



# SHARE SOCIETY

Service for Health and Rural Education

## Annual Report

Community Based Mental Health  
& Development Programmes

2018-2019



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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
PPSDs	-	People Psycho-Social Disability
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 01<sup>st</sup> June 1993 under Societies registration act 1860. Although SHARE was started by Dr. Ted Lankester, 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 the 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 for almost 20 years. SHARE made a complete shift of the project location from Janupur block of Tehri Garhwal to Chinyalisaur block of Uttarkashi 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 leadership of Mr. David Abraham after serving Tehri Garhwal and Uttarkashi 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 maternal health & rural development issues. SHARE started community based mental health programmes in Bijnor district from 2014 onwards and till date the programme is functioning and more over the programmes kept operating from Seohara, the nuclear centre 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 located in Seohara Block of Bijnor district of Western Uttar Pradesh and has been completed the 12<sup>th</sup> year in this current location after shifting from Chinyalisaur block of Uttarkashi 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 centres to the entire block of Seohara.

The project location has been comprising 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 and CBOs formations in the community circles.

## **3.1 Project Summary:**

*This is the 6th year SHARE continuing its initiatives in the domain of Mental Health<sup>1</sup> with the focus of community based mental health and development programme. SHARE started the work just in 01*

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<sup>1</sup> 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 a hugely neglected area 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).

*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 Uttarakhand. 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 TB Programme, CBOs, along with community based mental health programme and during the reporting period youth resilience (emotional & physical) program has been started in the colleges/schools ((see Annexure No 02) to work among 66 adolescent groups- 40 girls groups and 26 boys groups comprising of 1326 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. mental hospital Bareilly from the project locations during the period.*

*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; 04 To promote disability entitlements in the community circles; 05 To run computer based functional adult literacy programme for 1000+ rural women and 06. To improve the reach, visibility and effectiveness of RNTCP through SHARE Project support in Bijnor district.*

*New self-help groups (SHGs) have been formed and some of the old SHGs have been closed and now project has 61 active SHGs in the targeted communities (see Annexure No. 01). TB programmes (RNTCP) have been carried in the rural villages.*

*Dr. Kaaren Mathias, Mental Health director- EHA & Ms. Margaret Kurian, Mr. Papa Rao & Dr. George Clarence (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.*

### **3.2 Project Situation Report:**

SHARE has been running in sixth 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 component contributed towards the mental health programme and now it has been taken up the strong foundation. We started the year with the following challenges:

- ❖ The youth resilience training for SHARE’ master trainer in the month of April in which one of the community volunteers also participated in Delhi for 04 days.
- ❖ SHARE organized Adult Literacy Facilitators’ training to build their capacity that they may have computer based functional literacy (CBFL) skills and set up the literacy centres in their respective communities.
- ❖ SHARE’ Audit has been taken place in the month of May and as per management team advice it got revised to be submitted to the government departments.
- ❖ SHARE Society’ registration got expired on 31st May 2019 this year and project manager did the process documentation and other online requirements that the SHARE Society’ registration may



get renew again for another 05 years. SHARE Society received the renewal certificate from the registrar office Dehradun in the month of October 2019 which is another credential for us to move on.

**Adult Literacy Programme 2018-2019:** This year SHARE started Adult Literacy Programme in Bijnor with support of Tata Consultancy Service (TCS) as EHA has been remained the partner with them and Bijnor has been included this time to have TCS AL Programme in this location.

SHARE Progress during the period (See Annexures 04 to 06):

1. SHARE informed the communities about adult literacy programmes to gain their support.
2. Selection of fresh AL facilitators from the communities to run the literacy centres.
3. Given the responsibility to the AL facilitators to prepare the beneficiaries list and submit it to the SHARE centre to be verified at the ground level and we did it. This is the way we came to the conclusion to know the interest of facilitators to have literacy centres in their respective villages.
4. Training of AL facilitators how to use functional literacy software and technicality involve in and how to use devices with care.
5. Purchase of literacy items done by the SHARE and further supplied these items to the literacy centres
6. And set up of rules to be followed by the all AL facilitators which they came up with their inputs as we facilitated the process
7. Currently 10 literacy centres have been functioning as of the second batch and prior of this the first batch consisted 10 centres completed their course as started in May.

**Youth Resilience Programmes 2018-2019:** SHARE made the continuation of running the youth resilience programmes in the schools/colleges during the year 2018-2019 as of having 04 years' experience in resilience skills from CORSTONE Foundation New Delhi. We formed 47 groups (female 27 groups and male 20 groups) comprising of 722 youths (female 416 and male 306) distributed in 08 schools (See Annexure 02) which we regularly visited for conducting the emotional sessions and health sessions. Result of this, we achieved 487 sessions of emotional resilience and 218 health resilience sessions in the schools during the year.

**Accessibility of Mental Health during the period April to March 2019:** 54 trips have been organized during the period by SHARE in which 291 new patients-PPSDs (people with psycho-social disability) -171 Male and 120 Female patients have been registered in Govt. mental hospital Bareilly for the psychiatric consultancy and if need to have medications, facilitated directly by SHARE mental health programme (See Annexure 03). 31 PPCSDs are more with compare to last year for the same period. The PPCSDs are from the following communities: SC 122 (Male 68 & Female 54); OBC 60 (Male 44 & Female 16); Gen 22 (Male 10 & Female 12) and from Muslim communities 87 (Male 41 & Female 38) and same time 972 old PPCSDs (521 Male & 451 Female patients) re-visited the mental health facility. This year 73 old PPCSDs numbers have been decreased with compare to last year for the same period. This shows that the families of PPCSDs taking up the responsibility to take their patients to the either Govt. psychiatrists or private psychiatrists by their own, so the accessibility of treatments have been increased during the period.

**Online Registrations for PWDs to have Disability UID Card and E-Certificates 2018-2019:** SHARE facilitated to have online registration for PWDs in the rural community circles so 340 PWDs approached us in order to file their online applications to be processed result of this 189 Disability

UID cards and E-Certificates have been issued from the CMO office, Bijnor for the PWDs facilitated by the SHARE during the year.

**Disability Entitlement Initiative April to March 2019:** Mr David Abraham has taken the keen interest to have Disability Entitlements for the rural the community where SHARE has been working for last couple of years. Result of these 233 PWDs (Male 151 & Female 82) (See Annexure 03) got disability entitlements from CMO office Bijnor in term to have hard copy of disability certificates consisting of 37 trips in this regard. We made the efforts to reach out the marginalized communities as it shows what kind of disability got the Disability Entitlements: 37 disability entitlements for Mentally Retarded cases (Male 25 & Female 12); 19 disability entitlements for Cerebral Palsy cases among children (Male 11 & Female 08); 20 Speech and Hearing disability entitlements (Male 11 & Female 09); 04 cases for Blindness disability entitlements (Male 02 & Female 02); 133 Locomotive Disability (Male 83 & Female 50) and 20 Paralyse disability entitlements (Male 19 & Female 01). Majority of disability entitlements belongs to Muslim (93) OBC (63) and SC (58) communities. Age group beneficiaries: Children (30), Adolescents (31), Adult (158) & Elderly (14). SHARE also taken the support from DMHP Moradabad to make the disability assessments for the mentally retarded cases, prior to have CMO office Bijnor visit.

**SHARE organized World Suicide Prevention Day 2018:** SHARE Programs held in 06 different locations and among different groups viz people with disabilities (PWDs), adolescents, adult learners, stakeholders on 10<sup>th</sup> September 2018

**New Village Initiatives:** During the reporting period, SHARE reach out 47 new villages with the mental health programme and made the contacts with stakeholders like Gram Pradhans, ANMs, Asha Workers, Aganwadi workers, rural health care providers etc and in coming months SHARE try to work with community members for mental health promotion.

**Madarsha Intervention (Muslim Schools):** 20 Madarsha have been approached and 05 programmes have been conducted during the reporting period in order to increase skills in mental health literacy, first aid and positive mental health.

**Children Disability Assessment Camp in SHARE Centre:** This camp organized by Latika Roy Foundation, Dehradun facilitated by SHARE on 28-09-2018 in which 24 children assessed.

**SHARE organized Programme on World Mental Health Day 2018:** Programme held in SHARE centre on Mental Health Day 2018, on the same day SHARE facilitated mentally ill people's visits to the Govt. mental hospital to make their accessibility to have care and medications. On the same day intellectual disable people facilitated to DHMP Moradabad to have assessment for the disability entitlements. Mental health programme also held in 5 communities of Seohara block and in the government hospital.

**SHARE organized Programme on World Disability Day 2018:** We dedicated this day to all People with Disabilities (PWDs) of our communities around us in Bijnor UP. In this addition during the year SHARE has been facilitated 343+ PWDs to be assessed by Government's doctors and have disability entitlements. Outcomes: 233 PWDs got disability entitlements in 12 months of 2018-2019.

**SHARE Celebrated 11<sup>th</sup> Annual Function 2018:** It was a wonderful Annual Function on 18-12-2018, in which 350+ community members participated and witness the changes taking place in individual lives as well in the communities we serve. Project Manager presented the SHARE Society Annual Report during the programme and same time media captured the programme activities.

**SHARE organized Programme on International Women Day 2019:** World Disability Day 2018: We dedicate this day to all People with Disabilities (PWDs) of our communities around us in Bijnor UP. In this addition during the year SHARE has been facilitated 345+ PWDs to be assessed by Government's doctors and have disability entitlements. Outcomes: 233 PWDs got disability entitlements in 2018-2019.

### 3.3 Programme Achievements:

#### 3.3.1 ACTIVITIES:

What was Scheduled	Progress Made	Explanatory Narrative
<p>Activity No. 01: Selection of participatory schools to conduct emotional resilience program in schools/colleges.</p> <p><i>Sub Activities: Project will seek permission from college/schools to carry out emotional resilience programme among adolescents.</i></p>	<ul style="list-style-type: none"> <li>08 participatory schools have been selected.</li> <li>16 colleges /school have been approached by SHARE to conduct group activities on emotional resilience programs among adolescents, need to include 04 more schools.</li> <li>08 private colleges given permission to SHARE to conduct the Youth Resilience Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Project strategically identified participatory schools/collages as per project feasibilities to reach them out in planned manners.</li> </ul>
<p>Activity No. 02: Identification &amp; assign of school facilitators to conduct the sessions in the participatory school.</p>	<ul style="list-style-type: none"> <li>12 school facilitators have been assigned to conduct the sessions in the participatory school.</li> <li>SHARE followed the methodology of CORSTONE.</li> </ul>	<ul style="list-style-type: none"> <li>Project has 10 female school facilitators.</li> <li>Youth Resilience Program based on CORSTONE methodology.</li> </ul>
<p>Activity No. 03: Training to master trainer.</p>	<ul style="list-style-type: none"> <li>01-time master trainer received the training.</li> </ul>	<ul style="list-style-type: none"> <li>Training taken place in Delhi in April 2018 organized by SAPHARA.</li> </ul>
<p>Activity No. 04: Orientation for programme facilitators (PF) for emotional and health resilience programme.</p>	<ul style="list-style-type: none"> <li>08 school facilitators</li> </ul>	<ul style="list-style-type: none"> <li>Built on last year experience &amp; leanings.</li> </ul>
<p>Activity No. 05: Formation of groups of girls and boys in the colleges/schools.</p>	<ul style="list-style-type: none"> <li>47 (Male 20 Group and Female 27 Group) New groups have been formed during the year.</li> </ul>	<ul style="list-style-type: none"> <li>Adolescents groups will be formed in school/colleges with the support of school</li> </ul>



		managements.
Activity No. 06: Group activities among adolescent in 03 schools/colleges.	<ul style="list-style-type: none"> <li>Plan made that the Programme facilitators will conduct the group activities among the adolescents in the 08 colleges/schools.</li> </ul>	<ul style="list-style-type: none"> <li>Programme facilitators have been trained by master trainer.</li> </ul>
Activity No. 07: Pamphlets/IEC materials/workbooks for adolescents/students.	<ul style="list-style-type: none"> <li>New copies of Meri Pahli Kitab need to be print both for boys &amp; girls.</li> </ul>	<ul style="list-style-type: none"> <li>These booklets used to facilitate group sessions among adolescents in the school/colleges.</li> </ul>
Activity No. 08: Refresher course for school mental health facilitators.	<ul style="list-style-type: none"> <li>19 refresher courses during the reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>Updating concern registers of each school facilitators to cope the youth resilience programs in the schools/colleges.</li> </ul>
Activity No. 09: Reach out to the new villages for fiscal year 2016-2017.	<ul style="list-style-type: none"> <li>SHARE reach out to the 38 new villages during the reporting period to have relationship building with community stakeholders and raise mental health awareness.</li> </ul>	<ul style="list-style-type: none"> <li>Details of villages block wise:               <ul style="list-style-type: none"> <li>Afzalgarh (09);</li> <li>Chajlet (01);</li> <li>Dhampur (12);</li> <li>Neataur (05);</li> <li>Takurwara (04) and</li> <li>Noorpur (07).</li> </ul> </li> </ul>
Activity No. 10: Networking with CMO office, PHCs and CHCs that they may aware about the progress of mental health programme in Bijnor district.	<ul style="list-style-type: none"> <li>04 meetings have been done with CMO Bijnor.</li> <li>SHARE developed networking with 03 Govt. CHC/PHC while working on mental health.</li> <li>Project interacted with the community people on these resource materials and received the positive response.</li> </ul>	<ul style="list-style-type: none"> <li>Bijnor CMO has been changed during the reporting period.</li> <li>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.</li> <li>PHCs have been responding positively with the project so far and willing to giving support to mental</li> </ul>

		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.	<ul style="list-style-type: none"> <li>Project developed mental health literacy (IEC Materials) like different kind of banners, handouts and have some movies on mental issues.</li> <li>10000 Handouts are printed on the topics of depression, anxiety, schizophrenia, sleeping disorders assessment forms, fits, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Banners are used for conducting mental awareness meetings at community levels, in colleges even for giving trainings for stakeholders.</li> <li>During the field visits project found these resource materials very useful.</li> </ul>
Activity No. 12: Capacity building of Nurses, ANMs, ASHAs and in mental health issues (for identification of mentally ill and their treatment).	<ul style="list-style-type: none"> <li>36 ANMs &amp; 167 ASHAs workers capacity building have been through SHARE community work.</li> </ul>	<ul style="list-style-type: none"> <li>ANMs &amp; ASHAs workers are main grass root workers in the community level.</li> </ul>
Activity No. 13: Cross Cutting Activities on different themes like Women Day, Disability Day, TB Day etc.	<ul style="list-style-type: none"> <li>Programme on Cross Cutting themes have been conducted during the period and drew the public attention what SHARE does especially for mental health.</li> </ul>	<ul style="list-style-type: none"> <li>World Suicide Prevention Day programme on 10-09-18, celebrated by SHARE in 06 different location.</li> </ul>
Activity No. 14: Advocacy for stocking of psychiatric drugs in CHCs and PHCs.	<ul style="list-style-type: none"> <li>SHARE approached to the director of mental hospital Bareilly in this regard.</li> </ul>	<ul style="list-style-type: none"> <li>Long way to go in this direction as without psychiatric this is not possible even in district hospital there is no psychiatric.</li> </ul>
Activity No. 15: Regular meeting with Gram Pradhans/VHSC at community level.	<ul style="list-style-type: none"> <li>72 meetings with Gram Pradhans/VHSNC on the issues of mental health.</li> </ul>	<ul style="list-style-type: none"> <li>Gram Pradhans are positive about these mental health programmes and allowing the project team to organize meetings in the communities.</li> <li>All these meetings have been organised in the villages</li> </ul>

Activity No. 16: Regular ACSM meetings with community people in the village levels.	<ul style="list-style-type: none"> <li>24 ACSM meetings have been conducted in the communities of 07 blocks to raise awareness on mental health.</li> <li>Afzalgarh 02; Dhampur 03; Noorpur 04; Nehataur 02; Seohara 09; JP Nagar 01 and Thakurdwara 03</li> <li>448 (Male 285 &amp; Female 163) community people &amp; stakeholders attended the ACSM meetings at the community level.</li> </ul>	<ul style="list-style-type: none"> <li>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 &amp; Treatment of mental illnesses.</li> </ul>
Activity No. 17: House visits in the community circle	<ul style="list-style-type: none"> <li>6880 house visits have been made in the community circle.</li> </ul>	<ul style="list-style-type: none"> <li>Period covered April to March 2019.</li> </ul>
Activity No. 18: House visits of old & New People Living with Mental Disorders (PLWMDs) in the communities setting.	<ul style="list-style-type: none"> <li>705 times SHARE made the house visits of PLWMDs to motivate family member for care &amp; drug adherence.</li> </ul>	<ul style="list-style-type: none"> <li>Project received the positive feedbacks from the communities and mental health messages really penetrated in the community circle.</li> </ul>
Activity No. 19: Case detection of People living with Mental Disorders (PLWMDs) from the communities and registration in Project registers	<ul style="list-style-type: none"> <li>As project records new 52 common mental disorders, Epilepsy 254 and 123 severe mental disorders have been detected from the various communities/villages for the period April to March 2019.</li> </ul>	<ul style="list-style-type: none"> <li>Project stakeholders &amp; family members of PLWMDs also take part in detecting new cases from the communities.</li> </ul>
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.	<ul style="list-style-type: none"> <li>54 trips have been facilitated by SHARE Project during the year on weekly basis to the Govt. Mental hospital Bareilly.</li> <li>291 New PPSDs (Male= 171 &amp; Female =120) and 972 revisits of PPSDs (Male= 521 &amp; Female =451) to the Govt. Mental hospital Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE facilitate Govt. Mental Hospital trip every Tuesday in group of mentally ill people &amp; their family members travel together.</li> </ul>

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.	<ul style="list-style-type: none"> <li>10887 times Psycho-educations have done in the communities during the year.</li> <li>338 care plans of PLWMDs have been done with family members.</li> </ul>	<ul style="list-style-type: none"> <li>Psycho-education for family members of mentally ill people in the communities.</li> </ul>
Activity No. 22: Wall writing in the villages to spread the messages of mental health.	<ul style="list-style-type: none"> <li>No wall writings in the villages taken place during the reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>Wall writings helped the project to have mass on mental health in the communities</li> </ul>
Activity No. 23: Madarsha (Muslim Schools) Intervention to make m	<ul style="list-style-type: none"> <li>05 Madarsha intervention programme have been conducted during the period.</li> </ul>	<ul style="list-style-type: none"> <li>In Nehtaur block (1); Kothwali block (1); Dhampur block (1) and Seohara block (2)</li> </ul>
Activity No. 24: Monthly basis CBO meetings in the communities promoting mental health in the communities.	<ul style="list-style-type: none"> <li>23/45 functioning CBOs taken parts in monthly meetings &amp; mental health awareness sessions taken place in these groups.</li> <li>Some of the CBOs members are community motivators of identify of mentally ill people in their villages.</li> <li>These CBOs manage their own groups activities and monthly basis they do saving, inter loaning &amp; recovery of loans.</li> </ul>	<ul style="list-style-type: none"> <li>Project facilitated CBOs documentation and account opening in the circular banks.</li> <li>There are 709 members in the 62 CBOs.</li> <li>Most of the CBOs have their own bank accounts.</li> </ul>
Activity No. 25: Exposure trips to health facilities & training programme for CBOs in the communities.	<ul style="list-style-type: none"> <li>39 CBOs members of 06 groups participated in the training programme during the reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>CBO members are made well aware about Govt. mental hospital for the treatment of mental disorders.</li> </ul>
Activity No. 26: Project facilitates CBO Linkages with financial	<ul style="list-style-type: none"> <li>02 CBOs have not linked to the Banks because of demonetisation</li> </ul>	<ul style="list-style-type: none"> <li>Most of the CBOs faced the problem of demonetisation.</li> </ul>

institutions/ micro finance institutions.	during the period.	
Activity No. 27: Formation of new CBOs in the communities to support mental health programme.	<ul style="list-style-type: none"> <li>02 new CBOs formed in the communities.</li> </ul>	<ul style="list-style-type: none"> <li>In some villages first project started identification of mentally ill persons and after that CBOs formed.</li> </ul>
Activity No. 28: Training to the Adult Literacy Facilitators in SHARE Center.	<ul style="list-style-type: none"> <li>46 times Adult Literacy Training taken place in SHARE centre in which 66 preraks (facilitators) have been trained.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE' master trainer given the training to the facilitators and how to use laptops.</li> </ul>
Activity No. 29: Literacy Survey to enrol the women for adult literacy programs.	<ul style="list-style-type: none"> <li>61 literacy survey taken place in the villages in 1525 women participated.</li> </ul>	<ul style="list-style-type: none"> <li>Alcoholism is the major issues in the communities.</li> </ul>
Activity No. 30: Opening of Adult Literacy Centre in the communities.	<ul style="list-style-type: none"> <li>38 Adult Literacy Centres have been opened in the respective communities.</li> </ul>	<ul style="list-style-type: none"> <li>22 Adult Literacy Centres in 20 Gram Panchayats.</li> </ul>
Activity No. 31: Sensitization meeting TB with Gaon Kalyan Samiti (GKS) and other community groups- monthly meetings Community meetings /Street plays	<ul style="list-style-type: none"> <li>16 GKS meetings have been conducted in the villages of marginalized people groups.</li> <li>In 16 GKS meetings 378 community people as well as stakeholders participated.</li> </ul>	<ul style="list-style-type: none"> <li>Target was 16 GKS meetings for April to March 2019.</li> </ul>
Activity No. 32: Project facilitates to have Swasthya Samwad (House to House visits) in the marginalized communities.	<ul style="list-style-type: none"> <li>19827 Swasthya samwad (House to House) visits have been carried in Binjor for the month of April 2018 to March 2019.</li> </ul>	<ul style="list-style-type: none"> <li>Target was 16000 Swasthya Samwad (House to House) visits for the 12 months.</li> </ul>
Activity No. 33 Project makes referral of TB suspected cases to the nearest DOTs Microscopic Centers	<ul style="list-style-type: none"> <li>56 referrals made of TB suspected cases to the nearest DMCs during the period.</li> </ul>	<ul style="list-style-type: none"> <li>Referral made of 15 villages - Bijnor district.</li> <li>SHARE has working</li> </ul>



(DMCs).		relation with 03 DMCs.
Activity No. 34 Project facilitates Sputum collection and transportation of marginalized communities to the DMCs.	<ul style="list-style-type: none"> <li>170 sputum collection and transportation (SCT) have been made in 06 months.</li> </ul>	<ul style="list-style-type: none"> <li>Target was 20 sputum collection and transportation.</li> </ul>
Activity No. 35 Mid-Media activities in the communities.	<ul style="list-style-type: none"> <li>2 Mid-Media activities have been conducted in the communities.</li> </ul>	<ul style="list-style-type: none"> <li>As per plan 01 Mid-Media activity per quarter.</li> </ul>

### 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).	<ul style="list-style-type: none"> <li>No of permission receive by the project for emotional resilience program.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE received permission from 08 colleges/schools for emotional resilience programs.</li> </ul>	<ul style="list-style-type: none"> <li>Colleges/schools are positive towards the work of emotional resilience programs.</li> <li>Project had the target to conduct 21 sessions for each group in the schools.</li> </ul>
Output 02: Emotional Resilience Program will be functional in the participatory colleges/schools.	<ul style="list-style-type: none"> <li>No of colleges/schools participating in this program.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE selected 08 colleges/schools for this program.</li> </ul>	<ul style="list-style-type: none"> <li>For this program 04 private &amp; 02 Govt. school were selected.</li> </ul>
Output 03: Project will have school facilitators to conduct the sessions and work with the girls & boys' groups.	<ul style="list-style-type: none"> <li>No of school facilitators project have to run the program.</li> </ul>	<ul style="list-style-type: none"> <li>Project had 12 school facilitators to run this program during the reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>All female school facilitators were selected from community.</li> </ul>
Output 04: SHARE team will have appropriate knowledge & skills for the promotion of youth resilience among adolescents.	<ul style="list-style-type: none"> <li>No of orientation SHARE team received for capacity building.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE team received 19 orientation/training for the capacity building.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE team received training to run the emotional resilience programme among adolescents.</li> </ul>
Output 05: SHARE will have	<ul style="list-style-type: none"> <li>No of master trainer</li> </ul>	<ul style="list-style-type: none"> <li>SHARE has one master</li> </ul>	<ul style="list-style-type: none"> <li>Master trainer helped the school facilitators in day</li> </ul>

master trainer while working on emotional resilience program for adolescent.	SHARE has.	trainer to monitor school facilitators' progress and give them feedback time to time.	to day activities.
Output 06: SHARE will have trained school mental health facilitators.	<ul style="list-style-type: none"> <li>No of trained school facilitators.</li> </ul>	<ul style="list-style-type: none"> <li>19 trained school facilitators.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE has master trainer to conduct training for programme facilitators.</li> <li>CORSTONE Training manual use to conducted the training sessions.</li> </ul>
Output 07: SHARE will have girls & boys' groups with whom facilitators work on emotional resilience program.	<ul style="list-style-type: none"> <li>No of groups SHARE formed.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE formed 47 new groups in the schools both girls' groups &amp; boys groups.</li> </ul>	<ul style="list-style-type: none"> <li>Every year, schools give permission from July onwards as schools re-opens. Male 20 groups and Female 27 groups.</li> </ul>
Output 08: Group activities will be in functional in the colleges/schools as per the plans	<ul style="list-style-type: none"> <li>No of groups activities taken place.</li> </ul>	<ul style="list-style-type: none"> <li>705 groups activities taken place in 47 adolescent groups during the period.</li> </ul>	<ul style="list-style-type: none"> <li>All the group activities taken place in the community levels.</li> <li>Emotional Resilience group activities 487 &amp; Health Resilience group activities 218.</li> </ul>
Output 09: SHARE will have pamphlets/IEC materials/workbooks for adolescents/students.	<ul style="list-style-type: none"> <li>Pamphlets and IEC materials.</li> </ul>	<ul style="list-style-type: none"> <li>Project provided the workbook, pamphlets and IEC materials to be used for the programme.</li> </ul>	<ul style="list-style-type: none"> <li>Workbook had the content of lesson.</li> </ul>
Output 10: School facilitators & students will be aware about the mental health disorders and strategies to increase their own mental health.	<ul style="list-style-type: none"> <li>No of adolescents participating in emotional resilience program.</li> </ul>	<ul style="list-style-type: none"> <li>722 adolescents participated in youth resilience programs.</li> </ul>	<ul style="list-style-type: none"> <li>Summer break, exams and in new admission in schools hamper the sessions to be taken place.</li> </ul>
Output 11: Project will have	<ul style="list-style-type: none"> <li>No of CHCs/PHC</li> </ul>	<ul style="list-style-type: none"> <li>SHARE has working</li> </ul>	<ul style="list-style-type: none"> <li>Project has good reputation in the primary</li> </ul>

Network System with the Government Hospitals while working in the field of mental health promotion.	project work with while doing mental health education in the communities. ▪ No of linkages SHARE has to network with Govt. Mental Hospital	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.	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 will have IEC materials to facilitate/ address the mental health issues and it help in capacity building of stakeholders.	▪ No of IEC materials project have developed.	▪ Project developed 05 IEC materials to conduct mental health activities in the field level.	▪ SHARE IEC materials are in 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 12/20 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	▪ 38 new villages SHARE team reached out and did the programme in 23 villages during April to March 2019. ▪ 34 volunteers identified to reduce stigma & discrimination.	▪ SHARE covered the villages of 06 blocks comprising 04 from Bijnor district and 02 from Moradabad district.

	meetings to reduce stigma & discrimination of their respective communalities.	<ul style="list-style-type: none"> <li>26 volunteers attended the meetings.</li> </ul>	
Output 15: Families of PLWMDs have confidence to visit Govt. Mental Hospital Bareilly/Moradabad.	<ul style="list-style-type: none"> <li>No of times family's groups travel to Govt. Mental Hospital Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>54 times family's groups-care givers travel to Govt. Mental Hospital</li> <li>732 families' members involve in this.</li> </ul>	<ul style="list-style-type: none"> <li>SHARE organized the trips every Tuesday to Mental Hospital Bareilly.</li> </ul>
Output 16: There will be mass awareness in the communities about the mental illness, care & treatment.	<ul style="list-style-type: none"> <li>No of mass awareness still present in the communities.</li> </ul>	<ul style="list-style-type: none"> <li>World Suicide Prevention Day programme on 10-09-18</li> </ul>	<ul style="list-style-type: none"> <li>Many affected families of mental illness have contacted SHARE centre and become the part of mental health programme through group meetings.</li> </ul>
Output 17: Accessibility of PLWMDs (communities) in Govt. Mental Hospital will increase.	<ul style="list-style-type: none"> <li>No of PPSDs accessed the facilities of Govt. Mental Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>291 New PPSDs (171 Male &amp; 120 Female) &amp; 972 repeat cases (Male 521 &amp; Female 451) PPSDs accessed the facilities of Govt. Mental Hospital, Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>Both CMDs &amp; SMDs have included in this. April to March 2019.</li> </ul>
Output 18: The skills of family of PLWMDs will improve in the communities setting.	<ul style="list-style-type: none"> <li>No of family of PSDs' skills have been improved.</li> </ul>	<ul style="list-style-type: none"> <li>452 families of PPSDs skills have been improved.</li> </ul>	<ul style="list-style-type: none"> <li>Through house visits strategy in the communities.</li> </ul>
Output 19: Openness to PLWMDs who are living in various communities.	<ul style="list-style-type: none"> <li>No of families of PPSDs talk about mental problems.</li> </ul>	<ul style="list-style-type: none"> <li>95 families of PPSDs are opened up and started treating of their mentally ill person in their families.</li> </ul>	<ul style="list-style-type: none"> <li>Through care plans.</li> </ul>

Output 20: CBOs members capacity will enhance that they may have knowledge & skills on mental health.	<ul style="list-style-type: none"> <li>▪ No of CBOs motivate care &amp; support for PPSDs No CBOs start of early identification of PLWMD.</li> <li>▪ No of CBOs visited mental hospital Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 43 CBOs motivate care &amp; support for PPSDs</li> <li>▪ 36 CBOs started of early identification of PPSDs.</li> <li>▪ 04 CBOs visited mental hospital Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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.</li> </ul>
Output 21: CBOs will be familiar about the services available in the mental health service centres (Government or private).	<ul style="list-style-type: none"> <li>▪ No of CBOs familiar with mental hospital Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 104 CBOs familiar with mental hospital Bareilly.</li> </ul>	<ul style="list-style-type: none"> <li>▪ SHARE focused community based mental health programme therefore motivating CBOs to be part of mental health initiatives and CBOs are turning up with this.</li> <li>▪ Project facilitated the CBOs members' visits in mental hospital.</li> </ul>
Output 22: CBOs will Support to improve livelihoods e.g. small business, micro-enterprise.	<ul style="list-style-type: none"> <li>▪ No of CBOs access the loans from their groups.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 12 CBOs access the loans from their groups.</li> <li>▪ 22 CBOs members have been started livelihood activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ CBOs have capacity to have interred loaning within the group itself.</li> </ul>
Output 23: CBOs' participation will increase in income generating activities.	<ul style="list-style-type: none"> <li>▪ No of CBOs participation increased in income generating activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 07 CBOs participation increased in income generating activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ CBOs also access loans from micro finance company as their engagement increasing in the community circle.</li> </ul>
Output 24: 1500 household will be sensitizing on the issue how alcohol consumption affects a person and his family life as well as community	<ul style="list-style-type: none"> <li>▪ No of community sensitize on alcohol problems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 09 communities sensitize on alcohol problems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ So far, we didn't make the progress where to send if family willing to rehabilitate such people.</li> </ul>
Output 25: Community will be aware about sign & symptoms of TB and DOTs.	<ul style="list-style-type: none"> <li>▪ No of villages participated in GKS meetings.</li> <li>▪ No of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Main stakeholders of 09 villages participated in the 09 GKS meetings.</li> <li>▪ 224</li> </ul>	<ul style="list-style-type: none"> <li>▪ SHARE Project carry on TB Programme in Bijnor.</li> <li>▪ VHSNC members are the part of GKS meetings.</li> </ul>



	participants in GKS meetings.	stakeholders participated in GKS meetings.	
Outputs 26: Poor & Marginalized houses will be reach out by Door to Door campaigning in the remote villages.	<ul style="list-style-type: none"> <li>No of houses reached out by door to door to campaigning.</li> </ul>	<ul style="list-style-type: none"> <li>19827 houses have been reached out during the reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>These house visits comprising of 03 blocks of Bijnor visits.</li> </ul>
Output 27: Referrals to the nearest DMCs will be increase and suspected cases reached to the nearest DMCs & have sputum examination.	<ul style="list-style-type: none"> <li>No of referrals made.</li> <li>No of suspected cases reached to the nearest DMCs &amp; have sputum examination.</li> </ul>	<ul style="list-style-type: none"> <li>196 referrals made during the 12 months.</li> <li>106 suspected cases reached to the nearest DMCs &amp; sputum examination.</li> </ul>	<ul style="list-style-type: none"> <li>Referrals made in the GKS meetings and Swasthya Samwad (House to House visits).</li> <li>Project has linkages with the 07 DOTs microscopic centres (DMCs) for the sputum examination.</li> </ul>
Output 28: Sputum sample collected and transported to the nearest DMCs.	<ul style="list-style-type: none"> <li>No. of sputum detected as smear positive.</li> </ul>	<ul style="list-style-type: none"> <li>11 sputum detected as smear positive.</li> </ul>	<ul style="list-style-type: none"> <li>ASHA workers of the respective villages become the DOTs providers.</li> </ul>
Output 29: New Sputum Positive (NSP) will be deducted from the marginalised communities.	<ul style="list-style-type: none"> <li>No of NSP registered on DOTs.</li> <li>No. of sputum sample collected and transported.</li> </ul>	<ul style="list-style-type: none"> <li>11 NSP registered on DOTs.</li> <li>170 sputum sample collected and transported.</li> </ul>	<ul style="list-style-type: none"> <li>Sputum sample collected from the rural villages and transported to the nearest DMCs, such DMCs covered 07.</li> </ul>
Output 30: Training of Adult Literacy Facilitators	<ul style="list-style-type: none"> <li>No of trainings</li> <li>No of AL Facilitators trained.</li> </ul>	<ul style="list-style-type: none"> <li>46 training for Adult Literacy Facilitators.</li> </ul>	<ul style="list-style-type: none"> <li>All trainings taken place in SHARE centres.</li> </ul>
Output 31: Literacy Survey in the villages.	<ul style="list-style-type: none"> <li>No of survey in the</li> </ul>	<ul style="list-style-type: none"> <li>46 AL surveys in the communities.</li> <li>1181 women</li> </ul>	<ul style="list-style-type: none"> <li>Survey motivated the women to know more about the AL programs and make the enrolment</li> </ul>

	communities. <ul style="list-style-type: none"><li>No of women covered.</li></ul>	participated.	for the same.
Output 32: Opening of Adult Literacy Centres in the communities.	<ul style="list-style-type: none"><li>No of AL centres opened in the communities</li></ul>	<ul style="list-style-type: none"><li>44 AL Centres opened in the communities.</li></ul>	<ul style="list-style-type: none"><li>42 AL centres in 37 Gram Panchayats.</li></ul>

### 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.	<ul style="list-style-type: none"> <li>No of college/schools have included for mental health-emotional resilience program.</li> <li>No of Master trainer trained.</li> <li>No of School facilitator trained.</li> <li>No of adolescent have enrolled in the programs</li> </ul>	<ul style="list-style-type: none"> <li>08 college/schools have included for mental health-emotional resilience program.</li> <li>01 master trainer trained for emotional resilience program.</li> <li>08 School facilitators re-orientated</li> <li>722 adolescents have enrolled in youth resilience programme.</li> </ul>	<ul style="list-style-type: none"> <li>This is the 04<sup>th</sup> year SHARE implementing the emotional resilience program in the schools and this is the add up learning experience for SHARE team.</li> <li>CORSTONE has been providing resource materials.</li> </ul>
Purpose No. 02:  To strengthen government primary mental health services of 3 CHC/PHC of Seohara block by end of 3 years.	<ul style="list-style-type: none"> <li>No of CHC/PHC have included in mental health programme.</li> <li>No of networking with Govt. Mental hospital.</li> <li>80% ANMs, ASHAs</li> </ul>	<ul style="list-style-type: none"> <li>5 PHCs have been approached in this regard and they are positive to work on this.</li> <li>39 ANMs of Seohara block have educated on mental health.</li> </ul>	<ul style="list-style-type: none"> <li>2 PHCs are additional one while Seohara PHCs is main one which also functioning as community health centre.</li> <li>On ANMs session day project team do mental health education with the ANMs.</li> <li>Some of the VHSNCs are not functioning at all</li> </ul>

	<p>Workers know what is mental health and mental illness.</p> <ul style="list-style-type: none"> <li>70% of VHSNC (50/71) know about mental health problems &amp; have plans to help their communities</li> </ul>	<ul style="list-style-type: none"> <li>ANMs from 03 other blocks of Bijnor educated in mental health.</li> <li>47/60VHSNCs are made aware about mental illness.</li> </ul>	<p>however in such cases project approach Gram Pradhans and sometime it is because of village politics.</p>
<p>Purpose No. 03:</p> <p>Empower People with Psycho-Social Disability (PPSDs) and their families with skills and have knowledge for mental health.</p>	<ul style="list-style-type: none"> <li>No of PLWMDs are benefited by SHARE mental health programme.</li> <li>No of families are aware about schizophrenia, epilepsy, substance abuse, depression, anxiety, sleeping disorders etc.</li> <li>Number of PWMD who have accessed care at least once – since April 2015Number</li> <li>Number of people (CMD/ SMD/ epilepsy) who have attended Bareilly with team more than three times.</li> <li>Number of people who now attend</li> </ul>	<ul style="list-style-type: none"> <li>291 new PPSDs and 972 PPSDs (repeat) are benefited by SHARE mental health programme during April to March 2019.</li> <li>439 families of PPSDs are opening up in the problems of mental health and currently SHARE has mentally ill persons from 06 blocks.</li> <li>154 PPSDs accessed once.</li> <li>386 (CMD/ SMD/ epilepsy) attend more than 03 times.</li> <li>95 PPSDs are regular on their treatment by their own efforts.</li> </ul>	<p>Project has monitoring system to make follow ups of the PPSDs.</p>

	<p>Bareilly regularly on their own- need to be work out.</p> <ul style="list-style-type: none"> <li>• Number of people who have resumed usual house or field/ mazdhuri responsibilities after starting treatment.</li> <li>• Number of PWMD who have returned to paid work.</li> <li>• Number of people with epilepsy who have returned to work (including house responsibility and paid work).</li> <li>• Number of people with epilepsy who have returned to school or study.</li> <li>• Number of people with epilepsy who have died with a seizure related death.</li> <li>• Number of PWMD who have died prematurely linked to their mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 211 PPSDss resumed their work.</li> <li>▪ 87 PPSDs returned to paid work.</li> <li>▪ 56 epilepsy return to work.</li> <li>▪ 11 epilepsy return to school.</li> <li>• 01 epilepsy who have died with a seizure related death.</li> </ul>	
Purpose No. 04:	<ul style="list-style-type: none"> <li>▪ No CBOs will function as a</li> </ul>	<ul style="list-style-type: none"> <li>• 34 CBOs functioning as</li> </ul>	<ul style="list-style-type: none"> <li>• There is good presence of CBOs in the villages</li> </ul>

<p>To strengthen the 50 CBOs of Seohara block to increase skills in mental health literacy, first aid and positive mental health.</p>	<p>social support group in the communities for PPSDs/PWDs.</p> <ul style="list-style-type: none"> <li>▪ No of CBO members have increased knowledge and understanding of mental illness</li> <li>▪ No of CBO have increased openness and reduced discrimination to PLWMD</li> <li>▪ Utilization of services in the mental facility- Mental Hospital, Bareilly.</li> </ul>	<p>a social support group in the communities.</p> <ul style="list-style-type: none"> <li>▪ 276/354 CBO members knowledge &amp; understanding have been improved through CBO meetings by using the pictorial picture and descriptions of mental ill persons.</li> <li>• CBO members have basic understanding of mental illness.</li> <li>▪ 14 CBO have increased openness and reduced discrimination to PLWMD</li> </ul>	<p>and same time they are good support in reaching to the mental ill person in the communities.</p> <ul style="list-style-type: none"> <li>▪ CBOs helped them to make visits in Mental Hospital.</li> </ul>
<p>Purpose No. 05:</p> <p>To improve the reach, visibility and effectiveness of RNTCP through SHARE Project support in 2 districts- Bijnor &amp; Moradabad.</p>	<ul style="list-style-type: none"> <li>• No of network with DMCs SHARE has for referrals in 02 districts.</li> <li>• No of community people SHARE reached during the reporting period.</li> <li>• No of new TB patients deducted by SHARE Project.</li> <li>▪ No of TB patients</li> </ul>	<ul style="list-style-type: none"> <li>• SHARE made network &amp; it's working relationship with Govt. 03 DMCs for referrals from communities.</li> <li>• SHARE made 19827 houses aware about TB in the communities.</li> <li>• 11 new TB patients have been deducted by SHARE.</li> <li>▪ 11 TB patients</li> </ul>	<ul style="list-style-type: none"> <li>• SHARE Project working in 03 blocks of Bijnor.</li> <li>• 10693 houses in Bijnor district.</li> </ul>



	registered in DOTs programme for free medication.	have been registered in DOTs programme during the reporting period.	
Purpose No. 06: To promote disability entitlements for the PWDs in the community circle.	<ul style="list-style-type: none"> <li>No of PWDs got disability entitlements from the Govt. authority</li> </ul>	<ul style="list-style-type: none"> <li>233 PWDs got disability entitlements from the CMO office Bijnor.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Purpose No. 07: To run computer based functional adult literacy programme for 1000+ rural women	<ul style="list-style-type: none"> <li>No of rural women completed 3 primers of the literacy</li> </ul>	<ul style="list-style-type: none"> <li>769/1181 rural women completed 3 primers of adult literacy classes.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

**Goal:**

What was Scheduled	Indicator	Progress Made	Explanatory Narrative
To promote positive mental health & resilience among people in BIJNOR district, building on resources in the communities School facilitator trained.	<ul style="list-style-type: none"> <li>De-stigmatize mental health problems from semi urban and rural communities of BIJNOR.</li> <li>Increase PLWMD' participation' in their community circle.</li> <li>Increase help seeking/ presentation to health services of PLWMDs</li> <li>Increase openness and disclosure of mental illness.</li> <li>Increase emotional resilience skills among</li> </ul>	<ol style="list-style-type: none"> <li>423+ families support the mental health programme have been De-stigmatizing in the semi-urban and rural communities as informal community care and self-care among mentally ill people &amp; family members have gone up through SHARE community based mental health programme.</li> <li>1445 PPSDs are confident to access Govt. mental hospital facilities to treat</li> </ol>	<ul style="list-style-type: none"> <li>When communities experience that PLWMDs are getting counselling, support/care or treatment in the mental health services and this surely De-stigmatizing in the communities.</li> <li>The role of care giver in the families is very important that PPSDs can continue the medication as per Psychiatrist</li> </ul>

	adolescents.	<p>their mental illness through family support.</p> <p>3. From 153 village, PPSDs have been visited the mental hospital and community are aware about it. These success stories setting good example of reducing stigma &amp; discrimination to mental health.</p> <p>4. 1878 PPSDs have been identified in the communities. Through their families participation, messages have been gone to the communities that mental illness are treatable and out of it 1285 since the beginning.</p> <p>5. 5150 times repetition by PPSDs in order to take regular medication from mental hospital since the beginning.</p> <p>6. 772 adolescents' youth resilience skills have been increased in the communities.</p>	<p>advice.</p> <ul style="list-style-type: none"> <li>▪ SHARE started the work from 01 block in 2014 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.</li> <li>▪ Free treatment from Govt. metal hospital during the year for new patients.</li> <li>▪ CMD 22 accessed the treatment.</li> <li>▪ SMD 64 accessed the treatment.</li> <li>▪ Epilepsy 60 accessed the treatment.</li> <li>▪ 452 repeat cases accessed free treatment from Govt. mental hospital during the period.</li> </ul>
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#### **4.0 Project Participant/Stakeholder Analysis:**

The relationship building is one of the strategies 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. People with Psycho-Social Disability (PPSDs)	<ul style="list-style-type: none"> <li>They are the people group who went through the mental disorders and suffered due to lack of awareness &amp; treatments and now by SHARE on-going mental health programme they empowered, so through these changes they bringing the change in their respective communities.</li> </ul>
2. Psychiatrists in Govt. Mental Hospital-Bareilly, UP	<ul style="list-style-type: none"> <li>The psychiatrists see every Wednesday People with Psycho-Social Disability (PPSDs) mainly referred from Bijnor district by SHARE and this bring positive changes in the lives of mentally ill and their family members.</li> <li>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.</li> </ul>
3. 2. Chief Medical Officer/Medical-in-charge of CHC/PHC	<ul style="list-style-type: none"> <li>Bijnor has now new CMO, SHARE need time to build relationship with new CMO. First quarter report of new PLWMDs who accessed the medication from Govt. Mental Hospital submitted to the CMO office.</li> </ul>
4. 3. People with Disability (PWDs)	<ul style="list-style-type: none"> <li>132 PWDs got disability entitlements from the CMO Office Bijnor; they are now as the SHARE motivators in the respective communities.</li> </ul>
5. 4. ANMs – Government (27)	<ul style="list-style-type: none"> <li>They became the instrument to increase the immunization rate among children less than 2 years and ANC/PNC coverage to benefit the pregnant women &amp; 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.</li> </ul>
6. ASHAs workers (70)	<ul style="list-style-type: none"> <li>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.</li> </ul>
7. Aganwadi Workers (43) & Aganwadi Assistant (47)	<ul style="list-style-type: none"> <li>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</li> </ul>

	post natal depression. Aganwadi workers will take these skills forward.
8. Rural Health Care Providers (78)	<ul style="list-style-type: none"> <li>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.</li> </ul>
9. Health Promoter (54)	<ul style="list-style-type: none"> <li>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.</li> </ul>
10. Village Health Guides (VHG's) (05)	<ul style="list-style-type: none"> <li>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.</li> </ul>
11. Village Head (Gram Pradhan) (30)	<ul style="list-style-type: none"> <li>Their mental health knowledge have been enhanced to the Gram Pradhans through SHARE work which they will take forward certainly in coming days.</li> </ul>
12. DOTs Microscopic Centre (DMCs) (7)	<ul style="list-style-type: none"> <li>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.</li> </ul>
13. Community Based Organization (CBOs) Members (987)	<ul style="list-style-type: none"> <li>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.</li> </ul>
14. School Teachers (45) & Shiksha Mitre (34)	<ul style="list-style-type: none"> <li>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.</li> </ul>
15. Families (427)	<ul style="list-style-type: none"> <li>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.</li> </ul>

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	5772	11911	43.43
Men (over 18 years old) - disabled	118	428	01.34
Women (over 18 years old) – non disabled	4899	12806	43.49
Women (over 18 years old) – disabled	55	218	0.67
Boys ( up to 18 years old) – non disabled	306	1530	04.51
Boys ( up to 18 years old) – disabled	33	54	0.21
Girls (up to 18 years old) – non disabled	416	2080	06.13
Girls (up to 18 years old) – disabled	27	62	0.22
<b>TOTAL</b>	<b>11626</b>	<b>29089</b>	<b>100.00</b>

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.

## Section E 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 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?
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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 1573+ PPSDs in 167 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 56 trips to the Mental Hospital Bareilly. in which 260 New Mental Ill people (Male = 151 & Female= 109) are facilitated to consult Psychiatric 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 56 trips. 67 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 (PPSDs) 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	The community-based organization has generated the confidence among themselves.



economic development of their respective communities.	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. mental hospital, Bareilly as SHARE impacted the community in terms of detection 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 PPSDs 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 has 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 Accredited 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, NRLM, 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, church 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







**Youth Resilience Training in SHARE Centre**



**Community Participation in Mental Health Programme**



**People with Psycho-Social Disability are facilitated to the Govt. psychiatrist.**



**People with disability are facilitated to the government hospital and CMO office.**



**Muslim Community Participation in Mental Health Programme**





Youth Resilience Sessions taking place in the groups in the assign schools.

## Press Release toward SHARE



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SHARE



**Reflection:**



We can see such psychosis people in the community circles but sad part no one know how to take their responsibility and have care or access to medication for them.

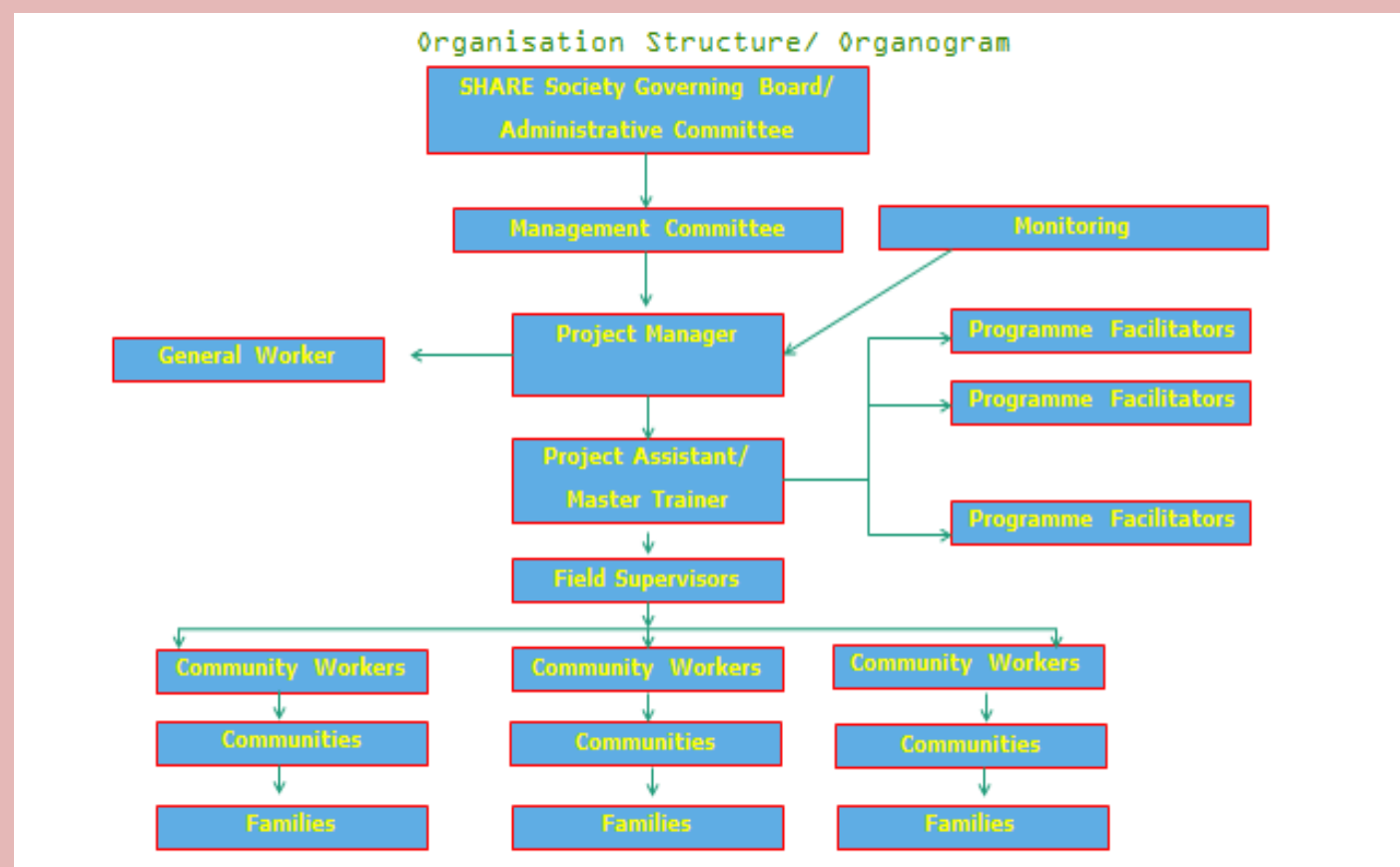
**Cross Cutting Issues:**

- 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: People with Disability (PWDs) 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.

**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 fact that they have illness, 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 PPSDs help to make proper follow ups plan while working with families having mentally ill person.
4. There are enormous scopes 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 PPSDs and CBOs.

## 7.0 Management, Monitoring and Learning:



- 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 the 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 from 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 have 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 discontinued with Catholic Bishop Conference of India (CBCI-card) during the period as of working on Project Axshya- TB Programme.
- This year SHARE increased the number of adolescent groups from 21 to 66 in order to conduct Youth Resilience Programs in schools/colleges with the experience of 3 years from CORSTONE foundation, Delhi.
- SHARE partnership with Sampurn Development Banaras based organization remain discontinued during the period.
  - Adult Literacy Programme added in the current on-going SHARE programme during the period.

## **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 PPSDs 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 PPSDs 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 learnt 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

Please provide one or two case studies or stories from your project, with photos if possible, that best demonstrate the changes that are occurring as a result of your work in communities and/or churches.

#### Story No. 01: Jakiya



Jakiya is 25 years old young woman from shalampur village in Moradabad district. Her mother was expired when she was in 5<sup>th</sup> standard, this made her so depressed and she developed negative feelings.

And as time pass she was having psychosis problems like using bad words to the family members or neighbours, remain aggressive, no interest in day to day work at home and even developed the suicidal tendency, harmed her several time by knife. Her family members taken her to the different doctors in several places but no reliefs from her odd behaviours and the usual practice in the communities they also took her to the traditional healers to have the remedy of this health problem. Her situations became worse and she started of creating more problems to the family, so they put her in iron chain that she may not move around in the house.

Her father came to know about SHARE mental health programs so he approached to the team and got the counselling about her daughter and same time advice given to him to have psychiatrist visit and in such a way the medication of Jakiya started and over the period her psychosis problems came down. Today she is alright; happy and able do most of the household work.

#### Story No. 02: Afsha Parven

I am studying in 10<sup>th</sup> standard. I have been suffering from epilepsy since my childhood though my mother taken me several doctors for my treatment but year to year I depend on medicines to be normal. Even I got electric shock when I was not so young. This year I became unconscious due repetitive seizures and doctor administered several injections to me but no use and finally doctor referred me higher health facilities in night and somehow we manage to have regular medication and I maintain my health status.

This was very bad experience for my mother as my father stay away from us for the work so my mother has to with me all the time. I have 02 extra tuitions.



Last week I was so confident to study more even I appeared for practical exams and but few days back I got seizure and my mother became so anxious and fearful to think if the seizure like this happen during my board exams what will happen? But successfully I completed my 10<sup>th</sup> standard exams.

Anshu Kumari is 25 years old young woman belongs to Khirka village. Since the age 14 years she developed the psychosis problems like remain dirty & quite for several days, looking one thing for long time, having odd behaviors which irritating everyone in the family.

Her father took her to the Jolly Grant hospital and has treatment for her daughter for one year but no result of this. After this they tried private psychiatrists in Moradabad but again no reliefs from there and likewise several other places included traditional healer and local practices to treat such problems.

#### Story No. 03: Anshu Kumari



**Story No. 04: Ravi Kumar**

I am a disabled person have disability since my childhood due to polio. When I was 12 years old then my father passed away and life became more challenging. Around the age of 13 year I became so anxious that I have locomotors disability how I would survive and how I would take care of my family and how they have finances as we don't have land for agriculture even my younger brother is deaf and in such condition what would be my future. Once my mother fall sick and I tried to borrow some money for treatment from my neighbours but none of them given me money saying how a disabled person could return the money. By then I decided to study and work as a daily labourer. This year I am studying in 12 standards and few years back I set up the small floor mill. I had the old disability certificate which was not the valid so I applied for the new one but not able to go through the online process. A SHARE community mental health programme helped to have disability entitlement from government and they did the online process and documentation.

In the month of January 2019 I received my disability unique ID card and E-certificate from the Government. This given me positive sense of happiness that I may get government job or pension in coming future based on my disability entitlements.



**Case Study Section:**

**Before the Medication:**

Monowar is from shalampur Muradabad a psycho social disorder since the age of 16 years. Her parents thought that she will be all right after getting marriage. However they knew that it is an illness but they want to escape from her problem and searched a poor family to have the marriage of her daughter.

After the marriage her husband and family members

### Case Study No. 01: Manowar

*SHARE Society*



### Case Study No. 02: Adult Literacy Centre




The TCS Adult Literacy has been running in Pantiya village of Seohara block of Bijnor district. This AL women group comprises of SC community and most of them are poor and marginalized. The prerak (facilitator) Lovily Devi informed the adult learners that the Bypoll election of Noorpur Assembly going to take place on 28<sup>th</sup> May 2018 and same time she motivated these adult learners that you have chance to put signature against your name while casting the vote instead of thumb impression. So this idea picked up by these women and they worked hard in the centre to face this challenge. And on the day of bypoll election all women of the adult literacy centre put the signatures and they felt proud about it and shared this to their family members.



प्रीति का नाम → सीनम  
केंद्र का नाम → खाईवेड़ा

मैं बन्दना ७०% धर्मशाला खाईवेड़ा की निवासी हूँ। मैं दलित (हरिजन) समुदाय से सम्बन्ध रखती हूँ। मैं प्रति धर्मशाला सप्ताहवार सप्ताह केन्द्र में गजपुरी का काम करते हैं। मैं ग्रामीण इलाके से सम्बन्ध रखती श्री श्रौत रखती हूँ पहले पढ़ने के लिए किसी ने समझाया ही नहीं कि पढ़ना जरूरी है था नहीं इसलिए पढ़ने में रुची ही नहीं थी। मैंने श्री पढ़ने की जरूरत नहीं समझी। पर अब जब मैं बच्चे पढ़ने जाने लगे तो उन्हें पढ़ा कर मैंने उनसे पढ़ने की तैयारी हुई। तो मैं उनकी कितनी को बेकट पैदा जाती थी पर कोई पढ़ने वाला नहीं था। श्रौत घर वाले मेरे भलाक पगते थे। एक दिन सीनम ७०% कृपाल सिंह जी कि लड़की ने मुझे बताया कि रोपट मंत्रा कि तरफ से प्रौढ़ शिक्षा का सेन्टर खुलने जा रहा है। श्रौत आपस-ओम्मे पढ़ेगी। तो मुझे उसी (है) पर निराशा थी हुई निराशा इसलिए हुई कि मैं लंगर जाती हूँ जानकर भी पालती हूँ। मैं पास चुनौती भी। पर मैंने सोच लिया था कि मुझे सेन्टर जाना है। श्रौत मैं प्रतिदिन सेन्टर जाने लगी। अब मैं श्रद्धा को भी पहचानती हूँ। अक्षरों का मिलान पर लेती हूँ। माताओं कि भी जानकारी हो गयी थीं मैं अपना नाम व प्रति का नाम, गाँव का नाम लिखा व पढ़ना सीख लिया हूँ।


  
 PROJECT MATHURA

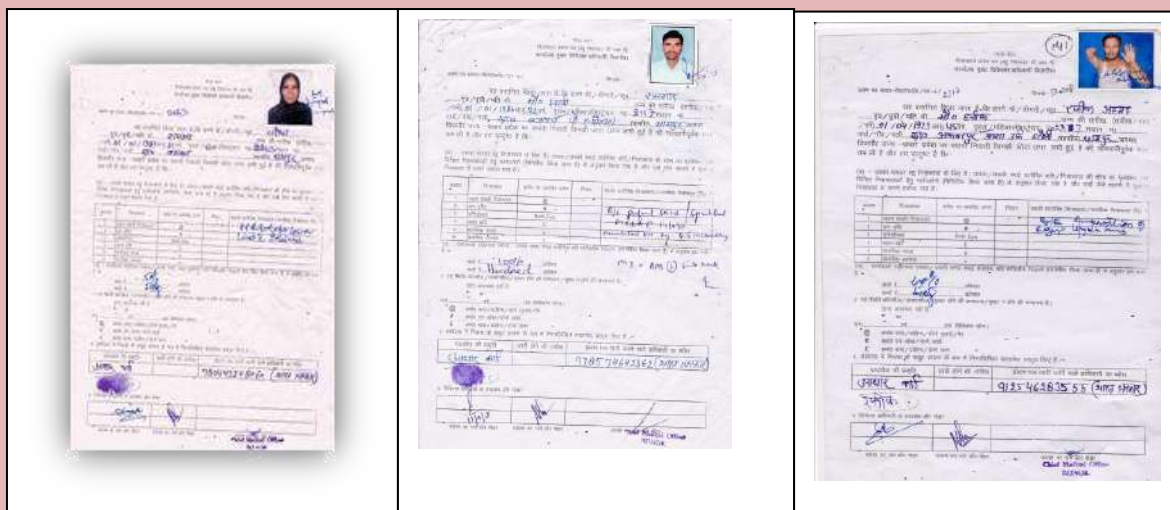


केंद्र का नाम → अनीसा नगली  
प्रेरक का नाम → प्रसिद्धा  
लाभार्थी का नाम → परवीन

मैं परवीन ७० नन्हेवा अनीसा नगली गाँव की हूँ। मैं वाली हूँ मैं मुस्लिम समाज से सम्बन्ध रखती हूँ। मैंने उम्र का वर्ष है। और मैंने उ आई है। और पापा जी मजदूरी करते हैं। पहले पढ़ने का मेरा मन नहीं था। मैंने (पूछती थी) कि पर पढ़ लिखकर क्या आइगी। अब मैं पढ़ी लिखी लड़कियों को देखती थी तो मेरे मन के खवाल उठते थे। मैंने मैंने नहीं पढ़ी और मुझे अफसोस होता था। मेरा भतीजा सुबाने आके बोला था कि मेरा फ़ैल का नाम आता है तो मुझे बहुत आसिदी महसूस होती थी। हमारे गाँव में E.M.S. गंगा T.C. के द्वारा प्रौढ़ शिक्षा कार्यक्रम के लिए प्रसिद्धा ने खुदसे पढ़ने के लिए बात की। प्रसिद्धा ने मुझे पढ़ाई के फायदे बताये। मुझे लगा कि मुझे पढ़ना चाहिए। मैं पढ़ने के लिए दिन-रात जाती हूँ। अब मुझे अक्षरों की पहचान और अक्षरों के मिलान पढ़ना लिखना सीख लिया। मैं अपने भतीजे का होमवर्क करा देती हूँ। मुझे पढ़ना बहुत अच्छा लगने लगा।

पाठ का नाम

  
 PROJECT MATHURA



**233 Disable People got Disability Entitlement from CMO office Bijnor, facilitated by SHARE during the period April to March 2019**

### 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 beneficiary's 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 arises, 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. Project compile data spread sheet (Computerized)
2. Government Mental Hospital Bareilly' records and CHC/PHC Records.
3. Block development office records.
4. Project Baseline forms.
5. Project Family Planning Registers at village level maintain by the village health guides (VHGs)..
6. Staff in-charge registers/ diaries/note books.
7. Specific activities-based project registers.
8. Primary school/Junior high school/high school/Intermediate school attendance registers.
9. Staff school health teaching registers.
10. Women groups meeting attendance notebooks.
11. SHGs document registers
12. Project monthly reporting forms and formats/half yearly/annual reports.

## 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?
<ul style="list-style-type: none"> <li>❖ Project team became aware about child protection policy within the organization.</li> <li>❖ Dignity for the people who have mental illness.</li> </ul>	
2. Impartiality & Targeting	How were beneficiaries selected? Describe how this was based on need and on the most vulnerable people being reached.
<ol style="list-style-type: none"> <li>1. People with Psycho-Social Disability (PPSDs) &amp; PWDs.</li> <li>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.</li> <li>3. The people who don't have proper employment throughout the year.</li> <li>4. Presence of adult illiteracy member in the family.</li> <li>5. Big family size more than 5 children in the family</li> <li>6. Pregnant women and lactating mothers.</li> <li>7. Malnourished children under 5 years.</li> <li>8. No proper housing, lack of toilet facility.</li> <li>9. Family head addicted by alcohol.</li> <li>10. Domestic violence in the families.</li> <li>11. Widow families in the community.</li> </ol>	
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?
<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ The local leaders, community's people, and government officials' suggestion/feedback have always taken into consideration for smooth functioning of the programs.</li> <li>▪ The community-based organization (CBOs) members who are basically community members and project stakeholders comprising of health workers (ANNs, ASHAs &amp; Aganwadi workers) have participated within the programme through monthly meetings or training programmes and their suggestions have incorporated to achieve the common purposes.</li> <li>▪ Community people' participation have increased in government health/development system through awareness generation programmes and these groups of people have now</li> </ul>	



priority with which project has been working.	
4. Sustainability	<i>What has been the level of sustainability or reliability of the project?</i>
<ul style="list-style-type: none"> <li>❖ Project did bank linkages of CBOs and these groups are directly linked with the respective circular banks.</li> <li>❖ SHARE Project facilitated to have accessibility of Government mental hospital Bareilly' facilities to the people Psycho-Social Disability (PPSDs).</li> <li>❖ TB Patients linkages with DOTS Microscopic Centres (DMCs).</li> </ul>	
5. Advocacy	<i>How has the project addressed local or national policy issues relevant to the project objectives?</i>
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	<i>How has the project prevented an increase in the vulnerability of children? How has the project supported child development and protected them from harm?</i>
Through Emotional Resilience Programme- CORSTONE & CBOs presence in the communities.	
7. Gender	<i>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?</i>
Through CBOs.	
8. HIV	<i>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?</i>
Through community meetings in the rural villages.	
9. Environment	<i>How has the project ensured it is not contributing to environmental degradation? How has the project reduced environmental damage and increased positive environmental outcomes?</i>
Through Community Based Organizations.	
10. Disaster Risk	<i>How has the project built up community capacity and addressed long-term vulnerability to disasters?</i>
Through School Training Programme.	
11. Conflict	<i>How has the project avoided heightening tension or making people more vulnerable to physical harm? How has the project promoted peace and reconciliation?</i>
Through Community Based Organizations.	
12. Technical Standards	<i>How has the project ensured that its outputs are of a good technical standard?</i>
Authentic Project Records & Reports.	

## 12. Project Team: 2018-2019

### 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. Arun Kumar	Field Supervisor
5.	Mr. Rohit Kumar	Disability Facilitator
8.	Km. Farah, Km. Rekha, Km. Rakhi, Km. Samrin, Km. Preeti, Km. Shobha, Km. Shumayala, Km. Nagma, Km. Jaraha & Km. Shiwani, Km. Babita,	12 Programme Facilitators for the youth resilience programme
9.	42 Prerak (Facilitators)	To conduct Adult Literacy Programme

### 12.2 SHARE Unit Management Committee Members 2018-2019:

1. Dr. George Clarence – UMC Chairman
2. Ms. Margaret Kurain – EHA Representative
3. Mr. David Abraham – Project Manager
4. Mr. Papa Rao- LCH Finance
5. Dr. Sunitha Varghese- Project Director CHDP Fatehpur
6. Mrs. Madhu. P. Singh – Co-opted/Director OPEN
7. Mrs. Clement C. Singh – Local Representative/Principal

### 12.3 SHARE Society Governing Board Members 2018-2019:

1. Dr. Joshua Sunil Gokavi – Chairman
2. Mr. David Abraham – Secretary
3. Mr. M. Papa Rao – Treasure
4. Mrs. Margaret Kurian – Member
5. Dr. George Clarence – Member
6. Dr. Pratibha Esther Milton – Member
7. Mr. Abhishek Lyall – Member
8. Dr. Mathew Samuel – Member

9. Mrs. Helen Paul – Member
10. Dr. Uttam Mahopatra – Member
11. Dr. Daniel Rajkumar – Member
12. Mrs. Madhu P. Singh – Member

### 12.3 Capacity Building of SHARE Team/Community/Stakeholders for 208-2019

S. No.	SHARE Team Member's Name/ Community/Stakeholders	Training/Orientation/ Reporting	Months
1.	Ms. Kala Abraham & Km. Rekha,	Youth Resilience Training in Delhi from 12-04-2018 to 14-04-2018	April 2018
2.	Mr. David Abraham	Annual Consultation for Refection, Strategic Review and Planning Meeting 30- 04-2018 to 03-05-2018. SHARE Annual Report Presentation taken place during the Annual Meeting on 01-05-2018.	April/May 2018
3.	Km. Farah Naz, Km. Rekha, Km. Rakhi, Km. Samrin, Km. Preeti, Km. Shobha,	Resilience Review Training-I 26 <sup>th</sup> to 28 <sup>th</sup> 2018	April 2018
4.	Mr. David Abraham	SHARE AGM taken place on 07-07-2018 as per the plan	July 2018
5.	Km. Farah Naz, Km. Rekha, Km. Rakhi, Km. Samrin, Km. Preeti, Km. Shobha,	Resilience Review Training-II 26 <sup>th</sup> to 28 <sup>th</sup> 2018	May 2018
6.	Km. Farah Naz, Km. Rekha, Km. Rakhi, Km. Samrin, Km. Preeti, Km. Shobha, Km. Shiwani, Km. Nidhi, Ms. Nitin Davi	Attitudinal Healing	May 2018
7.	Mr. David Abraham & UMC Members	SHARE Unit Management Meeting taken place as per the plan on 14-06-2018	June 2018

8.	Km. Farah Naz, Km. Samrin, Km. Preeti, Km. Shobha, Km. Shiwani, Km. Nidhi, Km. Nagma, Km. Rakhi and Km Rekha	24 Character Strength, What are feelings?, Goal settings, Conflict Resolution from 04 <sup>th</sup> to 07 <sup>th</sup> 2018.	July 2018 <i>SHARE Society</i>
9.	Km. Farah Naz, Km. Rekha, Km. Samrin, Km. Preeti Pal, Km. Shobha, Km. Renu, Km. Shiwani, Km. Dimpla, Km. Babita, Km Nagma, Km. Gulista, Km. Shumayla, Km. Jyoti	Review Meeting on Listening Skills and Character Strength on 28-08-2018	August 2018
10.	Mr. David Abraham	SHARE participated in International Conference on Mental Wellness in Communities from 15 <sup>th</sup> to 16 <sup>th</sup> September 2018 in Kolkata.	September 2018
11.	Km. Farah Naz, Km. Preeti Pal, Km. Shobha, Km. Renu, Km. Dimpla, Km. Babita, Km Nagma, Km. Shumayla, Km. Priyanka	Training on Health Resilience on 30-10-2018	October 2018
12.	Mr. David Abraham & Mr. Sanjay Singh	Sense Maker Training in Dehradun on 16-10-2018	October 2018
13.	SHARE Team	SHARE Training & Monitoring on mental Health on 19 <sup>th</sup> - 20 <sup>th</sup> November 2018 .	November 2018
14.	Mr. David Abraham & UMC Members	SHARE UMC has taken place on 21-11-2017.	November 2018
15.	SHARE Team	Annual Function has been organized on 18-12-2018 in which around 350+ community members participated and taken part in the programme.	December 2018
16.	Km. Farah Naz, Km. Rekha, Km. Samrin, Km. Preeti, Km. Priyanka, Km. Renu, Km. Jarah, Km. Shiwani, Km. Dimpla, Km. Babita	Resilience Training- Benefit Finding on 23-01-2019	January 2019
17.	Mr. David Abraham	Participation in EHA RAC Administrative Meetings.	February 2019
18.	66 Adult Literacy Facilitators	Adult Literacy Training for 46 times	April to March 2019
19.	David Abraham & UMC Members	SHARE management meeting taken place on 14-03-2019 in Mussoorie, UK.	March 2019

**13. Objectives 2019-2020:**

1. To increasing emotional resilience (knowledge & skills) among 800+ adolescents in schools/colleges. Focus will be on female adolescents.
2. To strengthening Health System/ Network with government hospitals-CHC/PHC of Bijnor district/Mental Hospital Bareilly.
3. Empower PPSDs and their families with skills and knowledge on mental health problems.
4. To reach out 40 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 promote Disability Entitlements/Govt. Benefits in the community circles.
7. To strengthen the 50 CBOs of Seohara block to increase skills in mental health literacy, first aid and positive mental health
8. To improve the reach, visibility and effectiveness of RNTCP through SHARE Programme support in the targeted communities.
9. To run computer based functional Adult Literacy Programme for 200+ rural women.

# 14. Financial Report: 2018-2018 & Budget: 2019-2020

SHARE SOCIETY, Mussoorie – 248179, UK

## Financial Report: April 1, 2018 to March 31, 2019

Income	Budget April to Mar 2018-2019	Actual Received April to Mar 2018-2019	Budget April to March 2019-2020
Brought forward from previous programme-Local	6,163.90	6,163.90	32,729.68
Brought forward from previous programme-FC	76,542.04	76,542.04	16,126.36
Brought forward from previous programme-FC SAPHARA	1,04,259.00	1,04,259.00	1,04,259.00
SAPHARA Trust -Youth Resilience	4,20,000.00	527881.00	3,84,741.00
Government	-	-	-
TCS Fund	2,55,000.00	1,97,500.00	57,500.00
Donation FC	11,50,000.00	1085069.00	11,76,092.00
Donation Local	94,558.06	54,545.00	1,20,577.96
Disability Work	-	-	-
Community Contribution	60,000.00	186909.00	1,50,000.00
In-kind donations	-	-	-
Income generated by the programme	-	-	-
Bank Interest	50,000.00	53,612.00	50,000.00
Sell of Scrap	3000.00	870.00	1,000.00
Sell of Motorbike	0.00	4500.00	-
TDS Refund	4,000.00	-	8,079.00
TDS Interest	300.00	-	500.00
Others- Reserve Fund	-	-	-
<b>Total Income</b>	<b>22,23,823.00</b>	<b>22,97,850.94</b>	<b>21,01,605.00</b>



Operational/Programme Costs	Budget April to Mar 2018-2019	Actual Expenses April to Mar 2018-2019	Budget April to March 2019-2020
<b>Direct costs</b>			
<b>Activity and Material Cost</b>			
Project Travel	60000.00	57400.00	70000.00
Mental Health Programmes	55200.00	77701.00	80000.00
Mental Health Training & Workshop	12000.00	11497.00	12000.00
Adolescent Programmes-Youth Resilience 44 Groups	420000.00	423622.00	489000.00
CBOs Capacity Building	40000.00	39680.00	30000.00
Community Mobilization & Training	7000.00	6697.00	20000.00
Disability Entitlement	70000.00	69422.00	30000.00
Pamphlets/IEC Materials/Workbook	10000.00	10947.00	10000.00
Refrehment and Hospitality Exp.	3000.00	3579.00	3500.00
Internet & Phone Exp.	10000.00	10122.00	10000.00
Printing & Stationery	10000.00	555.00	8000.00
Medical/Medicines	70000.00	70092.00	5000.00
TB Programme	7000.00	6232.00	7000.00
Travel to Mental Hospital	14000.00	13954.00	14000.00
Field Supply	4000.00	4177.00	4000.00
National Day Celebrations	2000.00	2106.00	2200.00
World Suicide Prevention Day Programs	2000.00	1624.00	2000.00
Annual/Health Function	25000.00	27039.00	30000.00
World Mental Health Programme	2500.00	2155.00	2500.00
World Women Day Programme	2000.00	2050.00	2200.00
Adult Literacy Programme	255000.00	197780.00	57500.00
<b>Sub Total</b>	<b>10,80,700.00</b>	<b>10,38,431.00</b>	<b>8,88,900.00</b>
<b>Staff Costs/Salaries</b>			
Staff Salaries (Basic+EHA Exp.+ HRA)	462000.00	460289.00	644674.00
Provident Fund	62000.00	61848.00	93066.00
PF Admin Charges	3500.00	3494.00	7020.00
Gratuity Scheme	28000.00	27936.00	28550.00
Staff Health	15000.00	13105.88	25000.00
Staff Welfare/Social Activities	8000.00	7679.00	10000.00
Staff Travel (LTC)	0.00	0.00	5000.00

Staff Children' Education Scheme	38000.00	37958.00	92135.00
ESIC Employer		1807.00	8372.00
<b>Sub Total</b>	<b>616500.00</b>	<b>614116.88</b>	<b>905445.00</b>
<b>Training Costs</b>			
Training	0.00	0.00	10000.00
Staff Capacity Building	15000.00	14000.00	15000.00
<b>Sub Total</b>	<b>15,000.00</b>	<b>14,000.00</b>	<b>25,000.00</b>
<b>Premises Costs</b>			
Office Rent	5500.00	5500.00	5500.00
Centre Rent	48000.00	43500.00	60000.00
Electricity Charges	5000.00	4111.00	10000.00
Centre Cleaning & Maintenance	25000.00	16074.00	25000.00
Centre Relocation Expenses	4000.00	3186.00	0.00
<b>Sub Total</b>	<b>87500.00</b>	<b>72371.00</b>	<b>100500.00</b>
<b>Transport Costs</b>			
Vehicle Repair & Maintenance	18000.00	16891.00	18000.00
Vehicle Insurance & Taxes	15000.00	14626.00	15000.00
<b>Sub Total</b>	<b>33000.00</b>	<b>31517.00</b>	<b>33000.00</b>
<b>Evaluation &amp; Monitoring Costs</b>			
Monitoring & Reporting Exp.	0.00	1418.00	3000.00
Community Health Meeting/Reporting	13000.00	10949.00	13000.00
<b>Sub Total</b>	<b>13000.00</b>	<b>12367.00</b>	<b>16000.00</b>
<b>Indirect Costs</b>			
<b>Administration Costs</b>			
Office Supply	4000.00	3863.00	4000.00
Bank Charges	1600.00	1557.48	960.00
Audit Fees	14000.00	14000.00	14000.00
UMC/RGB/RAC Meetings	5000.00	4252.00	5000.00
Admin Hospitality	6000.00	5370.00	4000.00
Admin Travel	1500.00	0.00	1500.00
Utility LPG Charges	2000.00	1750.00	1800.00
Equipment Repair & Maintenance	7000.00	6267.00	6000.00
Computer Repairs & Maintenance	6000.00	6210.00	7000.00
Legal & Professional Fees	6500.00	6098.54	3000.00
Postage & Communication	500.00	491.00	500.00
Membership Fees	0.00	0.00	2000.00
Newspaper & Publications	3000.00	2667.00	3000.00

<b>Sub Total</b>	<b>57100.00</b>	<b>52526.02</b>	<b>52760.00</b>
<b>Total Operational/Programme Costs</b>	<b>1902800.00</b>	<b>1835328.90</b>	<b>2021605.00</b>
<b>Capital Costs</b>	<b>Budget for FY April to March 2019</b>	<b>Actual April to March 2019</b>	<b>Budget April to March 2019-2020</b>
Office & Other Equipments	60000.00	56300.00	60000.00
Office Furniture	0.00	0.00	0.00
Inverter+Battery	20000.00	0.00	20000.00
<b>Total Capital Costs</b>	<b>80000.00</b>	<b>56300.00</b>	<b>80000.00</b>
<b>Grand Total Costs (Operational/Programme + Capital)</b>	<b>19,82,800.00</b>	<b>18,91,628.90</b>	<b>21,01,605.00</b>

## **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 Westminster Presbyterian Church and SAPHARA Trust who have faithfully supported financially the community based mental health programme and youth resilience programme respectively of SHARE Society for the year 2018-2019.

I am indebted to all the Governing Board Members of SHARE Society and 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 Dr. George Clarence SHARE UMC Chairperson for the guidance, supports and word of encouragements for us during the reporting period.

Mrs. Margaret Kurian – EHA Representative for the word of encouragements to us time to time during the reporting period.

I am grateful respectively to Dr. Pratibha Milton EHA Community Health & Development Director & Dr. Kaaren Mathias monitoring person for their suggestions, guidance and technical helps.

I am thankful to all members of the 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 Hospital, 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.

My sincere thanks to the Landour Community Hospital for their timely help and support and 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 year of service through SHARE Society in Uttarakhand and Uttar Pradesh.

May He receive all the glory!

The block contains a handwritten signature in blue ink that appears to read 'David Abraham'. To the right of the signature is a circular logo for 'SHARE Society'. The logo has 'SHARE' in large, bold, pink letters, with 'Society' in smaller black letters below it. The outer ring of the logo contains the text 'Uttarakhand & Uttar Pradesh' at the top and 'Mental Health & Youth Resilience' at the bottom.

Respectfully submitted,  
David Abraham  
Project Manager/Secretary



## 16.0: SHARE's Activities Photos for the year 2018-2019



**Mental Health Awareness among Adult Women Learners**



**SHARE facilitated People with Psycho-Social Disability' visit to the Govt. Mental Hospital.**



**Group of People with Psycho Social Disabilities (PPSDs) have been accessing mental health facilities**



**Group of PPSDs have been facilitated to Bareilly Govt. Mental Hospital and now waiting on the platform to return their homes**



**Initial stage of mentally ill person who got support from SHARE**



**Community Participated in the camp of Learning Disability for children**



**People with Disability (PWDs)- Part of SHARE' Disability Entitlement Programme**



**Disability Entitlements provision reaching out to the rural community by SHARE' facilitation**



## 16.0: Activities Photos for the year 2018-2019



**People with Disability (PWDs) ready to go CMO office Bijnor for the disability assessments facilitated by SHARE**



**Group of PWDs and mentally ill people have been facilitated by SHARE to visit chief medical officer for disability entitlements**



**District Mental Health Programme Moradabad giving disability assessment report to the intellectual disability cases of Bijnor facilitated by SHARE.**



**Program Facilitators Training for Youth Resilience Programme by the Master Trainer**



**Orientation to the Program Facilitators**



**Mental Health Awareness among women**



**Rural Women Participation within the programme**



**Rural Women have been organized for the Adult Literacy Programme**



## 16.0: SHARE's Activities Photos for the year 2018-2019



**Group discussion by Programme Facilitator before taking sessions in the schools**



**Youth Resilience (YR) Session in Mewa Nawada School for Class 6<sup>th</sup>**



**YR Sessions in Maksoodpur School for Class 7<sup>th</sup>**



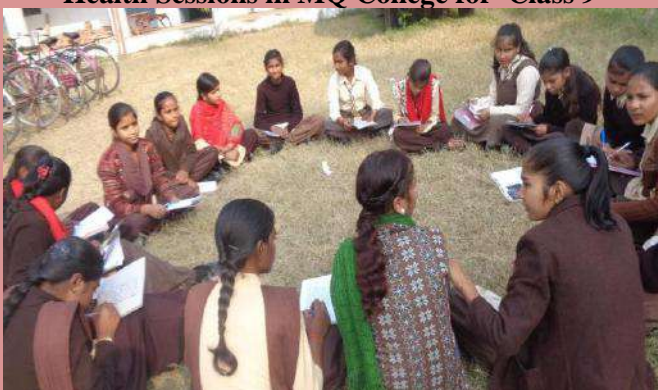
**YR Sessions in Maksoodpur for Class 8<sup>th</sup>**



**Health Sessions in MQ College for Class 9<sup>th</sup>**



**Training Sessions to Programme Facilitators**



**Health Sessions in Daks College for Class 9<sup>th</sup>**



**Health Sessions in MQ College for Class 9<sup>th</sup>**



## 16.0: Activities Photos for the year 2018-2019



**Independence Day 2018 Celebration by SHARE Team**



**Women Participation within the programme of Mental Health Awareness**



**Suicide Prevention Day 2018 Programme in SHARE Centre**



**Community Participation in Suicide Prevention Day 2018 Programme**



**Mental Health Awareness in the SHARE Centre**



**Muslim Community accessing Mental Health Facilities facilitated by SHARE**



**SHARE School Health Programme in one of the target village**



**SHARE Team having different capacities for the work**



## 16.0: Activities Photos for the year 2018-2019



**Community Participation in SHARE Mental Health Programme in order to access medication from Govt. Mental Hospital**



**SHARE Participating in Govt. TB Programme, meeting conducted by MOIC CHC/PHC Seohara Bijnor**



**SHARE Participation in Mental Health Conference, Kolkata**



**Mental Health Awareness in the community during the World Mental Health Day 2018**



**World Mental Health 2018 Programme in the community**



**Community Participation during the World Mental Health Day 2018**



**Govt. Hospital Staff Participated during the World Mental Health Day 2018**



**Latika Roy Foundation Team from Dehradun organized the Camp for Children Assessment having learning disability in SHARE Centre**



## 16.0: Activities Photos for the year 2018-2019



**Women Meeting during the UMC Members visit in the Community to see the SHARE Progress**



**Mental Health Awareness in one of the AL Centre ran by SHARE in the remote village.**



**Monitoring Person Interaction with the SHARE Team**



**Monitoring Person Visit in one the target village to have Community Interaction**



**Orientation to the Adult Literacy (AL) Facilitators in SHARE Centre**



**Adult Literacy Facilitator Conducting the Literacy Class in one of the AL Centre**



**Adult Learning Taking Place in one of the Literacy Centre**



**Adult Learners came out with the positive results after the completion of Literacy Batch**



## 16.0: Activities Photos for the year 2018-2019



**Disability Day 2018 Celebrated by SHARE Team in which PWDs participated**



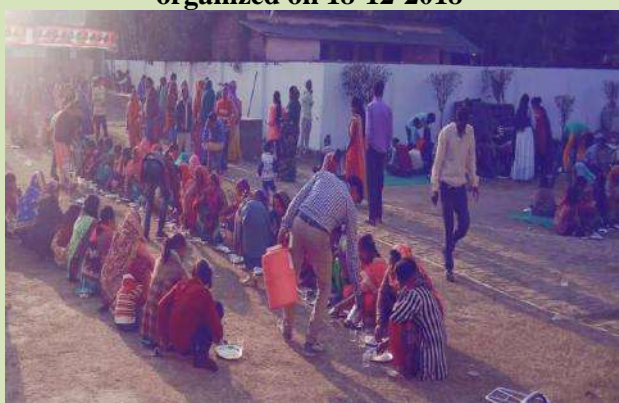
**PWDs from the SHARE Targeted villages participating in Disability Camp organized by CMO Office Bijnor**



**SHARE Annual Function 2018 has been organized on 18-12-2018**



**Community Participation during the SHARE Annual Function 2018**



**Lunch Served to the participants after the programme of SHARE Annual Function**



**Re-Public Day 2019 Celebration by SHARE Team Members**



**International Women Day 2019 Celebration on 08<sup>th</sup> March in Mittepur Village**



**Women Participation during the Women Day Celebration in Ramkhera village**

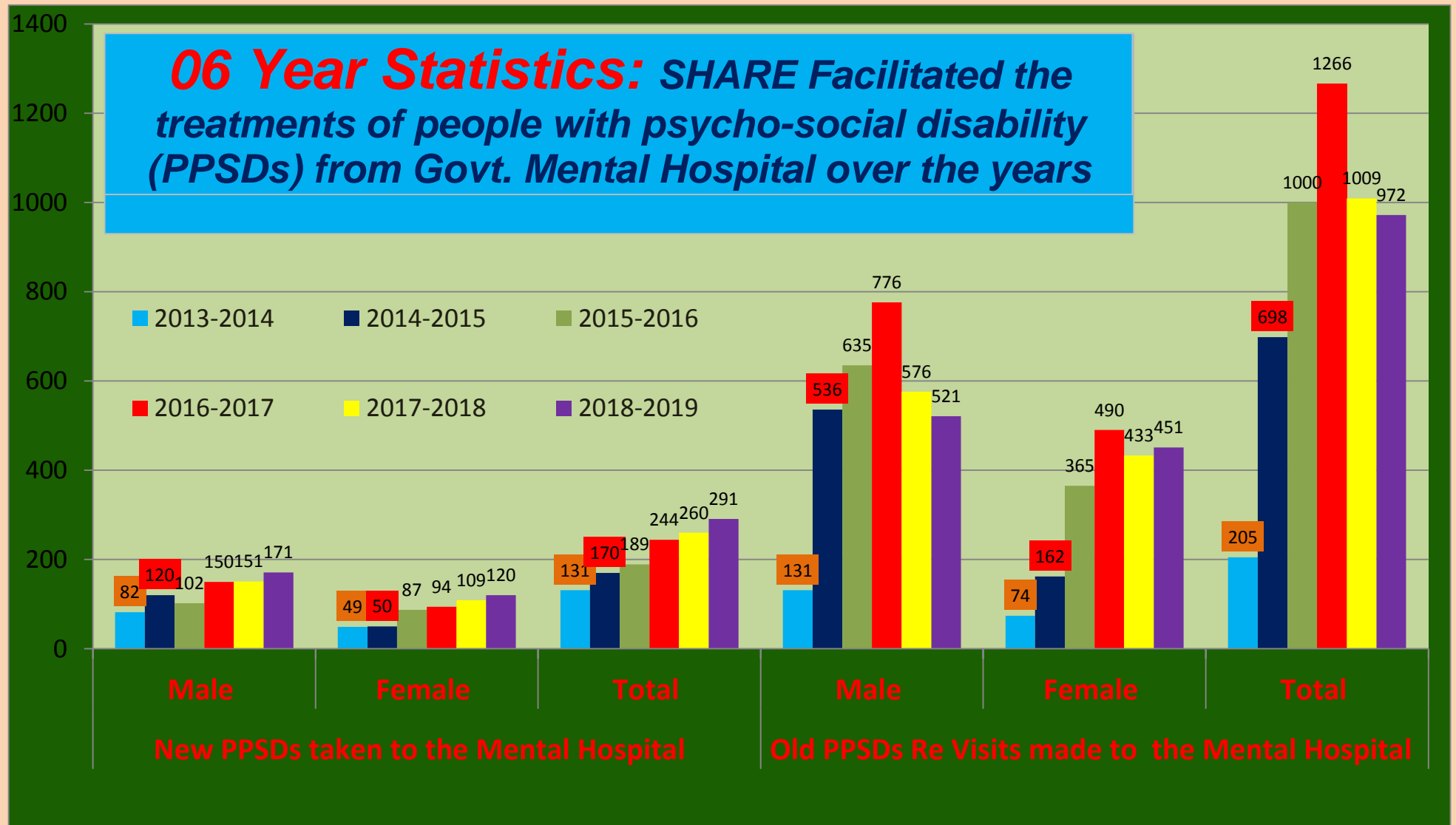
SHARE PROJECT, Dist. BIJNOR, UP										
Community Based Mental Health & Development Programme										
Mental Hospital Bareilly Trips 2018-2019										
Months	Dates	No of Trips	New PLWMDs		Total (A)	Old PLWMDs		Total (B)	Total A+B	Cumulative
			Male	Female		Male	Female			
Apr-18	04-April-18	1	3	2	5	7	11	18	23	
	11-April-18	2	4	2	6	7	12	19	25	
	18-April-18	3	5	1	6	6	12	18	24	
	25-April-18	4	2	3	5	9	9	18	23	
	Sub Total		14	8	22	29	44	73	95	
	Total							73	95	95
May-18	02-May-18	5	1	5	6	13	8	21	27	
	09-May-18	6	3	3	6	7	15	22	28	
	16-May-18	7	4	2	6	7	8	15	21	
	23-May-18	8	4	2	6	7	12	19	25	
	30-May-18	9	3	2	5	13	7	20	25	
	Sub Total		15	14	29	47	50	97	126	
	Total		29	22	51	76	94	170	221	221
Jun-18	06-June-18	10	3	3	6	10	8	18	24	
	13-June-18	11	3	2	5	10	8	18	23	
	20-June-18	12	4	2	6	8	9	17	23	
	27-June-18	13	4	3	7	10	7	17	24	
	Sub Total		14	10	24	38	32	70	94	
	Total		43	32	75	114	126	240	315	315
Jul-18	04-July-18	14	2	3	5	9	10	19	24	
	11-July-18	15	3	3	6	11	8	19	25	
	18-July-18	16	2	4	6	10	12	22	28	
	25-July-18	17	2	3	5	8	9	17	22	
	Sub Total		9	13	22	38	39	77	99	
	Total		52	45	97	152	165	317	414	414
Aug-18	01-August-18	18	4	2	6	11	9	20	26	
	08-August-18	19	2	3	5	6	12	18	23	
	16-August-18	20	4	2	6	8	14	22	28	
	23-August-18	21	3	2	5	8	8	16	21	
	29-August-18	22	3	3	6	8	10	18	24	
	Sub Total		16	12	28	41	53	94	122	
	Total		68	57	125	193	218	411	536	536
Sep-18	05-Sep-18	23	4	1	5	10	6	16	21	
	12-Sep-18	24	5	1	6	14	8	22	28	
	19-Sep-18	25	3	2	5	14	4	18	23	
	26-Sep-18	26	4	2	6	12	9	21	27	
	Sub Total		16	6	22	50	27	77	99	
	Total		84	63	147	243	245	488	635	635

## SHARE PROJECT, Dist. BIJNOR, UP

## Community Based Mental Health &amp; Development Programme

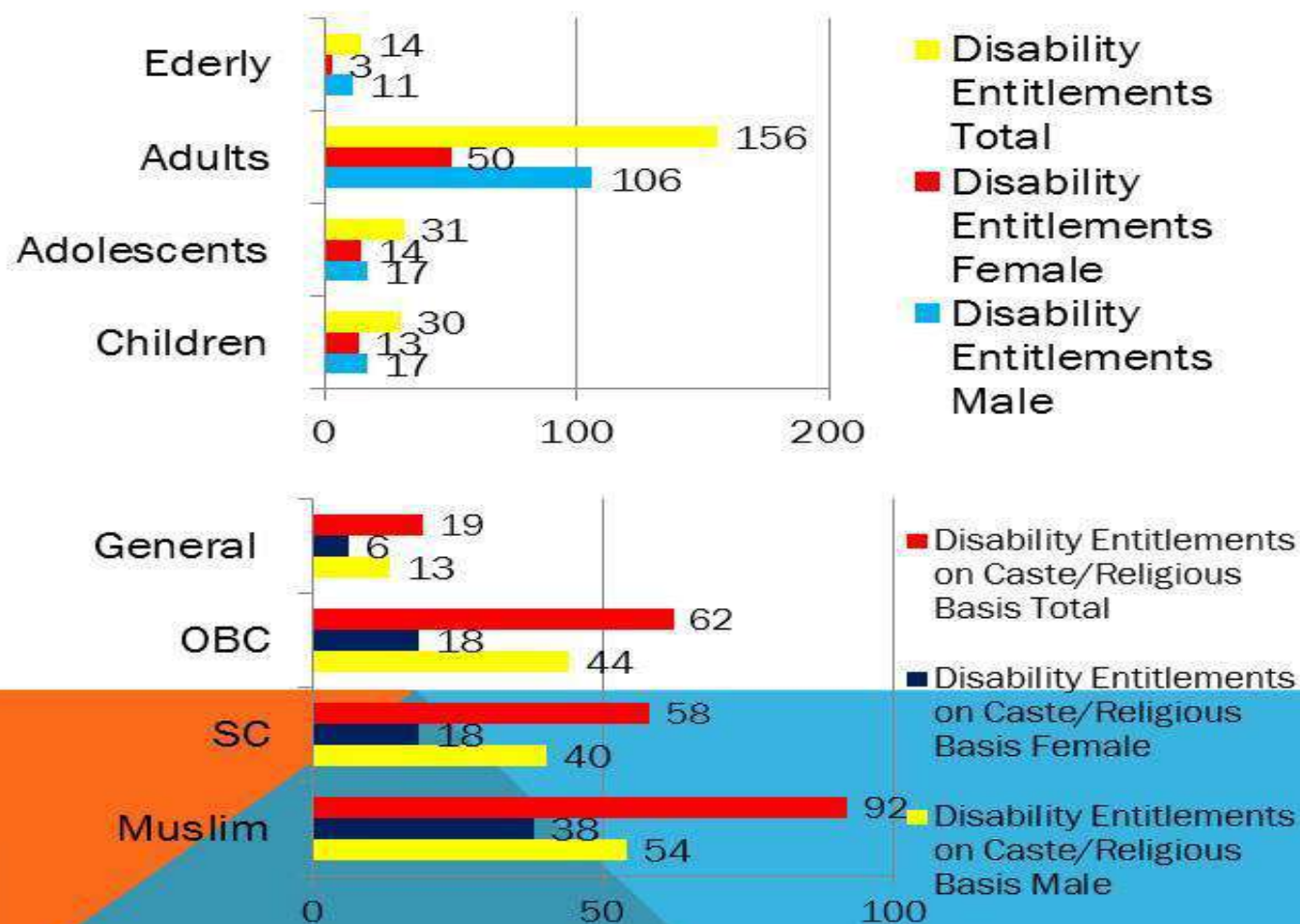
## Mental Hospital Bareilly Trips 2018-2019

Months	Dates	No of Trips	New PLWMDs		Total (A)	Old PLWMDs		Total (B)	Total A+B	Cumulative
			Male	Female		Male	Female			
Oct-18	03-Oct-18	27	4	2	6	11	6	17	23	
	10-Oct-18	28	3	3	6	11	9	20	26	
	17-Oct-18	29	2	4	6	8	7	15	21	
	24-Oct-18	30	3	3	6	10	9	19	25	
	31-Oct-18	31	2	3	5	11	6	17	22	
	Sub Total		14	15	29	51	37	71	95	
	Total		98	78	176	294	282	559	730	730
Nov-18	06-Nov-18	32	4	1	5	10	7	17	22	
	14-Nov-18	33	4	2	6	10	9	19	25	
	21-Nov-18	34	4	2	6	12	8	20	26	
	28-Nov-18	35	2	3	5	9	10	19	24	
	Sub Total		14	8	22	41	34	75	97	
	Total		112	86	198	335	316	651	849	849
Dec-18	05-Dec-18	36	3	2	5	10	10	20	25	
	12-Dec-18	37	4	1	5	11	8	19	24	
	19-Dec-18	38	4	1	5	12	8	20	25	
	26-Dec-18	39	5	1	6	10	8	18	24	
	Sub Total		16	5	21	43	34	77	98	
	Total		128	91	219	378	350	728	947	947
Jan-19	02-January-19	40	3	3	6	11	9	20	26	
	09-January-19	41	2	3	5	10	9	19	24	
	16-January-19	42	3	3	6	10	8	18	24	
	23-January-19	43	3	2	5	9	8	17	22	
	30-January-19	44	3	2	5	14	5	19	24	
	Sub Total		14	13	27	54	39	93	120	
	Total		142	104	246	432	389	821	1067	1067
Feb-19	06-February-19	45	3	2	5	12	9	21	26	
	13-February-19	46	4	2	6	12	6	18	24	
	20-February-19	47	3	2	5	10	9	19	24	
	27-February-19	48	3	3	6	12	7	19	25	
	Sub Total		13	9	22	46	31	77	99	
	Total		155	113	268	478	420	898	1166	1166
Mar-19	06-March-19	49	4	2	6	10	7	17	23	
	13-March-19	50	4	2	6	11	8	19	25	
	20-March-17	51	4	1	5	11	7	18	23	
	27-March-19	52	4	2	6	11	9	20	26	
	Sub Total		16	7	23	43	31	74	97	
	Total		171	120	291	521	451	972	1263	1263





## Disability Entitlements 2018-2019



Last year 2354 community members directly reach to the SHARE Centre for various reasons to get help or advice or idea to solve their mental health/disability problems, this is apart from what we do directly in the rural communities.



**SHARE Project, Seohara, Dist. Bijnor, UP****Self Help Group' Details**

S.No.	SHGs' Name	Village	Members	Type of community	Type of Group	Monthly Saving
1	Roshini SHG	Sadafal	13	SC	Women	1300
2	Jagriti SHG	Sadafal	13	SC	Women	1300
3	Laxmi SHG	Sadafal	12	SC	Women	1200
4	Laxmi SHG	Berkhera	15	SC	Women	1500
5	Jagriti SHG	Satwai	12	SC	Women	1200
6	Mahak SHG	Sabdapur	15	SC	Women	1500
7	Sagun SHG	Jatnagla	11	SC	Women	1100
8	Vijay Laxmi SHG	Aminabad	13	SC	Women	1300
9	Mahilla SHG	AminabadI	11	SC	Women	1100
10	Ek Kiran SHG	Bhagwara	14	SC	Women	1400
11	Mamta SHG	Aminabad	11	SC	Women	1100
12	Sheetal SHG	Wajirpur Mandaoi	14	SC	Women	1400
13	Sagar SHG	Jagir	14	SC	Women	1400
14	Nai Asha SHG	Kasmabad	11	SC	Women	1100
15	Prerna SHG	Satwai	13	SC	Women	1300
16	Tringa	Lambakhera	13	SC	Women	1300
17	Unathi SHG	Sabdapur	9	SC	Women	900
18	Pooja SHG	Naugra	15	SC	Women	1500
19	Gagan SHG	Shadafal	12	SC	Women	1200
20	Aradhana SHG	Hajipur	12	SC	Women	1200
21	Phehel SHG	Ramkhera	11	SC	Women	1100
22	Phehel SHG	Dehra	12	SC	Women	1200
23	Ambetkhar SHG	Haroli	12	SC	Women	1200
24	Bhawana SHG	Pantiya	10	SC	Women	1000
25	Bhumi SHG	Rooppur	10	SC	Women	1000
26	Sharaswati SHG	Shahpur	12	SC	Women	1200
27	Akash SHG	Rooppur	11	SC	Women	1100
28	Jeevan SHG	Shahpur	13	SC	Women	1300
29	Dhanu SHG	Jatnagla	14	SC	Women	1400
30	Sangam SHG	Lambakhera	10	SC	Women	1000
31	Harsh SHG	Jatnagla	11	SC	Women	1100
32	Ravidas SHG	Pittapur	12	SC	Women	1200
33	Sartak SHG	Pittapur	12	SC	Women	1200

S.No.	SHGs' Name	Village	Members	Type of community	Type of Group	Monthly Saving
34	Vandhana SHG	Dhindharpur	14	SC	Women	1400
35	Sargam SHG	Lambhakhera	14	SC	Women	1400
36	Sagam SHG	Lambhakhera	10	SC	Women	1000
37	Manshi SHG	Pittapur	10	SC	Women	1000
38	Ganga SHG	Malakpur	10	SC	Women	1000
39	Khushi SHG	Malakpur	10	SC	Women	1000
40	Nai Dhisha SHG	Shiymabad	12	SC	Women	1200
41	Ravidas SHG	Haroli	11	SC	Women	1100
42	Nai Umang SHG	Shiymabad	13	SC	Women	1300
43	Krishna SHG	Shiymabad	14	SC	Women	1400
44	Shakti SHG	Malakpur	11	SC	Women	1100
45	Jagarithi SHG	Bamnoli	10	SC	Women	1000
46	Upkhar SHG	Bamnoli	12	SC	Women	1200
47	Rani SHG	Naugra	10	SC	Women	1000
48	Kanak SHG	Bamnoli	12	SC	Women	1200
49	Biswas SHG	Bamnoli	10	SC	Women	1000
50	Umeed SHG	Bamnoli	11	SC	Women	1100
51	Lakshya SHG	Jasmore	10	SC	Women	1000
52	Prerna SHG	Jasmore	11	SC	Women	1100
53	Sanskar SHG	Jasmore	13	SC	Women	1300
54	Laxmi SHG	Bhogpur	13	SC	Women	1300
55	Axshya SHG	Bhogpur	10	SC	Women	1000
56	Chandani SHG	Dhingarpur	10	SC	Women	1000
57	Nai Kiran SHG	Bhogpur	12	SC	women	1200
58	Harsh SHG	Amanatpur	12	SC & OBC	women	1200
<b>Total</b>			<b>688</b>			<b>68800</b>

**SHARE PROJECT, BIJNOR, UP**

**Youth Resilience Programme- SAPHARA in Schools/Colleges: April to March 2019**

S. No.	School Names	Location/ Village	Emotional Resilience Sessions completed	Health Sessions completed	Number of Groups			Number of Adolescents			Class Names
					Female	Male	Total	Female	Male	Total	
1	MRKM Junior High School	Mewa Nawada	16 Sessions per group 16*4=64	8 Sessions per group 8*4=32	2	2	4	31	36	67	6th, 7th & 8th
2	Jamiya Darul Hamd Junior High School	Maksudpur	16 Sessions per group 16*5=80	8 Sessions per group 8*5=40	3	2	5	41	20	61	8 <sup>th</sup> , 9th & 11th
3	Dhaks Adarsh Vedic Public Inter College	Kadrabad	16 Sessions per group 16*6=96	4 Sessions per group 4*6=24	3	3	6	27	36	63	6th, 7 <sup>th</sup> & 8 <sup>th</sup>
4	Dhaks Adarsh Vedic Public Inter College	Kadrabad	NIL	10 Sessions per group 10*2=20	1	1	2	18	25	43	9 <sup>th</sup>
5	Muslim Qudrat Inter College	Seohara	7 Sessions per group 7*3=21	4 Sessions per group 4*3=12	3	-	3	60	-	60	9 <sup>th</sup>
6	Muslim Qudrat Inter College	Seohara	NIL	10 Sessions per group 10*3=30	3	-	3	47	-	47	10th
7	Tek Chand Memorial Junior High School	Jagir	16 Sessions per group 16*4=64	5 Sessions per group 5*4=20	2	2	4	32	21	53	6th, 7 <sup>th</sup> & 8 <sup>th</sup>
8	Narender Kumar Memorial Inter College	Sharifpur	8 Sessions per group 8*6=48	4 Sessions per group 4*6=24	3	3	6	26	39	65	6th, 7 <sup>th</sup> & 8 <sup>th</sup>
9	Shyam Narayan Inter College	Jamapur	9 Sessions per group 9*8=72	2 Sessions per group 2*8=16	4	4	8	84	81	165	6th, 7 <sup>th</sup> , 8th & 9 <sup>th</sup>
10	MHPM Girls Inter College	Maksudpur	7 Sessions per group 7*6=42	NIL	3	3	6	50	48	98	6th, 7 <sup>th</sup> & 8 <sup>th</sup>
<b>Total</b>			<b>487 Sessions</b>	<b>218 Sessions</b>	<b>27</b>	<b>20</b>	<b>47</b>	<b>416</b>	<b>306</b>	<b>722</b>	

## SHARE SOCIETY

## SHARE Disability Entitlements Programmes

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
1	16-04-2018	Arsalam	Istkhar Ahmed	14	Male	Child	Muslim	Nawata Keso	Dhampur	Mental Retardation	100	CMO/M4/2018/4/125
2	16-04-2018	Moh. Nadeem	Nijamuddin	23	Male	Adult	Muslim	Mukarpuri	Dhampur	Locomotive	40	CMO/M4/2018/4/127
3	16-04-2018	Rehnuma Parveen	Meharwan Ali	9	Female	Child	Muslim Mahirgir	Seohara Jumrat ka Bazar	Seohara	C.P	80	CMO/M4/2018/4/134
4	16-04-2018	Imran Ahmed	Irfan Ahmed	23	Male	Adult	Muslim	Mukarpuri	Dhampur	Locomotive	45	CMO/M4/2018/4/136
5	16-04-2018	Gulfam Ahmed	Chittan	34	Male	Adult	Muslim	Mukarpuri	Dhampur	Locomotive	45	CMO/M4/2018/4/137
6	16-04-2018	Maya Devi	Vijaypal Singh	30	Female	Adult	SC	Dhindharpur	Seohara	Locomotive	55	CMO/M4/2018/4/143
7	07-05-2018	Brahampal	Chanderpal Singh	25	Male	Adult	OBC	Gangadharpur	Seohara	Locomotive	50	CMO/M4/2018/4/1107
8	07-05-2018	Shamsad	Moh. Ismayeel	40	Male	Adult	Muslim	Magalkhera	Seohara	Locomotive	40	CMO/M4/2018/4/1109
9	07-05-2018	Rahul Kumar	Harsharup	22	Male	Adult	OBC	Dehra	Seohara	Locomotive	40	CMO/M4/2018/4/1110
10	21-05-2018	Nihal Singh	Harphool Singh	52	Male	Adult	SC	Dhindarpur	Seohara	Paralize	75	CMO/M4/2018/4/1177
11	21-05-2018	Sachin Kumar	Jaipal Singh	20	Male	Adult	OBC	Dehra Bhulandi	Seohara	Mental Retardation	90	CMO/M4/2018/4/1178
12	21-05-2018	Moh. Afaak	Aftab Ahmed	23	Male	Adult	Muslim	Alladinpur	Seohara	Mental Retardation	90	CMO/M4/2018/4/1179
13	21-05-2018	Vipin Kumar	Rajesh Singh	19	Male	Adult	OBC	Seohara	Seohara	Mental Retardation	90	CMO/M4/2018/4/1180
14	21-05-2018	Ajay Kumar	Dharambeer	23	Male	Adult	OBC	Berkhera Sathobher	Dhampur	Mental Retardation	90	CMO/M4/2018/4/1181
15	02-07-2018	Jai Prakaah	Gandi	23	Male	Adult	OBC	Gandhi Road Chak Shajani	Dhampur	Hand	50	CMO/M4/2018/4/1387
16	16-07-2018	Nirmal Singh	Harischander Singh	27	Male	Adult	SC	Maksudpur	Seohara	Locomotive	50	CMO/M4/2018/1500
17	16-07-2018	Kuldeep Kumar	Sonath Singh	29	Male	Adult	SC	Bhawanpur Raini	Seohara	Locomotive	75	CMO/M4/2018/1504
18	16-07-2018	Pranshu	Mahender Singh	7	Female	Child	OBC	Seohara	Seohara	Locomotive	60	CMO/M4/2018/1511

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
19	23-07-2018	Bhagwati Davi	Bud Singh	68	Female	Elderly	SC	Paientapur	Seohara	Eye	100	CMO/M4/2018/1516
20	23-07-2018	Gulafsha	Irfan	4	Female	Child	Muslim	Islamnagar	Seohara	CP	60	CMO/M4/2018/1521
21	23-07-2018	Moh Shakir	Mohd Sabir	30	Male	Adult	Muslim	Sahaspur	Seohara	Locomotive	50	CMO/M4/2018/1588
22	23-07-2018	Shahbaj	Faiem Ahmed	14	Male	Adolescent	Muslim	Sahaspur	Seohara	Locomotive	50	CMO/M4/2018/1597
23	30-07-2018	Ram Gopal Singh	Shyam Singh	57	Male	Adult	SC	Bhawanpur Raini	Seohara	Locomotive	40	CMO/M4/2018/1676
24	30-07-2018	Dholi	Jaipal Singh	22	Female	Adult	OBC	Jilla	Seohara	Locomotive	40	CMO/M4/2018/1677
25	30-07-2018	Sandeep Kumar	Harsawarup	39	Male	Adult	SC	Rawana	Seohara	Locomotive	50	CMO/M4/2018/1684
26	30-07-2018	Manish Kumar	Amar Singh	15	Male	Adolescent	OBC	Ratanpura	Seohara	Paralize	60	CMO/M4/2018/1685
27	30-07-2018	Aamana	Moh. Kamil	67	Female	Elderly	Muslim	Shahaspur	Seohara	Paralize	70	CMO/M4/2018/1686
28	30-07-2018	Wasim Ahmed	Moh. Kamil	29	Male	Adult	Muslim	Shahaspur	Seohara	Paralize	80	CMO/M4/2018/1687
29	30-07-2018	Fabiha	Moh. Najim	5	Female	Child	Muslim	Shahaspur	Seohara	Locomotive	30	CMO/M4/2018/1688
30	13-08-2018	Naiema	Furkan	36	Female	Adult	Muslim	Badapur	Nagina	Locomotive	50	CMO/M4/2018/1816
31	13-08-2018	Sonali	Tikaram	15	Female	Adolescent	OBC	Jamapur	Seohara	Locomotive	70	CMO/M4/2018/1821
32	13-08-2018	Raies Ahmad	Abdul Wahid	31	Male	Adult	Muslim	Seohara	Seohara	Locomotive	50	CMO/M4/2018/1822
33	13-08-2018	Alishan	Dilsad	9	Male	Adolescent	Muslim	Hayatnagar	Seohara	C.P	80	CMO/M4/2018/1823
34	13-08-2018	Ashad	Shamsad	5	Male	Child	Muslim	Hayatnagar	Seohara	C.P	80	CMO/M4/2018/1824
35	13-08-2018	Puspender Singh	Ajab Singh	24	Male	Adult	OBC	Aminabad	Seohara	Locomotive	15	CMO/M4/2018/1832
36	20-08-2018	Shivam Kumar	Narender Pal	16	Male	Adolescent	OBC	Bhagwara	Seohara	MR	60	CMO/M4/2018/1838
37	27-08-2018	Gulafsha	Iqrar Ahmad	22	Female	Adult	Muslim	Chakrajmal	Dhampur	Locomotive	100	CMO/M4/2018/1922
38	10-09-2018	Fajil	Mahphuj	24	Male	Adult	Muslim	Mailgain	Seohara	C.P	50	CMO/M4/2018/1968



S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
39	10-09-2018	Dinesh	Nafish Ahmad	20	Male	Adult	Muslim	Mugalfa	Shashishpur	MR	75	CMO/M4/2018/1974
40	10-09-2018	Kripal Singh	Kamal	34	Male	adult	OBC	Gatam	Makshupur	MR	75	CMO/M4/2018/1975
41	10-09-2018	Mod Jutali	Anish Ahmad	22	Male	adult	OBC	Kuribangar	Seohara	Paralize	60	CMO/M4/2018/1832
42	10-09-2018	Manisha	Sompal	6	Male	Child	OBC	Umarpur	Seohara	Locomotive	45	CMO/M4/2018/1977
43	10-09-2018	Shiva	Arvind	6	Male	Child	OBC	Maksudpur	Dhampur	C.P	70	CMO/M4/2018/1978
44	10-09-2018	Shijiya	imran	12	Female	Child	Muslim	Raja katajpur	Dhampur	Deaf & Dumb	100	CMO/M4/2018/1979
45	10-09-2018	Gufran Ahamad	Ifram	42	Male	Adult	Muslim	Manshor Sarai	Seohara	Deaf & Dumb	100	CMO/M4/2018/1980
46	10-09-2018	Naima	Mod shakir	24	Female	adult	muslim	Murjaripur	tajpur	Deaf & Dumb	100	CMO/M4/2018/1981
47	10-09-2018	Vikanshu	ajyapal singh	8	Male	Child	OBC	Khaikhada	Seohara	MR	75	CMO/M4/2018/1982
48	10-09-2018	Ompal Singh	Shapara Singh	41	Male	adult	OBC	Banirpur Mandio	Dhampur	Deaf & Dumb	100	CMO/M4/2018/1983
49	10-09-2018	Gulshan Parveen	Mod Yaquab	10	Female	Child	Muslim	Sarkot Dhampur	Dhampur	Locomotive	50	CMO/M4/2018/2009
50	10-09-2018	Akasha	Rajnesh Kumar	6	Male	Child	OBC	Shamanpur	Dhampur	C.P	80	CMO/M4/2018/2025
51	10-09-2018	Babli	Arbindkumar	40	Female	Adult	OBC	Kuribangar	Seohara	Locomotive	50	CMO/M4/2018/2045
52	10-09-2018	Ompal Singh	Lalu	60	Male	Ederly	OBC	Rostampur	Dhampur	Locomotive	70	CMO/M4/2018/2047
53	10-09-2018	Amren	Modh Shahjad	19	Female	adult	muslim	Karusha	Dhampur	Locomotive	40	CMO/M4/2018/2052
54	10-09-2018	Shonali	Sanjiv	27	Female	adult	OBC	Joshiyan	Dhampur	Locomotive	50	CMO/M4/2018/2054
55	10-09-2018	Veero	Chripal	26	Female	Adult	OBC	Mohada	Dhampur	Locomotive	40	CMO/M4/2018/2061
56	10-09-2018	Anuradha	Rohatsha	24	Female	Adult	OBC	Muslim Choudharan	Seohara	Locomotive	40	CMO/M4/2018/2062
57	10-09-2018	Ariaf	Shakil	5	Male	Child	Muslim	Budanpur	Seohara	Autism	80	CMO/M4/2018/2070

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
58	10-09-2018	Babi	Pankaj	34	Female	adult	OBC	Palanpur	Seohara	C.P	60	CMO/M4/2018/2071
59	10-09-2018	Sameer	Akram	5	Male	Child	Muslim	DharabulIndi	Dhampur	Locomotive	50	CMO/M4/2018/2077
60	10-09-2018	Ompal Singh	Kawal Singh	56	Male	Adult	OBC	Uralpur	Dhampur	Paralize	60	CMO/M4/2018/2072
61	10-09-2018	Shamim	Nashim	46	Male	Ederly	OBC	Seohara	Dhampur	C.P	70	CMO/M4/2018/2073
62	10-09-2018	Ajay Kumar	Nainhai	8	Male	Child	OBC	Mahapura	Dhampur	Locomotive	45	CMO/M4/2018/2074
63	10-09-2018	Narendra Singh	Washi Singh	59	Male	Ederly	OBC	Mahapura	Bijnor	Locomotive	70	CMO/M4/2018/2078
64	10-09-2018	Aajam	Atik Ahamd	15	Male	Child	Muslim	Molbiyan	Dhampur	Locomotive	60	CMO/M4/2018/2088
65	10-09-2018	Rohtash Kumar	Shanti Singh	24	Male	Adult	OBC	Muslim Chaudharin	Seohara	Locomotive	50	CMO/M4/2018/2105
64	10-09-2018	Aajam	Atik Ahamd	15	Male	Child	Muslim	Molbiyan	Dhampur	Locomotive	60	CMO/M4/2018/2088
65	10-09-2018	Rohtash Kumar	Shanti Singh	24	Male	Adult	OBC	Muslim Chaudharin	Seohara	Locomotive	50	CMO/M4/2018/2105
66	10-09-2018	Nashim	Julphkar	35	Male	adult	Muslim	Islamnagar	Dhampur	Locomotive	40	CMO/M4/2018/2127
67	17-09-2018	Samsad	Mohd Ali	32	Male	Adult	Muslim	Bagwara	Seohara	Deaf & Dumb	100	CMO/M4/2018/2157
68	17-09-2018	Ramesh Singh	Ram Lal Singh	67	Male	Ederly	General	Bhagwanpur Raini	Seohara	Locomotive	50	CMO/M4/2018/2241
69	17-09-2018	Jarifa	Samsad	31	Female	Adult	Muslim	Bagwara	Seohara	Locomotive	50	CMO/M4/2018/2263
70	17-09-2018	Jyoti Rani	Banwari	25	Female	Adult	SC	Bamnoli	Seohara	Locomotive	100	CMO/M4/2018/2270
71	17-09-2018	Lakshmi Davi	Narender Singh	23	Female	Adult	SC	Fazalpur	Dhampur	Locomotive	40	CMO/M4/2018/2280
72	17-09-2018	Koshar	Rafik Ahmad	13	Female	Adolescent	Muslim	Haroli	Seohara	Locomotive	50	CMO/M4/2018/2292
73	17-09-2018	Rafik Ahmed	Mohd Hanif	45	Male	Adult	Muslim	Haroli	Seohara	Hand	60	CMO/M4/2018/2317
74	24-09-2018	Tushar	Giriraj Singh	9	Male	Child	General	Mahavatpur	Afzalgarh	CP	60	CMO/M4/2018/2405
75	01-10-2018	Gulsana	Irfan	11	Female	Child	Muslim	Aladinpur	Seohara	MR	90	CMO/M4/2018/2397

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S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
76	01-10-2018	Aditya	Vijya Singh	7	Male	Child	OBC	Seohara	Seohara	MR	50	CMO/M4/2018/2498
77	01-10-2018	Sabreen	Irfan	14	Female	Adolescent	Muslim	Aladinpur	Seohara	MR	70	CMO/M4/2018/2499
78	01-10-2018	Satish	Tejpal	22	Male	Adult	OBC	Khaleelpur	Seohara	MR	50	CMO/M4/2018/2500
79	01-10-2018	Vishal	Subhash Chander	26	Male	Adult	General	Satwi	Seohara	MR	75	CMO/M4/2018/2501
80	01-10-2018	Kusum	Vikram Singh	24	Female	Adult	SC	Amirpur	Seohara	MR	75	CMO/M4/2018/2502
81	03-10-2018	Saniya	Zahind Husain	14	Female	Adolescent	Muslim	Maksudpur	Seohara	MR	100	CMO/M4/2018/3421
82	03-10-2018	Nagma	Fiyaz	19	Female	Adult	Muslim	Sadafal	Seohara	MR	100	CMO/M4/2018/2609
83	03-10-2018	Gulbhahar	Nasaruddin	23	Male	Adult	Muslim	Simalkhedi	Seohara	MR	75	CMO/M4/2018/2611
84	03-10-2018	Sarik	Gaffar	16	Male	Adolescent	Muslim	Bhagwanpur Raini	Seohara	MR	50	CMO/M4/2018/2612
85	03-10-2018	Sameer	Tufell Ahmed	12	Male	Adolescent	Muslim	Moh. Kaisthan Sherkot	Dhampur	MR	80	CMO/M4/2018/2610
86	03-10-2018	Nahid Parveen	Mahabub Ahmad	15	Female	Adolescent	Muslim	Moh. Kaisthan Sherkot	Dhampur	ENT	70	CMO/M4/2018/3420
87	03-10-2018	Priyanka	Chanderpal Singh	19	Female	Adult	SC	Seohara	Seohara	MR	90	CMO/M4/2018/2896
88	03-10-2018	Meserjha	Jaidoon	15	Female	Adolescent	Muslim	Sabdapur	Seohara	CP	75	CMO/M4/2018/2615
89	08-10-2018	Vijaypal	Lakhraj Singh	19	Male	Adult	SC	Amirpur	Seohara	Paralize	75	CMO/M4/2018/2712
90	08-10-2018	Chanderpal	Naithram	58	Male	Adult	SC	Latif urf Shipahiwalla	Dhampur	Paralize	50	CMO/M4/2018/2713
91	08-10-2018	Sachin Kumar	Chanderpal Singh	24	Male	Adult	SC	Sherpur Raini	Seohara	Paralize	90	CMO/M4/2018/2711
92	08-10-2018	Bhudav	Munne	36	Male	Adult	OBC	Amirpur	Seohara	Locomotive	40	CMO/M4/2018/2737
93	08-10-2018	Mohd Imran	Rasid	30	Male	Adult	Muslim	Gendajude	Seohara	Locomotive	40	CMO/M4/2018/2743
94	08-10-2018	Rohit Kumar	Anand Singh	19	Male	Adult	SC	Berkhera Tanda Ethmali	Seohara	Locomotive	40	CMO/M4/2018/2743

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
95	08-10-2018	Atul Kumar	Vijya Kumar	32	Male	Adult	General	Bhagwanpur Raini	Seohara	Locomotive	40	CMO/M4/2018/2746
96	08-10-2018	Chanchal	Mahipal Singh	26	Male	Adult	SC	Bhagwanpur Raini	Seohara	Locomotive	80	CMO/M4/2018/2743
97	08-10-2018	Hariram	Khawani Singh	43	Male	Adult	SC	Keshopur	Seohara	Locomotive	40	CMO/M4/2018/2743
98	08-10-2018	Davki	Namisharan	17	Male	Adult	SC	Latif urf Shipahiwal	Seohara	Locomotive	40	CMO/M4/2018/2751
99	08-10-2018	Mohd Asif	Bali Ahmed	14	Male	Adolescent	Muslim	Chanchalpur Datanagar	Seohara	Locomotive	60	CMO/M4/2018/2752
100	08-10-2018	Suman	Hariram Singh	51	Female	Adult	SC	Keshopur	Seohara	Locomotive	90	CMO/M4/2018/2758
101	08-10-2018	Gulshan	Shakir	35	Female	Adult	Muslim	Bhagwara	Seohara	Locomotive	40	CMO/M4/2018/2766
102	08-10-2018	Lokender Kumar	Hargovind Singh	38	Male	Adult	General	Amirpur	Seohara	Locomotive	70	CMO/M4/2018/2767
103	08-10-2018	Samima	Mohd Yusuf	38	Female	Adult	Muslim	Bhagwara	Seohara	Locomotive	100	CMO/M4/2018/2770
104	08-10-2018	Kusum	Rohatsha	35	Female	Adult	SC	Berkhera Tanda Ethmali	Seohara	Locomotive	100	CMO/M4/2018/2774
105	08-10-2018	Shakundala	Ram Prasad	39	Female	Adult	OBC	Aminabad	Seohara	Locomotive	40	CMO/M4/2018/2784
106	08-10-2018	Sudhir Kumar	Sudhir Kumar	36	Male	Adult	General	Bhagwanpur Raini	Seohara	Locomotive	40	CMO/M4/2018/2787
107	08-10-2018	Naipender Singh	Naithram	25	Male	Adult	OBC	Wajirpur Zahir	Seohara	Locomotive	80	CMO/M4/2018/2795
108	08-10-2018	Mohd Ajhar	Abid	27	Male	Adult	Muslim	Maksudpur	Seohara	Locomotive	40	CMO/M4/2018/2800
109	08-10-2018	Yatram Singh	Mistri	63	Male	Adult	SC	Jagir	Seohara	Locomotive	80	CMO/M4/2018/2803
110	08-10-2018	Neha	Mohd Jahagir	12	Female	Adolescent	Muslim	Dhingharpur	Seohara	Locomotive	50	CMO/M4/2018/3008
111	08-10-2018	Gaitri Kumari	Tupesh Kumar		Female	Adult	OBC	Mehmudpur	Seohara	Deaf & Dumb	100	CMO/M4/2018/3417
112	15-10-2018	Habir	Kundan	35	Male	Adult	SC	Latif urf Shipahiwal	Dhampur	Paralize	60	CMO/M4/2018/2897
113	15-10-2018	Veer Singh	Bharshu	66	Male	Ederly	OBC	Nawada Kesho	Dhampur	Paralize	70	CMO/M4/2018/2898
114	15-10-2018	Chote Singh	Balram Singh	35	Male	Adult	SC	Jairampur	Seohara	Locomotory	50	CMO/M4/2018/2946

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S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
115	15-10-2018	Parvati	Gajender Kumar	30	Female	Adult	General	Latif urf Shipahiwalla	Dhampur	Locomotory	40	CMO/M4/2018/2945
116	15-10-2018	Videsh	Inder Singh	43	Male	Adult	SC	Govinpur	Seohara	Locomotory	40	CMO/M4/2018/2943
117	15-10-2018	Reeta	Videsh Kumar	36	Female	Adult	SC	Govinpur	Seohara	Locomotory	40	CMO/M4/2018/2942
118	22-10-2018	Bablu	Dharampal Singh	42	Male	Adult	SC	Amkheda Shajarpur	Seohara	Locomotory	40	CMO/M4/2018/3128
119	22-10-2018	Ankit	Ram Kishan Singh	17	Male	Adolescent	SC	Hempur Jhilla	Seohara	Locomotory	40	CMO/M4/2018/3130
120	22-10-2018	Mohd Ashik	Rasid	29	Male	Adult	Muslim	Bishanpura Bidra	Noorpur	Locomotory	40	CMO/M4/2018/3129
121	05-11-2018	Malkhan Singh	Chattar Singh	22	Male	Adult	OBC	Maksudpur	Seohara	Locomotory	100	CMO/M4/2018/3226
122	05-11-2018	Anjali	Ramesh	13	Female	Adolescent	OBC	Rasidpur	Seohara	Locomotory	50	CMO/M4/2018/3288
123	05-11-2018	Mohd Naiem	Jani	22	Male	Adult	Muslim	Sadafal	Seohara	Locomotory	40	CMO/M4/2018/3299
124	05-11-2018	Omwati Davi	Jagdish	50	Female	Adult	SC	Sadafal	Seohara	Locomotory	40	CMO/M4/2018/3300
125	05-11-2018	Geeta Davi	Chatram Singh	45	Female	Adult	SC	Pantiya	Seohara	Locomotory	40	CMO/M4/2018/3301
126	05-11-2018	Sulender Singh	Munnu Singh	37	Male	Adult	SC	Sura Nangla	Seohara	Locomotory	40	CMO/M4/2018/3302
127	05-11-2018	Rajeev Kumar	Madan Singh	36	Male	Adult	SC	Sura Nangla	Seohara	Locomotory	60	CMO/M4/2018/3305
128	05-11-2018	Vipin Kumar	Khanchand	23	Male	Adult	SC	Jatnangla	Seohara	Locomotory	40	CMO/M4/2018/3293
129	12-11-2018	Mosin	Jaffer Ali	13	Male	Adolescent	Muslim	Sura Nangla	Seohara	MR	75	CMO/M4/2018/3409
130	12-11-2018	Samir Ahmed	Irsad Ahmed	14	Male	Adolescent	Muslim	Jamalpur Udaychand urf Mirzapur	Dhampur	MR	90	CMO/M4/2018/3411
131	12-11-2018	Saniya	Jahid Hussain	14	Female	Adolescent	Muslim	Maksudpur	Seohara	MR	100	CMO/M4/2018/3421
132	12-11-2018	Ankit	Bijender	20	Male	Adult	General	Salarabad Manpuri Shivepuri	Dhampur	MR	90	CMO/M4/2018/3415



S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
133	12-11-2018	Anita Davi	Surender	28	Female	Adult	SC	Sura Nangla	Seohara	ENT	100	CMO/M4/2018/3420
134	12-11-2018	Nahid Parveen	Mahmood Ahmad	18	Female	Adult	Muslim	Serkot	Dhampur	ENT	70	CMO/M4/2018/3411
135	12-11-2018	Najama	Sarafat	19	Female	Adult	Muslim	Madhupura	Seohara	Deaf & Dumb	100	CMO/M4/2018/3418
136	12-11-2018	Tammana	Sarafat	13	Female	Adolescent	Muslim	Madhupura	Seohara	ENT	100	CMO/M4/2018/3419
135	12-11-2018	Najama	Sarafat	19	Female	Adult	Muslim	Madhupura	Seohara	Deaf & Dumb	100	CMO/M4/2018/3418
136	12-11-2018	Tammana	Sarafat	13	Female	Adolescent	Muslim	Madhupura	Seohara	ENT	100	CMO/M4/2018/3419
137	12-11-2018	Gaitri	Tapesk Kumar	15	Female	Adolescent	OBC	Mehmudpur Shahaspur	Seohara	Deaf & Dumb	100	CMO/M4/2018/3417
138	12-11-2018	Rasid	Amir Hussain	34	Male	Adult	Muslim	Muslim Chowdriyan	Seohara	Deaf & Dumb	100	CMO/M4/2018/3408
140	19-11-2018	Jakir	Banthe Hassan	52	Male	Adult	Muslim	Bagwara	Seohara	Paralize	60	CMO/M4/2018/3554
141	19-11-2018	Dayram	Gambir Singh	22	Male	Adult	OBC	Sura Nangla	Seohara	Paralize	65	CMO/M4/2018/3552
142	19-11-2018	Reshma	Ishak Ahmad	6	Female	Child	Muslim	Safiyabad	Seohara	MR	100	CMO/M4/2018/3546
143	19-11-2018	Mohd Mazid	Mohd Nasir	17	Male	Adolescent	Muslim	Ratanpura	Seohara	MR	100	CMO/M4/2018/3540
144	19-11-2018	Rachana	Babu Ram	19	Female	Adult	OBC	Kederpur	Dhampur	MR	100	CMO/M4/2018/3444
145	19-11-2018	Mohd Taqik	Mumtaz Ahmad	25	Male	Adult	Muslim	Magalkhera	Seohara	MR	75	CMO/M4/2018/3545
146	19-11-2018	Hari Om	Papu Singh	9	Male	Child	SC	Satto Nangali	Seohara	ENT	90	CMO/M4/2018/3548
147	21-11-2018	Himanshi Kumari	Munesh Singh		Female	Child	OBC	Nawada Kesho	Seohara	Locomotory	50	CMO/M4/2018/3548
148	21-11-2018	Sofiyan	Istakhar	9	Male	Child	Muslim	Islamnagar	Seohara	CP	80	CMO/M4/2018/3547
149	21-11-2018	Kasav Kumar	Jaiprakash	11	Male	Child	SC	Pantiy	Seohara	MR	75	CMO/M4/2018/3549
150	21-11-2018	Sitra	Afzal		Female	Child	Muslim	Sabdalpur	Seohara	MR	80	CMO/M4/2018/3551

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S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
151	21-11-2018	Fariya Parveen	Abdul Rahim		Female	Child	Muslim	Sabdapur	Seohara	MR	80	CMO/M4/2018/3550
152	26-11-2018	Mohd Satab	Asraf Ali	16	Male	Adolescent	Muslim	Bishanpura Bidra	Seohara	Paralize	90	CMO/M4/2018/3541
153	26-11-2018	Hanifa	Mustak	60	Male	Ederly	Muslim	Bishanpura Bidra	Seohara	Paralize	70	CMO/M4/2018/3542
154	26-11-2018	Kusmida	Mumtiyar		Female	Adult	Muslim	Safiyabad	Seohara	Locomotory	40	CMO/M4/2018/3531
155	26-11-2018	Pradeep	Bhudav Singh	29	Male	Adult	OBC	Seohara	Seohara	Locomotory	40	CMO/M4/2018/3534
156	26-11-2018	Manoj Kumar	Padam Singh	17	Male	Adolescent	OBC	Seohara	Seohara	Locomotory	40	CMO/M4/2018/3533
157	03-12-2018	Nakul Kumar	Jaipal Singh	27	Male	Adult	SC	Govindpur	Seohara	Locomotory	50	CMO/M4/2018/3680
158	03-12-2018	Ku Banti	Ghasi Singh	24	Female	Adult	SC	Bamnoli	Seohara	Locomotory	40	CMO/M4/2018/3683
159	03-12-2018	Ronu	Shera Singh	23	Male	Adult	SC	Jairampur	Seohara	Locomotory	50	CMO/M4/2018/3685
160	03-12-2018	Bhure Singh	Jaipal Singh	28	Male	Adult	SC	Ramkhera	Seohara	Locomotory	40	CMO/M4/2018/3686
161	03-12-2018	Mahender Singh	Kishan Swarup	53	Male	Adult	SC	Aladinpur	Seohara	Locomotory	60	CMO/M4/2018/3698
162	03-12-2018	Raju Singh	Lakpat Singh	25	Male	Adult	Gen	Sura Nangla	Seohara	Deaf & Dumb	100	CMO/M4/2018/3699
163	03-12-2018	Sanjeev	Ramkumar	26	Male	Adult	OBC	Sadaranpur	Seohara	Deaf & Dumb	100	CMO/M4/2018/3700
164	03-12-2018	Kalu	Ramkumar	19	Male	Adult	OBC	Khaleelpur	Seohara	Deaf & Dumb	100	CMO/M4/2018/3700
165	03-12-2018	Shahjat Ali	Riyajul	26	Male	Adult	Muslim	Govindpur	Seohara	Locomotory	50	CMO/M4/2018/3704
166	03-12-2018	Puspender	Manoj Kumar	17	Male	Adolescent	Gen	Bhagwanpur Rani	Seohara	Paralize	60	CMO/M4/2018/3745
167	10-12-2018	Vasudav Singh	Rohitash Singh	6	Male	Child	SC	Nawada Keso	Dhampur	MR	90	CMO/M4/2018/4478
168	10-12-2018	Kashish	Ravinder Kumar	13	Female	Adolescent	OBC	Mukarpuri	Dhampur	CP	100	CMO/M4/2018/4479
169	10-12-2018	Malkhan	Kallu Singh	50	Male	Adult	OBC	Satto Nangali	Seohara	Paralize	60	CMO/M4/2018/4480

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
170	10-12-2018	Nowsad Akthar	Aktar Hussain	21	Male	Adult	Muslim	Rasulpur, Shahaspur	Seohara	MR	50	CMO/M4/2018/4481
171	10-12-2018	Akash	Bhrampal Singh	16	Male	Adolescent	SC	Wajirpur Jakir	Seohara	MR	75	CMO/M4/2018/4482
172	10-12-2018	Lalita Kumari	Ramesh Singh	25	Female	Adult	SC	Satto Nangali	Seohara	Locomotory	60	CMO/M4/2018/4483
173	10-12-2018	Sadika	Sakil Ahmad	6	Female	Child	Muslim	Faizulapur	Seohara	CP	100	CMO/M4/2018/4485
174	14-12-2018	Karan Singh	Ghasita Singh	46	Male	Adult	SC	Bhogpur	Seohara	Locomotory	40	CMO/M4/2018/3987
175	14-12-2018	Rajveer	Om Prakash Singh	48	Male	Adult	OBC	Naugra	Seohara	Locomotory	40	CMO/M4/2018/3990
176	14-12-2018	Majid Ali	Sameer	33	Male	Adult	Muslim	Rasulpur, Moh. Kulli	Seohara	Locomotory	40	CMO/M4/2018/3993
177	14-12-2018	Malkhan	Chatar Singh	22	Male	Adult	OBC	Maksudpur	Seohara	Locomotory	100	CMO/M4/2018/3998
178	14-12-2018	Bhrampal	Khanchand	25	Male	Adult	SC	Kazampur	Seohara	Locomotory	40	CMO/M4/2018/4005
179	14-12-2018	Saniya	Jakir Hussain	11	Female	Adolescent	Muslim	Kiwar	Seohara	Locomotory	40	CMO/M4/2018/4022
180	14-12-2018	Anisha	Shahjad Ali	40	Female	Adult	Muslim	Bhagwanpur Rani	Seohara	Locomotory	40	CMO/M4/2018/4024
181	14-12-2018	Anita Davi	Deshrj Singh	23	Female	Adult	SC	Jilla	Seohara	Locomotory	40	CMO/M4/2018/4026
182	14-12-2018	Fatma	Iqbal	29	Female	Adult	Muslim	Magalkhera	Seohara	Locomotory	40	CMO/M4/2018/4036
183	17-12-2018	Usha Rani	Jhachu Singh	59	Female	Adult	Gen	Amirpur	Seohara	Locomotory	60	CMO/M4/2018/4560
184	19-12-2018	Jaibunisha	Mohd Rikakat	36	Female	Adult	Muslim	Mandori	Seohara	Locomotory	40	CMO/M4/2018/4270
185	19-12-2018	Babita Davi	Surender Singh	40	Female	Adult	OBC	Kamala	Seohara	Locomotory	40	CMO/M4/2018/4271
186	24-12-2018	Ravi Kumar	Madan Singh	21	Male	Adult	SC	Sattonangali	Seohara	Locomotory	40	CMO/M4/2018/3634
187	24-12-2018	Mohd Faiz	Anish Ahmad	9	Male	Adolescent	Muslim	Shahaspur	Seohara	CP	70	CMO/M4/2018/4521
188	24-12-2018	Mohd Ahiraj	Mohd Naiem	6	Male	Child	Muslim	Shahaspur	Seohara	CP	80	CMO/M4/2018/4522
189	24-12-2018	Uday Raj Singh	Vijaypal Singh	22	Male	Adult	SC	Pittapur	Seohara	Locomotory	60	CMO/M4/2018/4599

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
190	07-01-2019	Mohit Kumar	Durbesh Kumar	16	Male	Adolescent	General	Ramnagar	Dhampur	Deaf & Dumb	100	CMO/M4/2018/64
191	07-01-2019	Shahjad	Edrish	21	Male	Adult	Muslim	Dhampur	Dhampur	Locomotory	50	CMO/M4/2019/173
192	07-01-2019	Baburam	Mangal Singh	59	Male	Elderly	OBC	Berkhera Tanda	Dhampur	Locomotory	50	CMO/M4/2019/174
193	07-01-2019	Nafisa	Hafiz Ahmad	42	Female	Adult	Muslim	Seohara	Seohara	Locomotory	40	CMO/M4/2019/179
194	14-01-2019	Lalita	Rathibhan Singh	35	Female	Adult	General	Wajirpur Jagir	Seohara	Locomotory	40	CMO/M4/2019/189
195	14-01-2019	Manjeet Singh	Madan Singh	24	Male	Adult	SC	Hassanpur Palki	Seohara	Locomotory	40	CMO/M4/2019/199
196	14-01-2019	Kavita Kumari	Gajram Singh	30	Female	Adult	General	Gawari	Seohara	Locomotory	80	CMO/M4/2019/225
197	14-01-2019	Dishant	Shasbudin	17	Male	Adult	Muslim	Seohara	Seohara	MR	70	CMO/M4/2019/271
198	14-01-2019	Islamudin	Majid	62	Male	Elderly	Muslim	Aladinpur	Seohara	Locomotory	60	CMO/M4/2019/272
199	14-01-2019	Mohd Tahir	Ishrar Ahmad	37	Male	Adult	Muslim	Aladinpur	Seohara	Locomotory	60	CMO/M4/2019/273
200	14-01-2019	Mus Khan Jha	Sharafat Hussain	17	Female	Adolescent	Muslim	Sherkot	Dhampur	MR	40	CMO/M4/2019/274
201	14-01-2019	Ram Dayal Singh	Kishori Singh	47	Male	Adult	SC	Pandiya	Seohara	Locomotory	60	CMO/M4/2019/275
202	21-01-2019	Nandani Gautam	Rohitash Singh	3	Female	Child	SC	Pandiya	Seohara	CP	80	CMO/M4/2019/353
203	21-01-2019	Kishwar Jhan	Mohd Irfan	28	Female	Adult	Muslim	Magpura Mittepur	Seohara	Locomotory	40	CMO/M4/2019/396
204	21-01-2019	Naresh	Harkesh	46	Male	Adult	SC	Satto Nangali	Seohara	Locomotory	40	CMO/M4/2019/415
205	21-01-2019	Dalpat	Shipu Singh	60	Male	Elderly	SC	Sahaspur	Seohara	Blind	100	CMO/M4/2019/432
206	28-01-2019	Krisan	Himat Singh	72	Male	Elderly	OBC	Umarpur Tanda	Seohara	Locomotory	40	CMO/M4/2019/467
207	28-01-2019	Mohd Yunus	Sankur	43	Male	Adult	Muslim	Patwariyan	Seohara	Paralyze	60	CMO/M4/2019/562
208	28-01-2019	Aksahy Kumar	Narender Kumar	20	Male	Adult	SC	Pandiya	Noorpur	Paralyze	50	CMO/M4/2019/564
209	04-02-2019	Antiku Rehman	Raies Ahamd	27	Male	Adult	Muslim	Kiwar	Seohara	Locomotory	50	CMO/M4/2019/937

S. No.	Date	Name	Father/Husband ' Name	Age	Gender	Type	Caste	Village	Block	Type of Disability	Disability %	Disability Registration Number
210	04-02-2019	Dilsad Ahmad	Mehandi Hassan	35	Male	Adult	Muslim	Kiwar	Seohara	Locomotory	50	CMO/M4/2019/564
211	04-02-2019	Parvender	Magu Singh	39	Male	Adult	General	Jatnangla	Seohara	Locomotory	50	CMO/M4/2019/942
212	04-02-2019	Gajender Singh	Yashpal Singh	30	Male	Adult	General	Jatpura Mahavatpur	Afzalgarh	Locomotory	40	CMO/M4/2019/962
213	04-02-2019	Mehandi Hassan	Mustak	46	Male	Adult	Muslim	Kiwar	Seohara	Locomotory	50	CMO/M4/2019/974
214	04-02-2019	Vidayawati	Ramsarup	65	Female	Elderly	General	Mandori	Seohara	Locomotory	50	CMO/M4/2019/975
215	04-02-2019	Nagender	Chaman Singh	22	Male	Adult	OBC	Ameerpur	Seohara	Deaf & Dumb	50	CMO/M4/2019/976
216	04-02-2019	Puspa Davi	Rajender Singh	57	Female	Adult	General	Maksudabad	Seohara	Locomotory	40	CMO/M4/2019/977
217	04-02-2019	Munni Davi	Raja Ram	54	Female	Adult	SC	Aladinpur	Seohara	Locomotory	40	CMO/M4/2019/978
218	04-02-2019	Rajesh Kumar	Ram Chander Singh	48	Male	Adult	SC	Aladinpur	Seohara	Locomotory	60	CMO/M4/2019/979
219	04-02-2019	Munnu Singh	Sukhwa Singh	44	Male	Adult	OBC	Mandori	Seohara	Hand	40	CMO/M4/2019/980
220	11-02-2019	Mohd Sakir	Mohd Ali	36	Male	Adult	Muslim	Bhagwara	Seohara	Deaf & Dumb	100	CMO/M4/2019/1099
221	11-02-2019	Haseen Fatma	D/o Mohd Yasin	31	Female	Adult	Muslim	Sahaspur	Seohara	Locomotory	40	CMO/M4/2019/1139
222	11-02-2019	Ratan Singh	Puran Singh	69	Male	Elderly	SC	Shekiyan, Shahaspur	Seohara	Blindness	100	CMO/M4/2019/1150
223	11-02-2019	Samsad Hussain	Abdul Rahish	43	Male	Adult	Muslim	Aladinpur	Seohara	Hand	80	CMO/M4/2019/1175
224	25-02-2019	Sarita	Hariram Singh	36	Female	Adult	SC	Neataur	Neataur	Locomotory	40	CMO/M4/2019/1283
225	25-02-2019	Shivam	Chanderpal Singh	18	Male	Adult	OBC	Kiwar	Seohara	Locomotory	80	CMO/M4/2019/1350
226	25-02-2019	Najish Ara	Shakir Ali	36	Female	Adult	Muslim	Seohara	Seohara	CP	80	CMO/M4/2019/1351
227	11-03-2019	Mohd. Shahid	Fakruddin	43	Male	Adult	Muslim	Buwapur Nathu	Dhampur	Locomotory	50	CMO/M4/2019/1520
228	11-03-2019	Puspraj Singh	Naresh Kumar	30	Male	Adult	General	Majholi	Seohara	Locomotory	40	CMO/M4/2019/1532
229	18-03-2019	Moti Singh	Madan Pal Singh	29	Male	Adult	OBC	Magalkhera	Seohara	Locomotory	50	CMO/M4/2019/1441



**SHARE Society****Annexure No. 03**

<b>S. No.</b>	<b>Date</b>	<b>Name</b>	<b>Father/Husband ' Name</b>	<b>Age</b>	<b>Gender</b>	<b>Type</b>	<b>Caste</b>	<b>Village</b>	<b>Block</b>	<b>Type of Disability</b>	<b>Disability %</b>	<b>Disability Registration Number</b>
230	18-03-2019	Dayawati	Harpal	34	Female	Adult	OBC	Magalkhera	Seohara	Hand	65	CMO/M4/2019/1624
231	18-03-2019	Guddi	Veer Singh	49	Female	Adult	OBC	Magalkhera	Seohara	Blindness	40	CMO/M4/2019/1622
232	18-03-2019	Okender Singh	Mahender Singh	16	Male	Adolescent	OBC	Magalkhera	Seohara	Locomotory	50	CMO/M4/2019/1638
233	18-03-2019	Savita	Patram	34	Female	Adult	OBC	Magalkhera	Seohara	Locomotory	50	CMO/M4/2019/1639

## SHARE Society

## Bijnor, UP

## TCS Adult Literacy Programme

S.No.	Village	Number of Adult Learners in the centre	SC			OBC			Gen			Muslim			Total		Total
			Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	
1	Bamnoli	1 Batches = 30 beneficiaries	21	8	29	0	0	0	1	0	1	0	0	0	22	8	30
2	Pantiya	1 Batches = 30 beneficiaries	30	0	30	0	0	0	0	0	0	0	0	0	30	0	30
3	Jilla	1 Batches = 30 beneficiaries	24	6	30	0	0	0	0	0	0	0	0	0	24	6	30
4	Ratanpura	1 Batches = 30 beneficiaries	29	1	30	0	0	0	0	0	0	0	0	0	29	1	30
5	Gangadharpur	1 Batches = 30 beneficiaries	0	0	0	24	2	26	0	0	0	4	0	4	28	2	30
6	Khaikhera	1 Batches = 30 beneficiaries	30	0	30	0	0	0	0	0	0	0	0	0	30	0	30
7	Mewajat	1 Batches = 30 beneficiaries	12	18	30	0	0	0	0	0	0	0	0	0	12	18	30
8	Ghari	1 Batches = 30 beneficiaries	8	13	21	5	0	5	4	0	4	0	0	0	17	13	30
9	Pittapur	1 Batches = 30 beneficiaries	21	9	30	0	0	0	0	0	0	0	0	0	21	9	30
10	Paintapur	1 Batches = 30 beneficiaries	11	0	11	8	3	11	8	0	8	0	0	0	27	3	30
11	Mukarpuri	1 Batches = 30 beneficiaries	24	6	30	0	0	0	0	0	0	0	0	0	24	6	30
12	Kurd	1 Batches = 30 beneficiaries	27	0	27	0	0	0	0	0	0	3	0	3	30	0	30

SHARE Society																	
Bijnor, UP																	
TCS Adult Literacy Programme																	
S.No.	Village	Number of Adult Learners in the centre	SC			OBC			Gen			Muslim			Total		Total
			Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	
13	Milak Baniram	1 Batches = 29 beneficiaries	22	7	29	0	0	0	0	0	0	0	0	0	22	7	29
14	Mukam	1 Batches = 30 beneficiaries	0	0	0	29	1	30	0	0	0	0	0	0	29	1	30
15	Anisha Nagali	1 Batches = 31 beneficiaries	11	2	13	12	0	12	0	0	0	5	1	6	28	3	31
16	Dhigharpur	1 Batches = 30 beneficiaries	0	0	0	28	2	30	0	0	0	0	0	0	28	2	30
17	Seohara	1 Batches = 34 beneficiaries	0	0	0	0	0	0	0	0	0	26	8	34	26	8	34
18	Daultabad	1 Batches = 30 beneficiaries	23	0	23	0	0	0	7	0	7	0	0	0	30	0	30
19	Jilla	1 Batches = 30 beneficiaries	23	7	30	0	0	0	0	0	0	0	0	0	23	7	30
20	Wajirpur Mandaieo	1 Batches = 30 beneficiaries	6	0	6	24	0	24	0	0	0	0	0	0	30	0	30
21	Shipahiwala	1 Batches = 30 beneficiaries	7	0	7	4	0	4	18	1	19	0	0	0	29	1	30
22	Aminabad	1 Batches = 25 beneficiaries	24	1	25	0	0	0	0	0	0	0	0	0	24	1	25
23	Amanatpur	1 Batches = 30 beneficiaries	26	0	26	4	0	4	0	0	0	0	0	0	30	0	30

SHARE Society																	
Bijnor, UP																	
TCS Adult Literacy Programme																	
S.No.	Village	Number of Adult Learners in the centre	SC			OBC			Gen			Muslim			Total		Total
			Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	
24	Seohara	1 Batches = 25 beneficiaries	0	0	0	0	0	0	0	0	0	20	5	25	20	5	25
25	Jatpura	1 Batches = 25 beneficiaries	22	3	25	0	0	0	0	0	0	0	0	0	22	3	25
26	Kanhedi	1 Batches = 25 beneficiaries	2	2	4	20	0	20	0	0	0	0	1	1	22	3	25
27	Jatpura	1 Batches = 25 beneficiaries	4	0	4	3	0	3	16	1	17	0	1	1	23	2	25
28	Jatpura	1 Batches = 26 beneficiaries	15	0	15	1	0	1	0	0	0	10	0	10	26	0	26
29	Mahavatpur	1 Batches = 25 beneficiaries	0	0	0	14	0	14	11	0	11	0	0	0	25	0	25
30	Aminabad	1 Batches = 26 beneficiaries	15	3	18	7	1	8	0	0	0	0	0	0	22	4	26
31	Mittepur	1 Batches = 27 beneficiaries	2	0	2	0	0	0	23	2	25	0	0	0	25	2	27
32	Mittepur	1 Batches = 27 beneficiaries	4	0	4	0	0	0	0	0	0	21	2	23	25	2	27
33	Mandori	1 Batches = 25 beneficiaries	0	0	0	1	2	3	4	0	4	11	7	18	16	9	25
34	Potta	1 Batches = 25 beneficiaries	0	0	0	1	0	1	19	0	19	5	0	5	25	0	25

## SHARE Society

## Bijnor, UP

## TCS Adult Literacy Programme

S.No.	Village	Number of Adult Learners in the centre	SC			OBC			Gen			Muslim			Total		Total
			Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	Total	Women	Girls	
35	Jatpura	1 Batches = 25 beneficiaries	21	4	25	0	0	0	0	0	0	0	0	0	21	4	25
36	Kanhedi	1 Batches = 25 beneficiaries	0	0	0	21	4	25	0	0	0	0	0	0	21	4	25
37	Maksudabad	1 Batches = 30 beneficiaries	0	0	0	0	0	0	29	1	30	0	0	0	29	1	30
38	Jai Nagar	1 Batches = 31 beneficiaries	1	0	1	21	0	21	4	0	4	5	0	5	31	0	31
39	Bherkhera	1 Batches = 25 beneficiaries	0	0	0	7	0	7	15	0	15	3	0	3	25	0	25
40	Shipahiwala	1 Batches = 25 beneficiaries	0	0	0	1	0	1	16	0	16	8	0	8	25	0	25
41	Amirpur	1 Batches = 25 beneficiaries	7	0	7	6	0	6	12	0	12	0	0	0	25	0	25
42	Bherkhera	1 Batches = 25 beneficiaries	0	0	0	19	0	19	0	0	0	6	0	6	25	0	25
<b>Total</b>			<b>472</b>	<b>90</b>	<b>562</b>	<b>260</b>	<b>15</b>	<b>275</b>	<b>187</b>	<b>5</b>	<b>192</b>	<b>127</b>	<b>25</b>	<b>152</b>	<b>1046</b>	<b>135</b>	<b>1181</b>



SHARE Society									
Bijnor, UP									
TCS Adult Literacy Programme									
Adult Literacy Programme			Age Group					Field Verification Done	
S.No.	Village	Number of Adult Learners in the centre	15-25	25-35	35-55	55>	Total	Yes	No
1	Bamnoli	1 Batches = 30 beneficiaries	8	10	12	-	30	Yes	
2	Pantiya	1 Batches = 30 beneficiaries	-	15	14	1	30	Yes	
3	Jilla	1 Batches = 30 beneficiaries	6	15	9	-	30	Yes	
4	Ratanpura	1 Batches = 30 beneficiaries	2	20	8	-	30	Yes	
5	Gangadharpur	1 Batches = 30 beneficiaries	2	9	18	1	30	Yes	
6	Khaikhera	1 Batches = 30 beneficiaries	2	13	10	5	30	Yes	
7	Mewajat	1 Batches = 30 beneficiaries	17	13	-	-	30	Yes	
8	Ghari	1 Batches = 30 beneficiaries	11	10	9	-	30	Yes	
9	Pittapur	1 Batches = 30 beneficiaries	4	17	9	-	30	Yes	
10	Paintapur	1 Batches = 30 beneficiaries	3	17	10	-	30	Yes	
11	Mukarpuri	1 Batches = 30 beneficiaries	6	20	4	-	30	Yes	
12	Kurd	1 Batches = 30 beneficiaries	-	10	20	-	30	Yes	
13	Milak Baniram	1 Batches = 29 beneficiaries	5	16	8	-	29	Yes	
14	Mukam	1 Batches = 30 beneficiaries	1	17	12	-	30	Yes	
15	Anisha Nagali	1 Batches = 31 beneficiaries	5	8	18	-	31	Yes	
16	Dhigharpur	1 Batches = 30 beneficiaries	2	15	11	2	30	Yes	
17	Seohara	1 Batches = 34 beneficiaries	8	10	13	3	34	Yes	
18	Daultabad	1 Batches = 30 beneficiaries	-	11	18	1	30	Yes	

SHARE Society									
Bijnor, UP									
TCS Adult Literacy Programme									
Adult Literacy Programme			Age Group					Field Verification Done	
S.No.	Village	Number of Adult Learners in the centre	15-25	25-35	35-55	55>	Total	Yes	No
19	Jilla	1 Batches = 30 beneficiaries	6	8	16	-	30	Yes	
20	Wajirpur Mandai	1 Batches = 30 beneficiaries	-	15	14	1	30	Yes	
21	Shipahiwal	1 Batches = 30 beneficiaries	-	3	23	4	30	Yes	
22	Aminabad	1 Batches = 25 beneficiaries	3	14	8	-	25	Yes	
23	Amanatpur	1 Batches = 30 beneficiaries	5	20	3	2	30	Yes	
24	Seohara	1 Batches = 25 beneficiaries	6	10	9	-	25	Yes	
25	Jatpura - I	1 Batches = 25 beneficiaries	5	17	3	-	25	Yes	
26	Kanhedi	1 Batches = 25 beneficiaries	2	16	7	-	25	Yes	
27	Jatpura - II	1 Batches = 25 beneficiaries	-	5	18	2	25	Yes	
28	Jatpura -III	1 Batches = 26 beneficiaries	-	23	3	-	26	Yes	
29	Mahavatpur	1 Batches = 25 beneficiaries	-	2	20	3	25	Yes	
30	Aminabad	1 Batches = 26 beneficiaries	4	14	8	-	26	Yes	
31	Mittepur -I	1 Batches = 27 beneficiaries	2	3	19	3	27	Yes	
32	Mittepur-II	1 Batches = 27 beneficiaries	2	10	14	1	27	Yes	
33	Mandori	1 Batches = 25 beneficiaries	10	5	10	-	25	Yes	
34	Potta	1 Batches = 25 beneficiaries	-	2	13	10	25	Yes	
35	Jatpura	1 Batches = 25 beneficiaries	3	12	10	-	25	Yes	

SHARE Society									
Bijnor, UP									
TCS Adult Literacy Programme									
Adult Literacy Programme			Age Group					Field Verification Done	
S.No.	Village	Number of Adult Learners in the centre	15-25	25-35	35-55	55>	Total		
36	Kanhedi	1 Batches = 25 beneficiaries	4	14	7	-	25	Yes	
37	Maksudabad	1 Batches = 30 beneficiaries	1	3	25	1	30	Yes	
38	Jai Nagar	1 Batches = 31 beneficiaries	-	11	16	4	31	Yes	
39	Bherkhera	1 Batches = 25 beneficiaries	-	4	14	7	25	Yes	
40	Shipahiwal	1 Batches = 25 beneficiaries	-	9	10	6	25	Yes	
41	Amirpur	1 Batches = 25 beneficiaries	1	3	19	2	25	Yes	
42	Bherkhera	1 Batches = 25 beneficiaries	3	8	14	-	25	Yes	
<b>Total Benficiaries</b>			<b>139</b>	<b>477</b>	<b>506</b>	<b>59</b>	<b>1181</b>		

**SHARE Society****Bijnor, UP****Adult Literacy Programme- Preraks (Facilitators) Profile**

<b>S.No.</b>	<b>Name</b>	<b>Father'/Husband' Name</b>	<b>Village</b>	<b>Age</b>	<b>Caste</b>	<b>Qualification</b>	<b>Number of Adult Learners in</b>
1	Kamini	Chote Singh	Bamnoli	20	SC	B.Sc	1 Batches = 30 beneficiaries
2	Lovily	Kapil Kumar	Pantiya	28	SC	B.Ed	1 Batches = 30 beneficiaries
3	Savita-I	W/o Nittu Singh	Jilla	23	SC	BA	1 Batches = 30 beneficiaries
4	Anshu	W/o Krishna Kumar	Ratanpura	24	SC	BA	1 Batches = 30 beneficiaries
5	Chitra	W/o Jidender Singh	Gangadharpur	32	OBC	BA	1 Batches = 30 beneficiaries
6	Sonam	Kripal Singh	Khaikhera	26	SC	BA	1 Batches = 30 beneficiaries
7	Kavita	Sho Singh	Mewajat	21	SC	BA	1 Batches = 30 beneficiaries
8	Pallavi	Suresh Kumar	Ghari	19	Gen	12th	1 Batches = 30 beneficiaries
9	Sumesh	W/o Nishu	Pittapur	30	SC	BA	1 Batches = 30 beneficiaries
10	Salu Rani	Parvender Singh	Paintapur	19	OBC	12th	1 Batches = 30 beneficiaries
11	Minu	Rishipal Singh	Mukarpuri	23	SC	BA	1 Batches = 30 beneficiaries
12	Shristi	Samerjeet Singh	Kurd	20	SC	12th	1 Batches = 30 beneficiaries
13	Shaloni	Omkar Singh	Milak Baniram	19	SC	12th	1 Batches = 29 beneficiaries
14	Radhika	Bal Kishan	Mukam	18	OBC	12th	1 Batches = 30 beneficiaries
15	Sarita	Krishna Kumar	Anisha Nagali	27	OBC	BA	1 Batches = 31 beneficiaries

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<b>S.No.</b>	<b>Name</b>	<b>Father'/Husband' Name</b>	<b>Village</b>	<b>Age</b>	<b>Caste</b>	<b>Qualification</b>	<b>Number of Adult Learners in the centre</b>
16	Adesh	Munesh	Dhigharpur	25	OBC	BA	1 Batches = 30 beneficiaries
17	Shamma	W/o Nowsad	Seohara	30	Muslim	12th	1 Batches = 34 beneficiaries
18	Shiwani	Naresh Kumar	Daultabad	23	Gen	B.Com	1 Batches = 30 beneficiaries
19	Savita-II	W/o Narender Kumar	Jilla	29	SC	MA	1 Batches = 30 beneficiaries
20	Mamta	Mahavir Singh	Jajirpur Mandaia	20	OBC	12th	1 Batches = 30 beneficiaries
21	Shiwani	Sanjeev Kumar	Shipahiwala	18	Gen	12th	1 Batches = 30 beneficiaries
22	Sheetal	W/o Puspender Kumar	Aminabad	29	SC	BA	1 Batches = 25 beneficiaries
23	Pooja Rani	Nardav Singh	Amanatpur	23	OBC	BA	1 Batches = 30 beneficiaries
24	Gulnaaj	Mohd Aslam	Seohara	21	Muslim OBC	BA	1 Batches = 25 beneficiaries
25	Laxmi	Ram Gopal	Jatpura	19	SC	12th	1 Batches = 25 beneficiaries
26	Asha	w/o Pramod Singh	Kanhedi	26	OBC	BA	1 Batches = 25 beneficiaries
27	Sangeeta Dav	W/o Naresh Kumar	Jatpura -I	35	Gen	MA	1 Batches = 25 beneficiaries
28	Pavan Davi	Pankaj Kumar	Jatpura-II	32	SC	BA	1 Batches = 26 beneficiaries
29	Yam Raguvansh	Ashok Raguvansh	Mahavatpur	19	Gen	BA	1 Batches = 25 beneficiaries

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<b>S.No.</b>	<b>Name</b>	<b>Father'/Husband' Name</b>	<b>Village</b>	<b>Age</b>	<b>Caste</b>	<b>Qualification</b>	<b>Number of Adult Learners in the centre</b>
30	Yamla	Sovir	Aminabad	32	SC	MA	1 Batches = 26 beneficiaries
31	Neelam	Jidender Sharma	Mittepur -I	29	Gen	MA	1 Batches = 27 beneficiaries
32	Sanna	Iliyas Ahmad	Mittepur -II	20	Muslim-OBC	B.Sc	1 Batches = 27 beneficiaries
33	Kavita	Ram Gopal	Mandori	30	Gen	12th	1 Batches = 25 beneficiaries
34	Kannupriya	Tikam Singh	Potta	21	Gen	BA	1 Batches = 25 beneficiaries
35	Laxmi	Mahavir Singh	Jatpura-III	19	SC	12th	1 Batches = 25 beneficiaries
36	Seema	W/o Arvind Singh	Maksudabad	30	Gen	BA	1 Batches = 30 beneficiaries
37	Minakshi	Rajender Singh	Kanhedi	19	SC	12th	1 Batches = 25 beneficiaries
38	Poonam Davi	W/o Yogesh Kumar	Jai Nagar	29	Gen	BA	1 Batches = 31 beneficiaries
39	Uma	W/o Kapil Kumar	Berkhera	32	Gen	12th	1 Batches = 25 beneficiaries
40	Divya	D/o Hariraj	Amirpur	24	Gen	MA	1 Batches = 25 beneficiaries
41	Nisha	W/o Dharamveer Singh	Shipahiwala -II	21	Gen	BA	1 Batches = 25 beneficiaries
42	Pooja	W/o Nanak Chand	Bherkhera	24	OBC	BA	1 Batches = 25 beneficiaries