to communicate your needs and set boundaries with your employer and colleagues. Being open and honest about your needs, such as taking time off for family responsibilities or setting clear boundaries for when you are available for work, can help you to maintain a healthy work-life balance.

Ultimately, balancing work and personal life is a personal journey, and what works for one person may not work for another. It's important to find the best balance for you and be flexible, as life and work situations can change.

Managing a project during the COVID-19 pandemic can be challenging due to the various disruptions and changes caused by the virus. Some of the key challenges include:

Communication: With a remote workforce, it's important to have clear and consistent communication channels to ensure everyone is on the same page. This can include regular team meetings, video conferencing, and instant messaging. **Remote work:** With many employees working from home, it can be harder to stay connected and collaborate effectively. This can make it more difficult to share information, provide feedback, and coordinate tasks.

Productivity: With employees working from home, it can be more challenging to ensure everyone is staying productive and on task. It's important to set clear goals and expectations, and to provide the necessary support and resources to help employees stay focused.

Adaptability: The pandemic has brought about many unexpected changes and challenges, and it's important for project managers to be able to adapt and pivot as needed. This may involve re-evaluating project goals and timelines, as well as finding new ways to achieve them. **Managing uncertainty:** The pandemic has created a lot of uncertainty, and it can be challenging to plan and make decisions when the future is so uncertain. In such scenarios, it's important to focus on what you can control and to be prepared to adjust plans as circumstances change.

To manage a project successfully during the pandemic, it's important to be proactive and flexible, to communicate clearly and effectively, and to put measures in place to ensure the well-being of the team. It's also important to involve the team in decision making, to be transparent about changes and challenges, and to be open to feedback and suggestions.

NGO work during Pandemic

The COVID-19 pandemic has had a significant impact on NGO projects, both in terms of the delivery of services and the fundraising efforts needed to support them.

One of the main challenges faced by NGOs during the pandemic has been the disruption of service delivery. Many NGOs have had to adapt their programs and services to meet the needs of communities affected by the virus, such as providing food assistance, emergency healthcare, and mental health support. Additionally, many NGOs have had to switch to remote or virtual service delivery, which can be less effective than in-person services, especially for vulnerable populations.

Another major challenge has been fundraising. With many individuals and organizations facing financial hardship, NGOs have seen a decline in donations and grants, making it harder to secure the funding they need to continue their work. Additionally, many fundraising events and activities have been cancelled or postponed, which has also impacted their fundraising efforts. The pandemic has also made it harder for NGOs to travel and work in the field, which can be a crucial component of their work. This has made it harder for NGOs to monitor and evaluate their programs, as well as to build relationships with local partners and communities.

Despite these challenges, many NGOs have been able to continue their work and support communities affected by the pandemic. This has been achieved through innovation, collaboration, and the willingness to adapt to new circumstances. NGOs have been able to leverage technology to continue their work, and also have been able to partner with other organizations to reach more people in need.

Overall, the COVID-19 pandemic has presented significant challenges for NGOs, but it has also highlighted the importance of their work and the need for continued support for their efforts.

8. Mentorship process and Reflections

It's coming straight from the heart ❤️

A mentorship process is a relationship between a mentor and mentee, in which the mentor provides guidance, advice, and support to the mentee in order to help them achieve their goals and develop their skills. It can take place in a variety of settings, such as in the workplace, in education, or in community organizations.

Reflections, on the other hand, refer to the act of thinking about and evaluating one's own experiences and learning. In a mentorship context, reflections may include thoughts and insights on what was learned during the mentorship, what worked well and what didn't, and how the mentee plans to apply their newfound knowledge and skills in the future.

KARTHIKEYAN Associate Director - Academics SOCHARA-SOPHEA

The person who backed us with every bit of information as silly as it could be. He never turned us away empty handed. This sort of personality is rare to find in this world. Though he was not my direct mentor but he didn't leave any stone unturned to support me in drafting this report.

He is an asset to the organization and a humble human being. As a mentor, Karthik possesses a number of positive qualities that make him an effective leader. He is a great communicator, able to clearly convey goals, expectations and instructions to his team. He is a good listener and responsive to the ideas, concerns and feedback of his team members. He provides guidance, support and mentorship to his team members, helping them to grow both professionally and personally. Additionally, he is a good problem-solver and decision maker, able to handle challenges and obstacles that arise during a project. Overall, Karthik is a strong and effective leader who is able to inspire and motivate his fellow mates to work together towards a common goal.

10. Take away from CHLP and Looking Ahead- Where do I go from here?

- I. The skills and knowledge gained through the program have been invaluable in my professional development.
- II. The program provided a great opportunity to network and connect with industry professionals.
- III. The hands-on experience and real-world projects helped me to better understand and apply the concepts learned in class.
- IV. CHLP has giving me a different approach to look at things, the way this programme was designed and executed was amazing. Each module was an exception by itself , we had qualified experienced facilitators who were extremely compatible and made learning so interesting and easy that our sessions always went over time. All our quires and questions were answered and given in detailing we never expected.
- V. We had a great team of co learners and fellows which bonded really well and helped each other in whatever way they could. each person I interacted with were outstanding and an example by themselves, each one out here is so talented and experienced , it was amazing to know about them and the work done by them. sometimes listening to their stories or discussions I used to be in awe that people like this also exist in today's world.
- VI. CHLP- SOCHARA has taught me to learn values, knowledge, attitudes and skills that are required for community based public health actions requires an alternative teaching learning methodology {PEDAGOGY}. It calls for great experimental and group/ community based learning self-directed learning and learning through study-reflection-action cycles.
- VII. I plan to utilize the skills and knowledge gained in the program to advance in my career.
- VIII. I will continue to maintain connections with the professionals I met through the program for potential future opportunities.
- IX. I will continue to stay informed and educated in my field through continuing education and professional development opportunities.

Develop a critical mass of community health practitioners cum activists with scholarship, competence and commitment to work towards Homeless People in he City :-The SOPHEA Vision. Along term process!!!!

- I started my career as a helper for a Lawyer way back in 2009 while I was still in School. It was in the year 2011 that I realized it was not only me but more children are facing the financial crunch.
- That's where it all started to support with whatever I could to the society.
- Came across many vulnerable sector of the society which was alarming for me to start awareness on EDUCATION one of the powerful tool to survive in the society.
- My fight is for the Homeless for a dignified life to live in the society which has to go hand in hand with Government.
- My focus has always been to provide sustainable relief and holistic development for communities with an aim to empower them, so they can break the vicious cycle of poverty and become contributing members of the society and nation at large. Over the last two years, It has been overwhelming beneficial as I got better practical exposure to the current status of community health in our society during Covid-19 pandemic.
- As a public health worker my goal in community-focused care will be to enhance healthcare services and patient outcomes in targeted populations. By applying public health theory on a local, personalized level, community I would like to cater services to a specific demographic and bring a sense of wellness to communities that would otherwise lack proper access to care.
- I also would like to engage in community health and identify how variables related to socioeconomic status — such as income levels, nutrition, crime, and other resources — impact people and also determine how the community's medical and educational resources contribute to people lifestyles and improvements
- To develop some of the basic skills required or at least be able to recognize what skills are required and the develop on them and improvise it. thus, finally I may be able to decide how to pursue my career further and in depth and what field.
- Will definitely stay in touch with SOCHARA and look for guidance from them at every step , last but not the least would like to thank each and everyone out here a few I have mentioned:- **Dr. Ravi Narayan, Dr. Thelma, Dr. Prithvish, Dr. Denis Xavier, Guru, Prasanna, Suresh, Chander, Janelle Fernndes, Radhika, Karthik, Uma Chaitanya, Maria ,Mallesh, Ranjeetha.**

Rehabilitation of Homeless People in Bangalore

Summary:

As a Program Co-ordinator and Head of Human Resources working with a non-profit organization, my focus has been to provide immediate sustainable relief to ensure a better quality of life for destitutes within the existing framework of the law. Understanding the role more as a facilitator than a provider.

Although it is not brought into the light that the government has provided shelter homes facilities for the development of the homeless, a serious fallacy is to be noted, is that these people are not given enough information to stay, the project will enable them to access these facilities at government shelter homes and integrate them back in the society such that they do not fall back into the same vicious circle. Most states in India criminalize beggary to banish “destitutes” from the streets to state run “homes.” This criminalization coupled with a lack of rehabilitation further marginalizes beggars and also destitutes, as the homeless and indigents are often mistaken as beggars. Project Smile Trust in association with APPF challenges and transforms such perceptions on the part of the public and the state and its institutions, by focusing on the circumstances that led to destitution and designs appropriate action.

The New Idea

Having seen the inside of state-run “homes,” we witnessed not only the inhumane conditions within which they reside, but also recognized a larger social universe of citizens—one that highlighted their differences. With the mentally-ill, aged, and homeless alongside beggars, he realized there were no mechanisms to determine the differing situations through which one reached a state of destitution, nor to help formulate appropriate action. By separating their identities and circumstances, We unravels multiple solutions to ensure they are accorded basic human rights and are reintegrated into society.

We Bangaloreans the identities of destitutes and throws light on their contexts, to transform existing perceptions of beggars and destitutes that lead to a uniform label and institutional responses. We put in place processes and builds collaborations that equip institutions to effectively respond. Through non-confrontational approach and strategy of “positive engagement,” has moved state and non-state institutions to empathize and assume different roles in creating community spaces (instead of institutional spaces) and integrate destitutes. For instance, through his partnership with citizen organizations (COs), hospitals and beggar homes, we has ensured that the mentally ill are provided care and the aged are sent to old-age homes instead of “beggar homes.” We also organized an Employers Collective comprising employers from the informal sector to testify for their employees who have been wrongly arrested and employ other destitutes. Using “homes” as his entry point, We looks at life-patterns, alternatives, and support systems available for the destitute. We have built partnerships with various COs and

government institutions, redeploying existing resources to better diagnose and treat citizens labeled as destitutes.

Rather than create parallel systems, we believe in realigning and equipping existing institutions to effectively address problems that lead to destitution. Over the last five years, we have convinced the Bangalore Shelter homes to transform their perceptions and adopt various processes that address the human rights of destitutes: Access to counseling, legal representation, vocational training, employment, healthcare, sanitation, identity proof, and means to reconnect with their families. We are also building an alliance of COs, policymakers, and police to advocate for the repeal of anti-poor legislation and push for affirmative action to protect and rehabilitate destitutes.

The Problem

Beggary is largely a phenomenon of urban India and has seen a phenomenal rise over the last few years. However, under the laws of twenty states and two union territories, begging in public spaces is punishable with up to ten years of detention. Anti-begging laws assume that individuals freely choose idleness and that idleness is a potential path to criminality. But unlike other criminal acts, beggary is typically the outcome of abject poverty rather than choice. The criminalization of a condition rather than an act, further victimizes the impoverished by subjecting them to state brutality and placing constraints on their liberty.

Under this law, officials from the social welfare department (assisted by the police) conduct raids to arbitrarily pick up beggars who are then tried in a special beggars' court and, if convicted, sent to a "certified institution" or beggar home. There are over 300,000 beggars in Mumbai, 75,000 in Kolkata, 60,000 in Delhi and 56,000 in Bangalore. However, mistakes abound in a country where the line that separates beggars from those destitute is getting slimmer, and 78 million in India are homeless. Often those who look unkempt and miserable, like rickshaw operators, waiters and other daily wage laborers, also live on the streets, and are rounded up despite their protests. Although they are employed by the informal sector, their employers do not testify before the authorities out of ignorance and fear of the law. Moreover, employers do not reinstate them, as they fear the employee must have done something wrong. Over 70 percent of those arrested, including youth and the elderly, are not beggars. They may be detained for years, having no means to prove otherwise and their families have no way of knowing their whereabouts.

Government institutions are not equipped to differentiate among the large population they routinely round up. The aged, differently-abled, and mentally ill share spaces in the homes with children and able-bodied women and men. The mentally ill, destitute women (many victims of sexual abuse) and senior citizens, who need the protection of the state and rehabilitation, are made to serve sentences in inhuman conditions with complete disregard to their physical and psychological condition. No medical or psychiatric assistance is provided and their conditions worsen with confinement.

There are over several hundred homes in India, each holding approximately 1,500 to 2,000 people. Overcrowded and unhygienic, the conditions are worse than a prison. Some years ago, the national media raised a storm when several beggars died of cholera at a home in Delhi, underscoring the horrific conditions that prevail. Human rights violations are rampant as many of those picked up do not receive legal representation and custodial violence is common.

We see the state only addressing the symptoms of the problem of beggary and not its causes. While the text of the law aims to prevent beggary through training and rehabilitation, the focus of law enforcement has been restricted to arresting destitutes. Trainings in the institutions either do not exist or have become completely non-functional. After spending years in custody, they acquire no skills to assist them to lead a different life. The fact that the law also includes snake charmers, street performers, and fortune-tellers further amplifies the problem. While such occupations have been banned, no alternatives have been provided. With increasing migration from rural to urban India and the number of destitutes that enter a city, each of these problems are amplified. Rather than exploring solutions to tackle the root causes of beggary, the state makes the poor invisible from society.

The Strategy

Given the many layers of the problem, We follows a multi-pronged approached to create an impact. Our work can be broadly classified into three levels: (i) It tackles the immediate needs of destitutes within the homes and on the streets (ii) It advocates for the repeal of law that criminalizes beggary, and (iii) It is building a framework for the long-term rehabilitation of destitutes.

We believe that while advocating for the repeal of the law in the longer term, one cannot be blind to existing realities. There is an immediate need to ensure a better quality of life for destitutes within the existing framework of the law. Understanding our role more as a facilitator than a provider, the designs initiatives to encourage existing institutions to provide better services and opportunities. Central to work on strategy of positive-engagement and appreciative inquiry. Rather than use a confrontational approach to highlight lapses, It acknowledges the contexts and contribution of each stakeholder, to encourage them to use their skills and experiences to facilitate change.

This approach has helped us build strong and long-term relationships with various state and non-state stakeholders. Through various organization, has created ties with government hospitals and ambulance service providers to provide free healthcare services for destitutes within homes. A full-time nurse is dedicated to facilitate their consultations at the hospital and a psychiatrist visits the home every month to counsel and prescribe medication.

The project sensitized the judiciary and drawn attention to the existing systems limitations by understanding the background of those arrested and differentiating beggars from those who are not. We have collaborated with the local Police Station to legally permit Kutumba to represent the destitutes before the authorities. Through this intervention, they collect data and present evidence on those arrested. Kutumba has introduced a “Call Home” program in the homes, which allows those arrested to call their families, inform them of their whereabouts, and reconnect with them. This enables them to ensure that employed destitutes are released immediately, old and ailing destitutes are referred to old-age homes and shelters run by COs, youth are connected to their families, and the mentally ill who require hospitalization are referred to the appropriate institutions. We are building relationships with law students to represent destitutes and provide appropriate evidence going forward. Kutumba has also created a network of informal sector employers, the Employers Collective. Through awareness building and sensitization, it has engaged several employers whose homeless employees were arrested to testify before judicial authorities and reinstate them. As Kutumba counsels beggars and mentally prepares them to give up begging, employers from the Employers Collective have also begun to provide authorities with affidavits to provide destitutes with employment and release them from state custody.

We are trying to partner with the Ministry of Human Resource Development to extend its existing program to provide vocational training in the slums to the homes. Through this program, destitutes undergo a three-month course on building their skills and receive a certificate from the government at the end of the course. He has also convinced administrators of the homes to start activities and create spaces where the mentally ill are free to engage in various activities. As a result, the mentally ill are asked to stay inside the homes only at night. Convinced that acts of violence are reduced when people know each other, We have initiated sports facilities in the homes, where the inmates and staff play as one team. Increased interaction among staff and inmates has significantly reduced rates of custodial violence. To date, Kutumba has provided direct and indirect support to over 1500 homeless destitutes.

To improve the conditions of destitutes on the streets, Kutumba has undertaken active sensitization programs with magistrates, police officials, and the staff of homes to educate them on the realities faced by the homeless. They engage the police to recognize the discretionary powers in the law and explore the positive roles that they can play.

The Community Felt Need :





The Stakeholders :





**Bruhat Bengaluru
Mahanagara Palike**





Ministry of Housing and Urban Affairs Government of India

How can YOU help?

How can you help?

Did you know!

There is a dedicated 24/7 helpline numbers
(080-22221188) - (080-22226666) -
(8660656709)

You can alert the team about homeless in your locality for a rescue and a dedicated team will be appointment to take care of the rest!

The journey starts here...

28-01-2023

10

Shelter Homes in Bangalore run by State Government

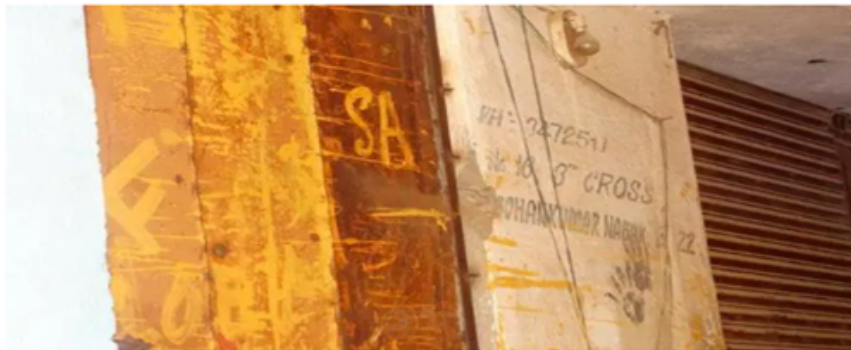
HOME > GOVERNANCE > BBMP helpline unaware of its own night shelters

BBMP helpline unaware of its own night shelters

September 24, 2015 Akshatha M

A few rickshaw drivers in the auto stand on Mohankumar Nagar Main Road point towards a shelter for homeless children in Pampa Nagar, when asked where the night shelter in Yeshwanthpur is. No one in the locality of Mohankumar Nagar seems to know that there is a night shelter for the homeless in their area.

This is not without reason. After asking around and finally spotting 3rd cross road on Google maps, we manage to find a nondescript building that has '16, 3rd cross, Mohankumar Nagar' written on it, but there is no mention of it being a shelter for homeless on the board.



A writing on the wall gives the address of the night shelter in Yeshwanthpur area, but there are no indications that it is a night shelter. Pic: Shree D N





From Vault :



❖ He is no more with us due to excessive bleeding.



Galary




The Team behind the screen





ANNEXURE



Date _____

Homeless Rescue Ref No. PS/BHP/2022/00

To,
The Sub-Inspector of Police,
_____ Police Station,
Bengaluru.

Sub: Rescue of Destitute / Homeless Person

Dear Sir / Madam,

Project Smile Trust is a grass root level NGO working towards the upliftment of the poor and marginalized. We are working in collaboration with multiple NGOs, Shelter homes & Bruhat Bengaluru Mahanagara Palike(BBMP) in the rescue & rehabilitation of Urban Homeless People.

We have identified through our Helpline/ Staff a person in your station limits with the following details:

Name: _____ Age _____ Gender : Male / Female / Others

Health Condition: _____ Location: _____

We request you to provide permission to rescue and rehabilitate him/her in the following Destitute Home / Urban Homeless Shelter / Hospital


Name & Address of the Shelter / Hospital : _____

Please do the needful.

Thanks & Regards,

Rescue Co-ordinator
99863 02606 / 86185 00288

GSTIN : 29AACTP9528Q1Z1
PAN : AACTP9528Q Reg No : CIT (E) BLR/80G/Q2D/AACT/P9528Q/ITO (E)-2/VOL 2016-2017
No-75/2B, Rashtriya Vidyalaya Road, 2nd Block Jayanagar,
Bengaluru, Karnataka 560011



Date _____

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The Sub-Inspector of Police,
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No-75/2B, Rashtriya Vidyalaya Road, 2nd Block Jayanagar,
Bengaluru, Karnataka 560011

They are waiting for us!



THANK YOU