



JSSSES

# ANNUAL REPORT '24 - '25

JAN SAHAS  
SOCIAL EMPOWERMENT SOCIETY



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Indore 452016, Madhya Pradesh, India

## About the Organisation

Formed in the year 2006, Jan Sahas Social Empowerment Society (JSSES) is a community and survivor-centric not-for-profit organisation. JSSES works with an aim to eliminate sexual violence and forced labor with a focus on the most excluded social groups through a comprehensive approach of- Prevention, Response, Rehabilitation, and Systemic Reform. JSSES believes that an issue as complex as sexual violence can be tackled effectively only if these approaches are addressed simultaneously. Hence, keeping our approach at the core of our work, we have developed strategies of tackling sexual violence through- legal and social support, Land and property rights, Skill development and livelihood promotion, Mental health, and Early Childhood Care and Education. The organisation is working in Madhya Pradesh and carries out concentrated capacity-building and advocacy efforts with the state, civil society organisations and stakeholders.

## Our Mission

To create a society which is socially, economically and educationally strong and at the same time ensures equal rights to every individual and equality among the weaker sections of the society.

## Our Vision

To provide equal rights to all individuals, especially those from disadvantaged communities. To raise awareness about mental health and well-being and to develop equality and self-reliance in society

## Our Work



We currently work in 3 districts (Indore, Khargone and Dhar) in Madhya Pradesh on several areas such as: Justice for gender and caste based violence, Migration, Livelihood support and skill development, Mental Health, Childhood care and Education, Land rights.

# Community Mental Health

## 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.

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. 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.

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.

## Project Objectives

- Improve access to mental health care
- Strengthen existing government and non-governmental interventions

- Awareness & Destigmatisation

## **Mental Healthcare Services**

One of the primary works we do in the aspect of response, is to provide counselling sessions in the communities we work with. The delivery of these counselling sessions are made possible through field counsellors who make regular visits to these communities and receive necessary supervision and training to deliver counselling sessions and resolve challenges from professional counsellors and the regular training in the project. We currently have **51 active cases** and have **supported over 131 cases** so far.

In our first two years of working with communities, we also identified a need to address cases that require support with psychiatric treatment. Types of Mental Illnesses in these cases are often Schizophrenia, other Psychotic Spectrum illnesses and Major Depressive Disorder. While we have made efforts to identify resources and refer these cases to cost effective care, there is still a need to support these cases, given the socio-economic status of the communities we work with. This support goes beyond supporting them financially with medication, and often also involves field counsellors, who the community members are familiar with, accompanying them to visits to doctors, following up and supporting caretakers with counselling.

## **Activities and Outreach**

**Mental Healthcare Services:** One of the primary works we do in the aspect of response, is to provide counselling sessions in the communities we work with. The delivery of these counselling sessions are made possible through field counsellors who make regular visits to these communities and receive necessary supervision and training to deliver counselling sessions and resolve challenges from professional counsellors and the regular training in the project. Between April 2024 and March 2025 , we have been able to provide counselling to **\_43\_** from the communities we work with.

Mental Health Awareness in communities & schools:

As we work in contexts of violence and marginalisation, we cannot ignore recognising the mental health needs of the population that we work with. However, mental health discourse in India has often stayed limited to illness-recovery dimensions which ignores structural aspects such as socio-economic-cultural contexts. 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.

As part of building this awareness, the field counsellors build a rapport with various stakeholders in schools and panchayats across Indore and Khargone to sensitise and make them aware about the importance of mental health awareness and then plan awareness sessions with students and community members. 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. 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. Providing mental health literacy with community members is further challenging due to the lack of exposure to these concepts, and often needing them to be delivered in local languages while the vocabulary of mental health literacy largely remains in English.

Between April 2024 and March 2025, **759 students** and **1033 community members** were provided awareness through these sessions.

### **Wellbeing Centres - Kushiyon ka Pitara**

In the past year, we established four 4 Well-Being Centers across the two districts as part of the project. We envision these wellbeing centres as spaces within the community for them to claim a space for their well being and leisure, as well as a space for conversations exploring conversations on mental health. To this end, we have equipped the wellbeing centre with resources like storybooks, and games that facilitate discussions on mental health and marginality across gender, caste, class etc. The eventual aim of these centres are also to give way to community ownership of these spaces and these conversations.



**लालाजी लड्डू दो!**

लालाजी लालाजी एक लड्डू दो,  
लड्डू जो चाहिए तो चार आने दो।

लालाजी लालाजी पैसे नहीं,  
पैसे नहीं हैं तो लड्डू नहीं।

लालाजी लालाजी आप की मुँहें,  
कितनी लंबी हैं आप की मुँहें।

कितनी प्यारी हैं आप की मुँहें,  
कितनी सुंदर हैं आप की मुँहें।

वेटाजी वेटाजी इधर तो आओ  
चार लड्डू चाहिए तो चार लड्डू लो।

From our wellbeing centres in Indore and Khargone 'Khushiyan ka Pitara' - A box of happiness



Engaging with children from the community in wellbeing centres - reading picture books

### **Men and Boys groups:**

In our work with the community, we have observed that boys and especially men haven't been engaged in our conversations around mental health as much as girls and women have. Through the organisation's work with survivors of violence, we have built strong ties with women in the community, but the participation of men in conversations on mental health continued to be less, compared to women. This is also partly due to gender roles, and how boys and men of a working age are often absent during the day. In addition to this, the mental health needs and challenges are unique and different across genders.

To address these gaps, we have started the formation of men and boys groups in our communities, where we try to understand how to include men and boys into conversations on mental health and explore conversations on meeting their needs and providing them with the tools and support they need for their mental wellbeing. Currently, we have a total of 68 men and boys actively involved across 7 groups that have been formed across Indore and Khargone.



### **Training of Mental Health Professionals: Within the team**

As part of our commitment to continuous professional development and the advancement of mental health care in underserved communities, we have conducted a series of comprehensive training sessions for our team of mental health professionals. These trainings aim to address the scarcity of skilled mental health professionals in remote and rural settings, where access to mental health services is often limited. The content of the trainings aim to respond to the pressing need for comprehensive mental health support in rural settings, provided not only to enhance clinical competencies but also to bridge the gap between academic knowledge and practical application, particularly in contexts where access to mental health services is limited. The training covered a diverse range of topics essential for effective practice in the field of mental health.

In the past year, we have provided the team trainings on:

- **Developing safety plans with counselees:** As counsellors working with people who are affected by ongoing violence, it was important to practice developing safety plans with their counselees,
- **The spectrum of diverse perspectives/lenses within mental health care practices:** Delving into discussions of the wide range of perspectives and practices that exist under mental health care, and discussing in depth some practices like Feminist therapy and Narrative therapy that align closer to the values of the project and its intentions.

- **Working with substance use:** Our communities are also affected by excessive substance use, and we had a discussion about how to engage with and help people who suffer from substance abuse.

### **Training of mental health professionals: Students**

In addition to enhancing the skills and capacities of our existing team of mental health professionals, we are committed to investing in the next generation of mental health practitioners. To this end, our organisation has partnered with the Indore School of Social Work to sponsor the education of four students enrolled in the Masters in Social Work program, specialising in Medical and Psychiatric Social Work, on a yearly basis. The first batch of students will be graduating soon and this year's batch of students are currently in their second semester. These students are poised to become catalysts for change in their communities upon completion of their studies.

These students are carefully selected based on a combination of academic merit, personal motivation, and alignment with our organisation's values and mission. We prioritised candidates from underserved rural backgrounds who demonstrate a strong commitment to addressing mental health disparities and promoting social justice within their communities.

### **Mental Health Clubs**

Taking forward from the awareness sessions we have conducted in schools, we aim to conduct recurring sessions with the same groups of interested students to advance their mental health literacy. These sessions will cover multiple topics that are relevant to adolescents, including recognising and engaging with their emotions, bullying and discrimination, creating safe spaces, on body image, and some topics that were reported as relevant by other stakeholders, like the safe usage of the internet and social media. **372 students** who were interested were identified and enrolled to be part of **20 mental health clubs** in schools across the two districts. The clubs are set to start by the start of the next academic year.

### **Arts based methods for community engagement**

**Mrs. Film Screening on International Women's Day:** On March 8th for International Women's Day, we screened Mrs. at the Community Well-Being Center in Khargone. Women reflected on food, labor, autonomy, and caste, unpacking how these shape mental health. Mapping Richa's struggles revealed how systemic inequalities drain well-being. As our participants said, "Yeh toh hum hai, humein darshaya gaya hai." The screening of Mrs. on International Women's Day (IWD) served as a powerful tool to spark conversations on gender

roles and reinforced the role of cinema as a means of community engagement, fostering dialogue and critical thinking around gender justice.

### **Capacity building:**

**Exposure Visit to the Samaan Society, Indore :** Samaan Society is a community-based organization that focuses on empowering marginalized communities, particularly women through providing legal justice, support for mental health, livelihood, and social inclusion programs. Their Khushali Centre plays a pivotal role in addressing mental health challenges through holistic and community-centric approaches.

The visit aimed to understand the mental health programs of the Khushali Centre, focusing on how community resources are integrated into interventions. It explored challenges and strategies for scaling these programs in low-resource settings and identified opportunities for collaboration and knowledge exchange to enhance mental health initiatives.

The visit included a series of engaging activities, starting with an orientation session using a wool-web activity to symbolize the strength of networks and connections, followed by a discussion on youth engagement through creative tools like a mental health-themed ludo game. The team shared insights on addressing challenges such as stigma, limited resources, and cultural barriers. The visit concluded with a reflective activity, where participants discovered that they themselves are the greatest gift, promoting self-worth and empowerment. These activities highlighted innovative approaches to mental health and fostered deeper understanding and personal growth.

The Khushali Centre employs innovative tools like mental health-themed games and reflective exercises to break stigma and encourage open discussions. Their holistic, youth-centric approach emphasizes self-reflection, empowerment, and participatory methods, making mental health education accessible and impactful.

**Exposure Visit to the Anubhuti, Badlapur:** The team made an exposure visit to The Anubhuti Trust

Mental Health Project in Badlapur, Maharashtra as a cross learning exercise for both the organisations. This provided our team with an opportunity for learning and exposure of a different model of community mental health in a new context.

Anubhuti Trust is a social organization dedicated to creating an equitable and democratic society by

championing rights, empathy, and justice. Founded by Deepa Pawar, a feminist and anti-casteist activist, the Trust amplifies marginalized voices, focusing on Dalit, Adivasi, NT-DNT (Nomadic and Denotified Tribes), and other tribal groups. Established officially in 2016, its roots span 18 years of grassroots initiatives. Anubhuti emphasizes youth leadership, community advocacy, and addressing systemic oppression through projects grounded in constitutional values and the legacy of figures like Dr. B.R. Ambedkar and Savitribai Phule. Key efforts include addressing caste-based discrimination, advocating for food security as a right, and integrating mental health into justice frameworks. They connect ration access to mental well-being, assisting marginalized groups with documentation and government processes. By ensuring food security and raising awareness about historical injustices, Anubhuti fosters sustainable social change with a holistic approach to justice and mental health.

Anubhuti Trust utilizes digital platforms like YouTube and other online channels to broaden its outreach and impact. By sharing content related to cultural movements, community initiatives, and advocacy efforts, the organization effectively engages a wider audience. This online presence amplifies their work, inspiring participation, fostering solidarity, and encouraging support for the cultural and social movements they lead. Through these efforts, Anubhuti continues to strengthen its mission of promoting equality, justice, and inclusion on a larger scale.

We learned that community involvement is crucial for effective mental health programs as it ensures relevance to local needs and cultural practices. Organizing community forums fosters open discussions and collective ownership, while engaging local leaders promotes awareness and reduces stigma. Accountability and training through mentorship programs and feedback systems build trust and improve services. Addressing violence and trauma through workshops and trauma-informed care ensures empathetic support.

## **Case Study**

Reena is a 30 year old woman. She lives with her two daughters, one son and husband. Reena's children study in school and her husband works as a carpenter and used to travel to various towns for work. After an awareness session in their village, Reena's eldest daughter contacted us for help. She mentioned that her mother keeps saying that she wants to die by suicide. In a lot of distress, Reena's daughter had called our field counsellor.

After meeting Reena we got to know about her family dynamics. Reena's husband has been an alcoholic and often did not provide money at home. They used to fight a lot because of her husband's alcoholism. Reena wants her family conditions to improve and children to prosper. She has a lot of ambition for her family and has tried her hand at working in different professions. Reena has not finished schooling but she has always tried to work and support her family financially. Reena used to tailor clothes, work in farms on daily wages or anything else. She is an outspoken and assertive person and often speaks up for what she believes in. Reena's husband does not approve of her nature and often worries about other people's opinions of her. Reena's husband used to have doubts about Reena having an extramarital affair. He used to become violent and aggressive towards Reena and their children. Reena often used to feel upset and sad with her circumstances.

During one such fight Reena got really upset and had thought of dying by suicide. Her husband also met with an accident and the fear of his death also put Reena in a lot of distress. Our field counsellor had to make an urgent intervention by talking to Reena over the phone as she was feeling very helpless and scared. Ever since then she has conducted a few counselling sessions with Reena and has been in contact with her. There was also a family intervention where we talked to Reena's husband and their children. Through counselling we have tried to provide Reena with a space to share her emotions, concerns and dreams. We also aim to support Reena in her journey to become more empowered and confidently utilise her potential. The family interventions aim at working with family systems.

## **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.

Registration	Application	Benefits
10,300	41898	37,096

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 227 Post arrival training sessions were conducted, with a participation of 5227 individuals, including 2627 women and 2594 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** - 3,001
- **Information calls-** 1023
- **Legal case** - 339
- **Entitlement case** - 165
- **Recovery Amount** - 2618617 rs
- **Ld application** - 84

### **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 803 registrations and 2047 applications being submitted and benefits 1806.



### **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.



### **Achievements:**

- Community awareness camps were organized in collaboration with DLSA and the Labour Department.
- Engagement was ensured across six industrial sites through partnership-based schemes.
- In 206 non-payment cases, ₹2,618,617 was successfully recovered.
- A one-day stakeholder workshop saw participation from WCD, Municipal Corporation, Food Department, Labour Department, and other social organizations.
- At the DMRC center, 36 registrations were made, with 94 applications submitted—85 of which received benefits.
- In 227 post-arrival training sessions, 5,227 people participated

### **Challenges:**

- Application process delays due to incomplete documentation.
- Migrant workers frequently relocating.
- Difficulties faced by people coming from other states/districts in obtaining BOCW cards.
- Construction site permission issues.
- Hard to establish contact with senior government officials.
- Some families were uncooperative.
- Technical problems at sites prevented application processing.
- Lack of response to follow-up calls made through the helpline.

### **Social Security Scheme – Free treatment through Ayushman Yojana**

Name: Balram Inkay

Address: Kathegaon, District Dewas (Current Residence – Shiv Darshan Nagar, Musakhedi, Indore)

Mobile Number: –

District: Indore

Work Work Place: Beldari Mazdoor, Indore

Case Type: Social Security – Assistance through Ayushman Yojana

Case Details:

**Balram Inkay** is originally a resident of **Khategaon village in Dewas district**. He lives on rent with his wife and three children in **Shiv Darshan Nagar Colony, Musakhedi**, Indore district. Balram works as a **construction laborer** and belongs to an **economically weaker section**. His son, **Ankit Inkay**, is a **driver** who lives with his parents.

On **24th December 2024**, he was registered by **Jan Sahas** under the **Migrant Resource Centre (MRC)**. During the registration, he was informed about various government schemes and helpline numbers. At the time of registration, Balram's **e-Shram card** was made. However, Ankit was not present, so his **Ayushman card** could not be made then.

On **23rd March 2025**, Ankit met with a **serious road accident** and suffered a **fracture in his leg**. In the morning, Balram called **Jan Saathi** and informed them about the entire situation and inquired whether Ankit's Ayushman card could be made so that he could receive **free hospital treatment**. When the Jan Saathi checked the **Samagra ID**, it was found that Ankit was **eligible**, but his **Aadhaar number was not updated**.

The Jan Saathi **immediately contacted an online service provider** and got the **Ayushman card processed in pending status** through **biometric verification**. Within **2–3 hours**, the Jan Saathi called the **Ayushman helpline**, got it **approved**, downloaded the card, and sent it to Balram via **WhatsApp**.

With the help of this card, **Ankit received hospital treatment worth approximately ₹90,000 to ₹95,000 free of cost**. Balram expressed his **gratitude** to the **Jan Sahas team** and said that if this assistance had not been received on time, it would have been **extremely difficult** for him to get his son treatment.

## 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

## **USHA Silai Programme**

### **Introduction -**

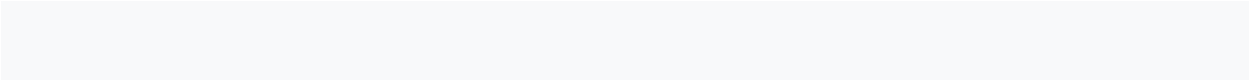
USHA Silai School is a self employment model where Silai Schools are household level self-sustaining micro-enterprises. Women earn by imparting sewing skills, taking work orders for stitching garments and providing mechanical servicing of sewing machines. USHA in partnership with local NGOs, sets up 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

In the Usha Silai program, 10 women were not given a single Divya train and 20 women were not given any Divya train

### **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.

### **Case study**

Kalukhedi is a village which is situated 3 Km from Ujjain City, Madhya Pradesh. The village population would be approximately approx. 5000. Most of families here are dependent on farming, Animal husbandry and laboring and Small Businesses.

**Jyoti Ji is 37-year-old Separated, strong will powered woman. Her husband is alcoholic and addicted, so she is separated from her husband from 15 Years now and living alone with her children. Jyoti Ji is mother of 20 Years (boy) and 15-Year-old daughter and 20 years old daughter. Her children are studying. Before Silai School she used to earn her Income through E-Rickshaw. She still drive E-Rickshaw for additional income and also running Silai Schools.**

Jyoti Ji had interest in Sewing and stitching After seeing her interest in Swing and stitching, she was provided with opportunity to attend 9 Days Classical Silai School Training program and establish her own USHA Silai School.

She completed this training on December 2023 and started her Classical Silai School in January 2024.

Since then, Jyoti Ji never looked back and expanded her Classical Silai School. currently teaching sewing and teaching 5 women. **Currently she is earning around 10000 to 12000 per month through Job work and teaching. She also takes job orders from the village. Her quality of work is so neat that villagers only trust her skill and give her job orders. She is very happy with her skill and consider this her only hope in life. She is teaching her children from income of Silai School and want to expand her work in city area. She is proud Silai School teacher now.**

**She spends all her money on her Children education and home expense.** She is very enthusiastic about her school and the future. She thinks that she should contribute towards her child's education and better life. She further said that now people are also recognizing her as a Sewing Teacher and starts enquiring about the course also. She is very hopeful that next month more learners will take admission in her Silai School.

She stated that she is very thankful to USHA for providing her platform and opportunity to become a Classical Silai School teacher. She stated that USHA has developed her as a professional Entrepreneur because now people link her with brand and recognize her as USHA Silai Teacher.



## Emergency Support

Through the programs and activities conducted by Jan Sahas Social Empowerment Society in the Indore district, we found some families in the community that needed support to bring about a change in their lives and enable them to run their lives smoothly. Emergency support was provided to the community as per the needs of these families. This support included supporting the families' needs with education, health, counseling support, and rations. Silai training was also provided to these families to support women in the families with livelihoods.



