

MANAS FOUNDATION

Annual Report

2020-2021



OUR JOURNEY

Mental Health for All

Manas Foundation was founded in 2002 in response to a growing need for mental healthcare in India. Our first pillar has been to innovate in the field of mental health, and develop an alternative to the illness-focused, medical model. While recognizing that pharmacological treatment for mental illness is imperative in many cases, we believed that a new wellness-based approach was much needed to qualitatively strengthen recovery and rehabilitation of persons with mental health concerns. At Manas, we see mental health as a need for all, just like the need to be physically healthy. Our aim has also been to demystify and destigmatize mental health; bringing it out of the shadows of straitjackets and shame, and into the scope of acceptance. Thus, the journey of Manas began with the intent to normalize mental health as a need for all; opening people up to the idea that well-being is a part of our inherent seeking of a fully functional life. A wellness-focus is also one that understands mental health from a preventive perspective. Raising awareness and providing safe, non-judgmental spaces for conversation can prevent many mental health concerns from arising in the first place. Our journey has focused on bringing people to a notion of mental health as synonymous with well-being, productivity, creativity, positivity and growth.



Our Innovation: Plug-In Model of Mental Health

Manas has created a “plug-in” model of mental health care, to bring and embed these essential services into different types of community settings. At present, we have successfully integrated the component of mental healthcare into existing interventions in health, education, state-run shelter homes and many others. Over the last two decades, our experience with implementing these plug-in models has furthered our understanding of the inter-linkages of mental health care with diverse contextual needs. The plug-in model has enabled us to address the mental health correlates of poverty/socioeconomic disadvantage, illiteracy/lack of education, peer relationships/family dynamics displacement/marginalization, gender/violence against women and several others.



Gender Justice

A decade of plugging in mental health service delivery into a range of contexts led us to intimately engage with people and communities at the margins that face complex, added difficulties – ranging from restriction and rejection, to discrimination and intolerance, to abuse and violence. Our journey with marginalization, intersected most frequently with the issue of gender. We consistently observed the close interplay of gender inequality and discrimination with psychosocial disturbances at the individual as well as community level.

From working with perpetrators of gender-based violence (juveniles in conflict with law), to counselling victims and survivors of violence against women, our work has allowed us to gain insight into both types of psychologies. Observing gender-based violence in individual and family dynamics, we were able to extrapolate that, in order to have mentally healthier communities, we could work with prevention of violence against women as a primary focus– through targeting attitudes and behaviours that threaten safety of women, and thereby, equality.

Our insights with gender-based violence led us to widen our organizational vision, from a focus on mental health alone, to one that also centred on gender justice and led us to develop our flagship programme: gender sensitizing a large subset of urban men, and engaging them towards ending violence against women.

Manas Foundation in 2014 began this large-scale programme to gender sensitize public transport drivers, who interact with women as a part of their daily work. This programme took an innovative approach to gender justice – instead of focusing exclusively on activism, we integrated key psychological theories and concepts into the programme, aiming at pro-gender behaviour and attitude change amongst these drivers. We wanted to move away from the stereotypical patterns of criminalizing and “othering” these drivers, who are mostly men, and bring them on board as partners in making public spaces safe for women.



Today, many auto-rickshaws, taxis, buses, Gramin seva's, etc. display the slogans **"the driver of this taxi respects women"** or **"Mera Imaan, Mahilaon ka Samman"**. These slogans denote drivers who have been gender sensitized by our programme – **"Baraabari ki Dagar, Surakshit Safar"** ... en route to an equal society. This has also exemplified Manas Foundation's emphasis on a preventive approach; prevention of violence against women through sensitization of men as key stakeholders in women's safety.

Through repeated re-engagement on the issue of gender, drivers are trained to create safe public spaces for women. Eventually, we hope to effect an attitudinal change, which could be expected to herald movements towards equality even in their personal contexts.

Our Goals

Manas Foundation, now at the cusp of its third decade in the field, has developed and articulated its overarching organizational vision and mission – corresponding to both pillars: mental health as well as gender justice. Each perspective in our journey now informs the other. From our team to our projects, we work to address both goals equally and effectively.

Our vision and mission statements below, point to our dedication to all the aspects elaborated above. And we aim to constantly progress, improve, learn and continuously innovate in our space.

THE MANAS VISION STATEMENT:

To create and promote inclusive communities and institutions that are mentally healthy, equal and empathetic to all.



Mental Health Mission Statement:

To create & promote mentally healthy communities and institutions by raising awareness to reduce stigma, providing accessible mental health services, and capacitating institutions to integrate mental health into their delivery systems, through a psychosocial approach.

Gender Justice Mission Statement:

To create and promote equal, inclusive and safe communities and institutions by bringing a positive shift in mindsets, attitudes and behaviours to reduce gender-based violence and foster gender equality.

Community Mental Healthcare

One of the key principles of Manas Foundation's organizational approach consists of deinstitutionalization of mental health services from an illness-focused medical model to a community-based psychosocial model of mental healthcare. This forms the rationale behind the community mental health programmes that are developed and implemented across various contexts by Manas Foundation. Our mental health interventions are embedded into existing community programmes and systems – such as interventions in education, healthcare, custodial care, etc. These work from within the existing contexts, to address psychosocial concerns that often occur concurrently.

As mentioned above, there are three critical aspects encompassing our approach of the community based mental healthcare:

- 1. Deinstitutionalization/Access:** Bringing mental health services into the community, making them easily available to community members.
- 2. De-stigmatization:** Normalizing mental health issues and creating both a demand and a supply for mental health care among the most marginalized communities of India.
- 3. Psychosocial Perspective:** Demonstrating the linkages between mental health and macro level socio-economic environments – such as discrimination, poverty, deprivation, and access to justice – and catering to them as such.

Awareness Campaigns

New Delhi, being the home of our organisation, is where we began our journey towards bringing the issue of mental health into the forefront of community health and public health systems. The heterogeneous population of New Delhi provided us the opportunity to work with diverse groups of people across various social, economic and cultural domains.

A survey study, "State of mental health in Delhi: Prevalence of psychiatric morbidity, subjective well-being, and patterns of help-seeking behaviour among the general population of Delhi" was undertaken by Manas Foundation with the support of the Planning Commission in the year 2008. The prevalence of psychiatric morbidity was found to be 7.6% amongst the population of Delhi and with respect to subjective wellbeing, people in Delhi report high levels of distress and poor subjective wellbeing both in quantitative analysis and focused group discussions. Due to our extensive work in the field, we were keenly aware of the burden of mental health disorders in Delhi even prior to this study and we began with mobilising communities through **mass awareness campaigns for mental health**. The aim of these campaigns was to reduce the stigma surrounding mental health, encourage people to reach out for support and also inform them about the various avenues for support which are available to them. To ensure these campaigns were a success we gathered the support of prominent stakeholders from different sectors of the society who spoke out about normalising mental health and publicly endorsed the issue of mental health and well-being. We used different engaging and entertaining mediums for raising awareness of mental health such as an art exhibition, rock show, street theatre and other public events.

Programme with Women and Child Care Institutions

By creating awareness, we purposefully created a demand for mental health services and we realised we need to cater to this demand by making mental health services accessible and available for all specially the most vulnerable. In 2011 we plugged in our mental health services model to the Nirmal Chhaya complex which is a women and child care institution run by the Department of Women and Child Development, Government of Delhi. We felt that ensuring someone's security and well-being does not only entail providing them a safe physical space but also a larger ecosystem of psychosocial support that provides them with a safe emotional space.

The positive impact of this intervention was acknowledged by all the stakeholders and in 2021 Manas Foundation was given the opportunity to replicate the same plug-in model in all the institutions run by WCD for children in need of care and protection and children in conflict with law. Our plug-in model constitutes establishing a mental health unit at each institution manned by a team of qualified and trained counselling psychologists, clinical psychologists and psychiatrists. Our mental health services include providing the residents with regular one on one counselling/therapy sessions and psychiatric support. Our psychologists also conduct regular group sessions and workshops for the residents to prevent mental health concerns from developing or progressing along with promoting adaptive coping, resilience, and positive mental health amongst the residents. The aim of this multipronged approach is not just ensuring the wellbeing of the resident while they are residing within the institutions but also ensuring successful reintegration into the society once they leave.

Mental Health Services: Nirmal Chhaya Complex

The Mental Health Unit comprises of a group of psychologists, and a psychiatrist. Together our aim is to cater to the mental health needs of the residents in order to promote their well-being and enhance their life satisfaction.

Active Services Provided:

1. Psychological Evaluation
2. Assessment of psychological needs, issues and deprivation
3. Regular Counselling and Therapy
4. Family Counselling
5. Adoption Cases
6. Psychiatric Consultation, intervention and medication
7. Psychometric assessment including IQ, personality etc,
8. Crisis intervention and conflict resolution
9. Group Sessions

Data Table for year 2020-2021

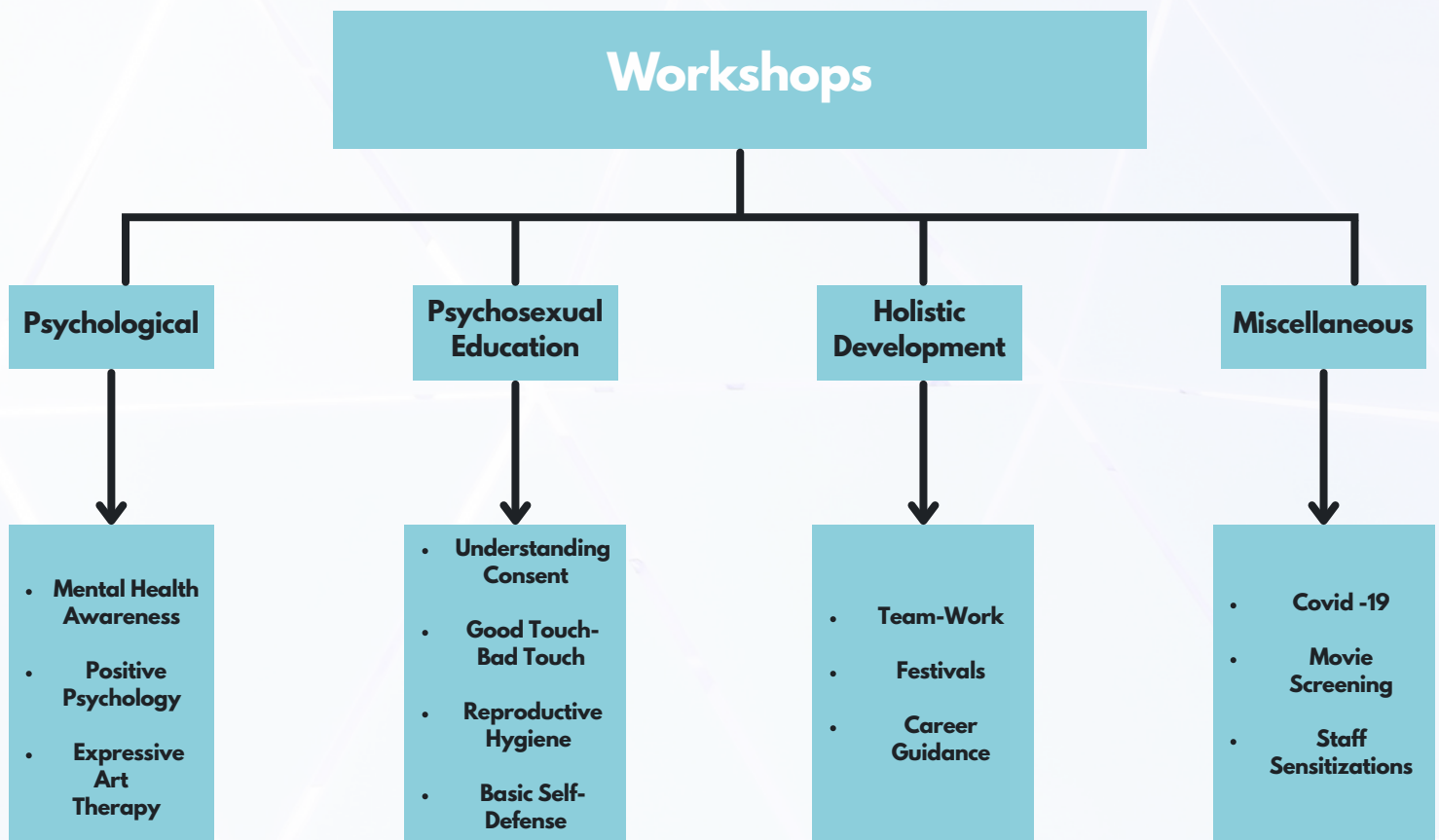
Home	No. of clients for new intakes	No. of family counselling sessions	No. of clients for Assessment (IQ, ADHD, Depression)	Crisis Intervention	No. of group sessions/ workshops	Total No. of counselling sessions	Total No. of psychiatric consultations / medication
CHG1	160	66	2	9	32	654	182
CHG2	40	16	1	3	36	271	58
CHG4	12	20	-	1	24	71	6
CHG3	12	5	-	1	25	66	52
OHG	9	1	-	-	18	38	28
NN + Isolation ward 1	361	8	1	13	20	168	487
SSH	55	43	1	14	23	330	1098
ACH + Isolation ward 2	47	1	-	14	21	242	132
BN	-	4	2	1	19	232	6
BG	1	1	-	1	13	214	3
CWC	141	43	-	-	-	28	10
Total Number	838	208	6	57	231	2308	2062

In the times of Covid -19...

- As our contribution towards building a resilient community, we continued to provide onsite as well as online services during lockdown; tele-counselling and telemedicine facilities conducted for residents in isolation.
- Awareness workshops with residents in all homes once in a month and isolation wards once in a week on preventive measures.
- It has been ensured that the residents and staff at Covid centres are in regular touch with the psychologists telephonically, apart from regular sessions of the residents at Nirmal Chhaya.

Workshops and Activities

Workshops are designed and conducted for different age groups, and 3-4 workshops are done per month in each home. They focus on the following themes:



Some of the workshops done include:

- Mental Health Awareness Workshops
- Narrative/Story writing
- Team Work Enhancement Workshops
- Dance Movement Therapy Workshops
- Emotion Mapping Workshops
- Expressive Art based activities
- Workshops on Good Touch and Bad Touch
- Sex Education
- Mental Health Sensitization for Staff
- Health and Hygiene
- Positive Interpersonal Relationships
- Building Optimism, Self Esteem and Resilience
- Gratitude Inculcation Activity
- Monthly Festival Themes
- Corona virus Awareness Workshops
- Orientation to Institutional guidelines and Protocols (Addressing Runaway attempts)
- Monthly Movie Screening – Theme based



Happyness Day Workshop

Staff Sensitization Workshop



Movement and Body Awareness



COVID -19 Awarness Workshop



International Women's Day



Christmas Celebration



Learnings

- The mental health team at Nirmal Chaya has always been adaptive and flexible in terms of changing our approach to work as per the needs of the institution.
- Trying with different ways of counselling to suit the needs of the clients has always been the priority of the psychologists.
- From supportive counselling, to behaviour modification and CBT techniques are being used in the sessions. Play, art, music and Bibliotherapy are also an important part of the counselling process.
- From interaction with the residents the psychologists have learned that providing constant support to the clients and being there for them whenever they need the counsellor has been one of the motivating factors to participate in the counselling sessions.
- Family sessions and crisis intervention has motivated us to value and focus on the holistic development of the client by helping them to grow effectively in various areas of their life.

Reflections

Due to rise in the covid cases at the institution the psychologists were in touch with clients telephonically though the clients wished that they could see their counsellors in person. However, with constant support and counselling one of the clients herself reported during the session that she is hopeful for the day when things will get normal and they will be able to visit MHU and see their counsellors. The support provided by the counsellors was reciprocated by the clients in terms of hope, resilience and strength.

The approach of providing supportive counselling has always been an effective way of opening up and relaxing the clients who come from an extremely troubled background. Once a client came and during her first session she was crying, panicking, and was sad because of the abuse she experienced in her past. However, with supportive counselling approaches and constant support & reassurance of the counsellor she was able to manage her troubled emotions and envision a bright future for herself where she wishes to become a doctor. The client's current state is of optimism and hope.

The techniques of behaviour modification (such as providing reinforcement) used with children at the institution has been helpful in terms of making a shift from their maladaptive to adaptive behaviours. As one of the clients was quite non-compliant and impulsive, but as the psychologist provided her with positive reinforcement to increase her adaptive behaviour, she was able to make the necessary shift.

Play and art therapies often provide a healthy outlet of emotions to young children, and during one of the play therapy sessions one client shared the importance of taking care of our friends, and helping them when they are in need. Using pretend plays in the session enhances the theory of mind in young children which is now often seen in the young residents of the institution.

Psychiatric clients who are residents of the institution after getting proper psychiatric treatment and supportive counselling are able to bounce back to their strength and start a new life with hope and resilience. With growing uncertainties because of the pandemic, a lot of residents reported feeling anxiety and fear. Immediate and daily sessions were provided by the psychologists to help their client relax, feel better and safe. **Different Ways to Relax Oneself, when Feeling Anxious** were introduced to the clients.

Mental Health Services: Children's Home for Boys- I and II & Village Cottage Home- I and III Lajpat Nagar

With a team of Psychologists and a Psychiatrist, our aim is to cater to the Mental Health needs and concerns of the residents in the institutions.

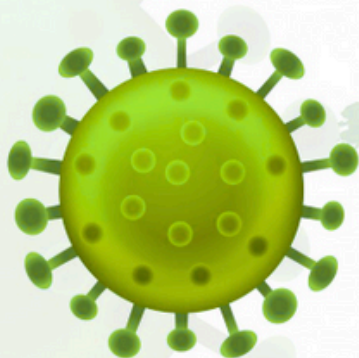
Active Services Provided:

- 1.Regular Counselling and Therapy
- 2.Family Counselling
- 3.Crisis Intervention
- 4.Psychological Evaluation
- 5.Group Sessions
- 6.Psychometric Assessments
- 7.Psychiatric Intervention and medication

Amidst the Pandemic

In this period of crisis, we continue to adapt to the changing needs of the clients and provide short, quality-based sessions and workshops using varied techniques, ensuring the safety of everyone. Whether it was a session with the children or the caregivers, every session was tailor- made, considering the COVID protocols.

- April, May 2020- Work from Home, continued counselling sessions and intakes
- June, July 2020- Activities on building mental health awareness
- August, September 2020- Activities on creative self
- October, November- Dance and Creative movement Therapy, each week on different topics
- December 2020- Month of Gratitude
- January, February 2021- Sports and mental health
- March 2021- Self-esteem and understanding of Self



COVID-19
GLOBAL PANDEMIC

VCH & CHB OUTREACH

Data Table for the period from the month of April 2020 to March 2021

Intakes and Initial Intervention				Follow up & Assessments				
Homes	No. of Intakes	No. of Individual Counselling sessions	No. of clients under Psychiatric treatment	No. of group sessions/ workshops	No. of clients for psychotherapy sessions	No. of Psychiatric Evaluation/ medication	No. of families/ caregiver counselling sessions	No. of Assessments
VCH	19	346	10	82	346	8	8	3
CHB	17	314	26	62	386	36	3	14
CWC	28	5	-	-	2	-	10	-
Isolation Ward	197	20	-	5	-	-	-	-
Total	261	685	36	149	734	44	21	17

Workshops and group sessions

- Dance and creative movement Therapy have been a key practice in CHB and VCH, because of its unique techniques; children enjoy the process of doing it.
- It has covered topics like, personal space, creating your own identity, kindness and acceptance. Attention and concentration, impulse control, and so on.
- COVID- 19 Awareness Campaigns
- Introducing Active Coping Skills
- Insight oriented mental health group work
- Introducing activity scheduling and time management for Self

Reflections

Corona has brought a kind of stagnation and chaos. Everyone's routines have changed over the year. And during these difficult times, Burnout among staff and Caregivers is very natural. Considering their well-being, regular sessions were taken for them as well as covering, relaxation techniques, conflict resolution, naturopathy sessions, et. We used different ways of counselling to suit the needs of the clients and has always been the priority of the psychologists.

From supportive counselling, to behaviour modification and CBT techniques are being used in the sessions. Play, art, music and Bibliotherapy are also an important part of the counselling process. From interaction with the residents the psychologists have learned that providing constant support to the clients and being there for them whenever they need the counsellor has been one of the motivating factors to participate in the counselling sessions. Family sessions and crisis intervention has motivated us to value and focus on the holistic development of the client by helping them to grow effectively in various areas of their life.

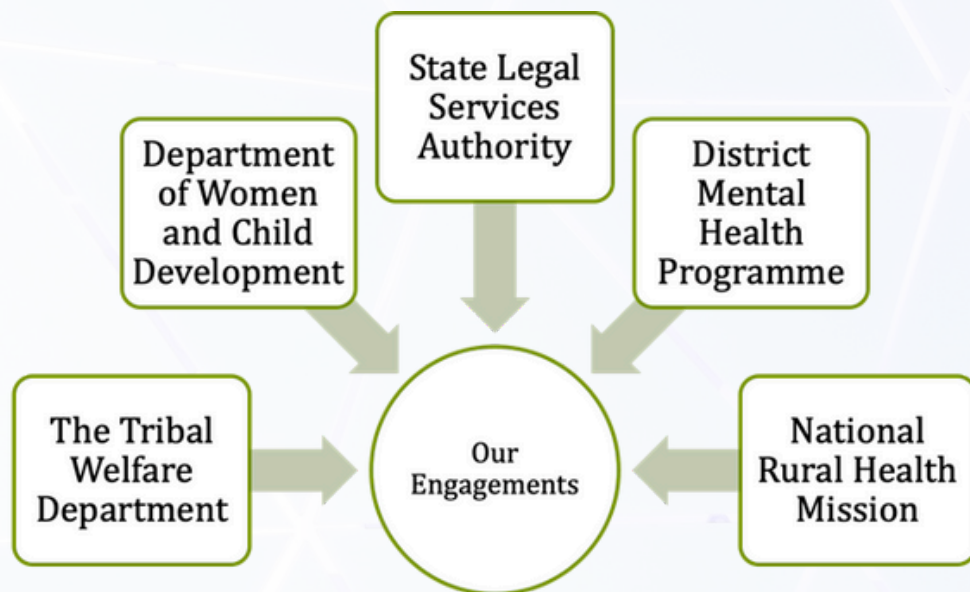
Manthan: Mental Health work in Chhattisgarh

In 2018 our unique mental health plug in model was recognised by UNICEF Chhattisgarh. Therefore, in an effort towards making mental health services more accessible and affordable for the population in Chhattisgarh, UNICEF, Manas Foundation and the Government of Chhattisgarh collaborated to pilot an innovative mental health project in the state. In 2019 we plugged in our mental health services to the districts of Narayanpur, Kanker, Sukma and Dantewada. Due to the positive impact our plug-in model had on the 4 districts and the growing demand for mental health services in other districts we branched out our model to the district of Kondagaon as well.

In order to curate a multisystemic mental healthcare model in Chhattisgarh, Manas Foundation works in collaboration with the Tribal Welfare Department, the Department of Women and Child Development, The National District Mental Health Programme, National Rural Health Mission and the State Legal Services Authority.



Our work with the Tribal Welfare Department focuses on strengthening their child care residential institutions to cater to the psychosocial needs of the children. For this purpose, we decided to build the capacities of superintendents from 10 model institutions in each district to not only support the primary developmental needs of the children but also provide them with empathetic psychosocial care and support. Currently we work with 50 superintendents where we train them to identify psychosocial concerns amongst children, provide psychological first aid when required and timely refer to an appropriate mental health professional when the symptoms are indicative of a severe mental health concern. Our psychologists in each district are a direct point of referral for children who are experiencing significant mental health concerns. They also regularly conduct group sessions and interactive mental health workshops with the children residing in the institutions which aim to promote healthy coping and positive mental health. During the second wave of COVID 19 we understood that it was not only important towards promoting positive mental health amongst children but also their caregivers, the superintendents. Therefore, we conducted a series of workshops with them on topics such as coping with stress, mental health checks in during the pandemic, anxiety and psychosomatic concerns, depression and coping with loss etc.

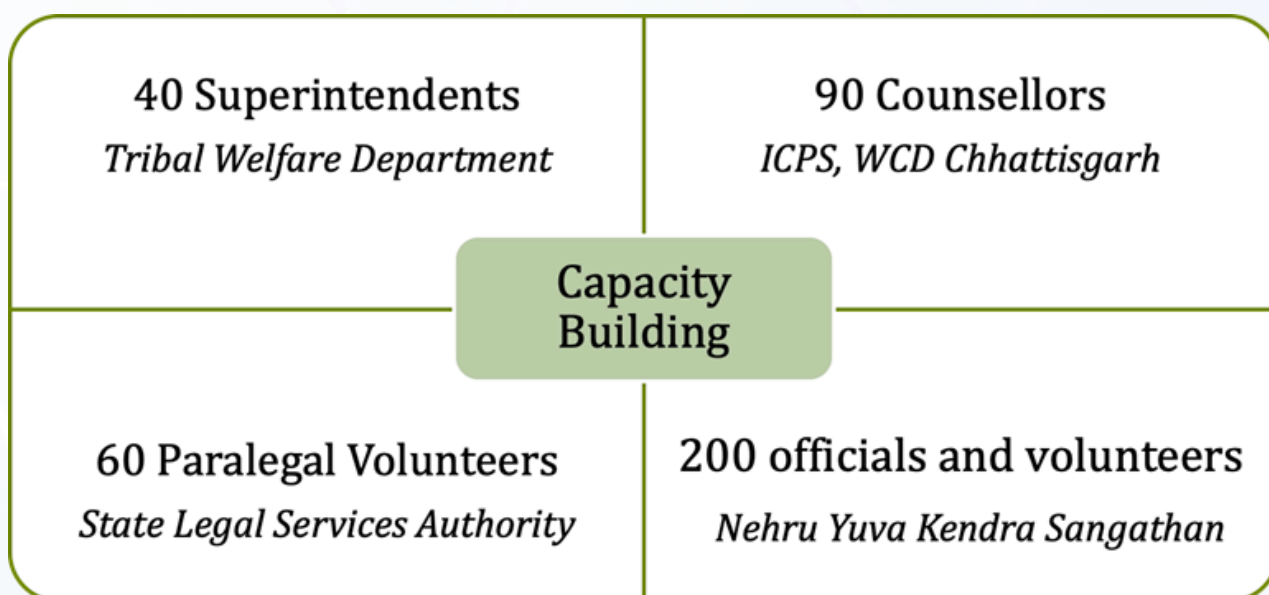


Our work with the Department of Women and Child Development, Chhattisgarh is also a key capacity building initiative where we work with the counsellors employed under the Integrated Child Protection Scheme and train them on effective counselling skills and techniques, case recording and documentation, crisis intervention techniques, identifying child mental health disorders etc.

Our counsellors actively work towards supporting the District Mental Health Programme by providing their services in the District Hospital of their respective districts. They also implement some capacity building sessions such as training on COVID counselling for teachers and other medical staff, suicide prevention, psychological first aid etc. During the second wave of COVID 19 our counselling services reached out to over 600 people in Kanker.

In 2020-2021 we also conducted online capacity building training modules with the Para Legal Volunteers employed by the State Legal Services Authority, Chhattisgarh, on implementing mental health group work sessions with children in the age group of 6-12 years and 13-18 years. Through these online training sessions, the volunteers are provided a space where they can learn about preventive and promotive psycho-social care. The goal of these training sessions is to facilitate the PLVs to efficiently implement mental health group work sessions with the children residing in the communities they work with. 3 sets of training were conducted with 60 PLVs who were then encouraged to apply the learnings to implement mental health group work sessions within their communities. A carefully curated booklet with a series of activities for children was also developed and printed. This booklet was designed to serve as a guide for the PLVs to facilitate these psychosocial group work sessions with children.

Among one of our most recent developments, we have also collaborated with the National Rural Health Mission with the aim of spreading awareness about mental health and easing access to mental health services. For this purpose, we conduct light touch workshops on mental health with frontline health workers (specifically ASHA and ANM workers) to equip them to be first responders for anyone experiencing mental health concerns within their communities.



CAMP DAUSA: Mental Health Work in Rajasthan

Dausa is a small district in Rajasthan famous for its proximity to the Mehendipur Balaji temple. Large numbers of devotees come here seeking relief from their ailments through the traditional faith healing practiced at the temple. Manas Foundation was supported by the Paul Hamlyn Foundation to adapt our unique Plug-In model of comprehensive mental healthcare within this district in the form of our Community Action Mental Health Programme (CAMP, Dausa). The programme was established with a goal of raising awareness and making mental health services accessible. With this in mind, we launched our program in June 2018, and began working in coordination with three major departments in the district.

- District Mental Health Program (DMHP) and the District Hospital
- Chief Medical Health Officer (CMHO)
- Chief District Education Officer (CDEO)

Our psychologists are actively supporting the District Mental Health Programme by regularly providing direct counselling services to patients referred by doctors in the facility and psychological assessment services when necessary. We also provide direct psychological services at our own Mental Health Unit (MHU) established within the district. Individual awareness activities and sticker drives are also conducted in local hotspots and remote areas of the district. On an average working day our psychologists provide their services to 12-13 clients at the district hospital and at the MHU. Our team closely works with the Chief medical Health Officer to raise awareness about mental health amongst the frontline health workers. For this purpose, we regularly conduct mental health awareness and sensitization workshops at Primary Health Centres & Community health centres. Our team of psychologists also operates an outpatient department once a week at these centres where they provide psychiatric and psychological services.

We have also collaborated with the National Rural Health Mission with the aim of building capacities of ASHA & ANMs to provide barefoot counselling to individuals and families residing within their communities. Our psychologists are also available alongside their medical counterparts in camps organised with the National Rural Health Mission.

We also closely work with the Chief District Education Officer in order to make mental health services accessible and available to students. Our psychologists visit the schools in Dausa every week to provide counselling services to students. They also conduct many mental health awareness workshops for students and teachers at the schools. Our team has also implemented training modules on learning skills such as comprehension, memory, attention, concentration and motivation in different schools.

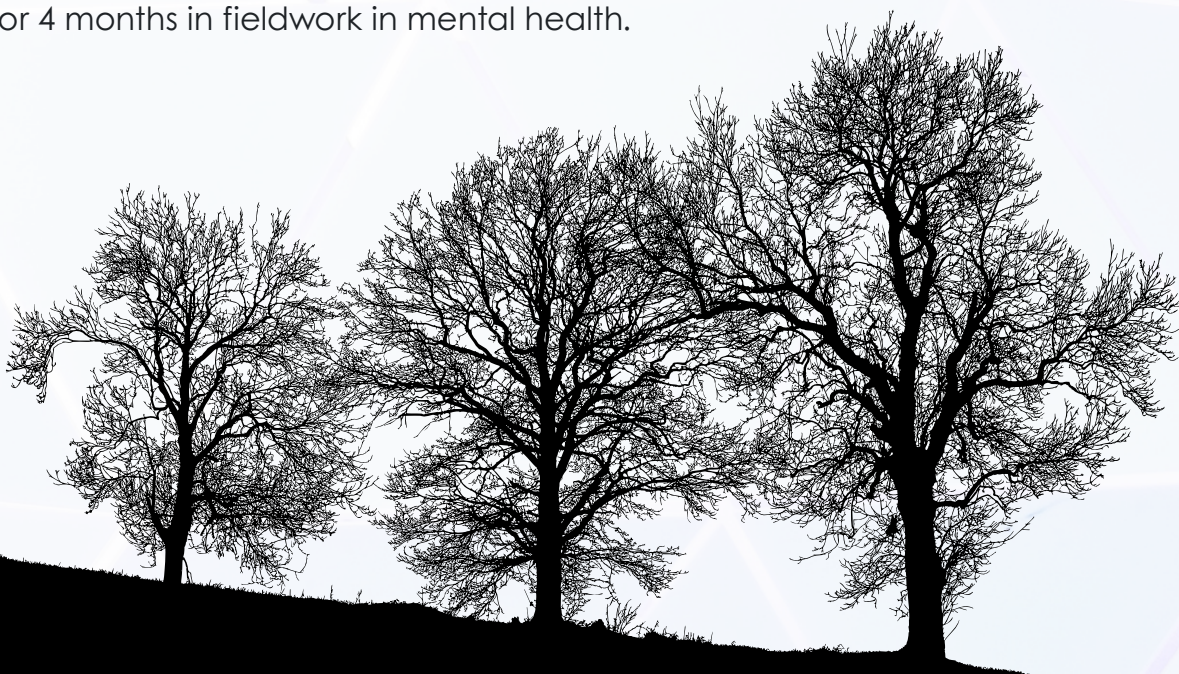
In the years 2020 and 2021 with the COVID 19 pandemic affecting the entire globe we learnt that mental health awareness was more needed than ever. We continued on our battle and provided services to the infected patients. Our COVID 19 Response:

- 526 tele-counselling to COVID infected patients
- 96 Support calls to frontline workers i.e. ASHAS & ANMs
- COVID sensitization was the element of all our workshops in PHCs, CHCs and Schools
- Our team was continuously raised awareness and fought misinformation the whole year
- Provision of medical equipment to the District Hospital
- Provision of Financial Aid to ASHA and ANM workers

Kumaon, Uttarakhand

Several of us in the Manas Team share a close personal association with Uttarakhand and its hardy folk. In its remote interiors, we have seen firsthand how poverty, lack of access to services, and lack of awareness of mental health all combine to impose a huge burden on the community. Over the years, many families have reached out to us with their mental health problems.

In early 2020, we decided to initiate a mental health service in this region that would be led and driven by the community itself. After gaining support from the village pradhans, CAMP Kumaon was conceptualized in Ganoli village of District Almora. We recruited a motivated youth from within the village and trained him for 4 months in fieldwork in mental health.



For making Mental health service available to the population of Kumaon we take a multi-pronged approach.

- We provide our mental health services at the Community Health Centre - in person & video counselling + in person and video psychiatric consultations
- Community outreach efforts to disburse essential psychoeducational information amongst the residents of Kumaon
- Regular training programmes for doctors and other paramedical staff members
- Health camps for women residing in Kumaon

Varanasi, Mirzapur, Uttar Pradesh

Ramakrishna Mission (RKM) has been providing health care services through its village medical camps in 9 villages spread over 7 blocks of Mirzapur and Sonbhadra districts since 2006. These villages range from 40 to 130 km from RKM, Varanasi. The total population covered is around 70,000, with most people engaged in agriculture, and 40% of the population being Below Poverty Line.

In 2013 mental health services were integrated into the community-based primary health programs of (RKM) as part of the Jan Man Swasthya Pariyojana (JMSP). The programme focused on the treatment needs of people with Common Mental disorders (CMD), Severe Mental Disorders (SMD) and convulsive epilepsy. At that time, no psychiatric facility existed in the area in the government or private sector. Psychiatric patients had to go to Allahabad or Buxar (50-120 km) for treatment.

Our President Dr. Amiya Banerjee has been the Mentor and Consultant psychiatrist for the mental health services at RKM since the inception of the mental health programme in 2013. In 2018, this programme was further scaled up to include telemedicine and telepsychiatry services. Dr. Bannerjee regularly conducts onsite hands-on training for the middle-level team and the doctors, provides his supervision and clinical expertise for the treatment and clinical monitoring of patients, develops booklets, manuals, and videos for training along with conceptualizing research design and data analysis for scientific publication of results and insights gained from the program.



The mental health services were integrated into the 3-tier primary care system, with:

- The physician being available in-person in the Mobile Medical Units (MMU) or available virtually at the Telemedicine Units (TMU)
- The Community Health Workers (CHW) providing door-to-door coverage.
- The Middle Level Team (MLT) working as 'physician substitutes and trainers of CHWs.

In January 2021, Manas Foundation was honoured to be entrusted with the responsibility of taking this mental health program forward as a partner of Ramakrishna Mission Home of Service, Varanasi.

Our School Mental Health Curriculum

Manas initiated conducting workshops on a one-touch basis with Sanskriti School in 2012 over topics concerning mental health and life skills for the students. By 2014 a need was felt to design a curriculum that would seamlessly blend mental health into part of the school curriculum and engage Manas Foundation in long-term work with children, teachers and parents across the school year. Research findings indicate that systematic and regular engagement with students is more effective in inculcating long-term changes.

Subsequent to this, a panel of experts was formed which finalized an interactive, workshop-based curriculum through which students of the school would be engaged multiple times in one academic year on specially curated, age-relevant themes pertaining to their mental health and well-being. These address the specific psychosocial concerns that arise at the various stages of growing up, and include physical and emotional changes, identity formation, respect and discipline, communication, relationships, and peer pressure among others.

These workshops are annually monitored and evaluated by the expert panel. Feedback is collected and reviewed by all the stakeholders including faculty, students and parents of Sanskriti School. Students have expressed positive feedback with regards to the workshops; consistently stating its relevance to their personal and academic lives. It has been well received by the students and the school staff members. During the pandemic as schooling moved to a virtual mode of learning, Manas Foundation adapted and conducted online workshops over the platform of Google Meet, students shared an online safe space with Manas Foundation and the workshops emerged to be deeply engaging.

Sanskriti School Outreach

Grade	No. of Sections	No. of Workshops per Section	Total Workshops	Students per Section	Total Students
Grade 6	7	4	28	30	210
Grade 7	7	4	28	30	210
Grade 8	7	4	28	30	210
TOTAL NUMBERS	20	12	76	90	630

Junior School

Grade	No. of Sections	Students per Section	No. of Workshops
Grade 4	7	30	210
Grade 5	7	30	210
TOTALS	14		420



Gender Justice Programmes

‘Barabari ki Dagar Surakshit Safar’

Social differences are eventually blurred by the continuous improvement and acceptance of women as equal. It has been understood that when the traditional gender roles are being challenged the negative stereotype eventually disappears. Our society has created social norms and gender stereotypes where women are considered inferior. On the other hand, over the past years, the idea of a person needing to behave a certain way because of their gender has been fading and transforming drastically. Today, men and women are more susceptible and open to breaking the typical beliefs that have been programmed into one's mind since a young age, such as men needing to be the ones who work and keep their family financially stable, and women to be the ones who cook, clean and nurture the children. Since gender inequality still exists in our society, bringing a gender perspective into the discussion allows men to play a more prominent role in challenging the prevailing norms and changing their behaviours.

Audiences from diverse backgrounds, cultures, languages, values, beliefs, etc., come under one roof, and they share, discuss, interact, support, disagree, and counter during sessions. Still, they build a collective understanding of gender and its ill effects in the end.

The participants get crucial information about the prevention & management of stress. They don't hesitate to share their incidents and experiences as they reflect and realize that it is part of our lives and should not be ignored. Financial Literacy is an added advantage for all the participants as it makes them understand the relevance/value of budgeting & planning to live a decent life.



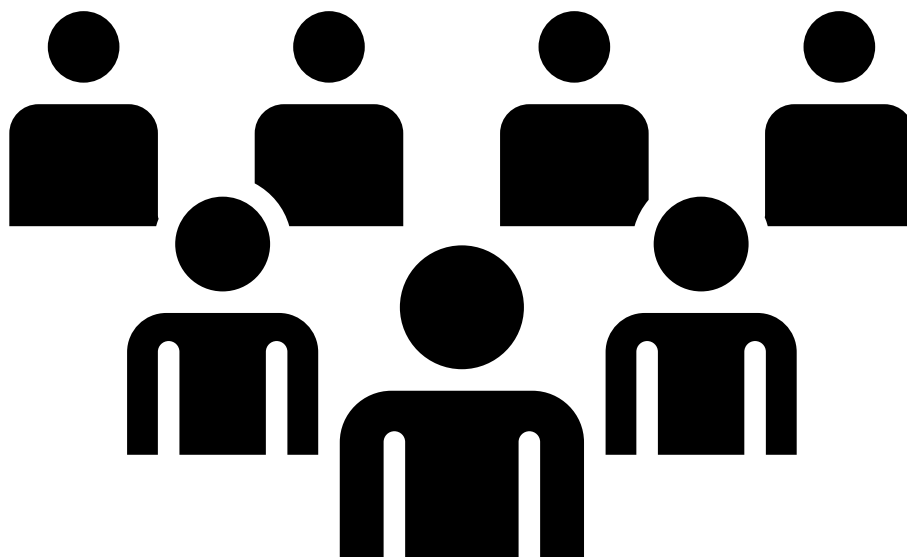
The COVID-19 pandemic has wreaked havoc across the world and brought the world to a standstill with unprecedented changes in our growth, development and economy. The impacts of the lockdown have been disruptive and changed the way in which we perform their daily activities and go about their routine lives. Specifically, the lockdown has widened the existing gender inequalities and limited the opportunities for women. The lockdown, as the name suggests, keeps us indoors, thereby having a huge impact on our mobility.

If we look back into our history, of India and other parts of the world, women have largely been sequestered from accessing public spaces for work, learning, or recreation. Their entry into public spaces has only been recent, some hundred years ago, but since then their mobility has been hindered by threats to safety, social norms, and familial expectations. With the onset of the Covid-19 pandemic and associated lockdowns, women who previously enjoyed varying degrees of freedom outside, were now seemingly similarly restricted to their homes. Yet, this had different implications for women with the former being further burdened with increased domestic work and care responsibilities, risk of losing employment, and even violence within their home.

The first- lockdown was announced by GoI on 23rd March 2020. This was the time, when the 'Barabari Ki Dagar Surakshit Safar' team got together to reflect and come up with innovative yet sensitive ways to connect with drivers.

A situational analysis was performed of the context and impact of Covid-19 breakout on public transport drivers during the lockdown.

This was followed by developing a ready database of all the social security schemes of the government and civil society organisations and other institutions. This was done with the understanding that when the team would be connected with the drivers, there would emerge both emotional and physical/in kind needs. While counselling and emotional support would be provided the Manas team, they would also provide referral support to the drivers connect with various social security schemes and other support as needed to access these services. The aim was to perform problem solving for drivers in distress and cater to their mental health and physical needs in the best way possible.



When we entered the virtual trainings, everything was an unexplored territory and registration became the most challenging task to overcome. However, with time, a collective team effort we have been able to formulate a robust and smooth system of registration which has increased the efficiency of 'Barabari Ki Dagar Surakshit safar' programme. The registration process evolved to us having 3 numbers- for Burari, Loni and Burari specifically on which the drivers send their details such as a photo of their license, phone number, etc. To further streamline this process of virtual registration, our team members rolled out a pilot of 'Google Forms'- this allowed for us to collect information in a standardized form, thereby, improving the speed and the consistency of the registration process. We went a step forward from her in this past month by creating a QR code which eased further for the transport drivers to be able to download the form and within few minutes complete the registration process. Transport drivers too have avidly adapted to these times of technological know-how and our facilitators are also satisfied with efficacy of this newly evolved registration process.

VIEW REGISTRATION FORM AND QR CODE PAGE 5



REGISTRATION

साइस रिन्यूअल फॉर्म

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Not naveensiromoni@gmail.com? [Switch account](#)

* Required

आपेदक का नाम (IN CAPITAL LETTERS) *

Your answer

सेटर का नाम *

☐ IDTR सराय काले खा
☐ IDTR खोनी
☐ DTI दुवारी

पिता का नाम (IN CAPITAL LETTER) *

Your answer

साइस नंबर (DL-1234*****) *

To register yourself for the

Gender Sensitisation Training

For Licence Renewal

- Step 1.** Scan QR code from your mobile scanner
- Step 2.** You will receive the URL link
- Step 3.** Go to website
- Step 4.** Fill the all details in form and submit

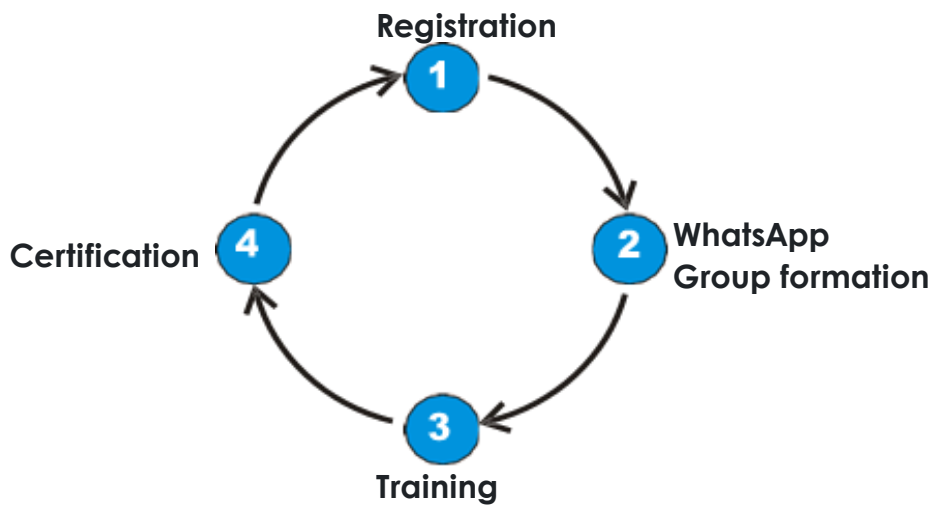



Manas will send you a zoom ID and password on WhatsApp after your registration, by clicking on it you can take the gender training.

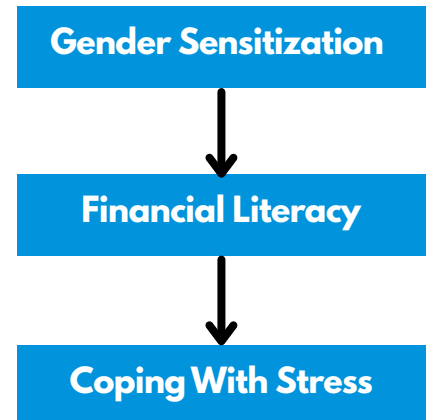




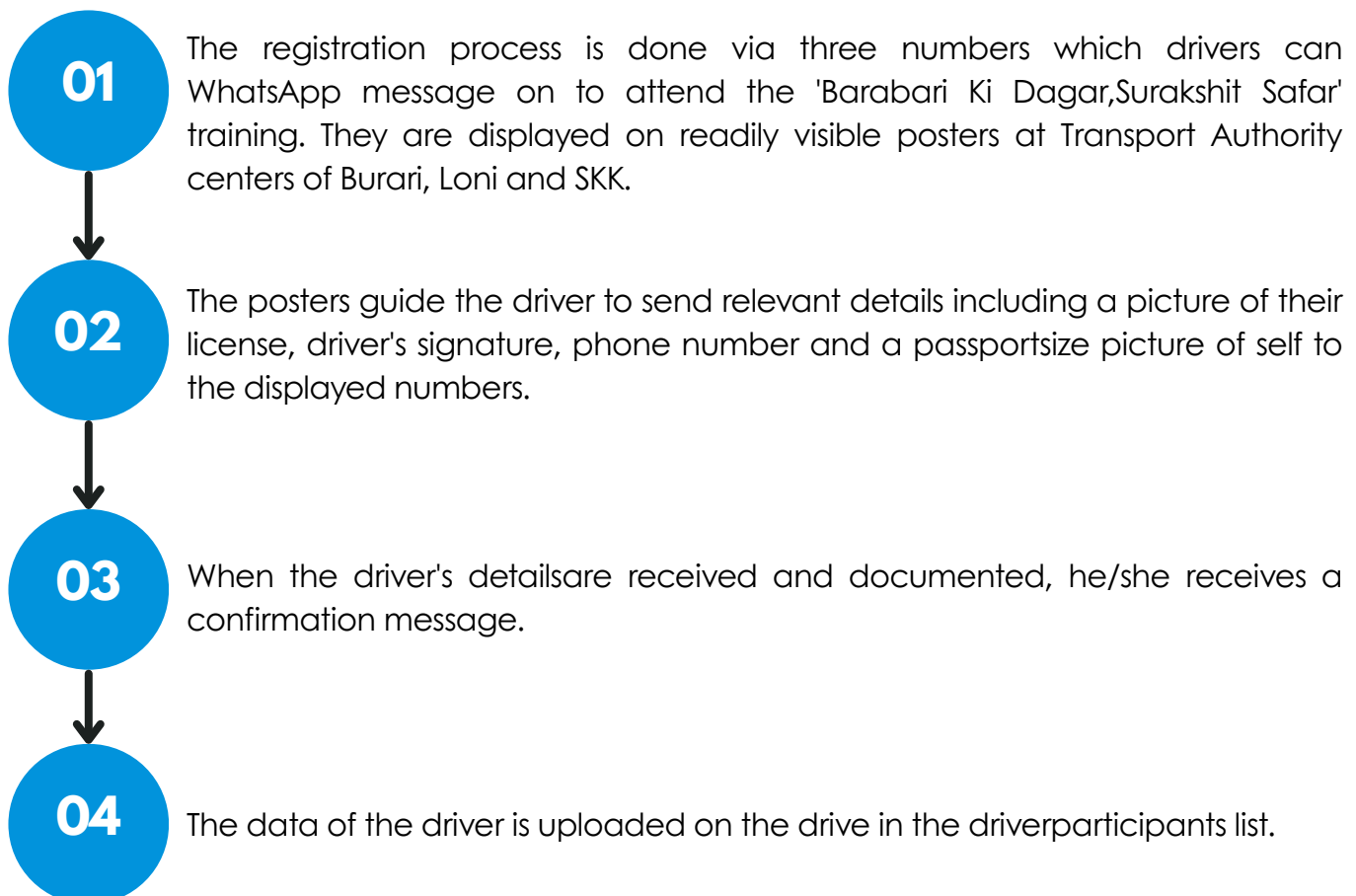
Registration to Certification Covered

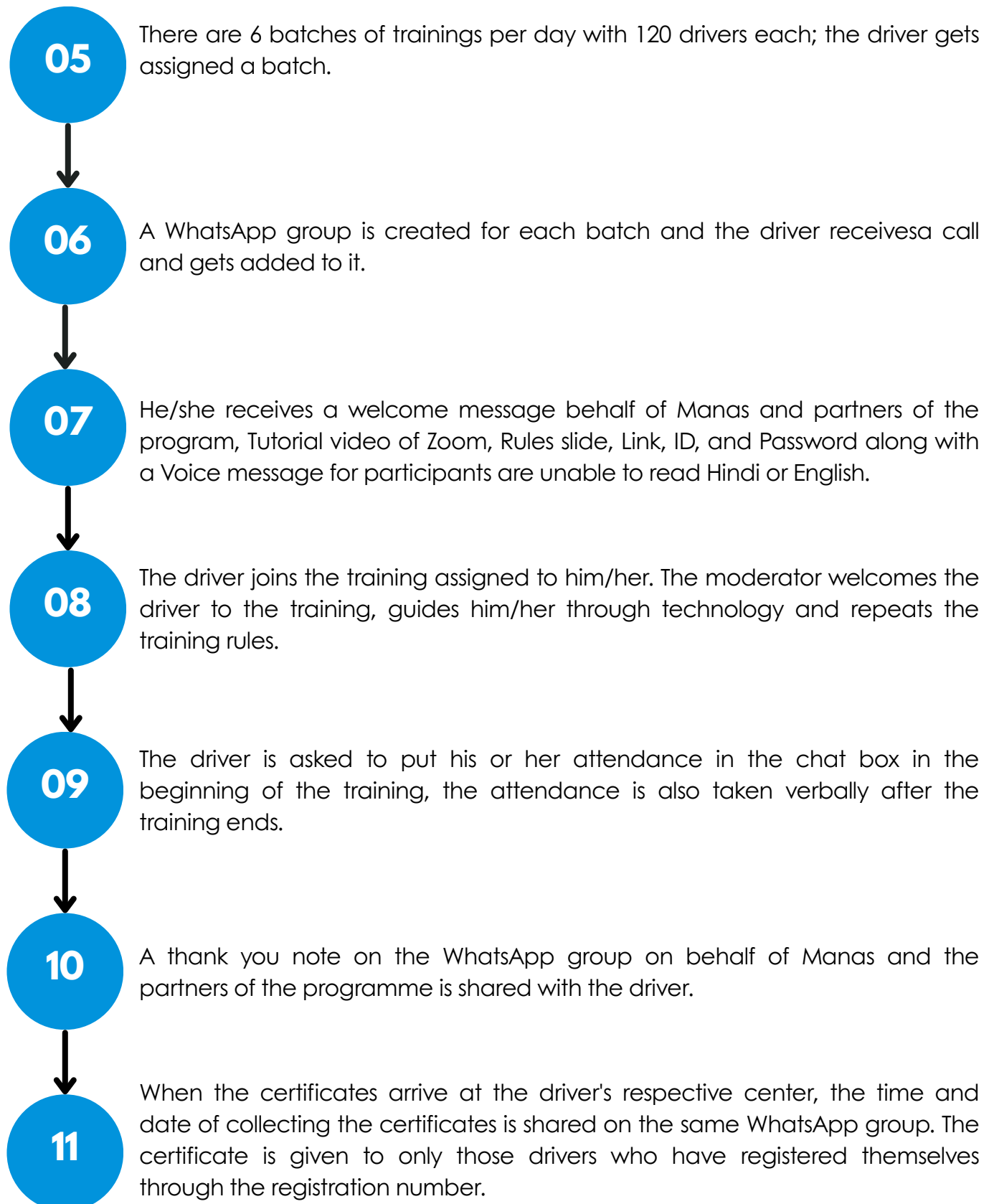


Subjects



What process does a driver follow to avail the training?





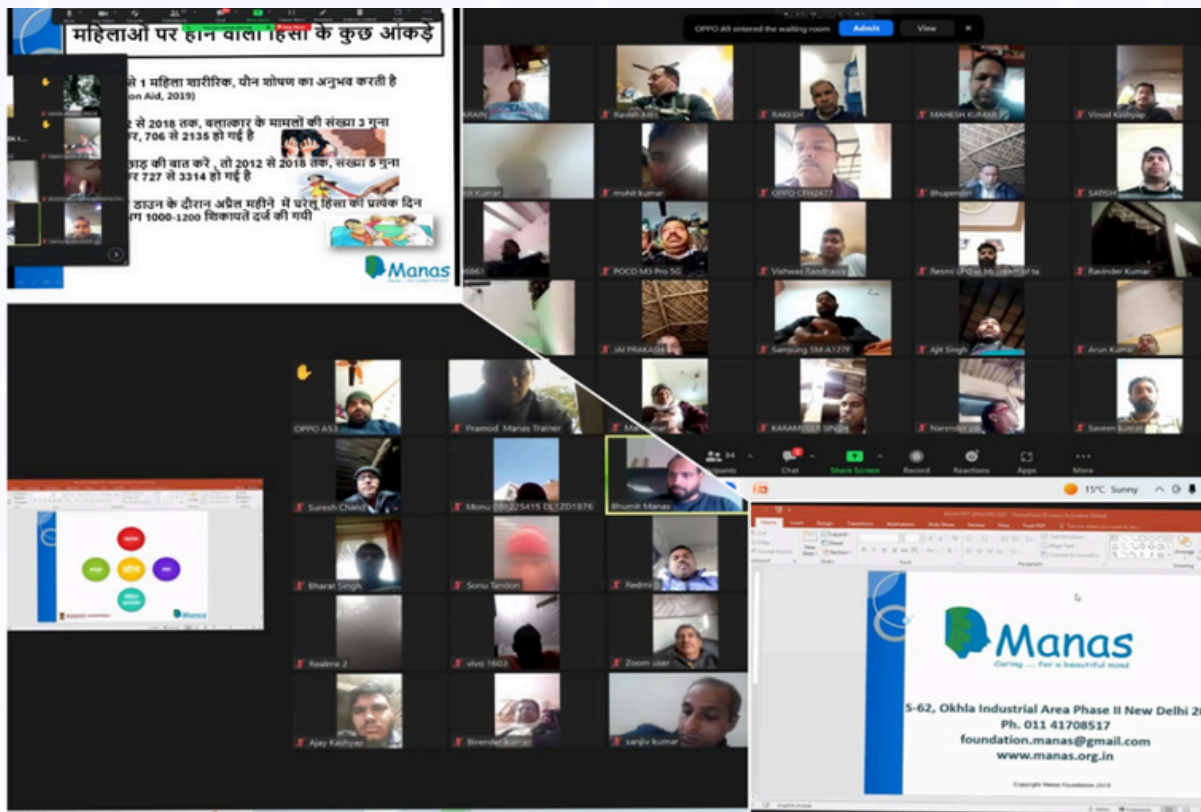
Beneficiaries covered under virtual Gender Sensitization Trainings (2020-2021)

CONSOLIDATED DATA OF YEAR 2020-2021		
CENTRE NAME	REGISTERED PARTICIPANTS	Certified Drivers (Trained Drivers)
BURARI	54319	38884
SKK	13471	9860
LONI	6283	4941
GURGAON	1397	1202
NOIDA	2299	1786
GRAND TOTAL	77,769	56673

Quantitative Analysis

From the previous few months, beginning from July as our trainings kick started after the lockdown and the new reality 2020 introduced us to, we entered the virtual reality as well of virtual gender sensitization trainings, everything was an unexplored territory and from the registration process to drivers advancing their technical bandwidth to attend the trainings, slowly everything fell into place! With time, a collective team effort we have been able to formulate a robust and smooth system of registration which has increased the efficiency of 'Barabari Ki Dagar Surakshit safar' programme. The approach of the sessions has become more community led. Through the past 7 months, we saw a growing ownership among drivers towards teaching each other to be tech-savvy and use 'zoom'.

VIRTUAL TRAINING



Gender-sensitive verbatim as shared by driver partners



Devinder

"I am Devender and have 12 years of experience in the drivingline, I come in contact with women commuters daily, some have become regular passengers. Through this training whatever I have learned, I try and apply it to to professional space, it has led to women commuters have trust in me. They appreciate my nature and behaviour which encourages me even further to be more aware and sensitive towards the need to create a safe environment for all."



Sandeep

"I am a school's bus driver. Though with the Covid situation, the schools remain closed but being a school bus driver, I have a great responsibility. In terms of working with women, now I can understand where I went wrong earlier easily, and can respond to such situations more carefully."



Jitender

"Hum bhi to half pant mai rehte hai, apni soch hai meri sister bhi to pehnti hai. Jiske dimaag mai gand hai usse suit salwar se kya farak pega."

UPSRTC Training on 22nd October, 2020

On 19th October, 2020, Asstt. Regional Manager Sharad Singh invited 'Barabari Ki Dagar Surakshit Safar' trainers for a meeting in Kaushambi roadways to discuss the issue of women safety. During the meeting it was discussed that educating depot drivers and conductors on gender and gender-based violence would allow for active vigilance and further reduce cases of sexual harassment against women that happen on streets and buses.

The conduction of the Gender Sensitization Training took place on October 22nd with approximately 500 conductors and drivers of Kaushambhi, Khurja, Bulandshahar, Sikandarabad, Hapur, Loni, Sahibabad, and Ghaziabad. This was followed by a sticker drive by 'Barabari Ki Dagar, Surakshit Safar' trainers. The Gender Sensitization trainings and the sticker drive took place under the larger ambit of Mission Shakti that has been launched by CM Yogi Adityanath to ensure women safety by running awareness campaigns, mapping eve teasing as well as identifies women role models that encourage women empowerment in their district.

Number of Trainings: Simultaneously virtual trainings at 8 depots



Number of Drivers Trained 500 **Number of stickers pasted (UPSRTC)** 400

Mission Shakti - UPSRTC Training



Sticker drive

The gender sensitive behavioural change can be visibly seen, even as a sign of social commitment and responsibility with their vehicles displaying different messages such as “Mera Imaan Mahilaon ka Sammaan” and “The driver of auto/taxi respects women”. This large-scale visible message is slowly but impact-fully positively shifting the notion of safety in public transport and contributing in building a larger positive environment for commuters, especially women. Due to the pandemic and lockdown, everything had come to standstill. Despite the hardships, we were able to yet again initiate our sticker drive.

The following is a table that represents the total data of IEC materials

IEC MATERIALS	DELHI	NCR	GRAND TOTAL
AUTO STICKERS	41492	1250	42742
AUTO COMICS	21212	197	21409
TAXI STICKERS	16692	1191	17883
CORONA STICKERS	3818	300	4118
TAXI DANGLERS	2934	200	3134
BUS STICKER	1275	248	1523
BADGES	3563	365	3928



Sticker Drive

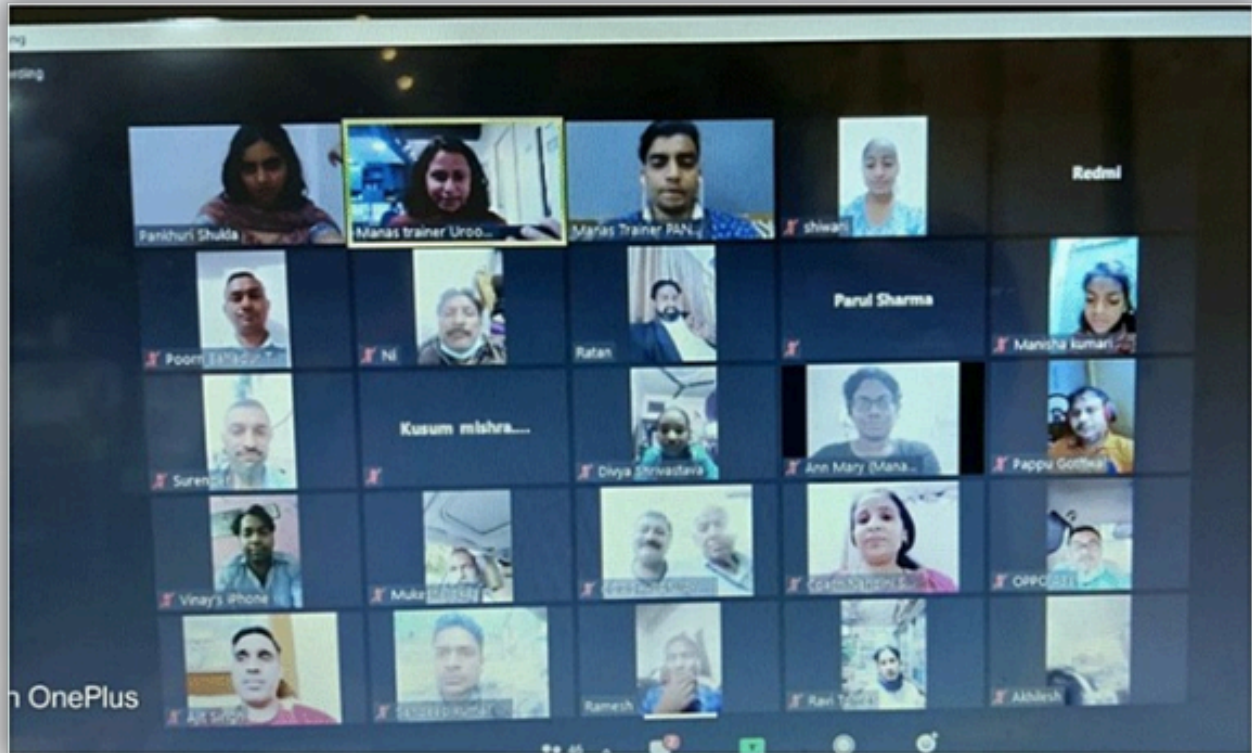
Scholarship

The courses under the scholarship programme have been completed and are in the phase of carrying out placements. Under the Tally course, the course taken by Accounting Solutions institute, while some scholarship beneficiaries wanted to pursue studying and start their own ventures, some have been successfully placed at institutes like SPDG associates, Mahavira enterprises and Prem Nath Engineering as accountants. Under the Digital Marketing course, the placement drive is still ongoing. The institute is bringing in key companies for their placements such as Ambani eCommerce India Pvt Ltd, TuteStation, Rampex, SCA Group, Craftsof India. Beneficiaries from all the three courses- Tally, Digital Marketing and Dress Design, have received their certificates. The placement process is always an ongoing process in this programme.

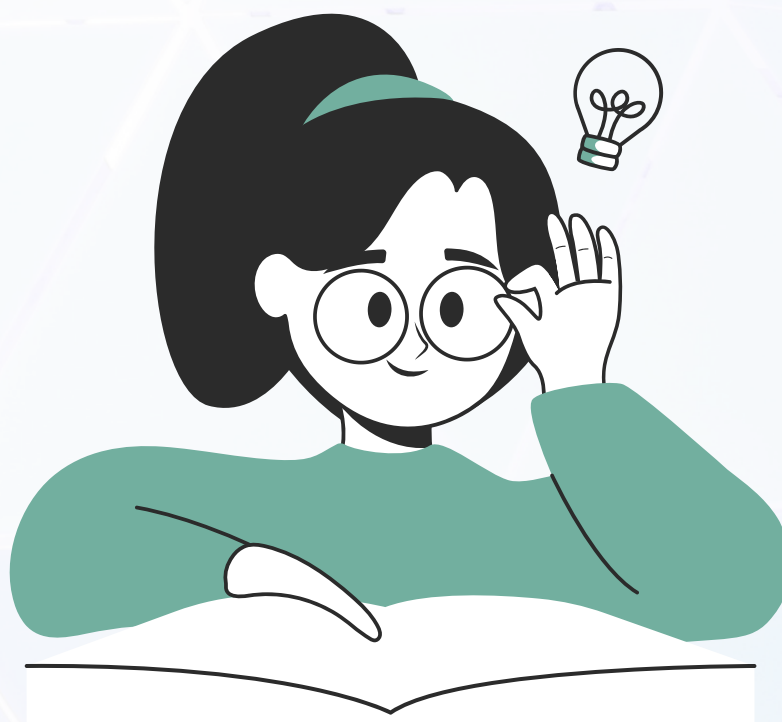
Two daughters of Kajal Bageja, from Digital Marketing has secured herself a job at Amazon and very proudly, our daughter of Delhi, Bharti, from Digital Marketing has cleared 5 rounds of interview, after which Bharti has got placed a popular MNC, WIPRO.

Cohort

The cohort training was started with sharing about the partnership and support by IGL to the program. Cohort has been a celebrated component, and the past few months saw us discuss interesting topics such as 'Undoing Masculinity and Expressing Emotions' , 'Girls Drop Out Rate during the Lockdown' with our driver partners and Gender fluidity. In the last two cohorts on the topic 'Safe Spaces' have been organized with scholarship girls, the drivers and their families.



Virtual Cohort



Safe Gaadi App

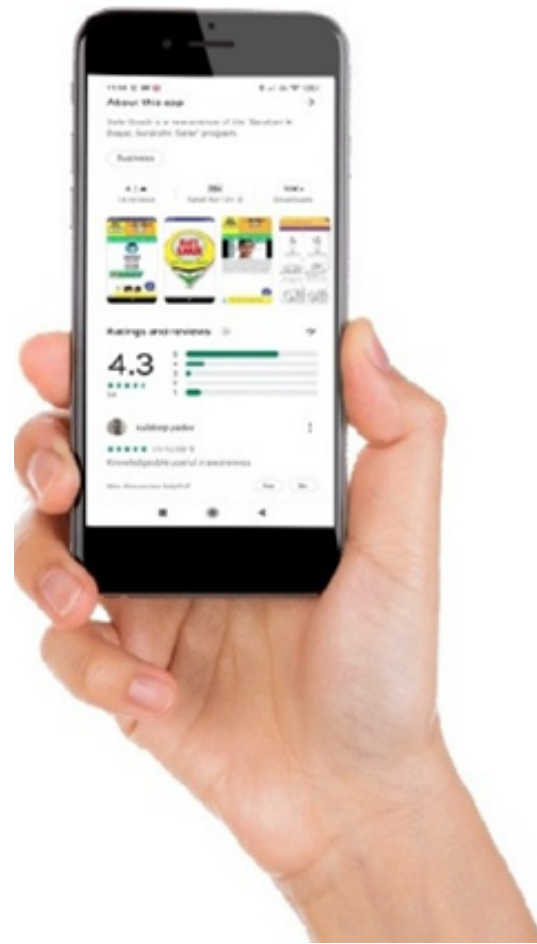
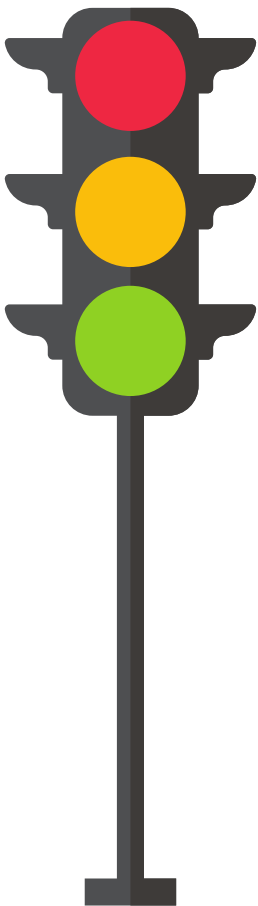
The safe gaadi app is an information disseminating, gender-based knowledge providing app for drivers, it also provides a space for them to save important documents, share stories and simply connect with us and the other driver community. Carrying out the downloading of Safe Gaadi App was challenging initially in the virtual training platform because of them finding it difficult to attend and download the training at the same time. However, the team has found a solution to it, it is now explaining the details about the app right after the training on WhatsApp groups they're a part of and sending the link along with a poster on the same group. Participants were directly able to download the app from the link and this is how the downloads have gradually increased.

Updating of Safe Gaadi App



This application is available on Google play store. Drivers can download this app easily. This app creates better understanding on gender and Gender based violence among the drivers, also this app helps them to enhance their professional behaviour. Currently working to incorporate updates related to covid19

Approximately 10,000 drivers have downloaded this app.



Helpline Number- A Virtual Abode

Helpline numbers (9716000215 and 9354805359) provide an opportunity for all drivers to ask queries and gain insights on how to access zoom. On an average we have received approximately 700 calls per day on both helpline numbers. The helpline is also a platform for drivers to seek reassurance and confirmation of their attendance after a training is completed. Some lesser seen benefits of the helpline are also to allow the drivers to vent about the taxing state of affairs, or mishaps of human fallibility- of misplacing their certificate, or not marking their own attendance or missing the message on WhatsApp which informed them about their training. This is how the helpline plays a vital role for strengthening the virtual training program.

The Manas Team of facilitators has become approachable via this helpline, not only owing to the fact they're one call away but also because they patiently answer various queries. With a prompt problem solving approach the facilitators have resolved problems and educated drivers on technology and the process of the training, as well as given any other additional information which is required.

As festivals have come to an end and the every-day work life has resumed, the drivers have returned home and the number of participants has also considerably increased. The team has previously built the capacity of working with large numbers and they continue to apply their experiential learnings which further evolves this programme component further.

