TCI Fellowship Report

Sadam Hanjabam

India
Narrative Reporting  
TCI – Fellowship Grant Report

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1st January 2021 to 31st December 2021

TCI – Fellowship Grant Report

Objective 1: To create online and offline safe spaces for LGBTI community and individuals living with psychosocial disabilities in Manipur and regions of North East

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Activity</th>
<th>Status</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Interactions/Workshops on understanding of Mental Health, LGBTI and Disability Rights with the grassroots community to understand their needs and work on the intersectionalities</td>
<td>Completed 3 sessions, 30 people</td>
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Objective 2: To initiate dialogues and provide a platform to talk and physically engage in activities through games and sports

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<thead>
<tr>
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<th>Status</th>
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<tbody>
<tr>
<td>2.1</td>
<td>FGDs on Creating a safe space through games and sports for recovery and inclusion.</td>
<td>Completed (Weekly sessions were affected by COVID but resumed and completed the on ground discussions)</td>
</tr>
<tr>
<td>2.2</td>
<td>Team based work out among LGBTI community using Football</td>
<td>Completed (Conducted 4th Queer Games in March 2021 with TCI as a partner)</td>
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Objective 3: To intervene and provide psychosocial support to LGBTI and other communities affected by Conflict and COVID.

<table>
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<tbody>
<tr>
<td>3.1</td>
<td>Building a network of interested peers and creation of two support groups of LGBTI and young people living with disability</td>
<td>Completed for LGBTI and YPLHIV but not for Young people living with disability.</td>
</tr>
<tr>
<td>3.2</td>
<td>Provided in person as well as referrals support through Rehabilitation centres and Homes.</td>
<td>Completed</td>
</tr>
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Background
Briefly explain why did you apply for the fellowship grant? What is the situation of persons with psychosocial disabilities in your country (min 300 – 500 words)

North East region of India remains one of the most conflicted and militarized region. It has many strong self-determination movements based on their backgrounds and diverse identities’ who were suppressed and oppressed by stronger forces and power without consent which still has. Manipur has been in the center of many controversies due to draconian acts like AFSPA 1958, which permit military to have a free hand. It has caused severe human rights violations in the region and thereby affecting the wellbeing of the population from many generations. Many of the young generations are highly affected by the fear and intergenerational trauma that has been passed down due to the ill treatment by the armed forces.

The state also has high school drop outs and lacks opportunities in jobs and resources. The younger population faces a sense of rejection and worthlessness because of the unsafe environment and absence of means of livelihoods. The state being a border state with Myanmar has almost free flow of drugs and illegal substances which flood the markets at very cheap rates. The crisis often leads to deterioration of mental health among younger generations. It is often found that they turn into drugs to escape the situation or feel alienated through the use of substances that are available through illegal border trade. Manipur stands second with 1.4% HIV prevalence in India next to Mizoram, its neighbor along the Indo Myanmar border with about 2% prevalence. More than 70 % of the HIV cases are found among people who inject drugs as opposite to other regions which are often lead by sexual transmission.

The region also has a huge invisible LGBTI and other young key populations (YKPs) which are hidden due to unavailability of proper support systems and discrimination. Religion and cultural beliefs often affect programming and implementation of projects among the YKPs. Many adolescents and young people migrate to other cities and states to find a safer space for them. The situation raises a big question when it comes to crisis like COVID-19 which exposed the flawed health support systems in our own states. Millions of YKP from the region are reverse migrating due to the pandemic and they are facing problems in health seeking, counselling, medical attention, violence and discrimination due to lack of safe spaces.

The government of India initiated Adolescent Education Program and National Adolescent Health Program/ RKSK from 2014 in most of the government schools, to teach and aware about Sexual, Reproductive, Mental Health, Substance Abuse, etc. Unfortunately, due to the stigma around the topics, young people are not taught about the self-care, harm reduction and dissemination of knowledge around the issues. It is high time we start discussions around the intersections of identity, well-being through certain entry points to work towards inclusion and recovery.
What are your/your organizations major achievements and contributions towards inclusion of persons with psychosocial disabilities in your country? (Min 600 -1000 words)

Persons with psychosocial disability still remains one of the most challenging and misunderstood areas of disability. There is a great need of addressing stigmatisation of individuals with psychosocial disabilities in the society at individual and society levels. The stigmas attached to it could result in additional issues to the current problem which could reduce self seeking behaviour. In addition to reduced self seeking behaviour, there are chances of the individual engaging in unhealthy coping strategies and seeking for impractical alternatives to the issues and problem. The care givers and family of the persons with psychosocial disability plays a vital role in the healing and betterment of the individual. In some cases, persons in this area of disability are considered as demon possessed and taken to healers or spiritual leaders wherein they perform certain rituals, giving false advise and teachings which in return affects the individual even more by following the ritual and advices. Forced institutionalisation is not an uncommon issue and person with psychosocial disability are often subjected to over crowding and unsanitary conditions. Women and girls with disability often lack care due to overcrowding of institution, lack of facilities and are at risk for physical and sexual violence. Financial constraint is another factor, which has decreased help seeking behaviour because of the expenses of Institutionalisations, consultation, medication which becomes a burden. The care givers of persons with disability faces huge responsibility and challenges which results in not being able to cater to the needs. Despite the implementation of Mental Health Act, rights of the individuals are violated and not carried out properly, and not treated with humanity and respect. The scenario of the LGBTIQ community is not to be ignored in this area, as noted above; the challenges faced remains the same for the community but with more complications. In institutions and places where only binary system is carried out, there are difficulties and inconveniences which arises. For the Transgender community, ‘Transgender Health and Wellness Centre’ was formed in 2021 in the state which can be considered as one step of growth and inclusivity. In this area of disability, there is still a great lack of development, accessibility, facilities to bring about a reformation and it is the responsibility of everyone including individual, family, society, social workers, professionals, leaders, law makers to bring a difference in contributing to the betterment of them.

The organisation’s vision is to restore and recreate an inclusivity society and it works toward the inclusion of person with psychosocial disability too. Institutional visits are organised wherein sessions and workshops are administered for the inmates, staff, care takers and family as well. The content of the session includes awareness program, psycho education, interventions and also one to one sessions. Interaction with the special educators and care takers where challenges and issues faced by them are raised during the sessions. Art and rhythm session are administered during the course of workshop. Covid-19 pandemic and lockdown has resulted in affecting people both physically and mentally upto the extent of depriving of basic needs. Due to the situation, the services provided were through telephonic medium in the form of psychosocial support through Tele Counselling in which the sessions were provided by the mental health professionals in the organisations. The helpline service is accessible to all for free, the calls received ranges from distress calls, suicidal thoughts, anxiousness, identity crisis and so on. Relief work was carried out through distribution of ration, medical kit, food kit, hygiene kit and transportation and distribution of ration and sanitary kit to inmates of Rehabilitation centre. In addition, the inmates were taken for Covid vaccination to the concerned centres by arranging
transportation led by the staff of the organisation. They were given assistance from the initial stage of registering for vaccination in the portal and also till drop and pick service to the centre. Outreach program for the LGBTIQ and Young People Living with HIV were identified and given cash support during the pandemic along with 796 IEC materials developed and distributed to create more awareness on gender, sexuality and mental health. Sports is used as a medium to include the community in creating a safer environment for the queer community, PLHIV, substance dependent individuals.
COVID had an adverse impact on the overall planning of the activities in the proposal and many had to be modified and delayed as the priorities changed from fieldwork to online mode. However, the fellowship provided the feasibility to adapt to the real-time problems and most of the objectives were either broadened or narrowed down.

In addition to conducting focused group discussions and activities using sports, the majority of the work was diverted towards COVID support in three ways,

a. **VACCINE SUPPORT:** Covid 19 has a significant impact on the livelihood of the people, especially for the young population. Taking into consideration of their needs for supports, Ya_All reached out to 100 young key population from LGBTQI community and assist them for Covid 19 vaccination. Also, provided a financial support to individual with cash amount of 1000 rupees each.

b. **MEDICAL SUPPORT:** Ya_All distributed a medical kit containing Pad, ORS, Condom, Antiseptic liquid, Paracetamol, Vitamin C, Multivitamin, Azithromycin and Pan 40 to 100 LGBTQI individual and young people living with HIV for Covid Relief Support.

c. **MENTAL HEALTH SUPPORT:** The 2nd wave of the pandemic impacted on the mental health and the well-being especially of the young key population LGBTQI/PLHIV individuals. By recognizing and understanding the needs of their mental health, Ya_All provided mental health supports to 218 individuals from LGBTQI/PLHIV, youth and adolescents from different community for their well-being through tele counseling by 5 counselors from different district and dialect.

Some of the key learnings were,

- The second wave of Covid 19 reached the region in North East India with a higher fatality rate than the first wave in India. The fatality rate was so high that we witnessed the health care system and manpower collapsing. The lack of proper health infrastructure and resources was evident this time. Major government hospital cancelled normal functioning due to shortage of bed and oxygen. While trying to get our lives back to normal after the 1st wave, the 2nd wave hit harder and the state went into lockdown since the beginning of May, creating a grave situation affecting each and every individual.

- Due to shortage of vaccine, the vaccination delivery of People of age group 18-44 was delayed and carried out in limited capacity. Given the risks of the Young Key Populations are at intense terms of the overall wellbeing, it became necessary to prioritize the health need of Young Key Population.

- We still saw discrepancy in the help mechanism for the vulnerable community. Through our teams efforts, these key population were identified and provided support and relief in the form
of cash support for vaccination for 100 young key population and Medical support for another 100 young key population.

- The 1st wave of Covid 19 had prepared us in providing our service of psychosocial support through Tele counselling. We continued with our tele counselling service where we reached out to 218 individuals. Poor network and connection issues had been a disruption during the process.

- This initiative has been a lesson that more youth inclusion is necessary in preparing for disaster preparedness and tackling crisis in the state. Ya_All’s helpline and tele counselling service will continue to provide its service delivery.
Briefly explain the way forward and sustainability plan or plan of action of the organization after completion of the fellowship grant? (min 300 – 600 words)

Being a new and young organisation, Ya_All’s main source of resources are through fundraising and crowdfunding. However we are optimistic of the way forward and sustainability because of the attention our work is getting currently from many funders and organisations. The first step towards partnerships and collaborations are trusts, ethics and visibility of the work which we have been able to establish with many organisations from grassroots to global level.

Currently we have developed our vision for next 5 years as a roadmap and the goals are briefly provided below,

A. SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS

GOAL 1.

Availability and access to Medicine and assisting in terms of Care and Support among YPLHIV.

ACTIVITY

- Advocating about HIV/AIDS on fb/Instagram/ twitter etc. and making the YPLHIV aware about the services rendered at Ya_All.
- Launching a HELPLINE number specifically for the YPLHIV community to give full tele support system.
- Achieving organizational partnership with established organisations on acquiring medicines for individuals.
- For delivery of medication, initiation of including YPLHIV in delivery services so that their status is secured among themselves i.e., among the YPLHIV community.
- Counselling session and sensitization workshop on mental health and wellbeing by selecting peer counsellors from different district of the state.

OUTPUT

1) Social Media Advocacy has been initiated and is still continuing. Positive impact can be observed from it.
2) Launching of HELPLINE number is still in progress and the work has already been initiated.
3) Dialogue on partnership with organisations and projects like CARE FOUNDATION and VIHAAN has been initiated and is still in progress.
4) Dialogue on medication delivery from the community members has been proposed but not yet in progress.
5) Ya_All’s mental health professionals have conducted training for creating peer counsellors of YPLHIV and five peer counsellors from different district of the state has been selected.

EXPECTED OTCOME

1) To provide an easy and convenient medication for YPLHIV.
2) Strengthening the peer counsellors to provide effective counselling to the community members.
3) Increasing sensitization on HIV/AIDS at the community and other institutions and also to the society as a whole.

GOAL 2:

To advocate and empower the LGBTI+ community towards acceptance, rights and support.

ACTIVITY
1) Gender Identity Change (GIC):
- Continuing sensitization at the community level about the steps taken by the government and also sensitization to the various stakeholders that needs to be collaborated.
- Facilitating the process of GIC and creating a link between the community members and stakeholders.

2) SOGIESC Advocacy:
- Continuing advocacy on social media platforms and engaging with various organizations that works on SOGIESC rights through social media platforms.
- Gender and Sexuality sensitization workshop at community level, schools and other institutes under Sexual and Reproductive Health Rights at Ya_All as well as other places that can be reached.
- Capacity building workshop to enhance the capability of the community member for their growth and wellbeing.

3) Mental Health Support:
- Skill training for mental health practitioner about being queer affirmative and conducting queer affirmative counselling session to all the peer counsellors.
- Conducting workshops and also providing services to the SOGIESC community.

4) Legal Advocacy:
- Keeping a legal advisor who is queer affirmative to help and support in times of crisis being faced by the SOGIESC community.

5) Sexual Health and Reproductive Health Rights (SRHR):
- Capacity building at places like community centers, schools and colleges where young key population are confined to about sexual and reproductive health.

OUTPUT
1) More initiations of workshops and sensitization program on Gender Identity Change affidavit and other related steps taken up by the government in coming years so that no individual belonging to the community is left out. And we expect 20-30 participants in each workshop to be conducted.
2) Continuing online advocacy and sensitization to reach the youths and also workshops and capacity building sessions to the SOGIESC community so that they become the best of what they are capable of and have a safe space in the society. 50-70 members are targeted each year.
3) To give trainings to new mental health practitioners who are unaware of SOGIESC and also to deliver the maximum support to the community members in persons or through tele counselling.
4) Legal advisor helping the community members in getting their individual rights so that they get the best out of what the government gives them.
5) Continuing advocacy and sensitization on sexual and reproductive health at grassroot levels like community centers, schools and colleges so that the upcoming youths may be well aware of the consequences they and their peers may face in near future.

EXPECTED OUTCOMES
1) Increased awareness on SOGIESC among the youths and also to the society as a whole.
2) Creating youth leadership among the community members so that we generate more youth changemaker.
3) Generating a sustainable livelihood means for the community members so that they are financially
independent.
4) Providing a safe space for the community members in terms of sexual and reproductive health and also mental health and wellbeing.

Goal 3:
To educate the youths about their rights of sexual & reproductive health, advocate for better access to its services and improve their sexual and reproductive health.

Activities
Research
Capacity building of youths on SRHR.
Sensitization of schools, college and other institutions.
Conduct workshops and sessions to create a learning platform.
Coordination with other stakeholders to improve its service availability, affordability and accessibility.
Linkages with program like RKSK for better outreach.

Output
Youths and different stakeholders are reached out and sensitized about SRHR, learning and sharing space is provided, and sense of support among the groups is built.

Expected outcome
Youths are educated and well informed about their rights of sexual and reproductive health, have better access to its services. Conversations around SRHR are normalized and youths have enhanced capacity to take healthy choices about their own sexual and reproductive health, to prevent themselves from HIV/AIDS & STIs, to protect themselves from sexual violence and also to support and educate their fellow peers. Improved implementation of SRHR programs.

B. MENTAL HEALTH & RIGHTS

Goal
To Improve the Mental Health well-being and support of adolescent and young people.

Objective
To create an inclusive and affirmative support system

Activity
1. Person with Psychosocial disability
   a. Social Media Advocacy.
   b. Capacity Building Workshop on “RIGHTS”.
   c. Service delivery/Intervention.

2. General Population
   a. Social Media Advocacy.
   b. Peer Counselling Programme for School Students.
   c. Mental Health Workshop-
d. Queer Affirmative Counselling.
e. Mental Health Service delivery/Intervention.

3. Employee of Ya-all
a. Regular Self Care session
b. Intervention/Service delivery
c. Capacity Building of Ya-all Employees.

4. Field Based Activity such as Art Based Therapy, Sports, and Music Etc are also practice.

Output
1. Media posts shared through Facebook/Instagram/Twitter on Rights of Person with Psychosocial disability.
   a. Workshop session conducted for person with psychosocial disability.
   b. Counselling provided to person with psychosocial disability.

2. Media post shared through face book / Instagram
   a. Peer counsellors selected and session conducted.
   b. Mental Health workshop session conducted in Schools/ Colleges/ Organisation and Community
   c. Counselling session Provided

3. Weekly session
   a. Intervention provided
   b. Self care session.

C. SKILL BUILDING AND LIVELIHOOD

Goal
To enable a large number of underprivileged youth to take up industry-relevant skill training that will help them in securing a better livelihood.

Activity
1) In collaboration with DDU-GKY for proving skills training free of cost for young key population residing in rural India.
2) In collaboration with JCRE Manipur to provide skills training both for rural and urban young key population. JCRE is a private company.
3) Sensitization and mobilization through social media platforms and also through conducting workshops with the youths.

Output
1) Sensitization and linking to training and development centres like Manipur State Rural Livelihood Missions, DDU-GKY etc on including the marginalized community for learning and job creations where Ya_All can act as a linking and referral unit.

Expected Outcomes
1) Possibility of generating more jobs to the youths of the State, especially the marginalized youths.
2) Increase in networking with the skills developing stakeholders for future purposes.
3) Active participation from the young key population through sensitization and awareness.

D. SPORTS

Goal
Sports Activism and Skill Building
A practise of sport Based Therapy

Activity
Promotes Health (Physical and Mental), Education

Output
To Bring about the understanding, acceptance and equality through Sports

Expected Income
To improve the well-being of every individual in society so they can reach their potential through Sports especially for LGBTI community, YPLHIV and young people living with psychosocial disabilities.
Briefly describe if there were any learnings for you during this fellowship period.

The biggest learning were finding ways to navigate during a global pandemic with limited resources and support.

Mental Health became a priority for everyone and services providers like us were overwhelmed with crisis calls taking a heavy toll on our well-being. A need to strengthen our own self-care and support system was a learning.

Re-emphasized the failure of one India one framework model of work. COVID waves affected our region at delayed stages when the country put their guard down and we had to heavily depend on our own ways to cope.

The fellowship provided as a motivation to move forward even though the burnout was high. It also provided the options to explore other ways of well-being using sports.

Please write about any challenges and difficulties you faced during conducting various activities in the fellowship period. Also, describe if any solutions or suggestions were utilized to address these.

The timeline was affected and the objectives of the proposed work plan. The work mode was heavily modified due to lockdown and restrictions.

Online activities were completed on time but on ground activities using football was affected. Some of the activities had to be cancelled and clubbed together. The 4th Edition of Queer Games were held in a large scale with the permission of the District Commissioner and inaugurated by The US Consulate General of Kolkata personally reaching out the target combining the smaller workshops.

Many of the activities were modified due to no feasibility of travel and stay for the players but caught up later the year as the restrictions eased.

The biggest impact was the effect COVID had on a young and small organization trying to stand up with limited resources. Due to lack of certificates like FCRA and 80 G most of the funders abstained from supporting us and it was a difficult stage where we felt many times we were on the verge of collapsing. We started crowd funding and it help us run our organization and assist our own communities.

As an organization built by people with lived experiences, there were many triggers of trauma, depression and anxiety attacks trying to work on ground. The vulnerability was affected more with many people reaching out for help and assistance. However we took turns and reduced the working hours. Our own well-being was compromised at many levels but being a young organization, there were very few people helping us solve our problems and we as a team stood for ourselves.
ANNEXURES

Share some pictures/media clippings IEC materials of activities carried out during the grant period?

Name of Activity: 4th Queer Games
Date of Activity: 25-26th March 2021
Description of Activity: https://statemag.state.gov/2021/05/0521ib03/
https://www.pothashang.in/2021/03/26/us-consul-general-opens-queer-games-north-east/
Name of Activity: On ground Football Session
Date of Activity: 14th March 2021
Description of Activity: Practice session and meet up for discussion on health and well-being
Name of Activity: Team Retreat
Date of Activity: 17th April 2021
Description of Activity: Self Care session for our team along with volunteers at Punsilok, Imphal
Name of Activity: COVID Relief Work
Date of Activity: 4th JUNE 2021
Description of Activity: Reaching out to the communities at Loktak Lake

Name of Activity: Football Team Meet Up
Date of Activity: 4th April 2021
Description of Activity: Discussion challenges during COVID for way forward

Name of Activity: Crowdfunding for COVID
Date of Activity:
Name of Activity: Outreach to Girl’s Home
Date of Activity:
Description of Activity: COVID Support and Psychosocial Support to girls in Shelter Home
Name of Activity:  
Date of Activity:  
Description of Activity: COVID support to Transgender Persons
Name of Activity: Football
Date of Activity:
Description of Activity: On ground friendly Football match for young LGBTI
Name of Activity: Team Meeting
Date of Activity:
Description of Activity: During the lockdown our team met weekly to discuss about our well being and the calls we got from the community to plan for better support and outreach.