



JSSES

Jan Sahas Social Empowerment Society

Annual Report

2023-24

Jan Sahas Social Empowerment Society

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About Jan Sahas Social Empowerment Society

Jan Sahas Social Empowerment Society is a Not-for-Profit organisation, working effectively in Malwa and Nimar Region of Central India. Working with the highly excluded communities including survivors or those who are at-risk of issues such as gender violence, unsafe migration, forced labour conditions, sexual exploitation and trafficking.

Community Mental Health Programme

Introduction

The World Health Organization (WHO) defines mental health as “A state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”. Mental health is a vital part of an individual’s life and can affect anyone and everyone irrespective of one’s status, background, age, sex, etc. Preserving one’s mental health plays a pivotal part in the overall wellbeing of an individual and should be given sufficient importance.

Mental Health Awareness in Rural Settings in India

Progress in mental health service delivery has been slow in India. Barriers include the existing public-health priorities and its influence on funding, challenges to delivery of mental health care in primary-care settings; the low numbers of those trained in mental health care, and the lack of mental health perspective in public-health leadership.

Mental health literacy is a related concept which is increasingly seen as an important measure of the awareness and knowledge of mental health disorders. Health literacy has been described as “Ability to access, understand, and use the information to promote and maintain good health”. Mental health literacy encompasses recognition, causes, self-help, facilitation of professional intervention, and navigating the information highway (Srivastava K et al, 2016).

Moreover, the discourse on mental health has stayed limited to the illness-recovery dimensions

which ignores structural aspects such as socio-economic-cultural contexts. There are structural and systematic barriers in place which limit access to knowledge as well as determine the kind of knowledge that gains popularity. Hence, to make space for mental health in rural contexts, also means to make space for a broader understanding of mental health that is relatable and applicable in people's lives. In doing so, we actively move away from the dominant lens of illness-recovery based interventions towards a more holistic approach that also focuses on overall well being and proactive acceptance of mental healthcare needs.

We started this project with the vision to work towards increasing mental health literacy in rural settings and decreasing the gap that exists between mental health resources available on ground and the need for them. Through the course of these six months, we have identified various gaps in the field and are trying to work around those using a systemic approach that is grounded at a grassroots level.

Project's Intervention

To address these gaps, PHF started a pilot project in October 2022 to enable and empower populations from the most excluded communities to access effective mental healthcare services, and advocating for efficient implementation of government mental health care policies and provisions by activating front line workers and duty bearers.

Our Team

Project Coordinator

Work is centred around ensuring effective intervention and overall management of the project and budget.

MIS Coordinator

Responsible for overall monitoring, evaluation and learning part of the programme. Also ensure documentation and management of all the data in this project including collection of all data from sources

Professional Counsellor

Working on:

- Providing counselling and therapy to the target population
- Training and enhancing the capacity of field counsellors along with government stakeholders and other NGO led interventions
- Conducting various awareness programs on mental health in community and institutions

Four field counsellors -

Two in each district, who are:

- The primary contact in cases and responsible for performing ground level work in the districts
- Trained in psychological first aid, preliminary assessment and basic counselling skills
- Under constant supervision of professional counsellors for cases and awareness activities they work on

Objectives of PHF

1. To ensure access to mental healthcare services and improve mental health support to people from most excluded social groups in 2 districts of Madhya Pradesh, India. It is to be done via various activities such as setting up of counselling centres in each district, capacity building of field counsellors & development and implementation of a referral system.
2. To strengthen existing governmental and non-governmental interventions for the mental health of people from marginalised and socially excluded communities. The core activity includes capacity building & sensitization workshops for government and non-government stakeholders.
3. To spread awareness about mental health, and stigma related to mental illness, sexual violence, caste and gender, which can cause or worsen mental health, the program aims to raise institutional and community level awareness through workshops/camps.

Awareness Initiatives

School Awareness Sessions

As part of the prevention strategy, awareness sessions on mental health were organised in schools of all the 4 blocks i.e. Indore, Sanwer, Bhikangaon, and Zirniya, by our field counsellors. These sessions were primarily conducted in Government Secondary and Higher Secondary Schools, with a batch of 30-50 students per session.

To conduct these sessions, the field counsellors build a rapport with the principal and teachers of the school, sensitise and make them aware about the importance of mental health awareness amongst students and then plan a session with them. Topics like *“What is Mental Health, How is it related to Physical Health, Mental Health Continuum, Recognition of common mental health concerns, Counselling, and Self-care”* are usually covered in these sessions through various fun and engaging activities with the students. In every session, our counselling helpline number maintained in partnership with other organisations is shared with the students and teachers for any further mental health related assistance.

We found that these sessions stir conversations and questions about mental health as well as bring cases to the fore that previously had no means of referral. The questions range from queries about if we can also treat a child born with intellectual disability and they can recover to function like any other average kid, questions about treating someone’s father who is an alcoholic, questions about why they should opt for mental healthcare services from Jan Sahas and not the local religious “baba”.

Therefore these sessions become a means for us to get closer to understanding the concerns and needs of children in the context of mental health as well as impart knowledge to break stereotypes and challenge the stigma related to mental health.

दैनिक लोकहित खबर बुधवार



वर्ल्ड हेल्थ डे पर हुआ छात्रों के लिए आयोजन

विश्व मानसिक स्वास्थ्य दिवस पर महाविद्यालय में बड़े स्तर पर हुआ कार्यशाला का आयोजन, बड़ी तादात में छात्र-छात्राओं ने जाने अपने अधिकार तो कई गतिविधियां हुई सम्पन्न

खरगोन लोकहित

बदलती लाइफस्टाइल के बीच मेंटल हेल्थ एक बड़ी चुनौती बनती जा रही है। इससे जुड़ी समस्याएं जैसे स्ट्रेस, एंजायटी और डिप्रेशन के मामले बढ़ते जा रहे हैं। इसकी एक बड़ी वजह ये भी है कि लोग अब भी मेंटल हेल्थ को गंभीरता से नहीं लेते और इस बारे में बात करने में भी हिचकिचाते हैं। इस ओर जागरूकता बढ़ाने और मेंटल हेल्थ की अहमियत को समझाने के लिए हर साल 10 अक्टूबर को विश्व मानसिक स्वास्थ्य दिवस यानी वर्ल्ड मेंटल हेल्थ डे मनाया जाता है। इसी के मद्देनजर छात्र-छात्राओं को भी इससे भलीभांति अवगत कराने के लिए शास, स्नातकोत्तर महाविद्यालय खरगोन की महिला सशक्तिकरण एवं समस्या निवारण समिति के द्वारा मंगलवार को विश्व मानसिक स्वास्थ्य दिवस पर प्राचार्य डॉ. आर.एस. देवड़ा के मार्गदर्शन में कार्यशाला का आयोजन किया गया। इस कार्यशाला के अंतर्गत जन-साहस संस्था की प्रोफेशनल काउंसलर अंतरिका घोष के द्वारा ठ मानसिक स्वास्थ्य विषय पर विभिन्न गतिविधियां सम्पन्न कराई गईं। सर्वप्रथम छात्र-छात्राओं का समूह बना कर उनके सकारात्मक और नकारात्मक विचारों पर परिचर्चा के पश्चात् वीडियो के माध्यम से ठहपारे अधिकार विषय पर छात्रों को जागरूक किया गया। तथा छात्राओं को चित्रकला के माध्यम से मानव अधिकार की मूलभूत आवश्यकताओं जैसे- शिक्षा, समानता, पोषण, स्वास्थ्य, सुरक्षा आदि विषयों पर विचार व्यक्त किए।

वर्ल्ड मेंटल हेल्थ डे का इतिहास-पहली बार वर्ल्ड मेंटल हेल्थ डे 10 अक्टूबर 1992 को विश्व मानसिक स्वास्थ्य महासंघ की वार्षिक गतिविधि के रूप में मनाया गया था। शुरुआत में इस दिन को कोई खास थीम नहीं थी और इसका उद्देश्य मानसिक स्वास्थ्य को बढ़ावा देना और प्रारंभिक

मुद्दों पर जनता को शिक्षित करना था। अभियान की लोकप्रियता को देखते हुए, 1994 में पहली बार उस दिन के लिए एक थीम को चुना गया था जो थी 'दुनिया भर में मानसिक स्वास्थ्य सेवाओं की गुणवत्ता में सुधार हो।

वर्ल्ड मेंटल हेल्थ डे का महत्व-आज भी लोग डिप्रेशन और तनाव को हेल्थ से जुड़ी समस्या नहीं मानते और इसे नजरअंदाज कर देते हैं। लेकिन ये परेशानियां आगे जाकर गंभीर परिणाम ला सकती हैं। लोगों को मेंटल हेल्थ का महत्व समझाने के लिए ही इस दिन की शुरुआत की गई थी। तरह-तरह के कार्यक्रम और सेमिनार का आयोजन कर लोगों को इस ओर जागरूक किया जाता है। जैसे कि पीजी कॉलेज खरगोन में प्रो. डॉ. सावित्री भगोरे द्वारा छात्र-छात्राओं के लिए इस कार्यशाला का आयोजन करवा कर बच्चों को इसकी महत्ता बताई गई वहीं इस कार्यक्रम में जन-संस्था की काउंसलर अंतरिका घोष मेडम द्वारा छात्र-छात्राओं को मेंटल हेल्थ दुरुस्त रखने की टिप्स दी गईं, साथ ही मेंटल हेल्थ से जुड़ी समस्याओं से बचने के उपाय भी बताए गए। वहीं वीडियो के माध्यम से हमारे अधिकार विषय पर भी छात्राओं को जागरूक किया- जिसके तहत सविधान द्वारा मूल रूप से हमें सात मूल अधिकार प्रदान किए गए हैं- समानता का अधिकार, स्वतंत्रता का अधिकार, शोषण के विरुद्ध अधिकार, धर्म, संस्कृति एवं शिक्षा की स्वतंत्रता का अधिकार, संपत्ति का अधिकार तथा संवैधानिक उपचारों का अधिकार पर विस्तृत जानकारी दी गई।

छात्र हित में हुई कार्यशाला में इनकी रही मुख्य भूमिका-कार्यशाला में जन-साहस संस्था की भावना कोठारी, रोसानी बोखार, कविता सोनेने में भी विशेष योगदान दिया। कार्यक्रम की अध्येक्षता महिला शसक्तिकरण समिति की संयोजक डॉ. ललिता बग्गे ने की साथ ही समिति के सदस्य डॉ. सावित्री भगोरे, डॉ. वैशाली मोरे, डॉ. निशा गर्ग, डॉ. गणेश पाटील भी उपस्थित रहे कार्यशाला में महाविद्यालय स्टाफ एवं बड़ी संख्या में छात्र-छात्राओं द्वारा बढ़चढ़ कर भागीदारी की गई।

Newspaper clipping on World Mental Health Day Session held in Khargone



A School Awareness session being conducted in Bhikangaon & Mental Health Awareness Session with students at Bhikangaon Hostel

We were able to **provide awareness to a total of 4018 students** through our awareness sessions in schools during this year long period between April 2023 - March 2024.

Conducting sessions in schools has been a learning activity for us. Getting permission wasn't easy but after we were issued an official letter from the district education department, the process became smoother. We have designed various interventions using different alternative modalities such as art and play that effectively focuses on mental health literacy while also making it easier for young students to grasp concepts. We have also been successful in increasing the referrals from such platforms, these workshops have helped in making our services more accessible.

Community Awareness Sessions

Similar to the awareness sessions being conducted in schools, regular awareness sessions were being conducted with people from different demographics within the community, by our field counsellors in all the 4 blocks i.e. Indore, Sanwer, Bhikangaon, and Zirniya.

For example, an awareness session would be planned with the women who visit the Anganwadi for vaccination of their children on the first Tuesday of every month. Similarly, our field counsellors plan sessions with people from the community at various locations throughout the 4 blocks. The content of these sessions is similar to that being delivered in schools, but more of a discussion based and context specific to the demographic the session is being conducted with. Overtime, we've observed that these sessions start a conversation on mental health within the

community and people do reach out for counselling and other assistance after such sessions.

It is often challenging to keep community members engaged or convince them to commit for sessions. As the communities we work with live in remote locations with no previous exposure to the concept of mental health, the content has to be delivered in the most simple and relatable manner. These blocks are also primarily agrarian based societies and people often have to spend all day in their fields during the harvest season which accounts for their unavailability.

In the course of a year, our field counsellors have efficiently built such strong relationships with the community members through their effective service delivery for the community members' mental health related challenges that they are more than willing to attend sessions and participate. Our field counsellors have held early morning sessions during the harvest season and delivered content in *Nimari* (the local language of the communities) for the communities who could not understand Hindi well. This marks a remarkable journey for mental health literacy as knowledge related to mental health is still largely available in English language only.



A community awareness session being held at Anganwadi & Mental health awareness session at balika panchayat.

In the period from April 2023 to March 2024, our project was able to **provide awareness to 4038 community members** through the awareness sessions we held in communities.

Stakeholder Samvaad

In order to conduct any intervention in the community, it's integral that we work in collaboration with the government and other non-government stakeholders like the Department of Education, Women and Child Development Department, Health Department, Gram Panchayat, Police Department, and others. Our field and Professional counsellors reach out to various stakeholders, build rapport and have a *Samvaad* (discussion) with them regarding the need for spreading awareness, sensitising people on mental health, and how we can work in collaboration with them to ensure people have better access to the mental health services they need. Having built a good rapport with various stakeholders, our counsellors get invited to conduct awareness sessions and get counselling case referrals on a regular basis.

Working within the existing systems has dual implications; it helps in building quicker rapport on field but also has its own set of challenges. Collaborating with a department is often a lengthy process that requires a lot of appointments and talking to different stakeholders but at the same time collaborating with them provides us a bigger platform to reach our target population with ease.

These *samvaads* also enable us to be a part of the political forces that influence the community and serve their needs. Mental health is as much a political issue as it is a social issue and initiating knowledge flow in these parts of the larger system, allows mental health to make space in policy frameworks and interventions.

In the yearlong term from April 2023 to March 2024, our team was able to reach out to **932 new stakeholders**.



Stakeholder Samvaad with Frontline Health Workers in Sanwer

CASE STUDIES

CASE 1

1. Description of Case

Name- S

Gender- Female

Age- 18

Caste- OBC

Family members- 5

Unique ID- MH_MP_KHR_2023_P_002

2. Short summary

S is a 18 year old girl who has been referred to us under Maitri network. She eloped with a man belonging to a different religion and has been forced by her family as well as community members to file a case against the man. S's family feel quite shameful about the incident and S, especially, feels torn between protecting her family from the wrath of the community and protecting the man she eloped with.

During the session she repeatedly asserted feelings of stress and anxiety, she has also considered self-harm and has suicidal ideation, she persists there is no other way but to kill herself. S's father believes he is supporting her daughter in fighting against a man who has done wrong to her. S reports being physically abused by female police officers when she tried to speak the truth about consensually eloping with the man.

S also feels distressed because of the continuous threats from the villagers that if she withdraws her complaint, her family will be thrown out of the village. S completed schooling till 6th standard and after that was mostly engaged in helping out her mother with domestic work. S complains about sleeping troubles and loss of appetite; she also feels guilty and blames herself for the suffering of the man she eloped with.

She does not have anyone in her family or village who she can open up to about the truth and so far only the Maitri caseworker, I and a field counsellor know about this, for everyone else she is a victim and the man is a criminal. S believes withdrawing the case would provide her some relief but it is not an option due to the community's strong feelings against the man. S feels too distressed, torn and hopeless about her current situation. She asserts she has not engaged in any self-harm practices yet but plans to.

3. Session Summary

S has sleep troubles, reports loss of appetite and being under constant stress/worry about the future . The incident has caused a strain within the family and the environment at her home or village is adding to her stress. S feels hopeless about her situation and mentions killing herself as the only way out.

S's counselling session was taken in the Khargone office and this was the first counselling session. Some breathing exercises and grounding techniques were suggested for her

feelings of anxiety. Suicide risk assessment was done. A family session was also taken in which it was discussed with S's father that a more empathetic environment could be created at home to help S.

4. Challenges

- Building trust with the counselee
- Legal aspects of the case: it being a forced complaint
- Addressing the hopelessness in the counselee in a situation as such
- Safety planning: Counselee was not ready to talk in detail about self harm or suicide plans

5. Factors that help in counselling

- Willingness of the counselee to engage in the session
- Confidentiality

6. Counselling Achievements

- A space to speak the truth
- A space for self-reflection
- Receiving empathy
- Information on breathing exercises and other self care methods

7. Plan ahead

- Safety planning
- Session with mother to understand support systems if any

8. Counselling related experience

This was a difficult session for me emotionally. Sometimes it is hard to stay in the role of a counsellor when the case is so sensitive. However it is important to maintain objectivity while staying true to the value of empathy, no matter how challenging.

CASE 2

1. Description of Case

Name- Vijay (Pseudonym)

Gender- male

Age- 21

Caste- ST

Family members- 5

2. Short summary

This case study focuses on Vijay, a 21-year-old individual who lives with his family. Vijay comes from an economically disadvantaged background and could complete his education till 9th standard only. Vijay experienced distress due to falling victim to a scam phone call, resulting in financial loss. During a counseling session, Vijay expressed changes in appetite, sleep disturbances, and thoughts of suicide. The counsellor provided a safe and supportive environment for Vijay to share his feelings, conducted a thorough risk assessment, and focused on building rapport with him. The case study however provides an individual-centred approach taken to address Vijay's mental health concerns which puts the onus on the individual.

3. Session Summary

When I saw Vijay for the first time, he was sitting in the office and was very scared and the rest of the team was also talking to him, then I asked what happened, then the rest of the team told me about the incident, then I told Vijay. Asked permission for counselling and introduced him to Vijay and I introduced myself and told him about the mental health program of the organisation and when I started counselling Vijay, Vijay was very scared and nervous, he was not even able to talk properly, then asked me to give him water and give him some rest. When he felt like talking, he sat for counselling again and then he started talking properly.

We took the discussion forward by talking about his interest due to which Vijay felt it was appropriate to talk to us and Vijay also started crying and in making him remember the happy days towards his interest, we took his participation a little and tried to make him connected.

Counselling of Vijay was done in the office due to which there was not much disturbance but Vijay had come to the office with his brother and there was a lot of stress, sadness and nervousness. Swahani's thoughts were coming a lot, then we explained the process of counselling to him and told him about confidentiality, only then he expressed all his problems and troubles to me and then we talked about them and Vijay had not slept for 3 days. It was only after the counselling that he was able to sleep comfortably the whole day in the office, only then I could see the effect of the counselling.

4. Challenges

- A) The team repeatedly discusses the incident with the counsellor, which impacts his or her mental health.
- B) Due to the financial condition of the house not being good, repeatedly paying attention to the incident and the mistake that happened.
- C) Vijay told that after the incident, the family put pressure on Vijay and asked him to leave the house, due to which he became very stressed.

5. Factors that help in counselling

- A) Telling about confidentiality
- B) To introduce oneself
- C) By listening carefully to the council.
- D) by talking to family
- E) By talking to a person the counselor trusts.

6. Counseling Achievements

- A) In setting goals
- B) Boosting morale of councilor

7. Plan ahead

- A) Helping them see their perspective on mental health
- B) Providing family and mental health information
- C) Forming bonds with the rest of the family
- D) Counseling the family

Migrant Resilience Collective

PROGRAMME INTRODUCTION – Migrants Resilience Collaborative (MRC), a grassroots-led multi-stakeholder collaborative of nonprofit, philanthropic, and private sector actors focused on ensuring safety, security, and mobility for vulnerable migrant families across India. There are 200 million migrant workers in India who are forced to migrate due to lack of livelihood opportunities at home. Poor working conditions, long working hours, lack of water, sanitation or safety equipment and forced labour are perennial problems faced by the migrant workers and their families.

OBJECTIVE – The project aims to work with migrant workers and their families to address these issues and support them in living a dignified life . We build resilience and ensure dignity of the migrant community

INDICATORS :

1. Social Security
2. Worker Protection
3. Industrial Partnership
4. Government Relation

1.Social Security – Raising awareness among migrant worker families about the benefits of social security schemes. Additionally, registering these families on the Jan Sathi application to determine their eligibility for various schemes and facilitating their access to those schemes' benefits.

Ragistration	Application	Benefits
13528	24800	19793

Migrant labourer families were facilitated to apply for and avail different social security schemes according to their eligibility, including E-Shram, Ayushman, Sambal Card, Uptake Ration, PM Vishwakarma Yojana, etc. Assistance was provided with necessary documents, and community-related camps and meetings related to schemes were organised from time to time.

2. Worker Protection:

Building awareness to prevent exploitation and providing redressal support in case of exploitation.

Post Arrival Training - Migrant workers who migrate from their home districts in search of work in other districts often face exploitation at the workplace. To prevent any kind of exploitation against them, Post arrival training is provided, which includes information on safe migration.

Last year, a total of 108 Post arrival training sessions were conducted, with a participation of 2648 individuals, including 1970 women and 678 men.





Mazdoor Helpline - 180012011211

The Migrants Resilience Collaborative (MRC) runs a toll-free helpline to support migrant workers. Migrant workers and their families can call on this helpline free of cost, in case of disputes, emergencies, as well as to gain information around social security benefits.

Cases are received through various channels on the labour helpline, with promotion of the helpline resulting in case acquisition. Cases are received during community meetings, through posters, and also through other organisations. The cases received last year were:

- Helpline calls - 1387
- Information calls - 1023
- Legal case - 192
- Entitlement case - 165
- Recovery Amount - 1005519 rs
- Ld application - 42



3.Industrial Partnership :

Efforts are being made to establish industrial partnerships for migrant workers to avail benefits of social security schemes at their working sites. So far, work has been carried out at 6 construction sites, resulting in a total of 106 registrations and 89 applications being submitted.



4. Government Relation :

A community awareness campaign was organised in collaboration with government departments, including the District Legal Services Authority (DLSA), the Labor Department, and the Food Department. The campaign aimed to educate the community about their rights and entitlements, with officials from these departments actively participating and providing information and guidance.



Achievement :

- Collaborated with the District Legal Services Authority (DLSA) and Labour department to organise awareness camps within the community.
- Under an industrial partnership, six initiatives were identified
- In 54 cases of non-payment, a recovery of Rs. 1,005,519 was made.
- A community awareness campaign was organised in collaboration with government departments, including the District Legal Services Authority (DLSA), the Labor Department, and the Food Department.
- resulting in a total of 106 registrations and 89 applications being submitted.
- At the DMRC centre, a total of 28 registrations and 77 applications were received through footfall, out of which 64 individuals benefited.
- Total of 108 Post arrival training sessions were conducted, with a participation of 2648 individuals, including 1970 women and 678 men.

Challenges :

- During the application process for migrant workers, if their supporting documents are not complete.
- Migrant workers not staying in one place for an extended period, thereby missing out on the benefits of schemes.
- Migrant workers coming from other states or districts not being able to apply for the BOCW card.
- Not being granted permission by the owner to work at the construction site.
- Not being able to meet senior officials of the government department.

CASE STUDY

1. Help received through mazdoor helpline regarding overdue wages

Name: Ram Narayan

Father's Name: Mangal Singh

Address: New Tilak Nagar

Mobile Number: 7089143752

District: Indore

Workplace: Kalani House

Contractor: Sunil Shivhare, Resident of Bijalpur

Case Type: Non-payment of wages

Case Description: In case number 106480, Mr. Ravi (changed name) informed that he belongs to the Mehera community, which falls under the OBC category. In his family, there is a husband, wife, a son, and a daughter. They sustain their livelihood by working as security guards, and their children are pursuing education. Mr. Ravi had worked as a security guard in Tannu Security Company at Kalani House, which falls in the rural area of Canada. The contractor under whom they worked, Sunil Shivhare, did not provide their wages on time. Despite repeated requests, Sunil Shivhare refused to pay their wages. Frustrated by the situation, Mr. Ram Narayan approached the labour helpline for assistance. On March 4, 2024, he lodged a complaint about non-receipt of wages on the helpline. The Indore team of Jan Sahas followed up on the case on March 5, 2024, and instructed Mr. Sunil Shivhare to pay the pending wages. He was warned that if he failed to do so, a complaint would be filed with the labour department. On March 9, 2024, after follow-up, Mr. Sunil Shivhare was contacted, and he was instructed to make the payment. Subsequently, on the same evening, the pending wages were paid to Mr. Ram Narayan. After receiving the payment, Mr. Ram Narayan expressed gratitude to the Jan Sahas team

and acknowledged their assistance. He mentioned that without their help, he would not have been able to pay his loan instalment for the month. He also appreciated the efforts of the team and mentioned that despite contacting the Canada police station for assistance, they were unable to resolve the issue, but with the help of Jan Sahas, he could receive his wages.

Assistance provided by Jan Sahas: Initially, Mr. Ram Narayan was advised to call the contractor to inform him about the complaint, and subsequently, through mediation, the contractor was urged to pay the wages. Additionally, the potential legal actions against the contractor for non-payment of wages were explained.

1. Empowerment Through Government Schemes

Name: Meera Kushwaha

Husband: Pintu Kushwaha

Address: Sector 2, Nand Bagh, Indore

During fieldwork in Nand Bagh, Indore, Meera Kushwaha's fellow community worker, Neha Prajapat, introduced her husband Pintu Kushwaha and her to information about Jan Sahas, a grassroots organisation. On July 20, 2022, Meera registered on the Jan Sahas app. Through this platform, she learned about the MRC program run by Jan Sahas, as well as the Jan Sahas Labour Helpline (180012011211) and various government welfare schemes. Meera shared that her husband is physically challenged and she does sewing work at home to support their family. They were facing financial difficulties, and Meera needed a loan to expand her business and support her family. Understanding her situation, team members informed her about the Prime Minister's Swanidhi Scheme, which provides loans to small entrepreneurs.

On February 8, 2024, Meera applied for the loan under the Prime Minister's Swanidhi Scheme, and on March 14, 2024, she received Rs. 10,000 transferred to her account by the bank.

Meera expressed her gratitude to Jan Sahas for their assistance and promptly started her business.

This case study highlights how Meera Kushwaha benefitted from the information provided by Jan Sahas and the government's welfare schemes, which enabled her to become self-reliant and improve her family's financial situation.

One Stop Centre

Introduction:

The One Stop Centre (OSC) Scheme, addressing Gender-Based Violence, was initiated on April 1, 2015, with the primary objective of providing comprehensive support services to women affected by violence. Operated by Jan Sahas Empowerment Society in Khargone, the OSC has been a pivotal resource in supporting women in private and public spaces, within families, communities, and workplaces.

Objectives:

- To offer complete support and assistance to women affected by violence in both private and public spaces.
- To ensure immediate access to a range of services including medical, legal, psychological, and counselling support.
- To provide support to all women affected by violence, irrespective of caste, class, religion, region, sexual orientation, or marital status.

Services Offered by OSC:

The OSC serves as a central coordination hub at the district level, aligning with various initiatives under the Nirbhaya Fund. Key services include:

- Emergency Response and Rescue Services
- Medical Assistance
- Assistance in lodging FIR/NCR/DIR
- Psycho-social Support/Counseling
- Legal Aid and Counseling
- Shelter
- Video Conferencing Facility

Accessing the OSC:

Women affected by violence can access OSC:

- By themselves
- Through any concerned individual or organisation
- Via Women Helpline integrated with emergency response helplines

Achievements:

- Implementation of proper documentation procedures by case workers
- Successful completion of case documentation and follow-ups
- Comprehensive Management Information System (MIS) from 2021 to present
- Conducting effective counselling sessions with the support of cooperative staff
- Infrastructure improvements suggested by District Program Officer (DPO)

Challenges:

- Initial need for guidance and understanding of work processes
- Difficulty in accessing previous case files due to inadequate documentation
- Pending registration of cases from previous years
- Lack of proper infrastructure for conducting counselling sessions
- Limited awareness among beneficiaries regarding the need for counselling

Pre Marriage Counselling

Summary –

Premarital counselling programs have emerged as a way to increase couple satisfaction after marriage as well as lower the chances of violence and interpersonal conflict. The aim of this program is to know about existing work on Mental health and gender based violence and ultimately to expand the scope of our work especially in the areas of behaviour change and promoting healthy relationships. After identifying this as a potential entry point of intervention to improve the emotional health of relationships. Premarital counselling in India as well as capture the current trends and practices within this segment globally. The Indian landscape of premarital counselling, it was found that such services are concentrated in metropolitan cities and there is congruence in the themes of most programs that equip the couples with necessary skills such as enhancing communication, problem solving and decreasing conflict by addressing expectations within marriage. Although these programs have been shown to be helpful to couples, they often present a “one size fits all” approach to assisting couples. There is a noticeable lack of tools and resources available that makes it easier for the couple to adopt premarital services. There is immense scope to design programs and resources that blend different approaches – educational as well as counselling, standardised as well as personalised, scientific as well as cultural.

What is premarital counselling –

Premarital counselling is a type of therapy that helps couples take the next step in their relationship, resolve issues in their relationship before they commit to marriage or set relationship goals. This type of counselling is often provided by counsellor or religious leaders. Many couples seek premarital counselling as a preventative measure, almost like going to see your primary care physician for an annual checkup. Instead of waiting until there is a problem, couples engage in premarital counselling to get ahead of any issues brewing below the surface.

Who should seek premarital counselling –

There are myriad reasons why a couple might want to seek premarital counselling. It's a way to address a specific problem - for example, if you and your partner keep getting into the same fight about each other's spending patterns. But it is also a time to talk about sensitive topics with a neutral third party, to carve out dedicated time to discuss any fears and uncertainties about your future together and improve the communication between you and your partner. From conflict resolution to setting realistic expectations for married life, a premarital counsellor helps couples build and maintain a healthy relationship.

Premarital counselling is also a great way for couples to familiarise themselves with the therapeutic process, making them more likely to seek out support in the future through marriage counselling should issues arise later on. Also you don't have to be engaged to opt for premarital counselling. Some couples can leverage this counselling to explore and talk openly about the idea of marriage. Premarital counselling helps couples understand their hopes, fears and expectations around a healthy marriage, allowing them to make an informed decision about the future of their relationship and whether marriage is the right step.

What topics are covered in premarital counselling –

No topics are off-limits when it comes to meeting with a counsellor for premarital counselling. That's kind of the beauty of it. With that in mind, these are some of the most commonly discussed topics and reasons why couples seek premarital counselling-

Beliefs and values

Family relationship

Decision making

Dealing with anger.

Time spent together

Creating positive marriage resolutions

Matching expectations about big life decisions such as buying a house and starting a family.

Avoiding toxic resentments.

Dismantling fears about marriage or addressing marriage anxiety.

Addressing any concerns you might have about the relationship or future together.

Also, there are plenty of issues surrounding money, children and sex that its important for couples to be on the same page about. We will dive into some questions on these topics below.

Money –

- Do you have student loan debt to pay off? How much do you have in savings ?
- What is your monthly budget?
- Do you have an emergency fund?
- Do you want to keep your finances separate, joint or some combination of both?

Childrens –

- Do you want children?
- How many children do you want?
- When would you like to start trying to conceive?

- What happens if you have trouble conceiving – are you open to considering adoption?

Sex –

- Are you happy with your sex life?
- What if one partner would like to have sex more often than the other?
- How will you bring up the topic of sex and desire with each other?

What is the premarital counselling session?

Typically, the goal of premarital counselling is to identify and address any potential areas of conflict in a relationship early on, before those issues become serious concerns, and teach partners effective strategies for discussing and resolving conflict.

Is premarital counselling necessary?

Yes premarital counselling can reduce the likelihood of divorce. Although attending premarital counselling does not necessarily guarantee you will stay together forever and those who don't attend can still have long lasting marriages, going to premarital counselling generally lowers the rate of divorce.

How do you view premarital counselling?

Techniques in the initial stages of premarital counselling, you and your partner may be assessed, both individually and together. During the course of the counselling, both of you will be encouraged to share life experiences and events, which can help shed light on your expectations and motivations in a relationship.

What are the challenges of premarital counselling?

Some challenges of premarital counselling include the lack of standardised procedures, vague goals, and limited research methods. Some challenges of premarital counselling include the need for better training of counsellors and the lack of systematic evaluation of counselling strategies.

What is a premarital group?

Premarital counselling is a great way to strengthen any relationship. It provides a solid foundation for your future and is great for those who are engaged or thinking of engagement. Premarital group counselling lasts 6 sessions at a minimum. We focus on exploring topics in a safe space.

USHA Silai Programme

Introduction

USHA Silai School is a self employment model where Silai Schools are household level self-sustaining micro-enterprises. Women earn by imparting sewing skills, taking work orders for stitching garments and providing mechanical servicing of sewing machines. USHA in partnership with local NGOs, sets up Silai Schools in some of the country's most remote and rural corners. The NGO partners facilitate and support USHA to identify and motivate rural women to get skilled in sewing and stitching and create a ripple effect of skill development forming a network of self-reliant and enterprising women.

USHA program offers:

- Fosters skill development for poverty alleviation
- Creates women entrepreneurs and promotes micro entrepreneurship
- Breaks gender stereotypes by skilling women in not only sewing and stitching but also machine repair and maintenance
- Nurture female role models for young girls to emulate
- Promotes indigenous art and craft

The Objective of the Program

The aim of Usha Silai School is to empower the women of poor families and disadvantaged communities so that they can stand on their own feet and have started Usha Silai School so that financial conditions can be changed and they can live a good life. And by this, the discrimination can end in the village and differentiate oneself.

Achievements of the program

- Employment opportunity at home has been created for Women and girls through this program
- Change in the economic condition of women and girls from Usha Silai School
- Girls and women became self-reliant from Usha Silai School
- Developed Silai skills from Usha Silai School
- Money started coming from Usha Silai School and the troubles of the house went away
- Usha Silai School got the status of the teacher in the village and society
- Efforts to end caste discrimination with the entry of women and girls in Usha Silai School

Challenges

- Beneficiaries request for sewing machines after course completion.
- Beneficiaries do not submit fees after completing the stitching course.
- Do not repair the machine if the sewing machine breaks down.
- Leaving the course in between the training.
- Not taking the certification.
- Not receiving timely certification of certificates from teachers to the beneficiaries.

Usha Silai School Types

Classical Usha Silai School	Local Resource training	Satellite Usha Silai School
15	10	30



Work Area of Usha Silai School

Usha Program

Teacher Name : Sakera Khan

Village: Arjun Colony

District: Dhar

Block : Dhar

Mo No : 8827955766

Classic Usha Silai School

This narrative revolves around Sakera Khan, a resident of Arjun Colony, located in the Dhar district of Madhya Pradesh, approximately 3 kilometres away from Dhar district. She belongs to the Muslim community and comes from a small family of four members.

The family consists of a son and a daughter. Sakera Khan completed her education up to the 8th grade. The financial condition of her family is very poor. Her husband runs a small puncture repair shop for bicycles, and they face significant challenges in managing household expenses.

In a conversation, Sakera Khan mentioned her experience at the Usha Silai School located in Dewas district, where 7 days of sewing training were undertaken. Upon completion, she received a Usha sewing machine, a board from Usha Sewing School, Silai books, and a Silai certificate.

Upon returning, she opened her own Usha Silai School at her home and trained women from her colony in Silai. The school charges a fee of 200 rupees, and by repairing old torn clothes into salwar suits, Sakera Khan earns between 1500 to 2000 rupees per month from her sewing school. She contributes this income to the household expenses along with her husband. After the opening of the Usha Silai School, she also received orders for making bags from markets and big shops.

The following month, she received an order for 150 bags, which she completed on time. She has also taught her daughter Silai, who now assists her in the work at the Usha Silai School. Currently, the world is facing the challenge of the COVID-19 pandemic. Many people in our country, India, are experiencing severe financial difficulties due to this illness. In this difficult time, Sakera Khan made masks at her Usha Silai School and distributed them in the colony to those who were in dire financial straits. Therefore, people expressed their gratitude to Sakera Khan and her family. Today, Sakera Khan and her family express their gratitude to Usha Silai School.