Service for health and rural education
Share
ग्रामीण शिक्षा एवं स्वास्थ्य सेवा
Registration No. 153 of 1993-94

SHARE SOCIETY

A Unit of Emmanuel Hospital Association

Annual Report
2016-2017

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SERVICE FOR HEALTH & RURAL EDUCATION (SHARE) SOCIETY
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GLOSSARY

ACSM	-	*Advocacy Communication Social Mobilization*
ADO	-	*Assistant Development Officer*
AIDS	-	*Acquired Immune Deficiency Syndrome*
ASHA	-	*Accreted social Health Activist*
BDO	-	*Block Development Officer*
BPL	-	*Below Poverty Line*
CMOs	-	*Chief Medical Officer (at district level)*
CBO	-	*Community Based Organization*
CDO	-	*Child Development Officer*
CHC	-	*Community Health Centre*
CHDP	-	*Community Health Development Project*
DMPH	-	*District Mental Primary Health*
DRDA	-	*District Rural Development Agency*
EHA	-	*Emmanuel Hospital Association*
FGD	-	*Focus Group Discussion*
GOs	-	*Government Organization*
HIV	-	*Human Immunodeficiency Virus*
IEC	-	*Information Education & Communication*
ICDS	-	*Integrated Child Development Scheme*
JSY	-	*Jannani Suraksha Yojana*
MBP	-	*Micro Birth Planning*
MDGs	-	*Millennium Development Goals*
MOV	-	*Means of verification*
MOIC	-	*Medical Officer In charge*
NGO	-	*Non Governmental Organization*
NREGA	-	*National Rural Employment Guarantee Act*
NPE	-	*National Policy on Education*
NRHM	-	*National Rural Health Mission*
OBC	-	*Other Backward Class*
ORS	-	*Oral Rehydration Solution*
OVI	-	*Objective verifiable Indicators*
PHC	-	*Primary Health Centre*
PLWMD	-	*People Living with Mental Disorders*
PRI	-	*Panchayati Raj Institution*
RMPs	-	*Rural Medical Practitioners*
RSBY	-	*Rashtriya Swasthya Bima Yojna*
SHARE	-	*Service for Health & Rural Education*
SHG	-	*Self Help Group*
SSA	-	*Sarva Shiksha Abhiyan*
STD	-	*Sexually Transmitted Diseases*
SHG	-	*Self Help Group*
TBAs	-	*Traditional Birth Attendants*
TB	-	*Tuberculosis*
U.P	-	*Uttar Pradesh*
VHSC	-	*Village Health Sanitation Committee*
VHG	-	*Village Health Guides*
VHND	-	*Village Health Nutrition Day*

2.0 Background Information:

The SHARE (Service for Health and Rural Education) Society was registered 01st June 1993 under Societies registration act 1860. Although SHARE was started by Dr. Led Lankester, a British medical doctor in 1985 to make "HEALTH FOR ALL" a reality for the people living in the remote villages of the Tehri Garhwal district of Himalayas. Ever since under different leaderships the project came into service, the emphasis has been to provide primary medical assistance and health education to the needy and suffering people. SHARE made a complete shift of its project location from Janupur block of Tehri Garhwal to Chinyalisaur block of Uttarkhasi district in 2005. With this change a paradigm shift was considered in order to make the communities self-reliant and self-sustaining through Cooperatives therefore SHARE focused on the formation of Health Co-operatives to ensure better health at the community level by the people, for the people and of the people to ensure sustainable development.

SHARE moved to Seohara block of Bijnor district, Uttar Pradesh in 2007 under the efficient cleadership of Mr. David Abraham after serving Tehri Garhwal and Uttarkhasi districts more than 20 years and same time in the plain regions it was entirely different challenges with compare to hilly regions however SHARE successfully started its community health & development project in this new area where no voluntary agency is working to address the health & development issues. SHARE started community based mental health programmes in Bijnor district in 2014 and the programmes kept operating from Seohara as per its strategic location. The mental health programmes' influences even reached out to the nearby districts where communities ensured their participation within the programmes.

3.0 Project Details:

The Share project in Seohara Block of Bijnor district, UP has been completed the 10th year after shifting from Chinyalisaur block of Uttarkhasi district where SHARE served the communities of that area for nearly 2 years.

The Seohara block administratively consisted of 85 Gram Shabha and 10 Naya Panchayat. The government health infrastructure point of view: a community health centre/primary health centre has been delivering health services with the network of 2 additional PHC and 25 ANMs sub centers to the entire block of Seohara.

The project location has been comprises of 152 villages with a total population of 178902, proportionally block covered (rural) is 77.38. These villages have been further divided into 3 clusters to supervise & monitor the program effectively with the coordination of the project team and CBOs. In this year SHARE reach out 60 villages to raise mental health awareness and about its treatments. TB programmes through Project Axshya and CBOs formations in the community circles.

3.1 Project Summary:

This is the 4th year SHARE continuing its initiatives in the domain of Mental Health[1] with the focus of community based mental health and development programme. SHARE started the

[1] Mental disorders are a major cause of illness both globally and throughout India. About 14% of the global burden of disease is attributed to neuropsychiatric illness (Prince et al, 2007, WHO 2011, Patel et al 2007). Common mental disorders that are found in all communities include depression, alcohol use disorder and anxiety disorders. Mental health is

work just in 01 block in 2013 but now it expended in 06 blocks of Bijnor district and 02 blocks of Moradabad and even our work reaching in one of district of Uttrakhand. This year SHARE team also become very much confident while working in mental health component and they earn the respect of those having mental ill persons in the families.

SHARE also worked in the components of Project Axshya-TB Programme, CBOs, safe drinking programme-installing hand pumps along with community based mental health programme and during the reporting period CORSTONE- emotional resilience program has been started in the colleges/schools ((see Annexure No 02) to work among 44 adolescent groups- 26 girls groups and 18 boys groups comprising of 788 enrolments.

It is not surprising, then, that the 'treatment gap' for mental disorders is large all over the country, but especially so in rural areas, and amongst the socially disadvantaged therefore SHARE made hundreds of referrals to the Govt. metal hospital Bareilly from the project locations.

The objectives mainly included: 01. To strengthen government primary mental health services of 3 CHC/PHC of Seohara block by end of 3 years; 02. To strengthen the 50 CBOs of Seohara block to increase skills in mental health literacy, first aid and positive mental health;03.To increase youth resilience among adolescent in schools/colleges and 04. To improve the reach, visibility and effectiveness of RNTCP through SHARE Project support in 02 district-Bijnor & Moradabad.

New self-help groups (SHGs) have been formed and some of old SHGs have been closed and now project has 61 active SHGs in the targeted communities (see Annexure No. 01). TB programmes (RNTCP) under Project Axshya have been carried in the rural villages (see statistical report), and during the reporting period no hand pumps have been installed in the target communities though we retain the partnership with Sampurn Development, Varanashi.

Dr. Sunil Gokavi- the Executive Director EHA and Mr. Brian Neal made 2 days visit in Bijnor from 23rd to 25th August and they had interactions with the people having mental illnesses and their family members for whom SHARE works. They also made efforts to visit 08 villages to see community groups formed by SHARE.

Dr. Kaaren Mathias, Mental Health director- EHA & Ms. Margaret Kurian, Mr. Vijaya Bhaskar & Dr. Sunitha Vargheses (Unit Management Committee Members) visited SHARE during the reporting period and made field visits to see some of programme progress taking place in the communities and meeting with people living with mental disorders (PLWMDs) and their family members.

A team comprising of Mr. Victor Emmanuel, Ms. Leela Sam, Ms. Sarah Victor, Mr. Benjamin Soans and Mr. Issac Singh from EHA central office Delhi visited SHARE to attend the Annual Function 2016.

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a hugely neglected are in health, and in all Low and Middle Income countries there are very high rates of under-presentation, under-diagnosis and under-treatment (Patel,V 2007 and WHO 2007).

Project Axshya: *SHARE has been carried out the Project Axshya in Bijnor with the support of Catholic Bishop Conference of India (CBCI-CARD), New Delhi with the objective To improve the reach, visibility and effectiveness of RNTCP through SHARE Project.*

3.2 Project Situation Report:

SHARE has been running in fourth year of implementing community based mental health and development programme in Seohara block of Bijnor district i.e. western Uttar Pradesh. Although SHARE approached remained very much integrated with other health and development factors contributed towards the mental health programme and now it has been taken up the shape
. SHARE has been continued the NGO partner woth CBCI-Card New Delhi to implement the Project Axshya-TB Programme in Bijnor district during the reporting period. District coordinator (DC) monitored the Project Axshya activities of SHARE NGO and provides technical support to the team members. More over field verifications have been done directly from Delhi CBCI office and form the UNION Delhi office.
Rural women have been organized in 01 new self- help groups in Haroli villages and old CBOs have been visited by SHARE in order to empower them especially in the component of mental health. This year SHARE newly started Madarsha (Muslim School) Intervention to raise the awareness on mental health.
SHARE after gaining 02 years' experience from CORSTONE Foundation New Delhi, successfully implemented youth resilience programme in 06 schools with the formation of 21 groups (11 male & 10 female) in which 431 (217 male & 214 female) adolescents have been enrolled.

During the year 2016-2017- 52 trips have been organized by SHARE in which 244 new patients-PLWMDs (people living with mental disorders) -150 male and 94 female patients visited to the Govt. mental hospital Bareilly, in which 55 patients are more than with compare to last year for the same period and same time 1266 old PLWMDs (776 Male & 490 Female patients) revisited the mental hospital. This year 266 old PLWMDs numbers have been increased with compare to last year for the same period.

SHARE team got Mental Health training by psychiatric nurse in three phase i.e first from 05th September to 9th September 2016, second from 16th to 19th November 2016 and third from 15th to 17th March 2017 during the reporting period which certainly built the capacity of the team.

As an initiative Mr David Abraham gave Mental Health Training for ASHA workers in Thakurwara block of Moradabad district on 09-02-2017.

Mental Health Meeting took place in Emmanuel Hospital Association New Delhi office to discuss about what model we have for mental health as working in the respective communities, SHARE made its presentation towards this on 16-02-2017.

SHARE participation in Block level ANMs, ASHAs, Govt. Hospital Staffs meeting under the banner of Seohara Government Community Health Centre in which Mr David Abraham taken time to tell about mental health needs in the communities and shown movie on Treatment of Mental Problems on 21-02-2017.

SHARE' de-worming initiative: 4347+ Albendazole Tab 400 mg given to poor community children under 5 years during the reporting.

World Mental Health Programme on 10-10-216: SHARE organized the world mental health programme in the community level in which family members of mental ill patients also taken the part.
District Disaster Management Training Programme 0n 25-11-2016: SHARE project manager called by DRDA to take a session on Post Disaster Psychosocial Effects in which participants were from Govt. Developments & Health departments of Bijnor & nearby districts.
World AIDS Day Programme on 01st December 2016: SHARE facilitated the AIDS Awareness Programme among adolescents girls, rallies have been organized by SHARE in two places in which NCC marched in semi urban areas and Govt. school children marched in village level. Several slogans have been shouted in the air to make mass awareness. Press made the coverage of the programme.
SHARE Annual Function and Christmas Programme taken place on 21-12-2016. We got good weather on that day, had community participation of 350+, lunch served after the programme & other arrangements fulfilled and have EHA central office team participation in the programme. Press made the positive coverage of the programme.

SHARE organized International Women Day on 08th March 2017 in two locations of Bijnor district, in which women participated with great enthusiasm especially the self-help group members and media captured the programme details in newspapers.
During the programme: emphasis has been made that the physical health and the mental health are inter-connected and play greater role in the women' holistic health.
SHARE facilitated a rally programme on the occasion of World TB Day on March 24th 2017 in which Govt. officers, CBCI-Card,NGOs and community workers participated and a play & song on TB in the Madarsha (Muslim school).
District Tuberculosis Officer Dr. Rajkumar made remarkable comment, "SHARE created a supportive atmosphere in Seohara and today I personally experienced it".

3.3 Programme Achievements:

3.3.1 ACTIVITIES:

What was Scheduled	Progress Made	Explanatory Narrative
Activity No. 01: Selection of participatory schools to conduct emotional resilience program in schools/colleges. *Sub Activities:* *Project will seek permission from college/schools to carry out emotional resilience programme among adolescents.*	▪ 06 participatory schools have been selected. ▪ 08 colleges /school have been approached by SHARE to conduct group activities on emotional resilience programs among adolescents but 10 selected. ▪ 02 Govt. school & 04 private colleges given permission to SHARE to conduct the Youth Resilience Programme.	▪ Project strategically identified participatory schools/collages as per project feasibilities to reach them out in planned manners.
Activity No. 02: Identification & assign of school facilitators to conduct the sessions in	▪ 8 school facilitators have been assigned to conduct the sessions in the participatory school.	▪ Project has 08 school facilitators (Male= 02 & Female=06).

the participatory school.	▪ SHARE followed the methodology of CORSTONE.	▪ Youth Resilience Program based on CORSTONE methodology.
Activity No. 03: Orientation to master trainer.	▪ 03 times master trainer received the orientation.	▪ Orientation taken place in Seohara in Nov & Dec.
Activity No. 04: Orientation for programme facilitators (PF) for emotional resilience programme.	▪ 08 school facilitators	▪ Built on last year experience & learning.
Activity No. 05: Formation of groups of girls and boys in the colleges/schools.	▪ 21 new groups have been formed in 06 schools/colleges. Total groups =21 and 431 adolescents (Male= 217 & Female=214) have been participating in the group' activities.	▪ Adolescents groups have been formed in school/colleges with the support of school managements.
Activity No. 06: Group activities among adolescent in 03 schools/colleges.	▪ Programme facilitators conducted the group activities among the adolescents in the 06 colleges/schools.	▪ Last year school facilitators have been trained by CORSTONE trainers.
Activity No. 07: Pamphlets/IEC materials/workbooks for adolescents/students.	▪ 200 new copies of Meri Pahli Kitab have been printed for both boys & girls and rest of old one used.	▪ These booklet used to facilitate group sessions among adolescents in the school/colleges.
Activity No. 08: Refresher course for school mental health facilitators.	▪ 03 refresher courses during the reporting period.	▪ Updating concern registers of each school facilitators to cope the youth resilience programs in the schools/colleges.
Activity No. 09: Reach out to the new villages for fiscal year 2016-2017.	▪ SHARE reach out to the 60 new villages during the reporting period to have relationship building with community stakeholders and raise mental health awareness.	▪ Details of villages block wise: ▪ Afzalgarh (08); Amroha (03); Chajlet (13); Dhampur (16); Dilari (02); Nehtaur (04) and Noorpur (14).
Activity No. 10: Networking with CMO office, PHCs and CHCs	▪ 03 meetings have been done with CMO Bijnor. ▪ SHARE developed networking with	▪ Bijnor CMO has been changed during the reporting period.

that they may aware about the progress of mental health programme in Bijnor district.	07 Govt. CHC/PHC while working on mental health. ▪ Project interacted with the community people on these resource materials and received the positive response.	▪ Project also developed relationship with Government mental hospital, Bareilly and new director of this hospital ensured us to provide maximum support to this mental health programme. ▪ PHCs have been responding positively with the project so far and willing to giving support to mental health initiative.
Activity No. 11: Developing and accessing resources for mental health literacy IEC materials-adolescent friendly (Banners, hand-outs, DVD, radio programmes, forms etc.) for capacity building/training.	▪ Project developed mental health literacy (IEC Materials) like different kind of banners, handouts and have some movies on mental issues. ▪ 3000 Handouts are printed on the topics of depression, anxiety, schizophrenia, sleeping disorders assessment forms, fits, etc.	▪ Banners are used for conducting mental awareness meetings at community levels, in colleges even for giving trainings for stakeholders. ▪ During the field visits project found these resource materials very useful.
Activity No. 12: Capacity building of Nurses, ANMs, ASHAs and in mental health issues (for identification of mentally ill and their treatment).	▪ 24 ANMs & 67 ASHAs workers capacity building have been through SHARE community work.	▪ ANMs & ASHAs workers are main grass root workers in the community level.
Activity No. 13: Cross Cutting Activities on different themes.	▪ Programme on 05 Cross Cutting themes have been conducted during the period and drew the public attention what SHARE does especially for mental health.	▪ World Mental Health Day programme on 10-10-16; World AIDS Day programme on 01-12-16; SHARE Annual function on 21-12-16; World Women' Day Programme on 08-03-17 and World TB Day on 24-03-17.
Activity No. 14: Advocacy for stocking of psychiatric drugs in	▪ SHARE approached to the director of mental hospital Bareilly in this regards.	▪ Long way to go in this direction as without psychiatric this is not

CHCs and PHCs.		possible even in district hospital there is no psychiatric.
Activity No. 15: Regular meeting with Gram Pradhans/VHSC at community level.	▪ 13 meetings with Gram Pradhans/VHSNC on the issues of mental health.	▪ Gram Pradhans are positive about these mental health programmes and allowing the project team to organize meetings in the communities. ▪ All these meetings have been organised in the villages
Activity No. 16: Regular ACSM meetings with community people in the village levels.	▪ 59 ACSM meetings have been conducted in the communities of 09 blocks to raise awareness on mental health. ▪ Afzalgarh 06;Amroha 02; Chajlet 13; Dhampur 08; Kothwali 01; Neataur 03; Noorpur 15; Seohara 10 and Thakurdwara 01 ▪ 1729 community people & stakeholders attended the ACSM meetings at the community level.	▪ Basic awareness on mental health disseminated to the participants like what is mental health, how mental illness affect normal health behaviour, wrong conception about mental health problems in the communities, what factors leading mental health problems to a person & Treatment of mental illnesses.
Activity No. 17: House visits in the community circle	▪ 4352 house visits have been made in the community circle.	▪ Period covered April to March 2017.
Activity No. 18: House visits of old & New People Living with Mental Disorders (PLWMDs) in the communities setting.	▪ 918 times SHARE made the house visits of PLWMDs to motivate family member for care & drug adherence.	▪ Project received the positive feedbacks from the communities and mental health messages really penetrated in the community circle.
Activity No. 19: Case detection of	▪ As project records 128 common mental disorders, Epilepsy 288 and	▪ Project stakeholders & family members of

People living with Mental Disorders (PLWMDs) from the communities and registration in Project registers	187 severe mental disorders have been detected from the various communities/villages.	PLWMDs also take part in detecting new cases from the communities.
Activity No. 20: 3.5 Facilitate the trips of PLWMDs to the Govt. Mental Hospital Bareilly for consulting psychiatric over there and free medication for referred cases.	▪ 52 trips have been facilitated by SHARE Project during the year o weekly basis to the Govt. Mental hospital Bareilly. ▪ 244 New PLWMDs (Male= 150 & Female =94) and 1266 revisits of PLWMDs (Male= 776 & Female =490) to the Govt. Mental hospital Bareilly.	▪ SHARE facilitate Govt. Mental Hospital trip every Tuesday in group of mentally ill people & their family members travel together.
Activity No. 21: Psycho-education will take place with the family of PLWMDs with a needs assessment, care plan and support and development of skills in MH.	▪ 1373 times Psycho-educations have done in the communities during the year. ▪ 138 care plans of PLWMDs have been done with family members.	▪ Psycho-education for family members of mentally ill people in the communities.
Activity No. 22: Wall writing in the villages to spread the messages of mental health.	▪ 12 wall writings in the villages taken place during the reporting period.	▪ These wall writings helped the project to have mass on mental health in the communities
Activity No. 23: Madarsha (Muslim Schools) Intervention to make m	▪ 05 Madarsha intervention programme have been conducted during the period.	▪ In Nehtaur block (1); Kothwali block (1); Dhampur block (1) and Seohara block (2)
Activity No. 24: Monthly basis CBO meetings in the communities promoting mental health in the communities.	▪ 43/65 functioning CBOs taken parts in monthly meetings & mental health awareness sessions taken place in these groups. ▪ Some of the CBOs members are community motivators of identify	▪ Project facilitated CBOs documentation and account opening in the circular banks. ▪ There are 709 members in the 62 CBOs. ▪ Most of the CBOs have their own bank accounts.

	of mentally ill people in their villages. ▪ These CBOs manage their own groups activities and monthly basis they do saving, inter loaning & recovery of loans.	
Activity No. 25: Exposure trips to health facilities & training programme for CBOs in the communities.	▪ 59 CBOs members of 06 groups participated in the training programme during the reporting period.	▪ CBO members are made well aware about Govt. mental hospital for the treatment of mental disorders.
Activity No. 26: Project facilitates CBO Linkages with financial institutions/ micro finance institutions.	▪ New CBOs have not linked to the Banks because of demonetisation during the period.	▪ Most of the CBOs faced the problem of demonetisation.
Activity No. 27: Formation of new CBOs in the communities to support mental health programme.	▪ 01 new CBOs formed in the communities.	▪ In some villages first project started identification of mentally ill persons and after those CBOs formed.
Activity No. 28: Income generating training programme for CBOs members-candle making.	▪ 05 income generating training (candle making) programme have been conducted in the communities for CBOs members.	▪ Project has skills to train CBOs how to make candles.
Activity No. 29: Community sensitization meetings about "what does drinking too much do to a person and the family?"	▪ 01 wall writing done nearby SHARE office.	▪ Alcoholism is the major issues in the communities.
Activity No. 30: Project facilitates (Moradabad) access to resources to deal with alcohol problems in the communities.	▪ No progress in this activities	
Activity No. 31: Sensitization meeting TB with Gaon	▪ 17/20 GKS meetings have been conducted in the villages of marginalized people groups.	▪ Target was 20 GKS meetings for the 12 months.

Kalyan Samiti (GKS) and other community groups- monthly meetings Community meetings /Street plays	▪ In 17 GKS meetings 455 community people as well as stakeholders participated.	
Activity No. 32: Project facilitates to have Axshya Samwad (House to House visits) in the marginalized communities.	▪ 4554/5000 Axshya Samwad (House to House) visits have been carried in Binjor for the month of April 2016 to March 2017.	▪ Target was 5000 Axshya Samwad (House to House) visits for the 12 months.
Activity No. 33 Project makes referral of TB suspected cases to the nearest DOTs Microscopic Centers (DMCs).	▪ 513 referrals made of TB suspected cases to the nearest DMCs during the period.	▪ Referral made of 25 villages - Bijnor district. ▪ SHARE has working relation with 07 DMCs.
Activity No. 34 Project facilitates Sputum collection and transportation of marginalized communities to the DMCs.	▪ 259/260 sputum collection and transportation (SCT) have been made in 12 months.	▪ Target was 260 sputum collection and transportation for the 12 months.
Activity No. 35 Mid-Media activities in the communities.	▪ 2/4 Mid-Media activities have been conducted in the communities.	▪ As per plan 0l Mid-Media activity per quarter.
Activity No. 36 Project facilitates Rural Health Care Providers (RHCP), Volunteers Training & TB patients meetings.	▪ No RHCP training taken place during reporting period. ▪ SHARE got 04 reviews meeting of Project Axshya. ▪ Project facilitated 04 volunteers training in Seohara. ▪ 01 TB patients meetings taken place in Seohara CHC during the reporting period.	▪ SHARE' relationship helped the project to facilitate all these training or meetings at the district levels.
Activity No. 37 Project will participated in TB Forum & NGOs review meetings in Bijnor & Moradabad districts.	▪ Project participated in 01 TB Forum meetings during the reporting meetings. ▪ Project participated in 01 NGO review meetings during the reporting meetings.	▪ SHARE is the member of TB forum in Bijnor. ▪ NGOs of Bijnor are made aware about the RNTCP schemes.

3.3.2 Outputs:

What was Scheduled	Indicators	Progress Made	Explanatory Narrative
Output 01: Identified colleges/schools will give permission to SHARE Project to run Emotional Resilience Program for students (adolescents).	• No of permission receive by the project for emotional resilience program.	▪ SHARE received permission from 06 colleges/schools for emotional resilience programs.	▪ Colleges/schools are positive towards the work of emotional resilience programs. ▪ Project had the target to conduct 21 session for each groups in the schools.
Output 02: Emotional Resilience Program will be functional in the participatory colleges/schools.	• No of colleges/schools participating in this program.	▪ SHARE selected 06 colleges/schools for this program.	▪ For this programs 04 private & 02 Govt. school were selected .
Output 03: Project will have school facilitators to conduct the sessions and work with the girls & boys groups.	• No of school facilitators project have to run the program.	Project had 08 school facilitators to run this program during the reporting period.	▪ 06 female & 02 male school facilitators were selected from community itself.
Output 04: SHARE team will have appropriate knowledge & skills for the promotion of mental health among adolescents.	• No of orientation SHARE team received for capacity building.	▪ SHARE team orientation 03 training for the capacity building.	▪ Last year SHARE team received training to run the emotional resilience programme among adolescents.
Output 05: SHARE will have master trainer while working on emotional resilience program for adolescent.	• No of master trainer SHARE has.	▪ SHARE has one master trainer to monitor school facilitators' progress and give them feedback time to time.	▪ Master trainer helped the school facilitators in day to day activities.
Output 06: SHARE will have trained school mental health facilitators.	• No of trained school facilitators.	▪ 08 trained school facilitators.	▪ Last year training taken place in Seohara. ▪ CORSTONE Trainers from Delhi conducted the training sessions.
Output 07: SHARE will have girls	• No of groups SHARE	▪ SHARE formed 21 groups of	▪ School teachers participated in group

& boys groups with whom facilitators work on emotional resilience program.	formed.	adolescent 11 girls groups & 10 boys groups.	formation activities.
Output 08: Group activities will be in functional in the colleges/schools as per the plans	• No of groups activities taken place.	▪ 293 groups activities taken place in 21 adolescent groups during the period.	▪ All the group activities taken place in the schools.
Output 09: SHARE will have pamphlets/IEC materials/workbooks for adolescents/students.	• Pamphlets and IEC materials.	▪ Project provided the workbook, pamphlets and IEC materials to be used for the programme.	▪ Workbook had the content of lesson.
Output 10: School facilitators & students will be aware about the mental health disorders and strategies to increase their own mental health.	• No of adolescents participating in emotional resilience program.	▪ 431 adolescents participated in youth resilience programs.	▪ Several holidays, half yearly exams and in low attendance in school hamper the sessions to be taken place.
Output 11: Project will have Network System with the Government Hospitals while working in the field of mental health promotion.	▪ No of CHCs/PHC project work with while doing mental health education in the communities. ▪ No of linkages SHARE has to network with Govt. Mental Hospital	▪ SHARE has working relation with 3 PHCs and deliver mental health messages in ANMs session days. ▪ Project strengthens networking with Govt. Mental Hospital, Bareilly and Govt. Hospital, Moradabad.	▪ Project has good reputation in the primary health centres as they see project mobilization in the grass root level. ▪ Govt. Mental hospital supporting SHARE initiatives on mental health and treating mentally ill people of our communities.
Output 12: IEC Materials: Project	▪ No of IEC	▪ Project developed 05	▪ SHARE IEC materials are in

will have IEC materials to facilitate/ address the mental health issues and it help in capacity building of stakeholders.	materials project have developed.	IEC materials to conduct mental health activities in the field level.	pictorial forms and same time give information about Depression, Anxiety, Epilepsy, Schizophrenia, sleeping disorders and substance abuse.
Output 13: ANMs & ASHAs (Government team) give support to mental health programme.	▪ No of ANM centres functional in the communities.	▪ Project reached 29/35 ANM centres during period and ANMs are providing support to the mental health programme.	▪ Project has working relationship with Govt. ANMs.
Output 14: Stigma & discrimination relate to mental health will reduce in the communities.	▪ No of villages SHARE team reached to reduce stigma & discrimination on mental health. ▪ No of volunteers identify/attend meetings to reduce stigma & discrimination of their respective communalities.	▪ 60 villages SHARE team reached out and did the programme during reporting period. ▪ 34 volunteers identified to reduce stigma & discrimination. ▪ 26 volunteers attended the meetings.	▪ SHARE covered the villages of 05 blocks comprising of Bijnor Moradabad districts.
Output 15: Families of PLWMDs have confidence to visit Govt. Mental Hospital Bareilly/Moradabad.	▪ No of times families groups travel to Govt. Mental Hospital Bareilly.	▪ 52 times families groups-care givers travel to Govt. Mental Hospital ▪ 913 families' members involve in this.	▪ SHARE organized the travel every Tuesday to Mental Hospital Bareilly.
Output 16: There will be mass awareness in the communities about the	▪ No of mass awareness still present in the	▪ 04 mass awareness through wall	▪ Many affected families of mental illness have contacted SHARE office

mental illness, care & treatment.	communities.	writings in the communities.	and become the part of mental health programme.
Output 17: Accessibility of PLWMDs (communities) in Govt. Mental Hospital will increase.	▪ No of PLWMDs accessed the facilities of Govt. Mental Hospital.	▪ 244 New PLWMDs & 1266 (repeat) PLWMDs accessed the facilities of Govt. Mental Hospital, Bareilly.	▪ Both CMDs & SMDs have included in this. October to December 2016.
Output 18: The skills of family of PLWMDs will improve in the communities setting.	▪ No of family of PLWMDs' skills have been improved.	▪ 351families of PLWMDs skills have been improved.	▪ Through house visits strategy in the communities.
Output 19: Openness to PLWMDs who are living in various communities.	▪ No of families of PLWMDs talk about mental problems.	▪ 42 families of PLWMDs are opened up and started treating of their mentally ill person in their families.	▪ Through care plans.
Output 20: CBOs members capacity will enhance that they may have knowledge & skills on mental health.	▪ No of CBOs motivate care & support for PLWMD ▪ No CBOs start of early identification of PLWMD. ▪ No of CBOs visited mental hospital Bareilly.	▪ 62 CBOs motivate care & support for PLWMD ▪ 36 CBOs started of early identification of PLWMD. ▪ 04 CBOs visited mental hospital Bareilly.	▪ Project helped the CBOs to understand what is mental health and why community people visits wrong places like bhagats/witchcraft to get solutions and how can CBOs play key roles in the communities to overcome it.
Output 21: CBOs will be familiar about the services available in the mental health service centres (Government or private).	▪ No of CBOs familiar with mental hospital Bareilly.	▪ 73 CBOs familiar with mental hospital Bareilly.	▪ SHARE focused community based mental health programme therefore motivating CBOs to be part of mental health initiatives and CBOs are turning up with this. ▪ Project facilitated the CBOs members visits in mental hospital.

Output 22: CBOs will Support to improve livelihoods e.g. small business, micro-enterprise.	▪ No of CBOs access the loans from their groups.	▪ 42 CBOs access the loans from their groups. ▪ 119 CBOs members have been started livelihood activities.	▪ CBOs have capacity to have interred loaning within the group itself.
Output 23: CBOs' participation will increase in income generating activities.	▪ No of CBOs participation increased in income generating activities.	▪ 07 CBOs participation increased in income generating activities.	▪ CBOs also access loans from micro finance company as their engagement increasing in the community circle.
Output 24: 1500 household will be sensitizing on the issue how alcohol consumption affects a person and his family life as well as community	▪ No of community sensitize on alcohol problems.	▪ 06 communities sensitize on alcohol problems.	▪ So far we didn't make the progress where to send if family willing to rehabilitate such people.
Output 25: Community will be aware about sign & symptoms of TB and DOTs.	▪ No of villages participated in GKS meetings. ▪ No of participants in GKS meetings.	▪ Main stakeholders of 17 villages participated in the 17 GKS meetings. ▪ 455 stakeholders participated in GKS meetings.	▪ SHARE Project carry on Project Axshya in 02 districts- Bijnor & Moradabad. ▪ VHSNC members are the part of GKS meetings.
Outputs 26: Poor & Marginalized houses will be reach out by Door to Door campaigning in the remote villages.	▪ No of houses reached out by door to door to campaigning.	▪ 4554 houses have been reached out during the reporting period.	▪ 2385 houses in Bijnor & 1500 in Moradabad.
Output 27: Referrals to the nearest DMCs will be increase and suspected cases reached to the nearest DMCs & have sputum examination.	▪ No of referrals made. ▪ No of suspected cases reached to the nearest	▪ 513 referrals made during the 12 months. ▪ 296 suspected cases reached to the nearest DMCs & sputum examination.	▪ Referrals made in the GKS meetings and Axshya Samwad (House to House visits). ▪ Project has linkages with the 07 DOTs microscopic centres (DMCs) for the sputum examination.

	DMCs & have sputum examination.		
Output 28: Sputum sample collected and transported to the nearest DMCs.	▪ No. of sputum detected as smear positive.	▪ 37 sputum detected as smear positive.	▪ ASHA workers of the respective villages become the DOTs providers.
Output 29: New Sputum Positive (NSP) will be deducted from the marginalised communities.	▪ No of NSP registered on DOTs. ▪ No. of sputum sample collected and transported.	▪ 37 NSP registered on DOTs. ▪ 259 sputum sample collected and transported.	▪ Sputum sample collected from the rural villages and transported to the nearest DMCs, such DMCs covered 07.
Output 30: Mass awareness will take place on TB- DOTs in the communities.	▪ No of wall writing done in DMCs & in the villages about TB-DOTs.	▪ No wall writing done during reporting period.	▪ TB messages writing on walls is the effective tool to reach out the mass population. ▪ Wall writing done in the DMCs & Axshya villages. ▪ District Coordinator review the progress on monthly basis.
Output 31: Capacity building will take place for RHCPs, Volunteers & TB Patients.	▪ No of RHCPs, Volunteers & TB patients have been gone through capacity building training.	▪ 24 RHCPs, 8 Volunteers & 9 TB Patients capacity building taken place during the reporting meetings.	▪ Both from Bijnor & Moradabad districts.
Output 32: Axshya village- (TB Free Village) will be there in the communities.	▪ No of Axshya village made through SHARE work.	▪ 6 Axshya villages have been make during the period.	▪ Axshya village means to have GKS meetings, Axshya samwad for 100% families, Sputum collection & transportation and mid-media activities.

3.3.3 Purpose-Outcomes:

What was Scheduled	Indicator	Progress Made	Explanatory Narrative
Purpose No. 01: To increasing mental health (knowledge & skills-emotional resilience program) and resilience among adolescents in colleges/school and community levels.	• No of college/schools have included for mental health-emotional resilience program. • No of Master trainer trained. • No of School facilitator trained. • No of adolescent have ID numbers produced by CORSTONE	• 06 college/schools have included for mental health-emotional resilience program. • 01 master trainer trained for emotional resilience program. • 08 School facilitators re-orientated ▪ 431 adolescent have enrolled in youth resilience programme.	▪ First time project doing emotional resilience program in the schools and this is the learning experience for SHARE team. ▪ CORSTONE team facilitated the training in Dehradun twice.
Purpose No. 02: To strengthen government primary mental health services of 3 CHC/PHC of Seohara block by end of 3 years.	• No of CHC/PHC have included in mental health programme. • No of networking with Govt. Mental hospital. • 80% ANMs, ASHAs Workers know what is mental health and mental illness. • 70% of VHSNC (50/71) know about mental health problems & have plans to help their	• 7 PHCs have been approached in this regards and they are positive to work on this. • 12 ANMs of Seohara block have educated on mental health. • ANMs from 03 other blocks of Bijnor educated in mental health. ▪ 68/71VHSNCs are made aware about mental illness.	• 2 PHCs are additional one while Seohara PHCs is main one which also functioning as community health centre. ▪ On ANMs session day project team do mental health education with the ANMs. ▪ Some of the VHSNCs are not functioning at all however in such cases project approach Gram Pradhans and sometime it is because of village politics.

	communities		
Purpose No. 03: Empower People Living with Mental Disorders (PLWMDs) and their families with skills and have knowledge for mental health.	• No of PLWMDs are benefited by SHARE mental health programme. • No of families are aware about schizophrenia, epilepsy, substance abuse, depression, anxiety, sleeping disorders etc. • Number of PWMD who have accessed care at least once – since April 2015Number • Number of people (CMD/ SMD/ epilepsy) who have attended Bareilly with team more than three times. • Number of people who now attend Bareilly regularly on their own- need to be work out. • Number of people who have resumed usual house or field/ mazdhuri responsibilities after starting treatment.	• 244 new PLWMDs and 1266 PLWMDs (repeat) are benefited by SHARE mental health programme during the year 2016-2017. ▪ 417 families of PLWMDs are opening up in the problems of mental health and currently SHARE has mentally ill persons from 06 blocks. ▪ 244 PWMDs accessed once. ▪ 361 (CMD/ SMD/ epilepsy) attend more than 03 times. ▪ 63 PLWMDs are regular on their treatment by their own efforts. ▪ 51 PLWMDs resumed their work. ▪ 28 PLWMDs returned to paid work. ▪ 27 epilepsy	Project has monitoring system to make follow ups of the PLWMDs.

	• Number of PWMD who have returned to paid work. • Number of people with epilepsy who have returned to work (including house responsibility and paid work). • Number of people with epilepsy who have returned to school or study. • Number of people with epilepsy who have died with a seizure related death. • Number of PWMD who have died prematurely linked to their mental illness.	return to work. ▪ 11 epilepsy return to school. • 01 epilepsy who have died with a seizure related death. ▪ 01 PWMD who have died prematurely linked to their mental illness	
Purpose No. 04: To strengthen the 50 CBOs of Seohara block to increase skills in mental health literacy, first aid and positive mental health.	▪ No CBOs will function as a social support group in the communities for PLWMD/PWDs. ▪ No of CBO members have increased knowledge and understanding of mental illness ▪ No of CBO	• 62 CBOs functioning as a social support group in the communities. ▪ 768/829 CBO members knowledge & understanding have been improved through CBO meetings by using the pictorial picture	• There are good presence of CBOs in the villages and same time they are good support in reaching to the mental ill person in the communities. ▪ CBOs helped them to make visits in Mental Hospital.

	have increased openness and reduced discrimination to PLWMD ▪ Utilization of services in the mental facility- Mental Hospital, Bareilly.	and descriptions of mental ill persons. • CBO members have basic understanding of mental illness. ▪ 12 CBO have increased openness and reduced discrimination to PLWMD	
Purpose No. 05: To improve the reach, visibility and effectiveness of RNTCP through SHARE Project support in 2 districts- Bijnor & Moradabad.	• No of network with DMCs SHARE has for referrals in 02 districts. • No of community people SHARE reached during the reporting period. • No of new TB patients deducted by SHARE Project. ▪ No of TB patients registered in DOTs programme for free medication.	• SHARE made network & it's working relationship with Govt. 07 DMCs for referrals from communities. • SHARE made 4554 houses aware about TB in the communities. • 37 new TB patients have been deducted by SHARE. ▪ 37 TB patients have been registered in DOTs programme during the reporting period.	• SHARE Project working in 02 districts -Bijnor & Moradabad. • SHARE report is one of the best report which has to be sent monthly basis to the CBCI-Card, New Delhi. • 2385 houses in Bijnor district & 1500 houses in Moradabad district.

3.3.4 Goal:

What was Scheduled	Indicator	Progress Made	Explanatory Narrative
To promote positive mental health & resilience among people in BIJNOR district,	▪ De-stigmatize mental health problems from semi urban and	1. 200+ families support the mental health programme	▪ When communities experience that PLWMDs are getting counselling,

building on resources in the communities School facilitator trained.	rural communities of BIJNOR. ▪ Increase PLWMD' participation' in their community circle. ▪ Increase help seeking/ presentation to health services of PLWMDs ▪ Increase openness and disclosure of mental illness. ▪ Increase emotional resilience skills among adolescents.	have been De-stigmatizing in the semi-urban and rural communities as informal community care and self-care among mentally ill people & family members have gone up through SHARE community based mental health programme. 2. 734 PLWMDs are confident to access Govt. mental hospital facilities to treat their mental illness through family support. 3. From 116 village, PLWMDS have been visited the mental hospital and community are aware about it. These success stories setting good example of reducing stigma & discrimination to mental health. 4. 603 PLWMDs have been identified in the	support/care or treatment in the mental health services and this surely De-stigmatizing in the communities. ▪ The role of care giver in the families is very important that PLWMDs can continue the medication as per Psychiatrist advice. ▪ SHARE started the work from 01 block in 2013 but now project getting mentally ill people from 06 blocks of Bijnor and from 02 blocks of Moradabad and this is the positive impact of community based mental health work. ▪ Free treatment from Govt. metal hospital during the year for new patients. ▪ CMD 64 accessed the treatment. ▪ SMD 63 accessed the treatment. ▪ Epilepsy 117 accessed the treatment. ▪ 1266 repeat cases accessed free treatment from Govt. mental hospital during the year.

		communities. Through their families participation, messages have been gone to the communities that mental illness are treatable and out of it 244 5. 1266 PLWMDs (repeats) taken regular medication from mental hospital. 6. 7. 431 adolescents' youth resilience skills have been increased in the communities.	

4.0 Project Participant/Stakeholder Analysis:

The relationship building is one of the strategy of SHARE therefore from the beginning SHARE remained very much committed to have relationship with primary, secondary and tertiary stakeholders and same time reaching to the poor people living in various communities of the rural villages. We aimed to enhance their ability to cope with the mental health problems and empower & build the capacity of the poor families and landless labourers that they may address their mental health problem, resilience skills among adolescents and saving habits among poor community people through CBOs, utilization of mental hospital facilities.

Who are the main people and groups involved in the community development process?	How are they affecting the project, and what role are they playing in bringing about the desired changes?
1. Psychiatrists in Govt. Mental Hospital-Bareilly, UP	▪ The psychiatrists see every Tuesday Mentally ill people mainly referred from Bijnor district by SHARE and this bring positive changes in the lives of mentally ill and their family members. ▪ Because of Govt. mental hospital help's SHARE able to bring changes among vulnerable families facing

	uncertainties of mental illness as a major disease burden.
2. Chief Medical Officer/Medical-in-charge of CHC/PHC	▪ Bijnor has now new CMO, SHARE need time to build relationship with new CMO.
3.ANMs – Government (25)	▪ They became the instrument to increase the immunization rate among children less than 2 years and ANC/PNC coverage to benefit the pregnant women & lactating mothers respectively in the targeted villages. So project also did awareness for ANMs on mental health and provided the resource kits to them. The ANMs certainly help the community people in identification of mental illness in their day to day work in the communities circle.
4. ASHAs workers (70)	▪ Some of the ASHAs workers taken the mental ill persons to the mental hospital along with the SHARE team and this good example of other ASHAs workers that if in their village they such people they can also help the community to take them in mental health facilities. The ASHAs workers are the efficient community health worker in the villages.
5. Aganwadi Workers (43) & Aganwadi Assistant (47)	▪ Aganwadi workers are made aware on mental through the training and field level work that how to identity mental health problems in children in the community, how to monitor child growth, how to maintain records in registers for children /lactating mothers if they develop post natal depression. Aganwadi workers will take these skills forward.
6. Rural Health Care Providers (24)	▪ They refer the patients to government hospital in case of TB. Earlier they don't do but after receiving training from SHARE they developed these skills. Now they also received training on mental health and project expect that in coming days they will identify the mental ill person from the h and refer them to the Govt mental hospital.
7. Axshya Mitre (Health Promoter) (54)	▪ Many ordinary men/women got opportunity to become health promoter in their respective villages through SHARE work and now they have skills to promote health initiative and refer the patients to the government hospitals.
8. Village Health Guides (VHGs) (05)	▪ The village health guiders are once unknown to the community people before joining SHARE's programme but now they are much familiar in their respective villages and community people trust them to get help from them.
9. Village Head (Gram Pradhan) (30)	▪ Their mental health knowledge have been enhanced to the Gram Pradhans through SHARE work which they will take forward certainly in coming days.

10. DOTs Microscopic Centre (DMCs) (7)	▪ 3 DMCs became the partner of SHARE Project to conduct lab. Sputum examination to deduct TB patients from our targeted villages. This will keep on going even when project not working.
11. Community Based Organization (CBOs) Members (987)	▪ The various communities have been organized in the CBOs and result of it 90% of targeted villages have been organized in the 93 CBOs. The poor people now have savings in respective groups which they can use in times of emergency and they have linkages with the banks. These groups are the model for the community people how to help themselves.
12. School Teachers (23) & Shiksha Mitre (15)	▪ Teachers learnt the importance of mental health education in the schools that adolescents cope the stress, know about self-esteem, avoid bullying among peer groups and if they have mental ill person in their family then they can refer them to the mental hospital etc.
13. Families (456)	▪ The behaviours of families towards mental ill persons have been initiated to be changed and become good care giver if they have mental ill person in the family.

How many people in the following groups have benefitted or participated in the project to date?

Category	**Number of people**		**Percentage (of those involved)**
	Direct	**Indirect**	
Men (over 18 years old) – non disabled	4719	7152	28.29
Men (over 18 years old) - disabled	32	70	0.24
Women (over 18 years old) – non disabled	6348	14726	50.24
Women (over 18 years old) – disabled	31	69	0.24
Boys (up to 18 years old) – non disabled	331	2571	6.92
Boys (up to 18 years old) – disabled	18	43	0.14
Girls (up to 18 years old) – non disabled	457	5328	13.79
Girls (up to 18 years old) – disabled	23	34	0.14
TOTAL	**11959**	**29993**	**100**

We sought feedback from participants, stakeholders and beneficiaries in our project while working with them in fields or through meetings time to time we or they conducted. Yes we had feedbacks from project participants or others with an interest in the project.

The feedbacks SHARE received & what we do about the feedback we received?

- SHARE make the changes in its planning or implementation of the programme based on the stakeholders/beneficiaries' feedbacks, e.g. SHARE time to time encourage care giver/family member of PLWMDs to follow the psychiatrist advice when to stop medication or have side effects of the medicines.

Yes SHARE encouraged the active participation of people who are often excluded from community or development activities, For example, people with disabilities in SHGs, SC, OBC women & older community members in CBOs.

5.0 Impact and Sustainability Analysis:

E.1 Impact - List the main changes that you outlined in your original proposal in the table below and give a comment on the progress towards the changes. Think about the evidence you have for progress, factors that are inhibiting progress, and include numerical information (eg how many men, women, children), where appropriate. If it helps to explain the changes taking place, you could to tell a story or provide a case study. You can refer to it in the table and add more information after the table or as an appendix.

Specific long term changes that the project will try to achieve (from original proposal)	What signs of these changes can be seen as a result of the project's work?
1. The communities are now well aware that so many mentally ill people go mental hospital for the treatment and the number of patients are also coming from blocks Bijnor as well from Moradabad district.	Reducing stigma & discrimination related to the mental health, e.g., Community people are not hesitating to take their family member who having mental illness to the mental hospital.
2. The communities may identify their local infrastructures that refer to physical resources such as public facilities especially mental hospitals, concerns development offices, ICDS, Bank etc, that community may access the facilities and be empowered.	SHARE so far identified 1273+ PLWMDs in 154 villages through community mental health awareness programmes, CBOs meetings, house visits etc. and same time developed the networking with the Mental Hospital- Bareilly and Govt. hospital- Moradabad to refer the cases over there and this direction project has been succeeded very well and during the reporting period SHARE organized 52 trips to the Mental Hospital Bareilly. in which 244 New Mental Ill people (Male = 150 & Female= 94) are facilitated to consult Psychiatrics and get free medicines for the treatments. Communities have been mobilized through this programme and family members of mentally ill

	people started making re-visiting (follow ups) to the mental hospital which demonstrates that mental ill people are getting benefit of Govt. Supplied medication. Altogether 1063 people travelled with us to reach the mental hospital in those 52 trips. 61 mentally ill people are going directly to the mental hospital Bareilly.
3. Local network system will be developed among CBOs, community motivators, Panchayat/ influential leaders, village health & sanitation committees (VHSC), PHC staff to work together for the issues of Mental Health.	SHARE did the awareness on mental health in the targeted villages that the People Living with Mental Disorders (PLWMDs) may be supported by CBOs, ANMs, ASHAs workers, Aganwadi workers, community motivators etc. We will list signs of CBO involvement and promise for the future of the mental health work without SHARE in the picture.
4. Positive mental health seeking behaviour in the lives of the people will enable them to make better choices for themselves and there will be better access to affordable mental health care.	The community's knowledge and understanding have been improved on the mental health like what is mental health, causes of mental health, types of mental health and about the treatment of mental health this may take the communities forward on mental health.
5. The participation of community people in government health system enable CHC/PHC and sub centre keep on functioning.	The participation of community people in government mental health system has been increased by SHARE on-going programmes.
6. Community organization' skills will be enhanced that they play key roles for economic development of their respective communities.	The community based organization has generated the confidence among themselves. The CBOs members also developed qualities like group relation, group commitment, group ability, group leadership along with the saving. 1077 community members have been organized in 93 CBOs which comprising of rural women and most of them are poor and belong to SC, OBC & Muslim communities. This lead to develop the confidence among women that they play major roles in family decision making in terms of health, children education, gender discrimination etc.

7. CHC/PHC ANMs will be more committed in health service delivering in the rural communities as their skills will be enhanced.	The movements of ANMs have been gone up in the targeted villages with the networking of CHC/PHC.
8. Advocacy will become effective tool for problem solving that community groups can use and local advocates who will make plans to update information on health & development schemes to ensure accessibility.	Community based organization- CBOs have been developed certain skills to do advocacy at their village level, this may grow as time advance.
9. Government organizational and administrative structures including policies, regulations and incentives will be exposed with stakeholders of the programme that the flow of the information is reaching to the communities and they make continue benefit without implementing partner involvement.	Project facilitated community people that they understand government structure like block office, Tehsil, district development offices, ICDS office administrative structures.

E.2 Are there changes that have occurred that have surprised you, or which were not planned? These might be positive or negative changes. Explain what occurred and why you think these changes happened.

1. Samajwati Pensions have been started many of the poor people.
2. Block office making lot of efforts to form BPL groups for women in the communities.
3. Toilet construction taking place in the communities by Government efforts.
4. 108 ambulance services is available that community people may ask for it in time of emergencies.

E.3 To what extent has the project contributed to bringing about lasting change by influencing the policies and practices of those in positions of power (i.e. from being involved in advocacy)?If you don't have direct evidence that you have changed policies and practices please report against the questions below:

- Describe any increase in the ability of communities / beneficiaries / partners / to approach, and access, government?

- **Accessibility of services from Mental Hospital:**

Family members are taking more efforts to take their PLWMDs (people living with mental disorders) to the Govt. metal hospital, Bareilly as SHARE impacted the

community in terms of deduction the cases of mental health problems, thereof in order to mobilizing the communities that they may access the services from the mental hospital of free of costs.

- **Positive Mental Health:**

The community's knowledge and understandings have been improved on the various mental health issues like mental tension, depression, anxiety, epilepsy, headache, mania, insanity, phobia, aggressive behaviour, substance abuse, schizophrenia, dementia, family tension, mental retardation etc., this may take the communities forward on mental health seeking behaviour.

- Explain any increase in the dialogue between communities / beneficiaries / partners, and government?

SHARE increased dialogue with CMO Bijnor about the community based mental health programme.

- How has provision of, and access to, government services by communities / beneficiaries / partners been improved?

These are the main provisions have been reached to the communities by the government services.

- Jannani Suraksha Yojana (JSY): JSY under the overall umbrella of National Rural Health Mission (NRHM) play a significant role in reducing the maternal and infant mortality rates by increasing the number of institutional deliveries among the women from poor families. The number of institutional deliveries has been increasing in Seohara block through the effective intervention of the project.
- Integrated Child Development Scheme (ICDS): Under this scheme most of the villages getting benefits of ICDS.
- ANMs Services increasing the rate of child immunization and ANC in the villages.
- Several bank accounts have been opened under pradhan mantri jan dan yojana for the women.

E.4 Sustainability - Think about the changes that have already taken place, as well as the ones you hope will take place;

SHARE Project carried out its community based mental health & development programs in 171 rural villages of Seohara block & nearby blocks with specific strategy that is integrated approach, community mobilization/working group- CBOs and participation of rural women within the programme. Project primarily focused on empowering of poor people basically landless. Empowering various targeted communities like SC, Saini, pal, kumar & Muslims by enhancing their ability to cope with mental health problems which they see in their respective communities. Other

side to increase the accessibility of mental health care for the PLWMDs and working with adolescents.

The following changes taking place ensuring the sustainability of the programme.

- SHARE has developed many of local volunteers from the communities and their capacities have been enhanced over the period with the project work.
- The facilitation have been provided to the communities that they may identify their local infrastructure that refer to physical resources such as public facilities like mental hospitals now communities have become empowered to access these facilities with the confidence.
- Local network system have been developed among CBOs, community motivators, village health & sanitation committees (VHSC), PHC staff to work together for the issues of Mental health and it is happening especially in case of deduction the cases of PLWMDs.
- Positive health seeking behaviour in the lives of the people is taking place which leading them to access mental health from Govt. mental health facilities.
- The participation of community people in government health system have been increased that enabling CHC/PHC and sub centre keep on functioning.
- Community organization' skills have been enhanced over the period of project cycle SHG members have scope to take loans from the groups and this playing key roles for economic development of their respective communities.
- The project strengthened the capacity of local community, community leadership and motivators: like Gram Pradhans (village head), Rural Health Care Providers, school teachers etc.
- The project did capacity building of Accredit Social Health Activist (ASHAs) workers in terms of mental health, house visits and counselling, mental health related information and these will continue in long terms.
- The project has been Strengthened community based organizations – CBOs in various communities and they will take forward their personal/community problems in coming days.
- The project has been strengthened the government health and development initiatives in the targeted communities like JSY, RNTCP/DOTs, SGSY, RSBY, NREGA, ICDS schemes etc.
- The project programmes have been improved people's access to government, NGO, and other services example formation of BPL SHGs from DRDA,

social marketing of condoms and family planning camps with support of world health partners.

- School health teaching provided the enormous opportunity for school children to learn about mental health & basic health practices like cleanliness, hand washing, safe drinking etc.
- The project relation with all levels- individual, family and community-, helped people to work together and take care of each other.
- The project facilitated various training to the local volunteers with the strategy that they may play the leading role in their respective communities in coming time, example mental health training to the volunteers.

E.5 Gender - Think about how the project has made a difference in the lives of women in the communities in which you are working;

- How has the project contributed to changes in the position of women in their households and communities? In what ways have the changes contributed to promoting gender equality? What signs are there of changes in women's position in the communities, their ability to participate in decision-making, access resources and rights, or be involved in the development process?
  - *Gender issues and the differences in status of women and men: CBOs members are stimulated to work to reduce discrimination between male and female. Gender issues even address in college mental health sessions. SHARE mental health programs have been reached to the women through CBOs meetings and adolescent girls of the communities.*

Use case studies or stories to support your ideas where you think it is helpful to do so.

- How is the community, religious institutions or other group you are working with, developing the skills to keep changing and growing after the project is finished? What evidence do you have for this? What other things does the project need to do to help ensure this happens?

- The presence of CBOs, ANMs, ASHAs, Aganwadi workers, adolescents in the communities surely takes the changes forward in coming times.
- Families will take it forward that has mentally ill person in their family and experiencing changes in life styles of such people.
- Information centre in Mental Hospital Bareilly where patients or family member can take information of the problem associated with mental health.

Information centre in Mental Hospital Bareilly where patients or family member can take information of the problem associated with mental healh.

A group of people going through mental illness but family members have been learning the skills to deal with it.

These are the groups of ANMs, ASHAs and Aganwdi workers, over the time SHARE has built the network

ANMs and ASHAs workers in SHARE office

A group of adolescents in resilience programme

How psychosis person look like. They may be look like this anywhere but SHARE made an effort to reach them in need.

Mentally ill people & their family members keeping themselves warm by putting wooden fire in front of Govt. mental hospital.

Cross Cutting Issues:

a. Gender issues and the differences in status of women and men: CBOs members are stimulated to work to reduce discrimination between male and female. Gender issues even address in college mental health sessions. SHARE mental health programs have been reached to the women through CBOs meetings and adolescent girls of the communities.

b. The special needs of children: Pre-schooling children are focused by the Aganwadi workers.

c. People with impairment/disabilities: Disabled people are listed.

d. Conflict: Social inequities and isolation based on caste, religion and community (gender and ability to work) are part of rural life and this creates the conflict in communities.

e. People affected and infected by HIV: The people living with HIV are not seen in the communities, however SHARE address about HIV/AIDS in the communities.

f. Disaster Preparedness: Project conducted some of disaster preparedness session in CBOs.

Safe Drinking Water Programme: Project work on it with the partnership of Sampoorn Development organization, Varanansi, UP that community people may access safe drinking water and have impact on their health status. During the reporting period 07 India Mark-II hand pumps have been installed in the community.

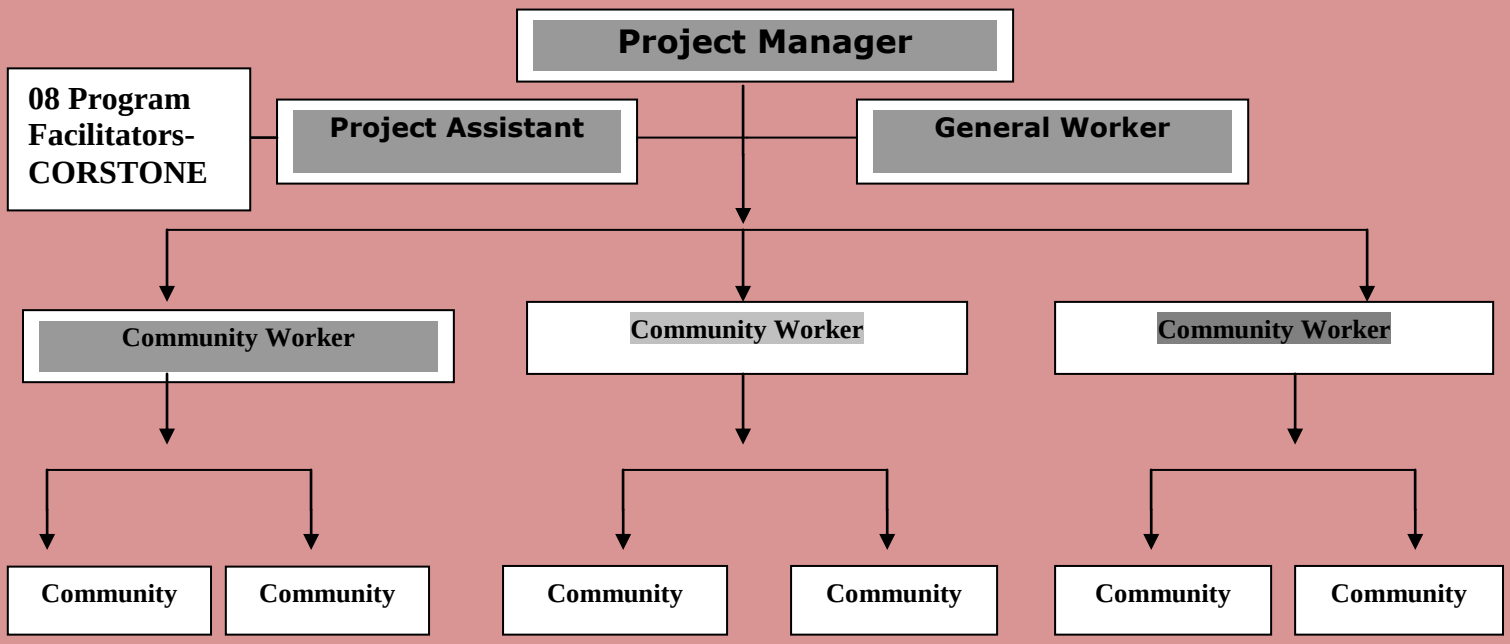
6.0 Lessons Learnt:

1. If a person- male or female suffering from epilepsy and kept hidden at the time of marriage then later marriage break because of this, so community should accept it and make it clear before the marriage to avoid the big problem start after the marriage.
2. In mental health, to know the side effects of the medication also very important to train the family members that at right time they may tell to the psychiatrist.
3. Analysis data of PLWMDs help to make proper follow ups plan while working with families having mentally ill person.
4. There is enormous scope for youth resilience programme to be run in the schools/colleges.
5. Poor People Linkages with Banks: Poor people get linkages with banks through CBOs/SHGs and their saving habits improve.

6. Coordination & Communication through mobile phone: We learn how to improve in this area to gain wide coverage of work on mental health.
7. Project Documentation: Our learning also improved in the documentation and appreciated by monitoring team of CBCI-Card, New Delhi.
8. Project integrity: Project should be honest in what communicating to the community people while working on mental health in the communities that the trust building will be maintain with families of PLWMD.
9. CBOs are an appropriate platform to address the community problem through them.
10. Communities are opening up on the issues of mental health, these will really help in reducing social stigma of suffering families/mental ill people in the villages.
11. Advocacy is an effective strategy that government should provide psychiatric drugs to the CHCs/PHCs.
12. Networking with Mental Hospital is a learning experience for the team as well family members of PLWMDs and CBOs.

7.0 Management, Monitoring and Learning:

Management structure



- Have there been any staff changes during the reporting period that are relevant to this project? **Yes**
- Are there any ways in which the supporting partner can help strengthen and develop your management or leadership capacity? **No**
- How have you monitored the programme's work?
    - Who has done the monitoring? Project Manager
    - How often? Weekly & Monthly basis

- What is done with the information gathered during monitoring?

  It goes to management information system

- How have community members or project participants and beneficiaries been involved in monitoring the work?

  CBOs members, ASHAs workers, ANMs, Aganwadi workers, rural health care providers'

- Has there been a mid-term review or evaluation of the work in the reporting period? What were the main conclusions? What will you do differently as a result of the evaluation?
  - Not during the reporting period, it happened last year.
- What changes to the programme have you made as a result of the monitoring you have done?

  The significant changes to the programme have been made:

  - Three tier monitoring system have been placed in the field level. The village health guides/animators (field workers) supervise the daily running of the program in the field level. The project assistant with the help of community coordinator or supervisors monitor the functioning of the field worker and program by visiting the targeted village once every 5-7 days. The project manager monitors the program and the functioning of the community coordinator and project assistant by weekly/monthly visits.
  - Activities plans have transferred to weekly/monthly plans form annual work plan and this will provide the tools for monitoring the overall Programme.
  - The project manager divided field into the 3 areas and staff given the responsibility to be the in-charge of the area that project should monitor practically.
  - Coordination has been strengthened within the team through monitoring.
  - The movement registers has been placed to monitor staff movement from project office to the targeted communities.
  - Programme wise registers have been developed to monitor the project activities monthly wise.
  - Through monitoring several team problems have been sorted out like what are team strength or weakness.
  - Team member received the feedbacks/suggestions to improve the work on day to day basis.
  - Project reached to its target through the monitoring.

- Monitoring helped the team members to make better communication within the team itself.
- The team also learnt the monitoring skills to monitor activities at field level and report to the project manager.
- Monitoring helped the project to collect project outputs/outcomes and to be compiled in the project reports.
- Monitoring even helped to give feedbacks to government people how to work together to achieve the target of mental health, DOTs etc.

8.0 Proposed Changes to the Project:

- SHARE Project has been working on community based mental health & development programme since April 2013 and this programme has now been reached out other blocks of Bijnor apart from Seohara.
- SHARE has been continued with Catholic Bishop Conference of India (CBCI-card) during the period as of working on Project Axshya- TB Programme.
- SHARE now working in Bijnor only and dropped Moradabad under Project Axshya activities.
- This year SHARE decreased the number of adolescent groups from 44 to 21 in order to conduct Youth Resilience Programs in schools/colleges with the experience of 2 years from CORSTONE foundation, Delhi.
- SHARE partnership with Sampurn Development Banaras based organization remain continued but no installing of hand pumps taken place in Seohara during the reporting.

8.1 Application of Conditions/Recommendations:

Some of the recommendations by Ms Helen Morgan-a psychiatric nurse.

- Focus more on psychosis patients as they need more care and support.
- Epilepsy cases may be release once they have confidence of taking medication from the different sources.
- Family member of PLWMDs should aware the side effects of medication that they adhere on it**.**

8.2 Good Practices:

Advocacy Communication Social Mobilization (ACSM) in the communities and Documentation.

SHARE Project promoted ACSM meetings in the communities to identify PLWMD as project find it effective tool.

Why this Good Practice?

1. ACSM meetings draw attention of community people to know what are the mental health problems exist among the population through banners and handouts etc.
2. Project penetrated the mental health messages to large number of families through ACSM.
3. ACSM provided the platform to identify PLWMD in the communities.
4. Community decides who will be the non-paid volunteers in respective communities through ACSM meetings.
5. After ACSM meetings it will helpful to make house visits in the communities because people support it.
6. The proper documentation of ACSM meetings takes place by the concern team members with photograph support.

8.3 What unanticipated changes (both positive and negative) has the programme produced?

1. SHARE Project has been regarded good NGO in Seohara especially in Govt. hospital, Block office and ICDS office.
2. Gram Pradhans have been providing support to conduct the mental health awareness activities in their respective Gram Panchayats.
3. Community based mental health & development programme has been reached to the rural villages of Seohara and communities' participations have been ensured in this.
4. SHARE has been able to mobilize the community on mental health in the rural areas of Seohara Block of Bijnor district and started referring the mental ill people to the Mental Hospital, Bareilly, UP.
5. Project able to motivate community based organizations (CBOs) to be instrumental in identifying mental ill people of their communities.
6. Developed mental health training programme for technical groups like ASHAs groups, Aganwadi groups, Rural Health Care Providers (RHCP) Groups, CBOs leaders groups and Volunteers groups.
7. Project facilitated assistant block office (ADO) visits in BPL SHGs groups and linked these groups to the Govt. Ajivika NRLM schemes.
8. Project facilitated 6 CBOs linkages with the banks and given them identity in their communities.
9. Project facilitated to make Bharat Nirwan Savak (Volunteers) under the Ministry of Rural Development in the communities- ward wise and their filled forms have been uploaded in the web site.

8.4 What lessons have been learnt about partnership between the Implementing Partner and the Supporting Partner?

The following lessons have been leant during the programme, which are as under:

1. Timely communication need to be in place.
2. Supporting partner' proactive responses help implementing partner to keep on going.
3. Appreciating words by the supporting partners always help to take new challenges by the supporting partners.

9.0 CASE STUDIES AND STORIES OF CHANGE:

Story No. 01: Afsana

Afsana Khatun w/o Gufran is living in Rapanpur village. She is age of 30 years belongs to Muslim Carpenter. She has four children; she was semi-skilled worker of making Bidi (locally made cegratee).

She was even running a small shop in her house itself. Afsana kept a sum of rupees 6,000/- in a small bag which was the labour of 4-5 months but sad it was stolen by somebody. This made Afsana so upset that she became very quiet, restless, no sleeps at all. She burns all warm clothes, bedding etc., suddenly one day. SHARE already made the mental health awareness in this village and ASHA worker is well aware about it.
Afsana' family put her in one of the private psychiatric clinic in Moradabad district. She remained admit in the clinic for a week. She received even electric short in this clinic. But no improvement taken place in her health status. ASHA worker informed to SHARE Project Manager about her condition and referred to Govt. Mental Hospital and her medication started but her family wanted quick results so they discontinued the medication form the mental hospital. SHARE team again motivated them to start medication and now Afsana taking medication from private psychiatrist. As of now Afsana is alright and started doing the domestic work at home but not yet started her previous work.

Story No. 02: Sompal

This is the story of a man who isolated from his family, social life because of psychosis but after the medication return to his family life as well as to the work.

Sompal Singh is living in Mukarpuri village, Dhampur block. He is age of 26 years belongs to saini community. Sompal has been married for 04 years. Sompal was happy with his family life. Sompal went to his relative house two and half years before to join in mourning and since then he developed some of the odd behaviours like my body has died, remain fearful, started doubting others, started telling his wife and children that I don't know you, even more sompal became aggressive to his family members etc. His family became very uncomfortable with him seeing all such unusual behaviours, so they took him to local healers called Bhagat but no benefit came out of it. SHARE was not aware what was going on in Sompal' life but same time SHARE hold community mental health awareness meeting in his village, this given us opportunity to visit his house. Shri Ramesh Singh the father of Sompal shared ever thing how much trouble they went through because of him. SHARE team given him the word of encouragement and same time explained how can psychosis downturn anybody' life those who got this problem. Father and his wife seeing the confidence in SHARE became agree to take Sompal to psychiatrist in Bareilly Govt. Mental Hospital. And in such a way his medication started in November 2015 and by then his psychotic symptoms have been gradually reduced. Today Sompal is alright in some extend and even started working in one of the Store in Seohara for 04 months.

Meena Kumari is the daughter of Malliwala village, block Chajlet, and district Moradabad. She is age of 24 years, belongs to Saini community. She studied up to 5th standard. Meena got epilepsy problem in 2010 since then she remain very calm at home.

Her treatment started from Sai Hospital Moradabad in the same year but the problem remained the same. Even her parents shown her to the local healers called Bhagat who demand many things in turn to make a person alright but again no solution came out of it. Meena Kumari got married in April 2015, but her epilepsy problem hidden from the husband side by the Meena' parents due to social stigma.

Soon Meena' husband and rest of family members came to know about this problem and they decided to break the marriage of Meena and within 07 months' time Meena permanently separated from the husband. After this happening SHARE team met Meena' mother on the course of community mental health work in Malliwala village and with much motivation from SHARE, Meena treatment again started in March 2016 form Govt. Mental Hospital Bareilly.

Over the short time Meena made the tremendous improvement that her second marriage also taken place in July 2016. This time Meena' parents made it clear to the second husband and his family about the epilepsy problem Meena having and even after marriage Meena' father-in-law taken her to the hospital. What a great support!

Before Second Marriage

After Second Marriage

Story No. 04: Shahabaj

Shahabaj s/o Moh. Faruq living near by Seohara. He is from Ansari community. He is age of 20 years. Shahabaj used to work in Bakery 03 years before where he learnt how to take substance abuse and became addictive of it.

His father detached him from the bakery work seeing his bad habits. Shahabaj from 2014 onwards developed psychosis problems like having memory loss, decline in sleep, walking throughout the day, sometime eat plenty sometime very little, talk less, remain very dirty etc., His father took him to Malavi, Mulla (Muslim leaders), Bhagats and even doctors but no gain from all these places.

Somehow SHARE team met Moh. Faruq who was in stressful condition because of his son. SHARE team given him the right advice to have treatment from the Govt. Mental Hospital Bareilly and Moh. Faruq followed it up. Shahabaj' treatment started form the psychiatrist in mental hospital in April 2016.

The medication helped him so much that he started eating properly, sleeping well, cleaning himself etc. And now he has been learning new skill that is welding work and same time enjoying the work.

Story No. 05: Om Prakash

Om Prakash s/o Kirpal Singh is living in Palanpur village. He is age of 32 years belongs to SC community. He has three children; he was semi-skilled labour.

He has the problem of psychosis for last three years. He was very aggressive person keep all the time knives in his pocket. Beaten his wife several times. He withdrawn from his day to day work and left his earning activities because of such problem.

Om Prakash' family put him in one of the private psychiatric clinic in Moradabad district. He remained admit in the clinic for eight days. He received even electric short in this clinic. But no improvement taken place in his health status even he became more aggressive.

During house visit SHARE came to know about this case, team made the visit of this family and after three visits his family member taken him to Govt. Mental Hospital on 18-10-2016 and his medication started and after few weeks he started responding to his wife and children and now Om Prakash is alright but need to improve more.

Story No. 06: Tahira

Tahira w/o Moh Hanif is living in Magalkhera village. She is age of 46 years belongs to Muslim Sekh. She has seven children. Before getting the mental problem, she was living in Delhi as her husband was doing mason work over there.

Tahira went to local doctor to fix her dental problem 10 months before by then she developed psychosis problem like remain very dirty, fear of death, suspecting of having cancer in her mouth, restless, no sleeps at all, roaming in the nights. SHARE already made the mental health awareness in this village and having wall writing also in this village.

First Tahira' husband took her to bhagat in nearby villages as most of people do having mental problems and spent around 25,000/- to 30,000/- rupees but no solutions came out of it, so her husband taken her to VMMC & Safdarjung Hospital, New Delhi then Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi and likewise other several hospitals and clinics. But Tahira got no relief from none of these medical places even he made huge expenses on this treatments which supposed to incur in his daughter' marriage.

In short Tahira' sister made contact with project manager SHARE and we motivate the husband to take Tahira to Govt. Mental

Story No. 07: Nanhi Devi

Nanhi Devi w/o Sowraj Singh is living in Dhara village of Afzalgarh block. She is age of 45 years belongs to Saini community. She has six children; he was semi-skilled labour.

She has the problem of psychosis for last two and half year years like restless, sleepless, untidy, lack of interests to day-to-day household duties like cooking and cleaning, isolated from family life and smoking most of the time and begging to anyone and sometimes run away from home. The family members were very disturbed about her and don't know where to take her to get rid of these problems so they took her to different traditional healers and to private doctors. Her health remain as it was and no relief at all.

Sowraj her husband got the awareness through SHARE team and somehow Nanhi Devi' treatment started from Bareilly psychiatrists and within seven months most of the symptoms come down and more over she started her daily work at home but over the time she stopped medication as family members also thought now she is alright but after sometime Nanhi Devi's most of the old symptoms started coming back.

Story No. 08: Farhana

Farhana d/o Shahid Ahmad is living nearby Seohara. She is age of 25 years belongs to Muslim Ansahri. Farhana started of having odd behvour like using abuse words to her family members, sometime laughing or crying herself when she was studying in 12th standard at the age of 19 years.

Her family members took her to private doctors for treatment and thought that to have Farhana' marriage to solve the problems. Two and half years back Farhana got married in Panipath but first day of marriage itself, she beaten her husband and used abuse words to her husband and family members and made upset everyone. So next day her husband and family members dropped to her house and went back.

This made Farhana worse that she never mined to behave in strange way and use bad words to her mother, father, and sisters even beating them. She spent long time If she brooms, moping, or reading religious book and use abuse words to other people to make them run away from her house because of this guests stopped to come in Farhana' house.
Although she got treatments from private psychiatrist Moradabad and even from mulla-molavi but no relief and at last Farhana put under medication by SHARE team from mental hospital and since then she is overcoming from her psychosis problems.

Story No. 09: Bhagender

Bhagender Kumar s/o Narendar Kumar is 35years old from Mukarpuri village. He is from general caste. He is a farmer and he used to do all farming work 03 years back but over the time since 2014 he lost the interest of doing his usual work. He started to remain silent most of time, having less sleep, shabby clothes, unshaved, lack of facial expression and eye contact and no motivation at all of doing anything that is useful.

His family member taken him to various places for the treatment like Guwavar, Moradabad, Bijnor, Roorekhi etc but no improvement taken place in Bhagender' health status. Family members also taken him to traditional healer as per general community practice but again no benefit came out of it rather his problem became worse day by day.

This case came in SHARE' knowledge during the house visit. So SHARE team started talking to his mother and brother regarding the mental health problems and its treatment and how SHARE helps such patients to get medication.

The family once again built the confidence on the advice of SHARE team and taken him to Govt. mental hospital and in such a way Bhagender' medication has been started by the psychiatrist over there. Now he is getting good sleep and his psychosis symptoms coming down and more over he started again putting his interest on the household day-to-day work.

Story No. 10: Parveen Jha

Parveen Jha w/o Moh hasham from Dhampur. She is 55 years old lady belongs to Muslim Shek community. She is illiterate. She has 07 children and all of them got married and now she has grandchildren.

She started developing unusual behaviour since last 04 years like no emotional feeling's, no talk, no interest in daily routine of life, untidy some time became aggressive. Parveen Jha' treatment started in 2014 by her husband from Shahadra, Delhi but they are not able to continue the medication from there for long time. The family member thought it is a work of evil spirit and gone through many traditional healer and other local doctors to get remedy of this problem but no relief for her.

In the year 2015 SHARE team met her husband and had given Psycho –education regarding the problems Praveen Jhan going through. Since then she is getting medication from mental hospital Bareilly and her health is much better and now she is taking interest in day-to-day household duties like cooking and cleaning.

Her husband and other members are very happy and they promised that they wouldn't stop her medication without doctor advice as they did earlier.

CASE STUDY SECTION:

Case Study No. 01: Satab

Satab s/o Jahir Ahmed living in Salempur village. He has been suffering from schizophrenia for 6 years. His condition is very worse and his parents put him under the chain that he may not move out somewhere as he did earlier.
SHARE team made all efforts by motivating his parents that Satab may go to Govt. mental hosptial Bareilly but his parents, brother don't want to start his medication and they want to continuing putting him under chain.

Case Study No. 02: Laxmi and Neelam

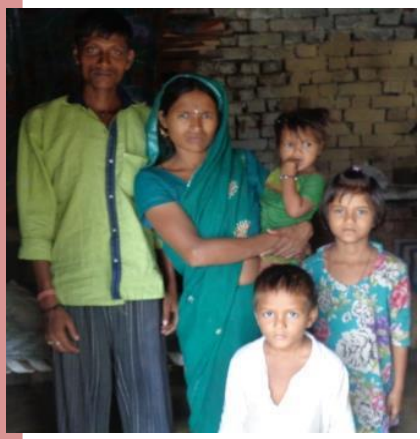
Laxmi and Neelam are sisters from Saini community living in Seohara. Laxmi is 17 years old and Neelam is 15 years old. They has epilepsy problem since their childhood but they never got the right diagnose of the seizure, instead they spent lot of money of treating this problem by local doctors.
SHARE on-going mental health programme helped them to get right treatment from Govt. Mental Hospital and they responded so well towards the medication.
Now both of these girls helping her father as they working in the farms to earn some money.

Laxmi

Neelam

Case Study No. 03: Rajkumari

Rajkumari is from Jamalpur Mahipat village, belong to SC community. She has been suffering from psychosis problem since long time. In 2014, SHARE facilitated to start her medication from mental hospital and over the time she became as a normal person but she dropped the medication last year. But after some time Rajkumari again got the previous symptoms of psychosis, so her husband contact SHARE and now Rajkumari medication again started from the mental hospital after the gap of 6-7 months.



Case Study No. 04: Sanjay
Before the medication:

Sanjay is 20 years old young man from Naugra village. He lost his mental ability because of excessive use of substance abuse. He was very aggressive at home, he used to fight and spoil house belongings, used to spend whole night at mongo garden. His mental disorder caused many problems to the family members.

After the medication:

Sanjay has been suffering from schizophrenia - mental illness for more than two years. But after medication he has started responding to her family members, talking nicely with them and re-started of doing some of the work at home.

10.0 Method of counting Beneficiaries:

The implementing partner (SHARE project) has been developed the system that help to calculate the numbers of beneficiaries especially the number of people living with mental disorders (PLWMDs) and for that purpose there are number of registers, forms, formats at project office as well as field level. SHARE project staff also verifies concern government agency records physically to cross check and update the beneficiaries numbers. The counting happens monthly, half yearly and annually basis. The village health guides have been given the key responsibilities to count and add new beneficiaries at village level and report monthly basis to the staff in-charge and staff compile the counting in their activities wise registers and transfer the counting in the monthly forms before submitting to the project manager for the office records. Project manager time to time verify the counting from staff registers and compare and analysis where ever the need arise, the contradicting counting and numbers have been nullified at the staff reporting day. To support the counting of beneficiaries the following registers, forms, formats and documents are the part of the programme.

The following methods/documents use for counting beneficiaries, which are as under:

1. Government Mental Hospital Bareilly' records and CHC/PHC Records.
2. Block development office records.
3. Project Baseline forms.
4. Project Family Planning Registers at village level maintain by the village health guides (VHGs)..
5. Staff in-charge registers/ diaries/note books.
6. Specific activities based project registers.

7. Primary school/Junior high school/high school/Intermediate school attendance registers.
8. Staff school health teaching registers.
9. Women groups meeting attendance notebooks.
10. SHGs document registers
11. Project monthly reporting forms and formats/half yearly/annual reports.
12. Project compile data spread sheet (Computerized)

11.0 Quality Standards Verification

This form requires partners to briefly outline how the quality standards were reflected in the project implementation. The questions in normal font refer to core quality standards and all must be answered

brief responses only:	
1. Values	How staffs were made familiar with the organisation's values, the types of unacceptable conduct (e.g . . . exploitation and abuse of children and vulnerable adults, fraud, bribery) and their disciplinary procedures?
❖ Project team became aware about child protection policy within the organization. ❖ Dignity for the people who have mental illness.	
2. Impartiality & Targeting	How were beneficiaries selected? Describe how this was based on need and on the most vulnerable people being reached.
1. People living with mental disorders (PLWMDs) & PWDs. 2. Poor families/Below Poverty Line (BPL) families comprising schedule caste (SC), other backward class (OBC), and minority group (Muslim), PWDs, landless labour class people etc. 3. The people who don't have proper employment throughout the year. 4. Presence of adult illiteracy member in the family. 5. Big family size more than 5 children in the family 6. Pregnant women and lactating mothers. 7. Malnourished children under 5 years. 8. No proper housing, lack of toilet facility. 9. Family head addicted by alcohol. 10. Domestic violence in the families. 11. Widow families in the community.	
3. Accountability	How involved were community groups participating in the planning of the project? How openly did staff share information about the project's aims and ensure that people could give feedback about its delivery?
▪ Project will facilitate its programs at the community level to provide opportunity to the staff to interact directly with the beneficiaries and get their participation, so project develop working relationship with the community, follow-ups and feedback mechanism which will ensure community participation within the programme. ▪ The local leaders, community's people, and government officials' suggestion/feedback have always taken into consideration for smooth functioning of the programs. ▪ The community based organization (CBOs) members who are basically community	

members and project stakeholders comprising of health workers (ANNs, ASHAs & Aganwadi workers) have participated within the programme through monthly meetings or training programmes and their suggestions have incorporated to achieve the common purposes. ▪ Community people' participation have increased in government health/development system through awareness generation programmes and these groups of people have now priority with which project has been working.	
4. Sustainability	*What has been the level of sustainability or reliability of the project?*
❖ Project did bank linkages of CBOs and these groups are directly linked with the respective circular banks. ❖ SHARE Project facilitated to have accessibility of Government mental hospital Bareilly' facilities to the people living with mental disorders (PLWMDs). ❖ TB Patients linkages with DOTS Microscopic Centres (DMCs).	
5. Advocacy	*How has the project addressed local or national policy issues relevant to the project objectives?*
Project working on community based mental health programme and for this programme project do local level advocacy and at national level as well.	
6. Children	How has the project prevented an increase in the vulnerability of children? *How has the project supported child development and protected them from harm?*
Through Emotional Resilience Programme- CORSTONE & CBOs presence in the communities.	
7. Gender	How has the project prevented an increase in the vulnerability of women? *How has the project promoted inclusiveness of both men and women, and enhanced the safety of women and girls?*
Through CBOs.	
8. HIV	How has the project prevented an increase in the vulnerability of people to HIV? *How has the project reduced people's likelihood of becoming more vulnerable to HIV?*
Through community meetings in the rural villages.	
9. Environment	How has the project ensured it is not contributing to environmental degradation? *How has the project reduced environmental damage and increased positive environmental outcomes?*
Through Community Based Organizations.	
10. Disaster Risk	*How has the project built up community capacity and addressed long-term vulnerability to disasters?*
Though School Training Programme.	
11. Conflict	How has the project avoided heightening tension or making people more vulnerable to physical harm? *How has the project promoted peace and reconciliation?*

Though Community Based Organizations.	
12. Technical Standards	*How has the project ensured that its outputs are of a good technical standard?*
Authentic Project Records & Reports.	

12. Project Team:

12.1 SHARE Team Profile:

S. No	Name	Responsibilities
1.	Mr. David Abraham	Project Manager
2.	Mrs. Kalawati Abraham	Project Assistant
3.	Mr. Sanjay Singh	Field Supervisor
4.	Mr. Rajkumar	Field Supervisor
5.	Mr. Arun Kumar	Volunteer
6.	Mr. Kamender	Volunteer
7.	Mr. Dhermender	Volunteer
08.	CORSTONE Volunteers	10

12.2 Unit Management Committee Members 2016-2017:

1. Dr. Jewel J. Jacob – Chairman (April to October 2017)
2. Ms. Margaret – Chairperson (From October 2017 onwards)
3. Mr. David Abraham – Member/Project Manager
4. Mr. E. Vijayabhaskar– Administrator
5. Dr. Kaaren Mathias – Director Mental Health
6. Dr. Sunitha Varghese- Project Director CHDP Fatehpur
7. Mrs. Madhu. P. Singh – Co-opted/Director OPEN
8. Mrs. Clement C. Singh – Local Representative/Principal

12.3 Capacity Building of SHARE Team/Community/Stakeholders for 2016-2017

1.	Mr. Sanjay Singh & Mr.Arun,	Project Axshya Training in Bijnor By District Coordinator	April 2016
2.	Community Volunteers	Volunteers Training in Bijnor By District Coordinator	May 2016
3.	Rural Health Care Providers (RHCP)	RHCP Training by SHARE Project Manager	June 2016
4.	Km. Vikki Rani, Km. Sheetal Sagar, Mr. Arun Kumar & Mr. Dharmender	CORSTONE Training Programme-Emotional Resilience Programme: 2 days By SHARE Master Trainer.	July 2016
5.	Mr.Sanjay, Mr. Rajkmar , Mr. Arun Kumar ,Mrs.Kala Abraham,Km. Vikki Rani, Mr. Arun, Mr. Mahipal, Mr. Aman & Mr. David Abraham	Orientation on EHA work & Mission by Dr. Sunil Gokavi- the Executive Director EHA and Mr. Brian Neal	23rd-25th August 2016
6.	Mr.Sanjay, Mr. Rajkmar , Mr. Arun Kumar ,Mrs.Kala Abraham,Km. Vikki Rani, Km. Sheetal Sagar, & Mr. David Abraham	Mental Health Training by psychiatrist nurse Ms. Helen Morgan	5th-9th September 2016
7.	Mr.Sanjay & Mr. Rajkmar	Project Axshya Orientation in Kothwali By District Coordinator	September 2016
8.	Mr. David Abraham, Mr.Sanjay & Mr. Dhermender	Project Axshya NGO orientation by CBCI-Card state point person Mr. Ansul	October 2016
9.	Km. Ruma Rani, Km. Binu Rani, Km. Prachi, Km. Farah, Km. Nagma, Km. Jyothi, Km. Nitesh, Mr. Arun Kumar, Km. Priyanka & Mr. Kammender	CORSTONE Training Programme-Emotional Resilience Programme: 3 days By SHARE Master Trainer.	7th-9th November 2016
10.	Mr.Sanjay, Mr. Arun Kumar, Mr. Kammender, Mr. Dhermender, Mrs.Kala Abraham,Km. Nitesh, Km. Jyothi, Km. Priyanka & Mr. David Abraham	Mental Health Training by psychiatrist nurse Ms. Helen Morgan	16th-19th November 2016
11.	Participants were from Govt. Health & Development departments.	District Disaster Management Training Programme by Government: Post Disaster Psychosocial Effects. This training session given by Mr.	November 2016

		David Abraham	
12.	Mr. David Abraham	National Conference: Bridging the mental health treatment gap- Innovations in mental health care in India- Panaji, Goa.	10th to 11th December 2016
13.	Mr. Sanjay Singh, Mr. Arun Kumar, Mr. Kammender, Mr. Dhermender	Community Volunteers Review training in Seohara By District Coordinator	December 2016
14.	Km. Priyanka, Km. Jyothi, Km. Nitesh, Km. Farah, Km. Nagma Mr. Arun Kumar & Mr. Kammender	CORSTONE Orientation- Emotional Resilience Programme: By SHARE Master Trainer.	January 2017
15.	30 ASHA Workers of Thakurwara block, District Moradabad	Mental Health Training for ASHA workers given by SHARE Project Manager	February 2017
16.	Mr. Sanjay Singh, Mr. Arun Kumar, Mr. Kammender, Mr. Arun & Mr. Dhermender	Volunteers Training in Seohara By District Coordinator Project Axshya	February 2017
17.	Mr.Sanjay, Mr. Arun Kumar, Mr. Kammender, Mrs.Kala Abraham, Km. Farah, Km. Nagma, Mr. Mahipal, Mr. Parvender, Km. Priyanka & Mr. David Abraham	Mental Health Training by psychiatrist nurse Ms. Helen Morgan	15th-17th March 2017

13. Objectives 2017-2018:

1. To increasing emotional resilience (knowledge & skills) among 800+ adolescents in schools/colleges. Focus will be on female adolescents.
2. To Health System Strengthening/ Network with government hospitals-CHC/PHC of Bijnor district.
3. Empower PWMDs and their families with skills and knowledge on mental health problems.
4. To reach out 50 new villages to build network and Awareness, Skills and Knowledge on mental health.
5. To reach out the religious/influence leaders of Bijnor district to increase skills in mental health literacy, first aid and positive mental health.
6. To strengthen the 50 CBOs of Seohara block to increase skills in mental health literacy, first aid and positive mental health
7. To improve the reach, visibility and effectiveness of RNTCP through SHARE Project support in 1 district.

14. Financial Report: 2016-2017 & Budget: 2017-2018

SHARE PROJECT, Seohara, Dist. BIJNOR, UP

Finance Report: April 1, 2016 to March 31, 2017

Income	Budget for Period April to Mar 2016-2017	Actual Received April to Mar 2016-2017	Budget for Period April to Mar 2017-2018
Brought forward from previous programme-Local	82,754.75	82,754.75	24,668.00
Brought forward from previous programme-FC	29,490.18	29,490.18	10,712.84
Donation-FC	10,00,000.00	9,45,248.02	11,45,000.00
Donation-SAFARA	-	-	4,00,000.00
Government	-	-	-
TB Global Fund-Project Axshya	1,54,313.00	1,17,250.00	0.00
Donation-Local/other	64,909.00	1,62,530.00	1,22,354.00
Coomunity Contribution	5,000.00	4,885.00	5,000.00
In-kind donations	-	-	-
Income generated by the programme	-	-	-
Local community	-	-	-
Sell of Scrap	2,000.00	2,110.00	3,000.00
Bank Interest	18,000.00	17,763.70	50,000.00
TDS Refund	5,887.00	5,887.00	3,400.00
TDS Interest	300.00	323.00	300.00
Total Income	**13,62,653.93**	**13,68,241.65**	**17,64,434.84**

Operational/Programme Costs	Budget for Period April to Mar 2016-2017	Actual Expenses April to Mar 2016-2017	Budget for Period April to Mar 2017-2018
Direct costs			
Activity and Material Costs			
Project Travel	55000.00	54554.00	60000.00
Mental Health Awareness Programme	55000.00	54356.00	20000.00
Mental Health Training	18000.00	18913.00	55200.00
Mass Mental Health Awareness-Wall Painting	3000.00	3035.00	6,000.00
Travel to Mental Hospital	13000.00	12736.00	19,800.00
Community Based Organization Exp.	17000.00	16951.00	40,000.00
Internet & Phones	24000.00	21099.00	24,000.00
Field Supply	1000.00	720.00	2,000.00
Community Mobilization & Training	60000.00	58861.00	-
Medical/Medicines	3000.00	1932.00	6,000.00
Printing & Stationery	8000.00	7726.00	10,000.00
Project Axshya	115000.00	113110.90	40,000.00
Refreshment Expenses	2200.00	2193.00	-
Disposables & Consumables Items	2000.00	1830.00	3,000.00
Annual/Health Function	18800.00	17725.00	20,000.00
SHGs Exp	500.00	357.00	5,000.00
Pamphlets/ IEC materials/ workbooks/ banners	-	-	15,000.00
Disability Entitlement	-	-	30,250.00
Rural Health Care Providers Meetings/Networking	1500.00	1386.00	10,000.00
World AIDS Day Programme	1000.00	830.00	2,000.00
World Women' Day Programme	2000.00	1610.00	3,000.00
World TB Day Programme	1500.00	1225.00	3,000.00
Youth Resilience Programme	85000.00	84066.00	4,02,000.00
Sub Total	**4,86,500.00**	**4,75,215.90**	**7,76,250.00**

Staff Costs/Salaries			
Staff Salaries (Basic+EHA Exp.+ HRA)	521853.00	521652.00	603284.84
Provident Fund	59000.00	58756.00	61284.00
PF Admin Charges	3000.00	3048.00	27336.00
Gratuity Scheme	24500.00	24420.00	3420.00
Staff Health	6000.00	5262.00	8000.00
Staff Welfare/Social Activities	7000.00	6675.00	12000.00
Staff Travel (LTC)	5000.00	5000.00	5000.00
Staff Children' Education Scheme	37000.00	36967.00	43500.00
CHAI Insurance	3500.00	3500.00	-
EHA Mutual Fund	0.00	0.00	2400.00
Sub Total	**666853.00**	**665280.00**	**767224.00**
Staff Training Costs			
Staff Capacity Building	-	-	10000.00
Staff Training Expenses	-	-	8000.00
Sub Total	-	-	**18000.00**
Premises Costs			
Office Rent	24000.00	24000.00	26400.00
House Rent	15600.00	15600.00	14400.00
Electricity Charges	7000.00	6048.00	12000.00
Building Repair & Maintenance	26000.00	25731.00	18000.00
Sub Total	**72600.00**	**71379.00**	**70800.00**
Transport Costs			
Travel to Health Facilities & Government Offices	-	-	7200.00
Vehicle Repair & Maintenance	18000.00	16443.30	18000.00
Vehicle Insurance & Taxes	12000.00	10644.00	12000.00

Sub Total	**30000.00**	**27087.30**	**37200.00**
Evaluation & Monitoring Costs			
Monitoring & Reporting Exp.	6000.00	5578.00	3,000.00
Community Health Meeting/Reporting	2000.00	1400.00	4,000.00
Sub Total	**8000.00**	**6978.00**	**7,000.00**
Indirect Costs			
Administration Costs			
Office Supply	3500.00	3261.00	4000.00
Bank Charges	2000.93	1891.43	12000.00
Audit Fees	12000.00	12000.00	960.00
Meetings	1500.00	1363.00	8000.00
Hospitality	1000.00	937.00	500.00
Equipment Repair & Maintenance	5000.00	4750.00	6000.00
Computer Repairs & Maintenance	10000.00	9690.00	7000.00
Legal & Professional Fees	500.00	300.00	2000.00
Postage & Communication	1200.00	1037.00	1000.00
Membership Fees	1500.00	0.00	1500.00
Book Reference	500.00	0.00	0.00
Sub Total	**38700.93**	**35229.43**	**42,960.00**
Total Operational/Programme Costs	**1302653.93**	**1281169.63**	**17,19,434.00**

Capital Costs	**Budget for Period April to Mar 2016-2017**	**Actual April to Mar 2016-2017**	**Budget for Period April to Mar 2017-2018**
Office Equipments	10000.00	3590.00	20,000.00
Inverter & Batteries 1KV	0.00	0.00	25,000.00
Motorbike	50000.00	48000.00	-
Total Capital Costs	**60000.00**	**51590.00**	**45,000.00**
Grand Total Costs (Operational/Programme + Capital)	**14,22,238.00**	**13,71,647.32**	**17,64,434.84**

15.0 Acknowledgements:

My sincere thanks to all the SHARE Team for all their hard work and perseverance throughout the year in achieving what we have achieved so far….
I offer my deep gratitude to Denton Bible Church, Landour Community Hospital, Duncan Hospital, Drs. Jeph & Kaaren Mathias who have faithfully supported financially the mental health work of SHARE Society for the year 2016-2017.
I am indebted to all the officers of EHA central office for their timely help and guidance.
I am grateful to Dr. Sunil Gokavi, EHA Executive Director and Regional Director, Dr. Kaaren Mathias, Director Mental Health and monitoring person and Ms. Margaret Kurian- SHARE UMC Chairperson for their guidance, supports and word of encouragements for us during the reporting period.
I am grateful to Dr. Ashok Chacko, EHA Community Health & Development director & associate director for their suggestions, guidance and technical help.
I am thankful to all members of unit management committees for their inputs and valuable suggestion to manage SHARE administratively.
I am thankful to the District Magistrates of Bijnor & Moradabad Districts for his co-operation and support.
I am thankful to the Chief Medical Officer of Bijnor & Moradabad Districts and MOIC-Seohara for their co-operation and support to run the community health programs in Seohara block.
I am thankful to the Director of Mental Hospita, Bareilly and the psychiatrists for their co-operation and support to treat the mentally ill people referred by the SHARE Project.
I am thankful to the different departments of Vikas Bhawan, Bijnor for their co-operation and support.
I am thankful to the Directors of like-minded organizations namely Catholic Bishop Conference of India, New Delhi for the partnerships in TB Global Fund.
My sincere thanks to the Landour Community Hospital for their timely help and support.
I am grateful for the help rendered by the sister organizations like Herbertpur Christian Hospital and OPEN.

Finally I am very grateful to God for His faithfulness in enabling the SHARE team and myself to complete another one year of service through SHARE Project in Seohara block of Bijnor district, Uttar Pradesh.

May He receive all the glory!

Respectfully submitted,
David Abraham
Project Manage