

Shraddha Rehabilitation Foundation

**PROJECT PROPOSAL APPLICATION
FOR**

**REHABILITATION OF
MENTALLY – ILL ROADSIDE DESTITUTES**

TITLE

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

Accompanied By

A Grassroot Psychiatric Social Out-reach Awareness Programme

CONTEXT

Shraddha is a humane experiment, perhaps the only one of its kind in India, providing treatment, custodial care and rehabilitation to a neglected group of mentally – ill roadside destitute and reuniting them with their lost families.

Mental disorders afflict 5 crore of the Indian population (5%) and need special care. 80% of our districts do not have even one psychiatrist in public service.

WHO estimates of 2001 indicate a prevalence level of about 22% of individuals developing one or more mental or behavioural disorders in their lifetime in India.

According to WHO countries like India devote less than 1% of their health budget to mental health compared to 10%, 12%, 18% in other countries.

There are just 3,500 psychiatrists in India. Three psychiatrists per one million people in India compared to 100 in Australia or 150 in developed countries.

Over 90% of people with mental illness are cared for within their communities by their families and may never even receive a diagnosis.

The National Human Rights Commission 1999 Investigation findings reveal that there are predominantly two categories of mental hospitals.

“The first category does not deserve to be called ‘hospitals’ or mental health centres. They are ‘dumping grounds’ for families to abandon their mentally ill member, for either economic reasons or a lack of understanding and awareness of mental illness. The living conditions in many of these settings are deplorable & violate an individual’s right to be treated humanely and live a life of dignity. Despite all advances in treatment, the mentally ill in these hospitals are forced to live a life of incarceration.”

“The second category is those that provide basic living amenities. Their role is predominantly custodial and they provide adequate food and shelter. Medical treatment is used to keep patients manageable and very little effort is made to preserve or enhance their daily living skills. These hospitals are violating the rights of the mentally ill persons to appropriate treatment and rehabilitation and a right to community and family life.”

The available services for the psychiatrically ill patient fall severely short of demand.

Mental illness in India has been considerably under invested in, given the lack of awareness, the stigma and the discrimination. The families with a patient face stigma, discrimination and humiliation in society.

With poor awareness, economic hardship and lack of treatment and care, many Schizophrenic patients from both rural and urban areas are unwittingly separated from families and loved ones and end up as roadside destitute, unclothed, unfed & uncared.

Shraddha works with these destitutes.

BACKGROUND OF SHRADDHA

Shraddha has focused on a single segment client definition, roadside destitutes who are mentally ill and need treatment, rehabilitation, and reunion with their loved ones. There is no known institution in India that services these marginalized members of our society.

These mentally afflicted downtrodden differ from the run of the mill beggars seen on the streets, in the sense that the mental illness renders them acutely vulnerable & incapable of fending for themselves. The existing of these destitutes on the streets is not an event of their own making but instead these destitutes have often wandered out of their home under the influence of the mental illness (primarily Schizophrenia) & in a state of mental insanity.

Our organization picks up such people, brings them to our institute and provides them love, care, food, shelter and appropriate psychiatric treatment. Once psychiatric well being is achieved these destitutes are helped in tracing out their antecedents, from wherein, the reunion with the original family and native home takes place. Often the individual family of the concerned destitute may be hailing from as far as Tamil Nadu, West Bengal, Gujarat, Rajasthan, Kashmir, Nagaland, Orissa or Karnataka.

We have been successfully rehabilitating such mentally ill roadsides for the last 25 years and the quantum of work has been increasing year by year. The job satisfaction and the reinforcement obtained from the respective families of these destitutes provide Shraddha Rehabilitation Foundation the motivation to continue as well as the hope to expand the activities dedicated exclusively to the above cause.

This unique institution is perhaps the only one of its kind in India run by practicing psychiatrists that focuses on the roadside mentally ill destitute.

OFFICIAL STATUS

Shraddha Rehabilitation Foundation is a registered charitable, social, secular & apolitical organization.

Shraddha Rehabilitation Foundation got official registration with the Charity Commissioner vide Registration No. E-13686 dated 22/01/1992.

Shraddha Rehabilitation Foundation got a registration from the Income-Tax Department u/s 12A and u/s 80G in the year 1991 and subsequently we got further registrations renewed every 3 years and currently have a registration from 1st April 2008 which by a new ruling has got valid in perpetuity.

Shraddha Rehabilitation Foundation has registration under FCRA (Foreign Contribution Regulation Act) and registration number is 083780583 since 5th March, 1997.

The Project is Approved and Recognized by the National Committee for Promotion of Social & Economic Welfare, Ministry of Finance, Govt of India since December 2002 to date.

TRACK RECORD & GROWTH

Shraddha Rehabilitation Foundation, an NGO was founded in the year 1988.

Shraddha has been providing temporary custodial care since 1988 and started from a two room tenement that could house only 2-3 mentally ill roadside destitutes at a time.

During 1993, Shraddha Rehabilitation Foundation had held a fund raising exhibition of painting & sculptures at the Jehangir Art Gallery for which 141 senior and eminent artists from all over India had voluntarily submitted their paintings to proceed for sale. From the funds thus collected Shraddha Rehabilitation Foundation had thence in 1997 set up an exclusive 20 bedded care-giving institution in Dahisar, Mumbai. The said residential project had recognition from the Government of India.

However, not all was easy going and the residents of Dahisar resisted and took Shraddha to court for picking up “roadside, psychiatrically disturbing elements” that they perceived threatened their families with a bad influence. In a landmark judgment, the much-abused section of society found its lawful place under the sun. “The mentally-ill, roadside destitutes”..., emphasized the Mumbai High Court, “are as much entitled to medical help as any physically indisposed person”.

Finally in 2006 a separate facility of 6.5 acres was established on the outskirts of Mumbai on the undulating grassy knolls of Karjat that presently services 80 patients and can be scaled up to 120 patients. Over 3000 mentally-ill roadside destitutes have successfully been assisted off the roads, treated, rehabilitated and reunited with their families in far flung villages and towns of States such as Tamilnadu, Kerala, Orissa, West Bengal , Himachal Pradesh, and Assam.

THE PROJECT

The project is located on the outskirts of Mumbai in a suburb called Karjat, situated about 90 kms from the city of Mumbai.

The total area of land involved in the initiative is 6.5 acres (2, 79,000 sq. feet).

Initially the land was agricultural in terms of technical usage but subsequently N. A. (non agricultural usage) permission from the District Collector of the area was obtained and a sanction plan passed for a charitable medical institute.

Inspired by the legendary Social Worker, Shri Baba Amte,
Shraddha with an accommodation capacity of 120 patients was **inaugurated by Magsasay award winner for Social Work Shri Prakash Amte in March 2006.**

The Newness Of Shraddha's Interventions Is Fourfold -

1. To devote all resources to the client segment of the mentally ill roadside destitute that are invariably ignored and shunned by people, and are unfed, unclothed, uncared, and separated from their families. More than 500 of these patients are to be found aimlessly wandering in the metropolis of Mumbai alone.
2. An indigenously adapted approach of custodial care inspired by Baba Amte's Anandvan suited for rehabilitation which combines a compassionate approach to socialization, occupational engagement, & professional medical intervention. This approach is located in idyllic surroundings and an open field environment and provides rehabilitation through occupational participation in a range of agriculture, vegetable cultivation, dairy farming, water harvesting, poultry and other activities so that the institution produces what it consumes, treats the mentally ill with dignity, simultaneously preserving or building daily living skills.
3. Reuniting these patients to their families who have long thought of them as lost or even dead and entrusting their care with the ones who love these patients.
4. Educating the family, neighbouring locals & elders, with organized gatherings involving hands-on question-answer sessions about mental illness; causation, symptomatology, treatment amelioration; dispelling myths and misconceptions about Schizophrenia.

The Objectives of the Project are :

- a. To rescue maximum number of mentally ill destitutes.
- b. To provide free shelter and food to the rescued patients.
- c. To provide free pharmacological treatment to the rescued patients.
- d. To rehabilitate them with various psychosocial interventions.
- e. To trace out addresses of the patients & correspond with the families.
- f. To facilitate reunions of rehabilitated patients with their lost families.
- g. To follow up with all the reunited patients in order to ensure their well-being.
- h. To promote massive mental health awareness among rural villages, schools, families, police personnel, railway officials & general public.
- i. To network with other NGOs in order to generate collective efforts.

In about 80% of the destitutes recovery is possible and more than 60% of the destitutes can still expect full and lasting recovery.

It has been six years since we started our Karjat project. Giving hardcore statistical figures we have picked up, treated, and reunited with their families in different parts of India 1635 mentally ill roadside wandering destitutes in all :

47 destitutes in the year 2006
134 destitutes in the year 2007
156 destitutes in the year 2008
212 destitutes in the year 2009
261 destitutes in the year 2010
332 destitutes in the year 2011
493 destitutes in the year 2012

The other developments that have taken place are :

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

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

Gradually we hope that the work will multiply manifold and other NGO's / Corporates / Institutions / Doctors / Psychiatrists / Qualified social workers / Socially minded people will independently and on their own take to this cause of the mentally afflicted downtrodden to take the struggle to the next level and our society will witness the much needed revolution towards this neglected and rejected segment of human existence.

LEADERSHIP / MANAGEMENT

The Project team consists of a pyramidal organizational structure involving different rungs and operational levels

- a) Dr. Bharat Vatwani, the Founder Trustee and Chief Psychiatrist.
- b) Shri Ashok Mohanani (Director, Ekta Group) Shri Daksesh Parikh (Executive Editor, Business India) Dr. Ghanshyam Bimani (Consultant Psychiatrist), fellow Trustees, all putting in guiding inputs and generally overseeing affairs.
- c) Dr. Bharat Shah, Dr. Smitha Vatwani and Dr. Roopa Tekchandani, all Psychiatrists, helping in day to day psychiatric needs of the patients.
- d) Shri Gajendra Ganla (Ex-Chairman, Indian Water Works) and Shri Dayaram Sumbad (a social worker) putting in technical inputs.
- e) Dhruv Badekar, Denit Mathew, Stephen Nadar, Balram Kenchnal, Rehan Ansari, Izhar Iraqi, Shiva Dhobi, Neeta Verma, Aarti Handel, Ismat Shaikh, Wasim Shaikh, all qualified Residential Medical and Psychiatric Social Workers assisted by Mansoor Rizvi, Vijay Bharmani, Praful Sali, Jacob Devnasan, Rahul Jain, Kishorekumar Illa, Farzana Shaikh who are all Residential Social Workers. All of the above conjointly oversee day to day psychiatric status, occupational rehabilitation, confidence building programs for the destitute inmates and also oversee day to day purchases, inventory etc. They are also involved totally in the actual address and antecedents' inquiry and verification of each and every destitute. The entire responsibility of booking of train tickets, coordinating travel and actual reunion of the destitute with his loved ones in far flung states of India rests exclusively with them. Last but not the least the actual social outreach awareness programs both at the reunited family level and the general community level is conducted by them.
- f) Dr. Ram Kumar (BAMS) is our Residential Medical Officer staying in campus and overseeing day to day medical health of the inmates and is assisted by Dr. Nilesh Mhatre (BHMS) a visiting Doctor residing very close to the Karjat Centre and also coming daily for medical assessment of the inmates and dealing with medical emergencies occasionally arising.
- g) Ms. Surekha, Ms. Supriya, Ms. Deepa, Ms. Dipti, Ms. Asha, Ms Sonali all qualified Nurses dealing with day to day administration of medication and very basic medical monitoring.
- h) Kashinath, Vasant, and Rupesh all local villagers well versed with agriculture, dairy farming and overseeing the same. Also involved in distribution of daily meals, maintenance and cleanliness of the centre and the campus.
- i) Kamlesh and Manoj employed as Residential Cooks and along with rehabilitated female destitutes involved in the cooking of daily meals. Also overseeing inventory of food grains and perishable items etc.
- j) Manaram, Nilesh employed as Ambulance drivers

ARTICULATION OF THE PROGRAM AND DESIGN OF THE GRANT PROPOSED

CRITERIA FULFILLMENT

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

The association or institution is constituted as public charitable trust

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

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

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

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

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

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

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

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

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

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

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

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

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

Income Criteria for selection of beneficiaries

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

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

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

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

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

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

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

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

MONITORING & MEASURABILITY OF THE PROGRAM

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

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

Today, while we have adequate infrastructure in place to accommodate 120 patients, the acute constraint placed by our financial and manpower resources, enables us to cope with an in-house patients strength of only up to 80 patients, which essentially means 40 of our potential bed strength (about 33% of our max capacity) remain unoccupied at peak times.

EXPECTED OUTCOME OF THE PROGRAM

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

- a) More actual statistical number of mentally ill destitutes would be rescued, saved, treated, and reunited with their families resulting in actual reduction of the number of wandering psychiatrically disturbed destitutes; as well as actual reduction of psychological stress and emotional turmoil caused in the families because of separation from a loved one.
- b) More number of families, neighborhoods, communities, would become aware of the very basic fact that psychiatric illness is a treatable ailment and this would reduce the emphasis on stigma and discrimination within society.

RATIONALE OF GRANT BUDGET PROJECTIONS

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

An awareness campaign which includes several awareness programs among target groups such as rural villages, youth, police personnel and railway officials with an emphasis on the rural villages of the reunited patients.

Shraddha intends to organize awareness programs in particular in those villages where the teams go for reunions across India. The team will consist of Qualified Psychiatric Social Workers, Nurses, technical assistants and already rehabilitated patients. The team will stay in the village itself and will organize awareness programs in coordination with local authorities like Panchayat, Police Station and schools. The team will carry all the necessary equipments like Public addressing systems, Tents, Banners, I.E.C. & B.C.C. materials, Laptops, LCD Projectors, Psychiatric medicines, Pamphlets, Leaflets, referral cards etc. The awareness programs will be conducted in local schools or Panchayat halls. The local press and electronic media will be involved in the awareness move.

Our plan is to increase in the first year of the proposed program the inhouse patients-on-any-given-day strength from the current figure of 80 to 100. We envisage the need of the services of an additional three psychiatric social workers, a nurse and a ward boy to implement this objective. Given this additional staff strength we are confident that we can initiate at least 4 psychiatric awareness camps in the community every month.

In the second as well as the third year our objective is to increase and maintain the inhouse patient strength at 120 and the psychiatric awareness camps in the community to at least 8 every month. This would need an additional input of staff (another three psychiatric social workers, a nurse and a ward boy) to implement the objectives. Given the fact that 120 patients is a sizeable quantity and come in with their own load of medical problems, the services of another residential RMO is envisioned and taken into account.

The point to be noted is that we are expecting the grant from your revered trust to keep us moving right through till the end of the third year even though the quantum of inmate strength remains the same (at 120 bed occupancy) and other measurable activities like the reunions and awareness programs also remain at the same frequency. We believe that were you able to sustain us for two consecutive years on the same statistical load, we would be able to harness external financial mechanisms and inputs in place to keep the program running and sustain momentum independently and on our own.

Ultimately your involvement and your contribution for three consecutive years should evolve and result in the enhancement of our productivity to the point that we should be and would be able to maintain on our own a 120 inhouse patients-on-any-given-day strength.

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

SUSTAINABILITY OF PROGRAM

The implementation of the programs outlined above is dependent upon

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

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

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

SWOT ANALYSIS OF SHRADDHA AS AN INSTITUTION:

(**STRENGTH, WEAKNESS, OPPORTUNITY & THREAT)**

- **The greatest strength** of the organization is its sustained perseverance over the years. Despite the fact that the cause of the mentally ill roadside destitute did not have / does not have many takers / sympathizers, in view of the poor awareness amongst the lay public, the organization has held its own and has very slowly but surely moved from strength to strength. From a small two room tenement to a 6.5 acre full fledged rehabilitation centre it has been a definite growth spanning 25 years.

Other strengths include a committed hands-on work force as on date which despite better lucrative salary offers have held on to their current assignment purely because they believe that they are doing genuine social service and the job satisfaction is very gratifying.

Further strengths would include:

- a) Reputed corporate houses like HDFC, ONGC, SAIL, TATA Projects, coming forward to lend their might to the cause.
- b) Known institutions like Rotary Club of Queen's Necklace donating an entire unit cost to the centre and also chipping in with monthly contribution of Rs. 25,000/-
- c) Individual donors coming up with monthly contributions amounting to Rs. 60,000/- a month.
- d) One of our trustees, Shri Ashok Mohanani regularly contributing Rs. 80,000/- a month.
- e) Our having Rs. 2,92,00,000/- in various FD's having got a bulk of this amount through the sale of our Dahisar Project (which was lying defunct in view of the entire work being shifted to Karjat) and the Charity Commissioner's order restricts us to use of only the interest there-from.

- **The greatest weakness** of the organization is its lack of appeal to the common lay person in terms of empathy to the cause which it represents. Unlike the cause of the child or the cause of the old age or the cause of religion which are so often espoused by the common Indian mentality, the cause of the wandering insane does not appeal to people. As one donor succinctly put it 'the cause is not romantic enough'.

The other strong weakness of the organization is lack of personnel with PR skills and in the process unable to market its cause for donation purposes. While almost everybody attached to the organization is sincere and committed to the cause and feels deeply (almost to the point of emotional turmoil) on the issue of the wandering insane, their capability of communicating these emotional feelings to the general world to the point of making the public partake with funds is woefully pathetic. Efforts to get professional PR personnel have yielded poor results.

Another strong weakness of the project is the fact that there is no source of income from the project. As such it is totally dependent upon external donations / interest money received from FD's for sustenance. Both these entities are fluctuating as even the interest money from the same principle may continue to change depending upon RBI and banking norms and donations per se depend upon the charitable inclinations of individuals / corporate / donor organizations.

Other weaknesses include

1. The project being far from main Mumbai and Pune thus limiting the number of visitors who could be potential well wishers and donors to the cause. This also decreases awareness potential within the public because of a certain distance involved in accessibility.
2. Lack of International Funding Organization backing. The lack of priority and provision for mental illness in the funding criteria of international funding organizations is responsible for the same.

➤ **The opportunities** available which need to be exploited given correct and adequate manpower include

- Coverage of the activities in media, both television and print.
- Appropriate representation of the cause to various corporate organizations and /or donor agencies.
- Grassroots awareness programs at the street-corner level, panchayat level, community level, college levels etc.
- Roping in the urban youth which seems to be more cosmopolitan, secular and broad-minded in its approach to various causes which ail society and which being educated enough, believe less in dogma and stigmatization.
- Networking with likeminded people, other possible NGO's dealing with similar cause.

➤ **The threats** to the organization are

- The organization ultimately is catering to a single segment of the mentally ill viz. the roadside destitute, requiring professional qualified psychiatric intervention. Hence the continuity of the organization is directly dependent on the presence of at least one qualified psychiatrist.
- Individual donors backing out of commitments made because of their own individual fortunes fluctuating.
- The current psychiatric social workers leaving their jobs for whatever reasons causing a break in the continuity of functioning.
- Funds stopping to flow in for whatever reasons putting a break to the momentum which may be garnered.

CONCLUSION :

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

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

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

Shraddha Rehabilitation Foundation now looks forward to your revered blessings.

***Dr. Bharat Vatwani
Founder Trustee
TEAM SHRADDHA***