

# ANNUAL CONSULTATION FOR REFLECTION, STRATEGIC REVIEW AND PLANNING MEETING

30<sup>th</sup> April to 3<sup>rd</sup> May 2018, Dehradun



**NAME OF THE PROJECT :SHARE PROJECT**

**NAME OF THE EHA UNIT IMPLEMENTING THE PROJECT:  
SHARE SOCIETY**

## BASIC INFORMATION

01	Name of the State	Uttar Pradesh
02	Number of District covered by the Project	02
03	Name of the District	Bijnor and Moradabad

## RURAL AREA

04	Total Number of families covered by the Project	4500+
05	Total Number of population covered by the Project	250000+
06	No of Revenue Villages covered by the Project	256
07	No of Forest Villages covered by the Project	NIL

## URBAN AREA / SEMI URBAN AREA

08	Total Number of families covered by the Project	150+
09	Total Number of population covered by the Project	75000+
10	Number of Wards covered by the Project	12+

# Beneficiaries list

(How did the project ensured the economically poor, socially excluded and backward are reached ?)

1. Resource mobilization and Mobilization of Communities can go together: Get counseling and as per need access the treatment for mental illness.
2. Disability entitlements for mentally retarded persons.
3. Networking with communities workers & religious leaders.
4. Working in groups of patients build the confidence of family members.

- Who are the marginalized group in your project area ?

- PPSDs
- PWDs
- SC Population
- OBC Population
- Muslim Population

## Beneficiaries list

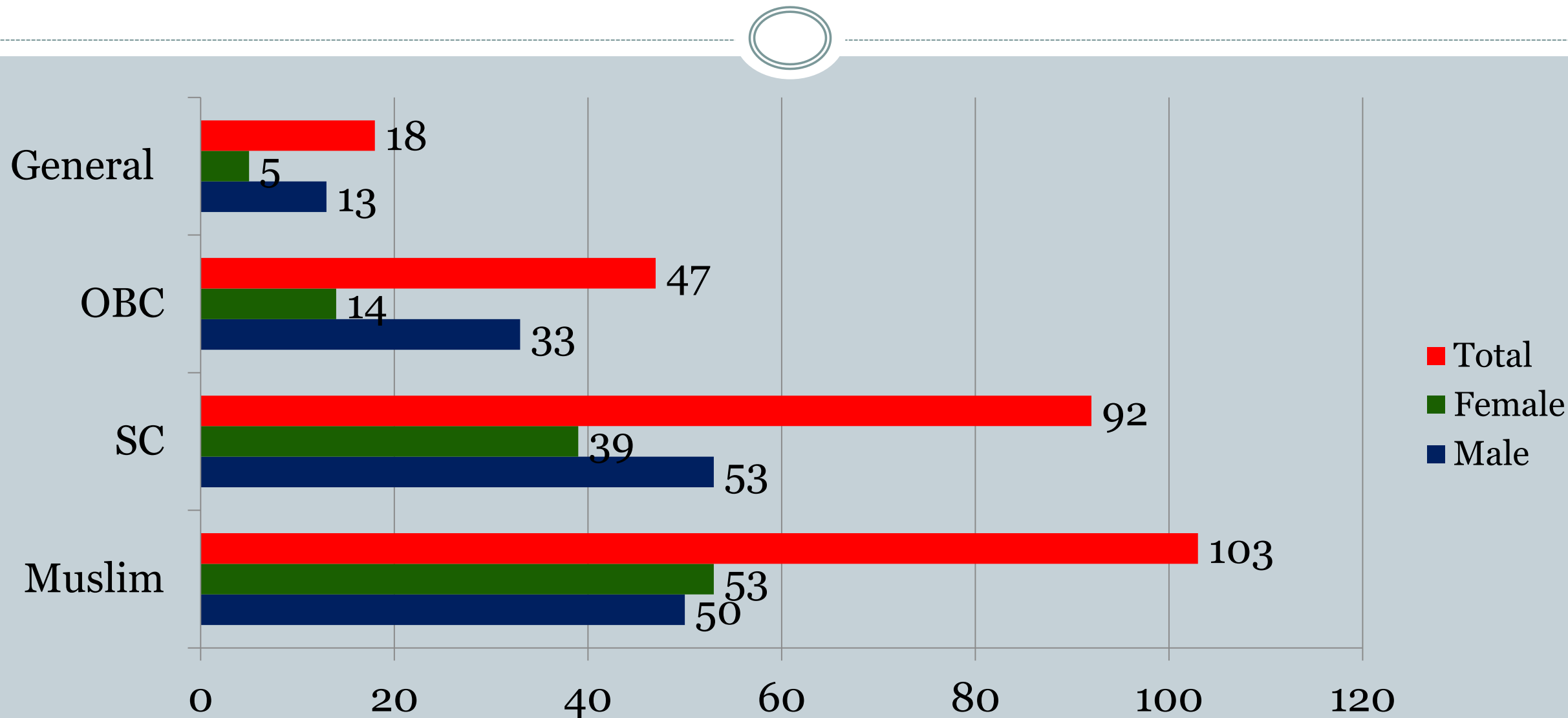
CATEGORY	Number of People	
	DIRECT	INDIRECT
Men (over 18 years old) non disabled	5372	11911
Men (over 18 years old) disabled	63	110
Women (over 18 years old) non disabled	3899	12806
Women (over 18 years old) disabled	44	91
Boys (upto 18 years old) non-disabled	510	15682
Boys (upto 18 years old) disabled	20	37
Girls (upto 18 years old) non-disabled	816	19156
Girls (upto 18 years old) disabled	5	43

## Two Extremes

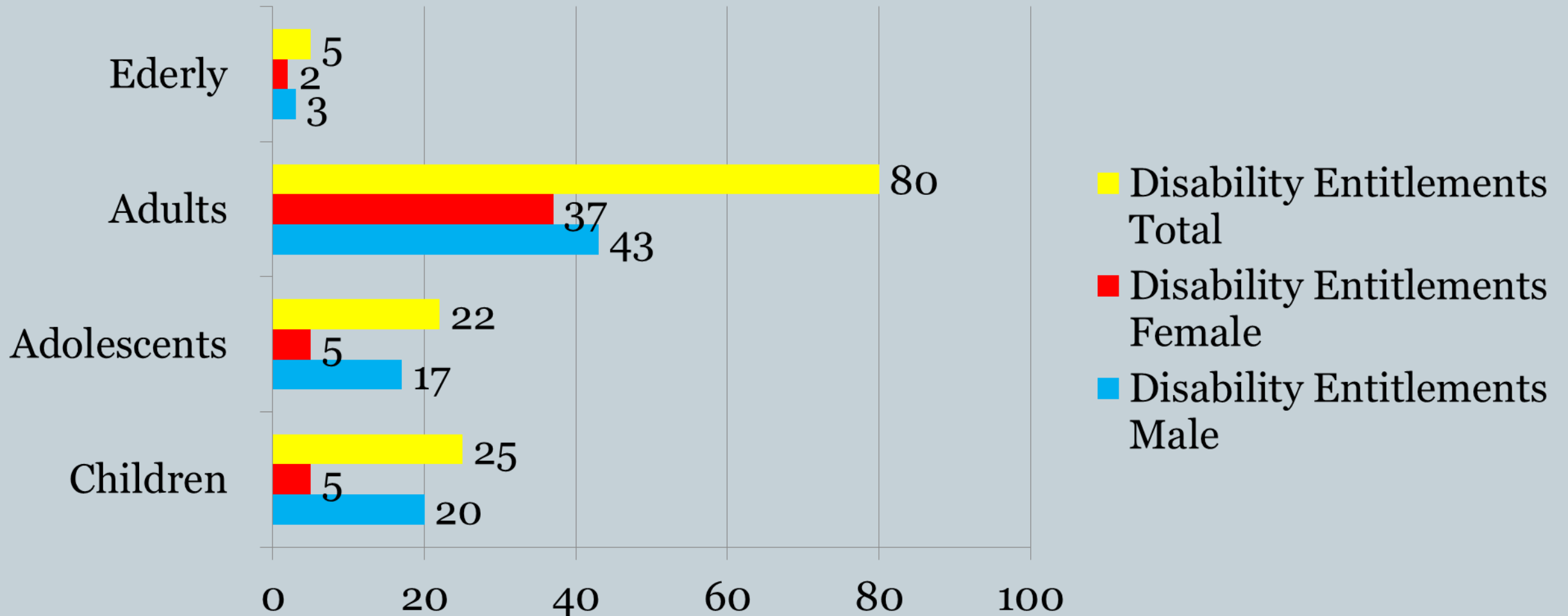
The history 200 years of the care and treatment of mentally ill represents an endless journey between two extremes which is also reflected in mental health policy and programs .

Confinement in a mental hospital   Living in the community

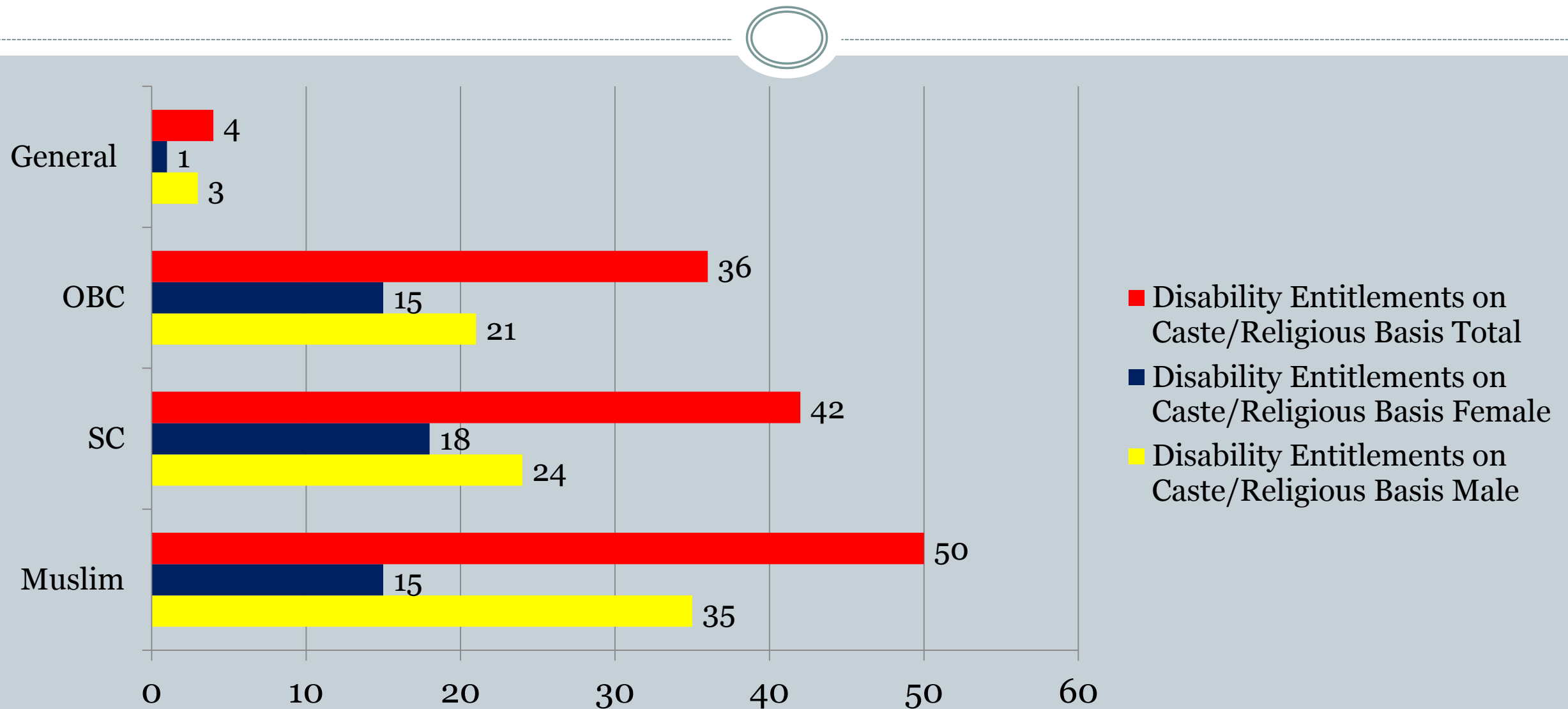
# PPSDs on Gender/Caste/Religious Basis 2017-2018



# Disability Entitlements in all phase of life 2017-2018

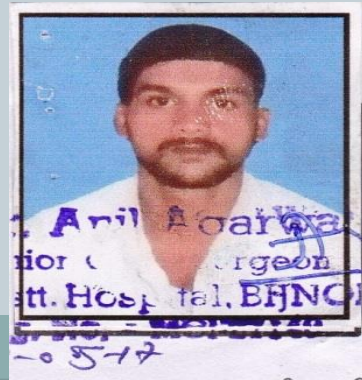
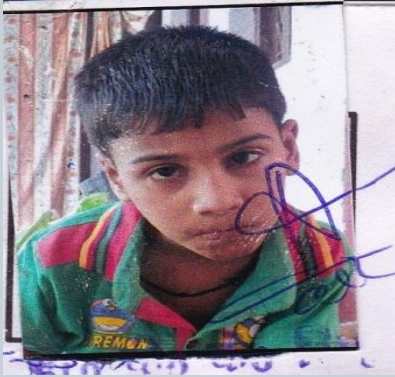
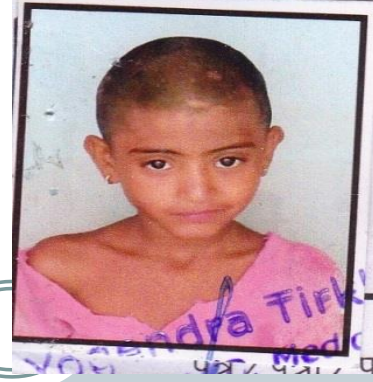
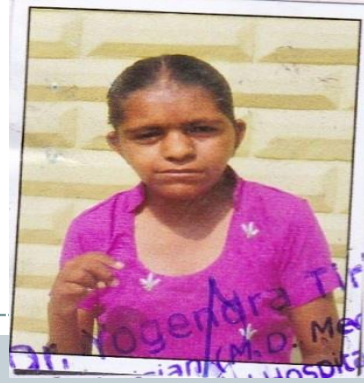


# Disability Entitlements on Caste/Religious Basis





These PWDs including children got Government Disability Entitlement through the SHARE on going facilitation, 132 Disability Entitlements during the period.



### 3 CHANGES THAT HAD HAPPENED FROM THE TIME YOU ARE PRESENT IN THE COMMUNITY

1. Routine immunization gone up in the communities, reduced the IMR.
2. The rate of Institutional Delivery even in rural areas also gone up, this also the significant change in the community circles, reduced the MMR.
3. Open Defecation practice reduced in the communities as most the villages have total sanitation under Swach Bharat Mission.





### 3 CHANGES THAT HAD HAPPENED IN THE COMMUNITIES IN LAST ONE YEAR

1. Social Inclusion: Yamin Mental Health Mobiliser. He is a rickshaw puller but never forget to bring new mental ill patients to the notice of SHARE.
2. Families having mentally retarded cases came forward to have disability entitlements.
3. Community alienated to go through the process and procedures to have assessments by clinical psychologists located in other districts.
4. Emotional resilience skills have been developing among the adolescents.



# CHANGES TO BE NARRATED IN THE FORM OF A STORY

## ■ Initial situation:

SHARE Annual Report  
2015-2016



## ■ Substance Abuse Case:

Sri Ram Singh is 39 years old man. He has family with 2 children. He lost his mental ability because of excessive drinking of alcohol and currently not working even made attempt to die by snake bite. His wife also left him seeing his aggressive behaviour.



- Process: Detect the cases from rural communities -Psycho Education to family/motivation- Facilitation to reach mental health facilities and follow ups.

- Who played what role: SHARE Programs, His Family and Govt. Mental Hospital

- God's hand: Recovering , His wife & children came back and now started working



# CHANGES TO BE NARRATED IN THE FORM OF A STORY

- **Initial situation:** **Mentally Retarded Case:** Shaniya is 17 years old girl. She is from Muslim Jogi community. She had psychotic behaviour along with mental retardants like running away from home, aggressive, remain dirty etc. Family was very anxious about her.
- **Process:** RHCP referred the case to SHARE. Facilitated that Shaniya may reach to mental health facilities- **Hospital Registration No. 10741** and motivated for Disability Entitlements.
  - **Who played what role:** RHCP, SHARE Programs, Her Family and Govt. Mental Hospital, Bijnor Hospital and CMO Office
  - **God's hand:** Psychosis came down and she got **disability certificate CMO/M4/2018/500** for MR.

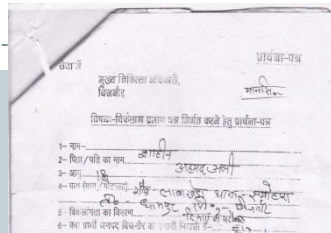




# CHANGES TO BE NARRATED IN THE FORM OF A STORY



CMO office Bijnor  
Referred to Moradabad  
on 19/06/14



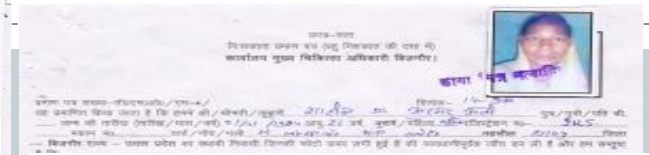
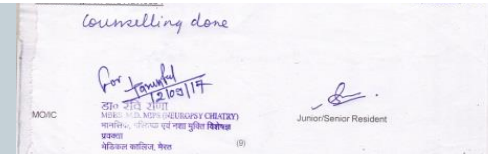
Initial Situation



Govt. Hospital  
Moradabad  
Referred to  
Meerut on  
23/07/14



Medical College  
Meerut 90%  
Disability on  
12/09/17



Bijnor Govt.  
Hospital & CMO  
Office Validated  
90% on 14/09/17



Processed

SHARE Played vital role in all these processes

We acknowledge God's Hand

### 3 CHANGES YOU WISH TO SEE IN COMMUNITIES IN NEXT ONE YEAR

1. Enabling factors ↑ : By 2018 Bijnor is coming under DMHP, so the access of psych drugs in PHC will be available and communities may have *Treatment Accessibility for mental social disorders*.
2. Communities support for Disability Entitlements for Mentally Retarded and Cerebral Palsy cases among children.
3. Resilience skills will improve among adolescents in Bijnor.
4. Willingness to have Functional Literacy among rural women in different communities.

## 2 MOST CRITICAL CHANGES YOU WISH TO SEE IN YOURSELF AS TEAM

1. *Integrity*: Learning be honest in what communicating to the community while working on mental health or about disability entitlements that the trust building may stronger and families of PPSDs or PWDs take it forward.
2. *Social Inclusion*: Partnership with community health workers like ASHAs, AWW workers, RHCPs to promote the social inclusion of PPSDs in the community setting.
3. *Keeping the concerns*: What inputs we get while doing group meetings or home visits and how integrated in the planning.



# How did you do as a Team

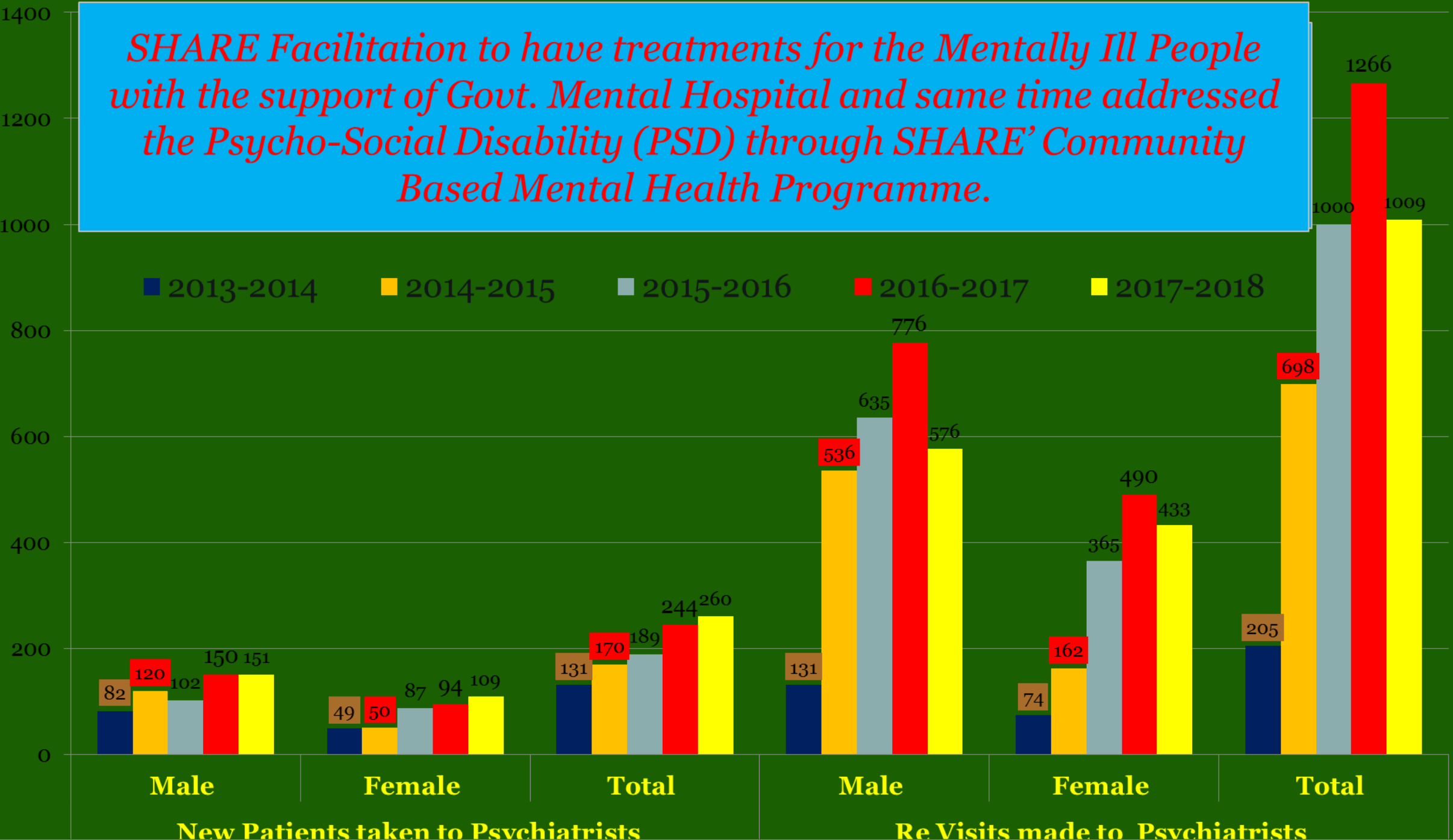
- What went well as a Team (Please provide specific example)
- ❖ Celebrated together: 10<sup>th</sup> Annual Function with community people
- ❖ Appreciated each other:  
Learning & Sharing



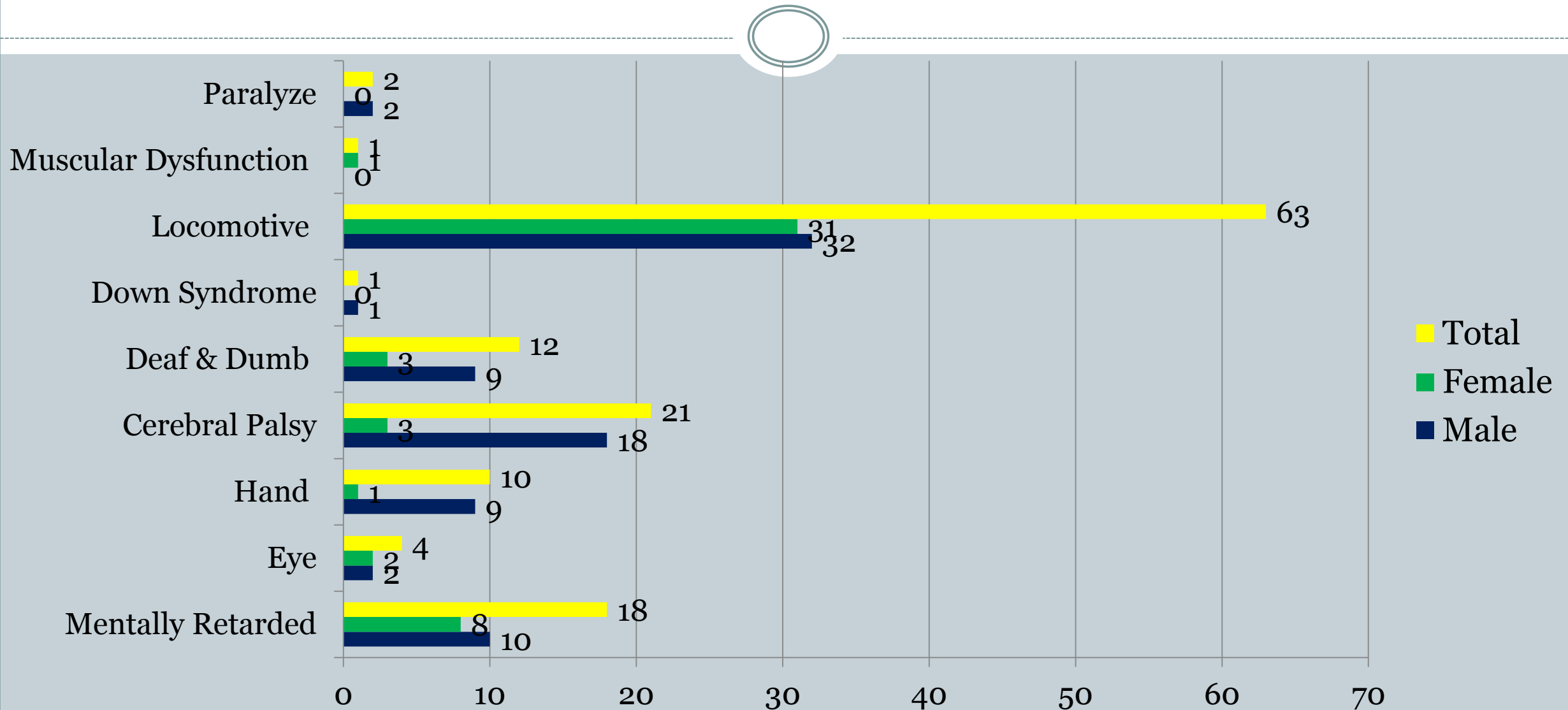
- ❖ Supported in times of difficulties: Taken stand for weaker one in team

*SHARE Facilitation to have treatments for the Mentally Ill People with the support of Govt. Mental Hospital and same time addressed the Psycho-Social Disability (PSD) through SHARE' Community Based Mental Health Programme.*

■ 2013-2014 ■ 2014-2015 ■ 2015-2016 ■ 2016-2017 ■ 2017-2018



# Facilitation for Disability Entitlements and we succeeded



## What could have been better as a Team (Please provide specific example)

- 1. Keeping track of PPSDs for follow ups that this group of people have potential to be productive in the families and their communities.*
- 2. Classification: Referrals and documentation of PWDs case to case for the assessments of ENT, MR, Paralysis etc.*

# LESSON LEARNT : One thing we could have done differently in Programme implementation

- ❑ We have to be consistent on data analysing of PPSDs on regular basis help to make proper follow ups plans while working with the families having mentally ill person.
- ❑ Change happen but who will lead the change on long term, need to be capture in on-going programs.



# SHARE Team



# PRAISE & PRAYER POINTS



- We thank God for finishing another fiscal year and His faithfulness throughout the year and resources and fund provided during the period.
- We thank God to have resource mobilization to promote mental health programs in the communities in which 260 new psychiatric patients benefited.
- Thanks & Praise to have Youth Resilience Programme for the adolescents

# PRAISE & PRAYER POINTS



- Pray for DMHP to be started in Bijnor by 2018 that its benefits may reach to PPSDs.
- Pray for disability entitlement programme may reach to more PWDs.
- Pray for the Madarsha (Muslim school) Intervention Programme which SHARE has planned.
- SHARE has to select new programme facilitators for youth resilience programme and train them, pray that right female candidate may select for this programme.
- Pray for setting up the literacy centres in the communities under TCS programme.



# Thanks!

Mentally ill patients accessing medical help from the mental hospital



Community Meeting to make awareness about mental health poor people



A group of psychiatric patients in front of the mental hospital, trip organized by SHARE



Resilience Programme for Adolescents in the rural community level

