Janamanas Replication Manual

"Mental health for all"

A roadmap for creating caring communities led by women barefoot mental health professionals

Anjali

Contents

FOREWORD 5

INTRODUCTION 6

MULTIPLYING HOPE THROUGH JANAMANAS 7

CHAPTER 1- JANAMANAS: SETTING THE CONTEXT 12

ABOUT ANJALI 13
CONTEXT AND EVOLUTION OF JANAMANAS 13
KEY STAKEHOLDERS OF JANAMANAS 15
KEY OUTCOMES OF JANAMANAS 15
KEY STATISTICS FOR JANAMANAS 16

CHAPTER 2- A GUIDE FOR USERS 17

MANUAL OVERVIEW 18
GUIDELINES FOR USING THE MANUAL 18

CHAPTER 3- DETAILING THE JANAMANAS MODEL 20

THE 7S FRAMEWORK OF THE JANAMANAS MODEL 20
SHARED VALUES 22
STRATEGY 22
STRUCTURE 24
SYSTEMS 25
STAFF 27
SKILLS 27
STYLES OF LEADERSHIP 28

CHAPTER 4- PHASES OF THE JANAMANAS PROGRAM 29

PHASE ONE –LAUNCHING JANAMANAS 30
PHASE TWO - PREPARATION FOR PROGRAM ROLL-OUT 41
PHASE THREE –CONDUCTING TRAININGS 44
PHASE FOUR –DESIGN AND IMPLEMENTATION OF JANAMANAS REPUBLIC 48
PHASE FIVE – IDENTIFICATION OF COMMUNITY MENTAL HEALTH PROFESSIONALS 50
PHASE SIX– SETTING UP COMMUNITY MENTAL HEALTH KIOSK 52
PHASE SEVEN– SECOND LEVEL TRAINING IN COUNSELLING 56
PHASE EIGHT– KIOSK MANAGEMENT 58
PHASE NINE- HANDOVER TO LOCAL GOVERNMENT 69

CHAPTER 5- BUDGETING FOR JANAMANAS 72

SELECTION OF COOCHBEHAR AS A REFERENCE POINT 73
JANAMANAS BUDGET FOR COOCHBEHAR 73
BUDGETING TEMPLATES FOR JANAMANAS 74

CHAPTER 6- CONCLUSION 79

ADAPTING AND EVOLVING THE MANUAL 80

APPENDIX: TEMPLATES 81

TEMPLATES FOR PHASE 1- LAUNCHING JANAMANAS 82
A. ANNUAL PLANNING TEMPLATE 82
B. WORKPLAN AND WORK TRACKER TEMPLATE 83

C. Fundraising Proposal Template 86
D. Advocacy Letter for Local Government 88
E. Rapid Assessment Guide 89
F. Criteria for Selecting Municipality/ Panchayat 92
Template for Phase 2- Preparation for program roll-out 93
A. Questionnaire for Audience Analysis 93
B. Scoresheet 94
C. Report on Audience Analysis and selection of participants 94
D. Initiating Training 98
E. Request for logistics support during training 99
Templates for Phase 3- Conducting Trainings 100
A. Checklist for training 100
B.Curriculum 101
C. Attendance Sheet 105
D. Daily Reporting Format 106
E. Section Documentation Format 107
F. Assessment Format 109
G. Evaluation Tools 114
Template for Phase 4- Designing and Implementing Janamanas Republic 119
A. Blueprint of Janamanas Republic 119
B. Invitation Letter for the Republic 121
C. Report Template for the Republic 122
Templates for Phase 5- Identification of mental health professionals 123
A. Written questionnaire 123
B. Written questionnaire score sheet 125
C. Interview structure 126
D. Interview score sheet 126
Templates for Phase 6- Setting up of community mental health kiosks 127
A. Letter requesting space 127
B. Blueprint for inauguration 129
C. List of materials required for setting up Kiosk 130
D. Invitation to Inauguration of Kiosk 131
E. Job descriptions 132
F. Orientation Curriculum 135
G. Do's and Don'ts of the Kiosk 138
H. Monthly Planning Format 138
I. Daily Log Format for KOs 139
J. Permission to initiate Second Level Trainings of KOs and ORWs 140
Templates for Phase 7- Second Level Training in counselling 141
A. Curriculum for Second Level Training 141
Templates for Phase 8- Kiosk Management 146
A. Counselling and referral templates 146
B. Home Visit Templates 157
C. Door to Door Outreach Template 158
C. Outreach Camp templates 160
D. Linkages with local stakeholder templates 163
E. Training Templates 168
Templates for Phase 9- Handover 171
A. Templates for Advocacy meetings 171
B. Templates for Advocacy Workshops with Governments 174
C. Letter for Handing Over Program 176
D. Memorandum of Understanding with Government 177

E. LETTER FROM GOVERNMENT ACCEPTING HANDOVER 181
F. LETTER OF THANKS 182
G. LETTER FOR DISCONTINUATION OF PROGRAM 183

Glossary

BPL- Below Poverty Line
CBO- Community Based Organization
CMH- Community Mental Health
CO- Community Organizer
CSO- Civil Society Organization
FGD- Focus Group Discussion
FO- Field Officer
INR- Indian Rupee
KO- Kiosk Operator
NGO- Non-governmental Organization
ORW- Outreach Worker
PM- Program Manager
SHG- Self Help Group
TPO- Town Planning Officer
TL- Team leader
ULB- Urban Local Body

Foreword

It gives me a great pleasure to acknowledge the good work done by Anjali in compiling Janamanas Replication Manual. The manual has been a result of the monumental efforts of the entire team of Anjali. It reflects and captures processes in great detail and in a systematized manner about the Janamanas programme which the organization has been running since 2007. It takes you on a journey and a learning curve as to how an organization which evolved over the years and could compile their experiences in such a comprehensive manner.

When Anjali approached The Hans Foundation with a proposal for the Janamanas programme in 2011, we sensed the potential of this unique model in shifting the paradigm from illness to wellness, from medical to a talking-listening-talking mode of treatment. It is different in many ways and follows a path breaking approach where women of the community are capacitated to provide mental health services.

I am confident that this manual will usher in a new dialogue in the field of mental health which will eventually become a guide to a large number of practitioners, researchers and implementers. As mentioned, it is a dynamic document and will keep evolving and maturing through innovation and learning.

My best wishes to the Anjali and the Janamanas team for a great future ahead to help the millions

Lt Gen S M Mehta (Retd), AVSM, SM, VSM**
Chief Executive Officer
The Hans Foundation

> I could not find a path when I looked ahead. Two sessions in Janamanas taught me my own worth, and gave me new determination to take care of myself and others.
> **- Community Member**

Introduction

Multiplying Hope Through Janamanas

Dear friends, co-travellers and supporters,

I am privileged to share the Janamanas Manual with you.

Janamanas (meaning the minds of collectives) has been our effort at building empathetic and healing communities for persons with psychological distress in resource-poor areas of West Bengal. Here, local women are in charge. They build and lead a universe of care and community mental health (CMH) in their localities – where stress, anxiety and emotional distress are often accelerated by livelihood challenges, the absence of basic services and the on-going cycle of physical and emotional harm that plays out between individuals and families.

The larger mission of Janamanas is to build positive mental health and well-being of resource poor communities. It aims to do so by a) 'normalizing' psycho-social disabilities so that communities become inclusive; b) enriching social capital and community relationships so that communities become nurturing and c) seeding compassion and dialogue among individuals, families and institutions, so that communities become empathetic.

Explorers Without Maps

In 2007, when we set out to create Janamanas, we were like explorers without maps. We did not know how to transform 'invisible' women into barefoot mental health practitioners; how to build accountable collaborations with governments; how to design and embed a CMH program in uncontrolled community settings; how to measure impact and behaviour change within families. But over the last 9 years, the community has been our teacher and helped us not just to shape Janamanas, but to shape a new impact curve for Anjali.

Janamanas put us on the road to discovery, obstacles, heartburn, learning and hope. It taught us to spot and nurture change agents within hot spots of deprivation. It taught us to value urban local bodies as facilitators of change. It gave us a rich repertory of lessons, insights and experiences, which we are sharing with you through this manual.

The Triggers

The journey started with questions which forced us to debate, shape and pilot our own interpretation of CMH.

- In the early 2000s, Anjali was training government doctors and hospital care givers on mental health and human rights of persons with mental illnesses. One of the psychiatrists asked a pertinent question: why were we focusing on the mental health and human rights of less than 2% of those who end up in hospitals? Why were we not thinking about the 40-50% of those with some form of mental distress who were living with their families, or were out there in the community? At that time, Anjali was obsessed with the idea of transforming mental health hospitals. But this was a powerful question. It prodded us to think, 'why not?'

    - As mental health professionals, we would often talk to women in deep psychological distress in safe *addas* (meeting places). These were women who were struggling with failed marriages, failed careers, failed aspirations - they were living a life that,

according to them, was defined by failure. We knew that this class would not end up in hospitals. It would end up in clinics, may or may not take medication for their suffering and go deep into distress. So another question started to prod us. 'If this was the scenario with upper class, upper caste, urban women, how it would be for women who are disadvantaged by class, caste, poverty, cultural positions?'

- Our 'rehabilitation' work in mental health hospitals was taking us into very low-income communities. We were meeting families and neighbours of hospital patients who we had re-integrated. We saw so many women who were in deep anguish and were tied down in their homes. They could be care-takers of chronically-ill mothers-in-law, wives dealing with the violence of their alcoholic husbands, or the primary care-givers of a relative with severe mental illness who would be hurling abuses at them from morning to night. To go on with daily life, despite such distress required so much resilience. This prompted us to ask ourselves another question – 'could we recognize, celebrate and build circles of friendships among these women of resilience?'

- Finally in 2006, the United Nations Convention for the Rights of Persons with Disability (UNCRPD) gave a fresh call to action to organizations that were working on issues of psycho-social disabilities. It underscored 'Respect for the inherent dignity, individual autonomy, discrimination and the freedom to make one's own choices' for persons with disabilities'. India ratified the Convention in 2007.

  Article 19 of the CRPD stated that persons with psycho-social disabilities could live in their communities as equal citizens. But, for this to happen, partnerships needed to be forged between many different actors – from persons with disabilities to their representative organisations, governments, service providers, local communities and families. Article 19 seeded an audacious question in our minds – 'Could we transform this global development into local action and build inclusive communities with the purpose of providing full citizenship to persons with psycho-social disabilities?

Our heads were buzzing with these questions, when we were invited by Change Management Unit (Municipal Affairs Department, Government of West Bengal) to pilot training for community women of Rajarhat, a neighbourhood of Kolkata, located in the North 24 Parganas of West Bengal, funded through Innovative/Challenge Fund (KUSP). The purpose of the training was to equip women to become barefoot mental health professionals. But quickly, very quickly, we floated the possibilities of setting up CMH kiosks within the wards of Rajarhat, from where these barefoot mental health professionals would operate. We envisioned these kiosks not just as spaces that would address mental health issues of community members; but also as spaces where our barefoot women mental health professionals could forge new friendships, find new meaning and normalize different ways of behaving, relating, and dreaming.

Spaces Of Multiplying Hope

Community mental health kiosks are the bedrock of Janamanas. They are set up in spaces provided by urban local bodies (ULB). From these hubs, women leaders fan out radially to conduct awareness and referral activities in homes and neighbourhoods allotted to them.

Over time, the kiosks have become active spaces for discussion and addressing the mental well-being of community members. They have also become spaces for multiplying the

positive emotions, resources and resilience of women, as they hold each other's hand. Here, women have learnt to resist patriarchal power (since mental health and well-being is hugely impacted and informed by patriarchy).

The Janamanas Non-Negotiables

Janamanas is driven by a few non-negotiable principles:

- **A Non-Medical and Inter-disciplinary Model** – The mental health kiosks of Janamanas are not run as clinics or centres of therapy. These are local hubs of building solutions and well-being of communities. This is where communities convene to discuss the many dimensions of positive mental health and the inter-disciplinary themes that cut across.

  For example, conversations on mental health can be viewed as *bilashita* (luxury) if families have not had water supply for over five days; or if the male member has been terminated from work. So kiosks become spaces where mental health gets addressed within the intersectionalities of gender, sexuality, livelihoods, access to basic services, citizenship etc. Thus, Janamanas has slowly succeeded in building a social (rather than a medical model) of CMH.

  Likewise, women leaders of Janamanas are not just mental health workers. They are community messengers – the conduit between the public and local governance. They regularly visit the municipalities for census work, polio, immunization, literacy mapping, education-related work etc. This has helped them to connect basic development services and civic issues with mental health – thereby broadening the ambit of their change-making roles.

- **Normalizing Diverse Behaviours** – The ethos of all our trainings, conversations and community interactions lie in facilitating individuals, families and institutions to 'normalize' and embrace behaviours that are otherwise not accepted. There is no one way of being normal. At Janamanas, all stakeholders and participants are moved to acknowledge multiple modes and expression of normalcy.

- **Putting 'Non-Experts' in Charge** – Janamanas burrows deep into the community fabric. It is an intimate approach of door-to-door access and solution building to mental health problems. It gives the community (not experts) the leadership and voice in mental health approach.

  Women are critical decision-makers at home. They are observers. They have the potential to push themselves and to discover. They are life experts. Leadership at Janamanas is defined by these humane qualities.

Collaborations Start With Personal Connect

In every way, Janamanas has been the outcome of collective minds at work. When we launched this CMH initiative, working with government systems was not alien to us. But, forging a community-based model that would be led by, and eventually handed over to, urban local bodies, was a new orbit.

We anticipated challenges in co-envisioning a rights-based model of CMH with the government. But senior officials always surprised us with their understanding and experience. A ULB chairperson once told us that he understood what Janamanas was trying to deliver because his friend had committed suicide and the event had deeply impacted him. Most ULB members can recall someone with mental illness in their network of family,

friends and guardian angels. This personal connect fuels their engagement and ownership over Janamanas.

Work In Progress

Ultimately, the aim of Janamanas is to make mental health part of good governance and value-creation in resource-deprived communities. The mandate is huge and Janamanas is a work-in-progress model. Over the last seven years, there are many things that we could have done differently; many places where we did not exercise patience or wisdom; many moments when we lost tempers and hope.

But every day, Janamanas has thrown up new challenges, urged us to revisit our own constructs and check our own levels of comfort and discomfort. So far it has been a collective journey and we hope that this manual will open up many new friendships, partnerships, insights, conversations and knowledge exchange on how to deepen and spread our CMH initiative.

A Dynamic Manual

The systems and process maps that we present to you in this manual plot a seven-year life cycle of the Janamanas initiative in a community – i.e. from the time that we build a partnership with the ULB and enter a community, to the time when we consolidate systems and processes, transfer the kiosks to the ULBs and exit.

This 7- year trajectory has been mapped after much deliberation, expert consultations and learnings from other models. But, we have lived and experienced only the first four years of this lifecycle. The final phase of the Janamanas life cycle has yet to be implemented in either of our three locations.

So we present this manual to you as a 'dynamic document'. We will be updating and sharing a new version of this manual once we complete the end-to-end execution of Janamanas across its 7-year lifecycle.

Acknowledgements

Seven years of Janamanas would not have been possible without the spirit, energy and generosity of several co-travellers. We would like to thank:

- Our Funders
- Change Management Unit (Municipal Affairs Department) - funded through Innovative/Challenge Fund (KUSP)
  The Innovative/Challenge Fund (ICF) was a unique initiative by the Municipal Affairs Department of West Bengal. The idea was to develop a partnership with Municipality and local non profit organizations to work for the development of the urban population. I/CF supported the first round of Janamanas training with the RCV, Health workers and SHG members across the three Municipalities. This training of approximately 180 women was the beginning of Janamanas's journey, in Rajarhat, Khardah and Kamarhati.
- HANS Foundation
  The Hans Foundation is a charitable trust that funds non profit organizations in India, primarily working in the fields of Disability, Healthcare and Education. The foundation has been supporting the Janamanas program since 2011. The Hans Foundation has not only supported the growth of Janamanas as a program, but also impacted the lives of the individuals associated with it. The team's personal journey and transformation as a Janamanas community worker has been a significant impact of the program. The foundation's continued support has helped in mapping and understanding the long term impact of the Janamanas program in transforming

lives. The Hans Foundation, by supporting this program has been able to contribute to the larger needs of mental health care by building a cadre of mental health care professionals within the community. This support has also helped in taking the program forward and in shaping it into a replicable model.

- Tiara Charitable Foundation
    - EdelGive Foundation

b) Government partners
    - Municipal Affairs Department, Government of West Bengal
    - Department of Administrative Reforms and Public Grievances, Government of India
    - Sri. Arnab Roy, I.A.S, Project Director (KUSP)
    - Chairpersons of Municipalities where JM was/is being implemented – Sri Tapas Chatterjee (Rajarhat Gopalpur Municipality), Sri Brojo Gopal Saha (Khardah Municipality), Sri Gobindo Ganguly (Kamarhati Municipality), Sri Biren Kundu and Srimai Reba Kundu (Cooch Behar Municipality): Panchayat Pradhan - Srimati Tanusree Mandal (Pashchim Bishnupur)

c) Collaborators
    - Mr. Debi Basu and Dr. Udita Ghosh Sarkar of GFK Mode, then Fund Managers to the Innovative/Challenge Fund
    - Ashoka Innovators for the Public
    - oneworld.net

d) Team members
    - Anjali Trustee Members, Internal team, Facilitators, Auditors
    - Jeevika Development Society

e) Individuals
    - Dr. Achal Bhagat
    - Dr. Alok Sarin
    - Participants of Rajarhat Gopalpur, Khardah, Kamarhati, Cooch Behar Municipalities and Bishnupur Pashchim Panchayat.

f) Start Up!

Ratnaboli Ray
Founder, Anjali

During a training session we were told that acid retains all its components intact, but spoils the container that it is in. I applied this to my life and have succeeded in taking out the acid from my life so that I can be a good kiosk worker and support my community.

- Kiosk Operator

Chapter 1

Janamanas: Setting the Context

Janamanas, meaning, mind of collectives, is a community mental health program that is driven by women from last mile communities. Initiated in 2007 by Anjali, the program partners with local governments and communities to empower women who work as barefoot mental health care professionals, manage a local mental health care centre and foster caring spaces within their communities.

Over nine years, the program has achieved the following milestones

Recognized as one of the ten leading community based programs, across all sectors in India, by the Government of India

Implemented across 4 municipalities and 1 Panchayat, trained 228 women, established 4 primary mental health centers or kiosks; served 4653 clients (including follow ups) and reached out to 61963 individuals through outreach

About Anjali

Based in Kolkata, Anjali is shaping the field of mental health and human rights in India, through a combination of right-based programs, policy initiatives and cross-sectoral partnerships with the government of West Bengal, municipal authorities of Kolkata, the media and civil society.

Anjali's Vision: A world where the right to positive mental health is secured for all.

Anjali's Mission: Anjali aims to secure large-scale systemic changes in the mental health field. Our mission is to:

- Make mental health institutions and systems inclusive.
- Build community eco-systems for mental health care & well-being.
- Secure progressive mental health laws, policy and practice.
- End stigma, violation and discrimination associated with mental health.

The Janamanas (or The Mind of Collectives) program by Anjali is a ground breaking model that collectivises change makers within communities to ensure positive mental health for all.

Context and Evolution of Janamanas

Mental Illness is not a priority as a health issue in any part of the world, more so in developing nations like India. According the World Health Organization, there is a 75% treatment gap for mental, neurological and substance use disorders in Low and Middle Income Countries like India[1].

[1]Documentation of five Community Mental Health Programs in India, by Gayathri Balagopal and Aruna Rosemary Kapanee, published by Karuna Trust, 2014

More critically, persons with psycho-social disabilities live with stigma, and 'voicelessness' that is as destructive as the condition itself. Yet, mental illness remains a neglected and 'invisible' segment within the broader domain of health.

Anjali addresses these critical gaps through a twofold strategy: one, to establish a positive and a rights-based approach to mental health within the mainstream health paradigm of India by humanizing existing public mental health institutions, and: two, setting up innovative community mental health programs through strategic partnerships with local governments.

Why a Community Mental Health Program?

While working within government hospitals to improve mental healthcare processes, Anjali also worked closely with the communities of the patients, as it was clear that once treated medically, mental health patients needed the support of their entire community to be rehabilitated.

Moreover, given the inadequacy of public hospitals in meeting the demands of the more than 20 million Indians who live with acute psychosocial disorders, the need to provide a range of services at the level of the last mile community became increasingly critical for treating mental illness, and more importantly, for securing mental health for all.

Thus, working through the full continuum – from hospital to families and communities- has given Anjali a vantage point to observe, experience and address the rough terrain for persons with psycho-social disabilities. It has also enabled Anjali to engage critically at different points in the lifecycles of their participants – from psychological breakdown to institutional care to recovery to rehabilitation to community integration to inclusion to wellness and finally, to rights and self-determination.

Janamanas shifts the paradigm of care from institutions to the community, and partners with citizens to identify and train local individuals to become change agents in the field of mental health. Further, it de-stigmatizes and 'normalizes' mental health care through easy access to information, counselling and referral services that are provided by approachable and empathetic para-professionals who are known and trusted within the community.

Program Evolution

In 2007, Anjali initiated the Janamanas Program in three municipalities and one panchayat in West Bengal, specifically focusing on resource poor communities with a high percentage of Below Poverty Line (BPL) families. Building partnerships with the local government, Anjali assessed the available mental health infrastructure and the mental health needs of the community, and developed a robust training curriculum, that not only addressed mental health awareness but also integrated a rights-based approach to working with people with psychosocial disabilities. This curriculum, created a paradigm shift within the organization from treating mental illness, to ensuring mental wellness and fostering caring communities.

Anjali trained women from local Self Help Groups (SHGs) in each locality as barefoot mental health professionals- counsellors and outreach workers, who started working as leaders in the communities. These women provide vital mental health services such as:

- Counselling
- Early identification of Mental illness
- Hospital referrals and follow-ups

- On-going sensitization of communities
- De-stigmatizing and 'normalizing' mental illness

Through their work, these women identified the need for a non-judgmental, safe and empathetic space within their communities, for counselling. Thus, in 2008 the first Janamanas Kiosks were established in Khardah, Kamarhati and Rajarhat-Gopalpur in North 24 Parganas district in West Bengal in partnership with the local government.

Since then, the program has evolved into a replicable, process driven model.

Key Stakeholders of Janamanas

The primary stakeholders of the Janamanas program are:

- Community women who are trained through a two-step process to become bare-foot mental health professionals
- Urban Local Bodies and Rural Panchayats
- The users of the Janamanas service- i.e. persons with mild to severe mental health problems living in resource-poor communities
- Community youth and education institutions who are on-boarded as allies and champions of the program.

Choosing a site for implementation:
Janamanas is typically implemented in peri-urban areas, with a high percentage of BPL families, low employment rates, and poor access to health infrastructure. More details are included in Chapter 4, Phase 1.

Key Outcomes of Janamanas

Over nine years, Janamanas has achieved the following:

- **Empowering communities and involving them as decision-makers** in the planning and provision of mental health care systems that are specifically designed to address their local context.
- Providing **accessible door-step services** including - home visits to the most marginalized individuals.
- **Providing linkages between formal and informal systems of mental health care**, with hospital referral and patient follow up processes.
- **Broadening the scope of services to mental-health related conditions** such as disability, alcohol and substance abuse, domestic violence, poverty, relationship issues etc.
- **Leveraging locally available resources and social capital by working with women from Self Help Groups**, and partnering with local institutions.
- **Caring for caregivers** by supporting the families of people with psychosocial disabilities.
- **Collaborating with local government** for long term sustainability.
- **Making mental health the responsibility of everybody in the community**- women, youth, elders, community thought-leaders etc
- The process of shaping and refining the Janamanas initiative has yielded detailed, **tried and tested systems and processes of community-based mental health services** that can be easily implemented in communities across India.

Key Statistics for Janamanas

Year established	2007
Principal Sectors	Community Mental Health and Human Rights
Annual Budget (USD)	INR 29,00,000 (approx)
Program Team	5
Geographic Area of Activity	Kolkata and North Bengal- Kharda, Kamarhati, Rajarhaat, Bishnupur and Cooch Bihar Municipalities

"Seeing the difference that we are being able to make to people's lives gives me renewed energy to do more efficient work

- Outreach Worker

Chapter 2

A Guide for Users

Manual Overview

The following table provides a quick overview of the Manual

Introduction	Janamanas' history and core principles in the words of Ratnaboli Ray, Director, Anjali
Chapter 1: Janamanas- Setting the Context	A overview of Janamanas and its scope
Chapter 2: A Guide for users	A brief 'how-to' section for using the manual
Chapter 3: Detailing the Janamanas Model	An analysis of the program that sets the context, lays out the larger strategy of the model, and its various components.
Chapter 4: Phases of the Janamanas Program	• Detailed description, objectives and challenges of each of the seven phases of the Janamanas model • Process maps, required resources and time lines to enable you to plan and implement the program
Chapter 5: Budgeting for Janamanas	A guide to financial planning for Janamanas
Chapter 6: Conclusion	Adapting and evolving the manual.
Appendix: Templates	Templates for creating required documents, planning activities, evaluating and reporting for key processes

Guidelines for using the Manual

Who can use it?

This manual is a robust blueprint and toolkit for NGOs, professionals in the field of mental health and human rights and government officials, who wish to learn about CMH, or even replicate the Janamanas model. The manual is designed for organizations that are already working in the field of mental health, as well as those working in other-related domains (such as general health, gender, human rights etc) that aim to launch a community-based initiative.

How should it be used?

If you would like to replicate or adapt aspects of the model in your own program we recommend the following:

- At the beginning of the program, conduct a capacity building workshop with your team, taking them through an overview of CMH and building a common vision for your own CMH.
- Thereafter, referring to this manual, identify the key structure, systems and processes of your own CMH program.

- You can refer to the different process maps and templates in the manual to then, detail the key processes of your own CMH.
- This manual is designed as a collection of process maps and tools, which you can use – as is- or edit and tweak to adapt to the unique needs of your CMH. Please print or copy the different sections, process maps and templates, distribute them amongst the members of your team, adapt them and make them your own. Once you and your teams create the process maps for your own CMH, pin them up in an accessible space, as and when required. This ensures that they are visible to all, and are therefore actively referred to, and lived.
- While developing the processes of your CMH model, refer back to the 7S framework in Chapter Three through the process, to ensure that your program is following the guiding principles of how to structure your model, and all components are working synchronously.
- While, in this manual, the program has been divided into different phases in order to ensure that there are clear time-bound processes and deliverables, it is important to look at the program in its entirety. At each phase, keep in mind the previous processes and know what lies ahead.

❖ A GUIDE TO USING THE PROCESS MAPS:

A key component of this manual is the set of process maps, which are visual tools through which an entire process can be seen from start to finish on a single page. Each map includes what inputs are necessary for each step and the output at the end of each activity. Process maps help in-

a) Planning deliverables and timelines by providing the framework for building workplans and project trackers
b) Delegating roles and responsibilities
c) Understanding linkages between the different components of the program
d) Analyzing and improving the process

❖ TEMPLATES AND HOW TO USE THEM

Included in the digital version of the manual are detailed templates or worksheets that are provided for the various processes. The templates are tools to help carry out the activities in the process maps. They are suggestions for creating required outputs, as well as for collecting, documenting and evaluating information in a standardized format. These templates can and should be adapted and modified as the processes/activities organically change and mature over time.

To ensure ease of use of the manual, the templates are arranged in sections according to the phases of the program.

In order to determine which template complements which specific activity, look in the light grey box, which is located within the process map, or in the green text box in the description of the activities that don't have process maps.

> I finally have a place where I can go to, which gives me hope and assurance. In turn I tell all my relatives and friends about it, so that they too benefit like I have
> **- Community Member**

Chapter 3

Detailing the Janamanas Model

The 7S Framework of the Janamanas Model

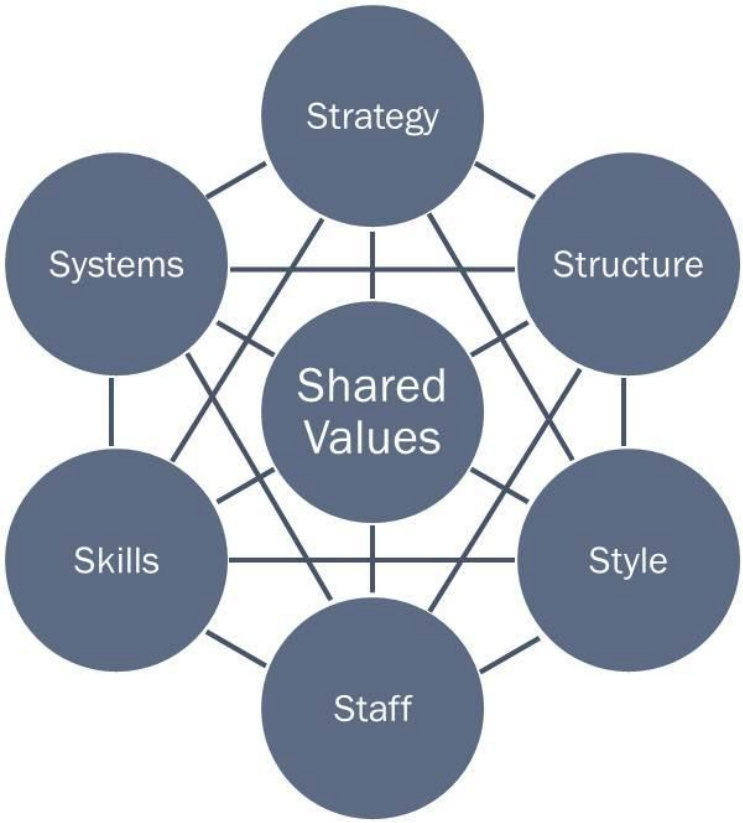
This chapter describes the 7 key elements of the Janamanas program, using the 7 S framework

1. The shared values
2. Strategy
3. Structure
4. Systems
5. Staff
6. Skills
7. Leadership style

This model was developed by McKinsey in the 1980s for the purpose of ensuring that all the key components of an organization or program align with the core mission, and with each other.

Objectives of this Chapter

- Developing a comprehensive understanding of the entire program
- Understanding the core elements of the program and how they align with each other
- Developing a roadmap or an overarching framework for replicating the program



Shared Values

The core values that are shared across stakeholders and drive their collaboration

Janamanas is committed to ensuring positive mental health for all, especially for women and adolescents from last mile communities, by empowering women from the community, to become barefoot mental health care professionals who can create informed and empathetic community spaces, which ensure the rights and well-being of persons living with psycho-social disability.

While this common mission unites all collaborators, the initiative is motivated by the following principles.

1. Positive mental health is essential for all, and the rights of persons living with psycho-social disability need to be strengthened.
2. Women from resource poor communities have the potential to move from the margins into the centre of social change processes.
3. Livelihoods with dignity can be a powerful path to sustain local CMH in resource-poor communities.
4. The government can be a powerful ally and change agent in CMH programs.

At Janamanas, these principles have created ownership for the initiative across different stakeholders.

Strategy

The roadmap for the Janamanas model

Janamanas achieves its mission of creating caring communities at the last mile level, through three strategic pillars- Community mobilization, Capacity Building, Collaboration. Together, these three pillars make up Janamanas's **3C Strategy**. These pillars are core principles for designing every aspect of the program.

❖ The 3C strategy for building caring communities

- **Community mobilization: A community-oriented approach to mental health and wellness, with demonstrable impact created by women health professionals from the community.**

  This entails:

  - Training and mobilizing women from the community as barefoot health professionals.
  - Creating a hub within the community that is managed by the women and is a safe space for all.
  - Delivering a non-medical approach that can be owned and facilitated by the women and their communities, and proving its efficacy with respect to the medical model.

- An inclusive outreach program run by the women that focuses on mental wellness rather than mental illness, and once again shifts the focus from the professional to the community-driven approach.

- **Capacity Building: A process of empowerment and building technical skills as well as the acumen for creating social change that addresses all aspects of the women's lives and enables them to be leaders in their community.**

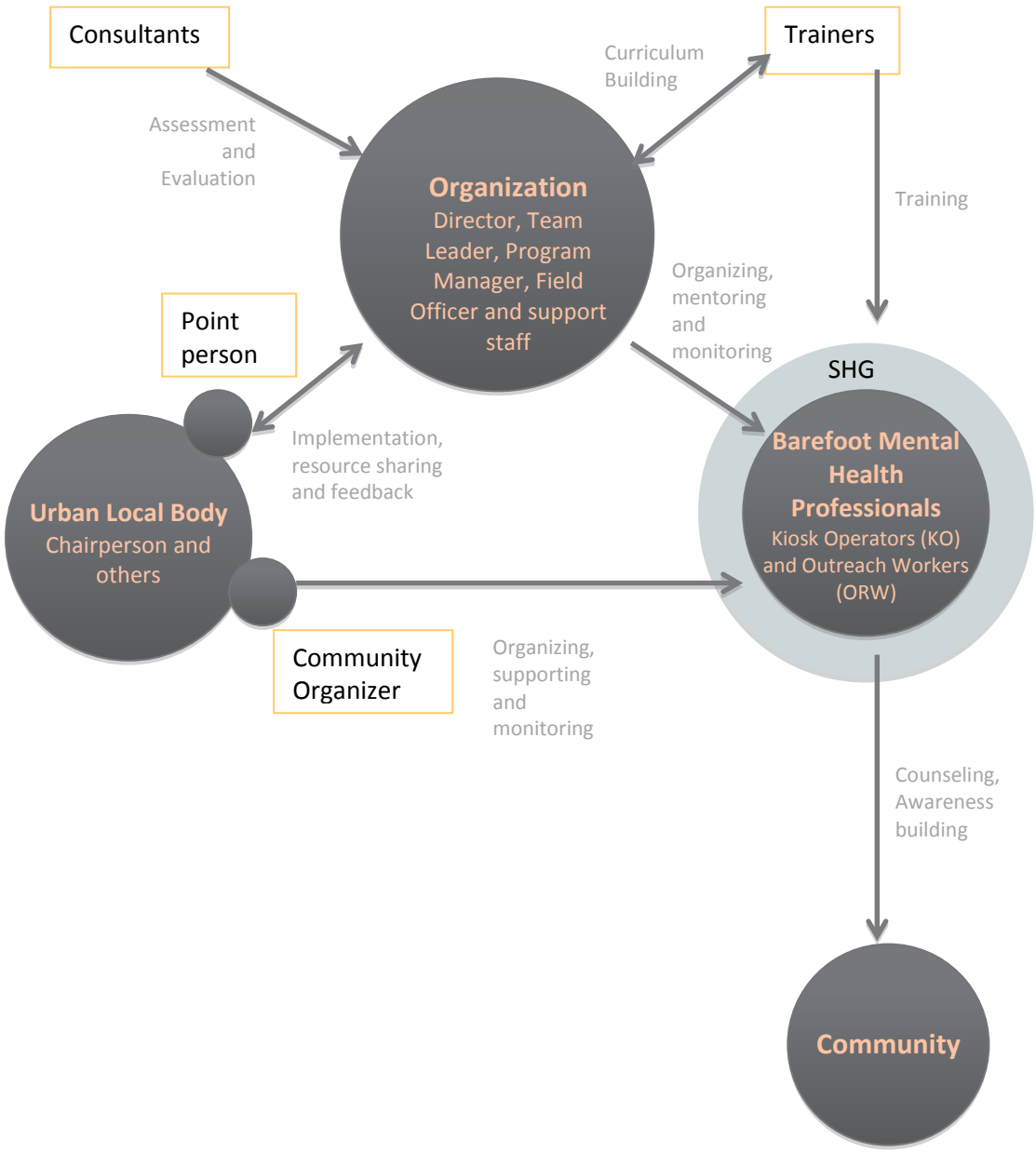
  This entails:
  - Empowering women from resource poor areas with a means for self fulfillment and livelihood.
  - Providing highly-developed training modules that connect mental health to larger social issues like gender, sexuality, economic instability, and makes it relevant and relatable for the women in their own lives.
  - Rigorous monitoring and evaluation process to ensure positive impact on the social, economic and personal lives of the women.
  - Using local skills and resources at all levels of training and capacity building.

- **Collaboration: Building partnerships for community ownership and sustainability of the program.**

  This entails:
  - Integrating local municipal government, community organizations (NGOs, schools, clubs), and the families of the women as core collaborators.
  - Constant engagement of stakeholders through monthly interactions.
  - Resource sharing with community collaborators, especially the local government, for implementing the program.
  - Formalized process for initiating the program with the local municipality and building relationships at the community level.
  - Formalized processes for handing over the program to local government.

Structure

The basic organization of Janamanas and the relationships between different stakeholders



Systems

Formal and informal processes that control everyday activity/program execution

The program is implemented over 8 years, though the most intensive engagement is completed over the first three years. The eight years cover 9 phases, with a total of 17 key processes. *The objectives, standard operating processes (SOPs), templates, and challenges of these phases are further described in Chapter 4.*

9 Phases	16 Processes	Turnaround time	Year
1. Launching Janamanas	Strategic Planning, Goal setting and fundraising	1 year and 2 months	Year 0
	Recruitment and training of team		
	Rapid assessment to identify municipal wards		
	Advocacy and interaction with local municipal government		
	Baseline assessment to understand mental health infrastructure and identify mental health needs of the community		Year 1
2. Preparation for program roll-out	Audience analysis with self help group women to select 60 participants for training	2 months	
	Curriculum development		
3. Conducting Trainings	Training in mental health and related Psycho-social issues like gender, sexuality, economic instability etc.	6.5 months	
	Evaluation of Training		
4. Designing and Implementing Janamanas Republic	Republic- Festival to showcase learnings of the training	1.5 month	
5. Identification of mental health professionals	Selection of 6 Kiosk Operators (KO) and 6 Outreach Workers (ORW)	2 months	Year 2
6. Setting up of community mental health kiosks	Obtaining Permissions	2 months	
	Inauguration of kiosk		
	Setting up kiosks and orientation of team		
7. Second level of training in counselling	Training community mental health professionals in counselling	4 months	
8. Kiosk management	Kiosk management	Continuous Process	Year 3- Year 8
9. Handover and monitoring	Handing over the program to the municipality	Continuous Process	

Internal processes

Additionally there are 8 key internal processes that support the program

Annual Strategic Planning and Review

Process Holder: Director and Team Leader
Planning and goal setting, reviewing progress and impact, assessing financial report

Annual Fundraising

Process Holder: Director
Maintaining funder database, proposal writing, budgeting, reporting, maintaining relationships with funders

Quarterly Review

Process Holder: Director and Team Leader
Planning and goal setting, creating and reviewing workplans, assessing financial report

Quarterly Field Visits

Process holder: Director
Monitoring and evaluation, capacity building

Monthly review: Internal

Process Holder: Director and Team Leader
Monitoring, reporting, updating workplans, tracking progress, capacity building

Monthly Review: Field Level

Process Holder: Program Manager
Evaluation, organizing, relationship building, reporting via SMS and written document

Monthly financial tracking

Process holder: Financial Officer
Tracking expenses

Monthly Self Help Group Meeting

Process holder: Community Officer of the Municipality and Field officer
Monitoring, mentoring, organizational support for KOs and ORWs

Staff

Human resources

- At the level of the organization running the program there are four key staff members- the **Director / Deputy Director, Team Leader, Program Manager (PM),** and **Field Officer.** The two supporting staff is the **Documentation Assistant** and **Financial Officer**.
- At the level of the Municipal partner the key people are the Chairperson, and the Community Organizers (CO), with an additional Point Person selected from amongst the COs or Town Planning Officers (TPO).
- At the level of the barefoot mental health professionals there are 6 **Kiosk Operators** (KOs) and 6 **Outreach Workers** (ORWs)

Recap of Key Abbreviations

KO- Kiosk Operator
ORW- Outreach Worker
CO- Community Organizer
TPO- Town Planning Officer
TL- Team leader
PM- Program Manager
FO- Field Officer

Skills

The core competencies that exist within the model

Community Mobilizing, capacity building and collaboration are key to Janamanas' mandate of creating caring communities and validating the nonmedical approach, and therefore every member of the program, at every level, should develop the following key skills in order to lead a paradigm shift in the attitude towards mental health in the community:

- Communication
- Leadership and assertiveness
- Organizational capacity
- Negotiation and moderation

At the level of the organization the senior leadership (Director and Team leader) must be adept at strategic planning and have the rigor required for managing the logistics, operational planning, and monitoring of the program. The Team leader focuses specifically on strategic planning.

The PM who works at the field level should demonstrate the ability to balance a supervisory role with a more informal mentorship role, and deeply engage with the community and the context.

At the level of the Municipality it is critical to have the collaboration of an efficient and action-oriented Chairperson, with the additional support of a point person who is approachable and has strong organizational skills.

At the level of the barefoot mental health professionals the women selected for the program have to demonstrate empathy, team spirit, a natural sense of professionalism and commitment.

Styles of Leadership

The leadership approach that drives the model

The Janamanas program is successful only if it can build the capacity for leadership at every level of the program. The style of leadership adopted by Janamanas members is characterized by the following features:

Facilitative and People-Oriented: Creating ownership across multiple stakeholders involved in Janamanas requires a style of leadership that facilitates the people involved in the program to grow as decision makers, planners and organizers.

Process-Oriented: The program requires rigorous reporting, monitoring and evaluation to be efficient and create impact. This leadership capacity is built into the process at every level and external consultants are also brought in to maintain a high level of feedback and analysis.

Task- Oriented: At every phase of the program, the leaders have to have a very clear sense of deliverables and times lines, and have to motivate their team to deliver high quality programs and activities within the time frame.

Leading by example: Every member of the program has to internalize the paradigm shifts to towards mental health, gender, sexuality, and rights that are necessary for creating a caring community, and apply it to their personal lives. This is a tremendous challenge, but it enables them to be perceived as natural leaders and guides in the community.

In the next chapter, you will find detailed descriptions, processes and templates for each phase of the Janamanas program for effective implementation and monitoring of the program. Please do refer back to this chapter to align the broader goals and values of Janamanas with the programs and activities.

> We are looking forward to the capacity building workshop that has been planned, which will help us understand the strategies that work and don't work with clients. This will enable us to carry out our work more systematically and ensure more success.
>
> **- Kiosk Operator**

Chapter 4

Phases of the Janamanas Program

Phase One –Launching Janamanas

Year 0 and Year 1

Phase Completion Time:
1 year and 2 months

Key processes:

- Year 0
  - Step 1: Strategic Planning, Goal setting and fundraising
  - Step 2: Recruitment and training of team
  - Step 3: Rapid assessment to identify municipal wards
  - Step 4: Advocacy with Government
- Year 1
  - Step 4: Advocacy with government (contd.)
  - Step 5: Baseline assessment to identify mental health needs of the community

Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the first phase of the program, which includes five key processes. By the end of the chapter you can use the Annual Planning Template (Template 1A) to map out the deliverables and time line (Pg. 32) for this phase and the workplan template (Template 1B) to create detailed plans for each step.

Objectives of Phase One:

- Integrating Janamanas into the organization and aligning the strategic plan for implementing Janamanas with the larger strategic plan for the organization
- Planning ahead for the next three years to understand the resources and processes that need to be in place to implement Janamanas
- Fundraising for the program and securing the funds needed for the first two years.
- Orientation of the team to better understand the larger context of community mental health
- Using the manual to build the capacity of the team to implement, monitor and evaluate the program
- Identifying the area of intervention and building relationships with the municipal government
- Securing the buy in of the government for implementing the program.
- Building collaborations with the Self Help Groups in the area through the Community Organizers in the municipality and working with them to assess the mental health infrastructure and the psycho-social condition of the community

Looking back and looking forward: Phase 1 in relation to the entire program

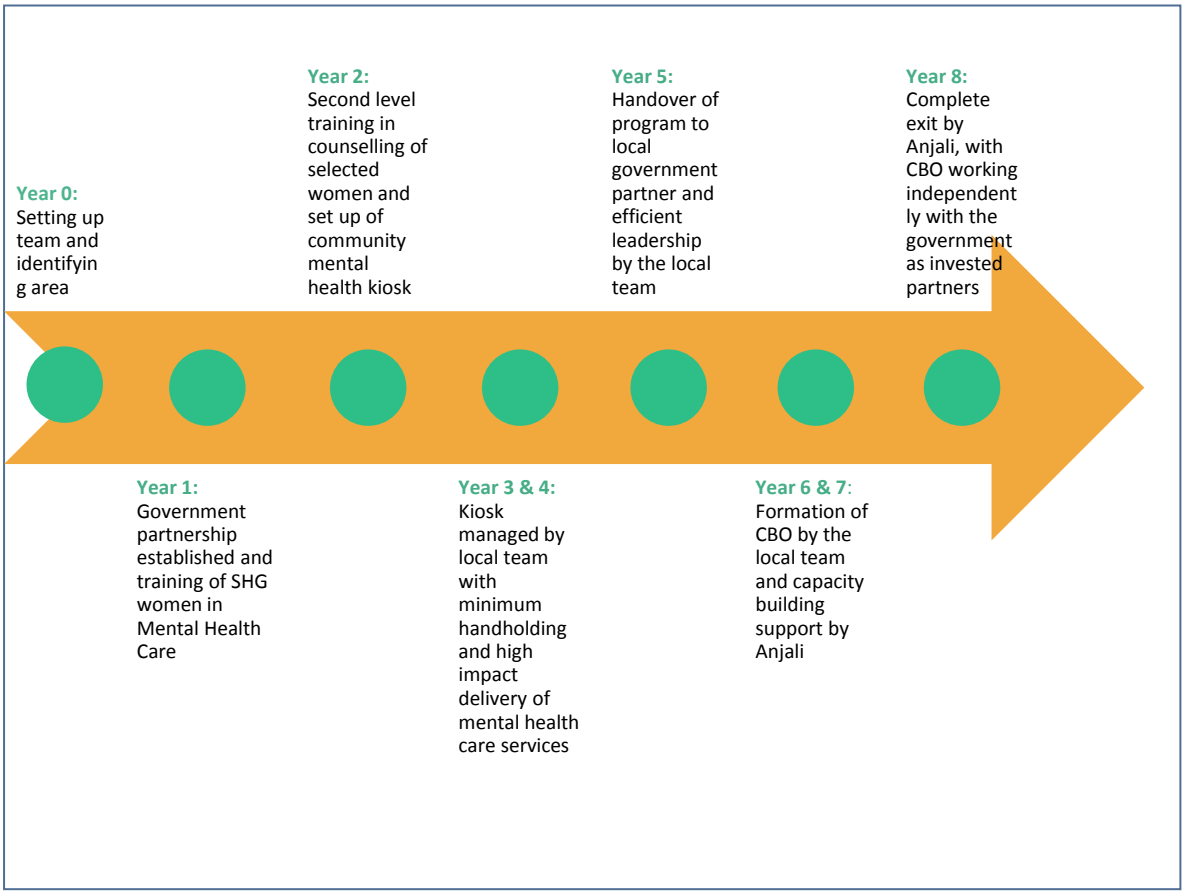
Phases	Status	Year
1. Launching Janamanas	Ongoing	Year 0
2. Preparation for program roll-out	Upcoming	Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals		Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counseling		
8. Kiosk management		Year 3-8
9. Handover and monitoring		

Step 1: Strategic planning, goal setting and fundraising

Strategic planning is an ongoing process that helps shape a broader roadmap for the program, as well as enables effective day to day implementation of the program. It aligns individual and team goals with program goals, and allows for ongoing evaluation and impact assessment.

Developing the strategic direction When launching Janamanas it is important to keep the overall 8 year time line and the annual milestones in mind while planning more detailed quarterly and monthly objectives.	Fig 1.1 Table 1.1
Creating the strategic plan Use the 8 year time line and below to create a 3 year strategic plan for Year 0- Year 2 of the program creating a timeline and summarizing the goals and objectives of each phase based on this chapter. This will enable you to ensure that the Janamanas model is adapted to best suit your larger program.	Fig 1.1 Table 1.1 Chapter 4: Phase 1- Phase 7

Fig 1.1- Janamanas 8 year Timeline



The following table further details the annual milestones and indicators of the Janamanas program over the 8 year implementation period.

Table 1.1 Janamanas Annual Milestones

<table>
<tr><th colspan="2">Year 0</th></tr>
<tr><td colspan="2">• Fundraising completed for Year 1 and 2
• Field Assessment and Landscape assessment to identify area of work and government partners
• Rapid Assessment completed to map mental health infrastructure, needs and risks
• Established relationships with local government
• Identification of team identification and training completed</td></tr>
<tr><th>Year 1</th><th>Year 2</th></tr>
<tr><td>• Permissions for implementing Janamanas acquired from local government
• Baseline Survey completed to assess understanding and awareness of mental health and community needs
• First level training of 60 SHG women completed
• Evaluation of training completed
• Republic celebrating the completion of the training implemented with government partners</td><td>• Community mental health care kiosk is set up
• 12 community mental healthcare professionals selected and second level training in counselling completed
• Kiosk and outreach services are operationalized
• Services tracked and monitored, ensuring at least 2-3 client visits a week for a area that is marked lowest on all three of the following factors -accessibility, density of population
and intensity of outreach services</td></tr>
<tr><th colspan="2">Year 3 &4</th></tr>
<tr><td colspan="2">• Services tracked and monitored, ensuring at least 6 client visits a week for a centre that is marked lowest on all three factors
• Field Officer emerges as the leader and champion and face of the program and the local Janamanas team is accepted and respected by the community
• High quality and timeliness of monthly planning, reporting and monitoring
• Handholding by Anjali reduces with the level of operational supervision by the program manager reduces to 25-30%
• Kiosk continues to have a 16 member team
• Kiosk expands to develop a hub and spoke model with a minimum of 5 new of outreach centres in Year 3, and 3 more in Year 4
• A minimum 70% satisfaction rate reported through feedback collected from clients
• Local Janamanas Team starts to communicate independently with government bodies and are respected by government officials
• Sustained participation in a minimum number of programs organized by the Janamanas team by the government
• Local government leaders begin to emerge as spokespersons of mental health in the community by publicly acknowledging mental health care needs and integrating mental health into existing government services</td></tr>
<tr><th>Year 5</th><th>Year 6 & 7</th></tr>
</table>

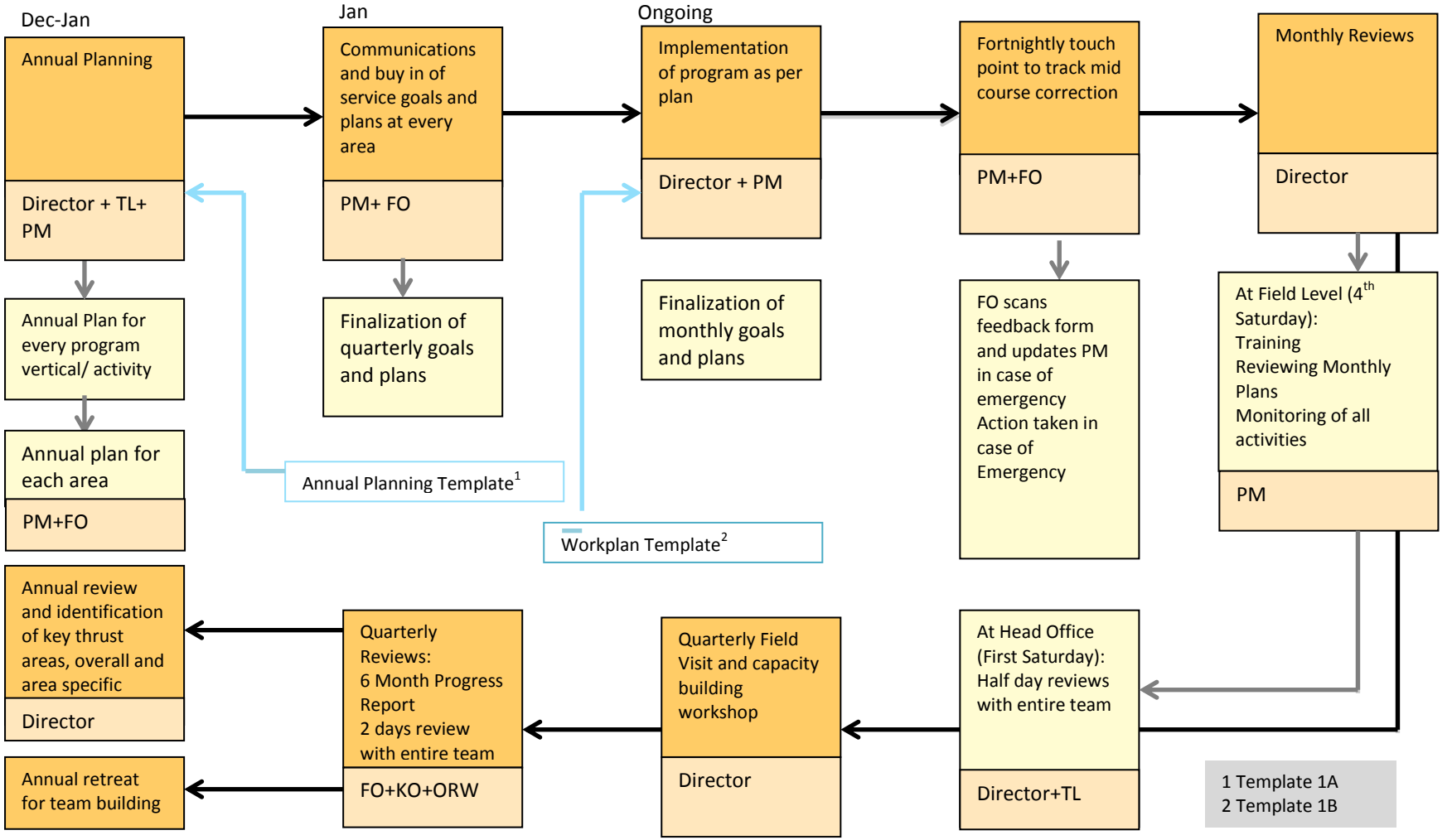
• Operational exit of Anjali
• Letter of consent from the municipality acknowledging transfer of leadership from Anjali to Urban Local Body, and stating all the roles and responsibilities of the ULB
• Salaries of local Janamanas team taken over by the government
• Government demonstrates a healthy partnership by ensuring efficient clearance of payments and resources
• Government collaborates with local Janamanas Team for the following activities-
  ○ Quarterly workshops on mental healthcare
  ○ Annual mental health campaign
  ○ Annual strategic planning for Janamanas
	• Training of the Janamanas team in Strategic Leadership
	• Building know how on CBO formation management, fundraising, and resource mobilization.
	• CBO formation with a clear 5-year road map and 3 year operational plan (end of Year 6)
	• Handholding of CBO by Anjali Team (Year 6-7)
	• Government collaborates with the CBO for the following activities-
	  ○ Quarterly workshops on mental healthcare
	  ○ Annual mental health campaign
	  ○ Annual strategic planning for CBO

Year 8	
• Complete exit of Anjali • CBO team speaking and influencing mental health boards through talks, meetings and advocacy • Local government officials become mental health champions in spirit and action • Annual mental health campaign by CBO in collaboration with the Government • Quarterly meetings between CBO and Chairperson of local government to ensure sustained collaboration	

Annual Operations Plan Create a detailed Annual plan based on the 3 year Strategic plan for the first year, detailing timelines Phase 1 processes like fundraising, recruitment and training, rapid assessment and initiating government relationships. Note: The annual process of strategic planning is an ongoing process that happens each year and is reviewed at an annual, quarterly and monthly level.	Process Map for Annual Strategic Planning and Performance management as detailed in the next page Annexure: Template 1A- Annual Planning Template

Annual Strategic Planning and Performance Management for Janamanas

1. Process Holder: Director
2. Customer: Team Leader, PM, FO, KO, ORW
3. Output: Annual Plan
4. Inputs: Annual Planning Template, Workplan Template



Fundraising Identify potential funders and create a detailed fundraising proposal using Template 3. Refer to Chapter 10 to build a detailed budget for the proposal.	Template 1C- Fundraising Proposal Template Chapter 5 - Budgeting Templates

Step 2: Recruitment and training of team

The core team for implementing Janamanas in one area typically includes the following key team members.

The Janamanas Team

Team Member	Technical Skills and Knowledge	Soft Skills
Director	Strategic Planning, Monitoring and evaluation Expertise on Mental Health, Gender and Sexuality, Rights based issues and approaches, Laws and Policy related to Mental Health, Understanding of Local Governance	Motivational, Analytical
Team leader	Strategic Planning, Monitoring and evaluation	Analytical and able to provide an external viewpoint
Program Manager (1 per site)	Project Management, Facilitation and Advocacy Extensive field experience and in-depth insight of context and challenges including Mental Health, Gender and Sexuality, and Local Governance	Forging community relationships, situational leadership, problem solving, conflict resolution
Documentation Assistant (1)	Communication and Report writing	Detail oriented, and methodical
Trainers (5-6 directly under Program manager)	Training, Facilitation, Domain expertise on Counselling and Mental Health	Empathetic
Consultant(Programming for Monitoring and Evaluation, and Data Analysis - 2)	Analytical Writing, Field Research and facilitation	Analytical and Detail Oriented

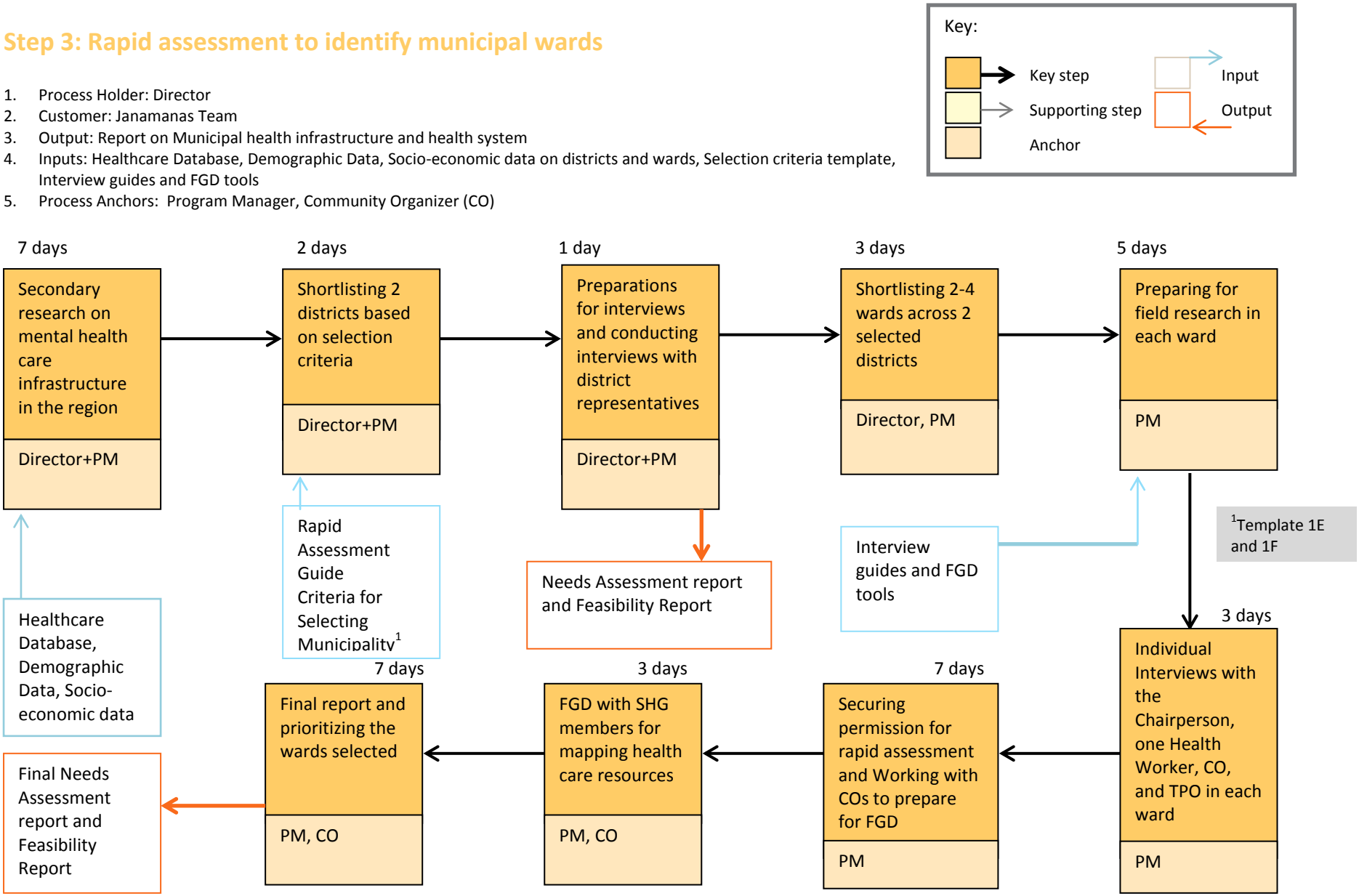
Training

The following framework can be used for developing a 3 day orientation program for your team. This will be supported by field visits, meetings with local leaders and SHGs and visits to local hospitals.

Day 1 Key conceptual frameworks of Janamanas Chapter 1 and 2	Day 2 Training on key phases of Janamanas Chapter 3: Phase 1-4	Day 3 Strategic planning for implementing Janamanas
Day 1 Roundtable discussion of the Janamanas Mental Health Perspective Chapter 1 and 2	Day 2 Training on operationalizing the replication manual at each phase Chapter 3: Phase 5-9	Day 3 Strategic planning for implementing Janamanas Contd.

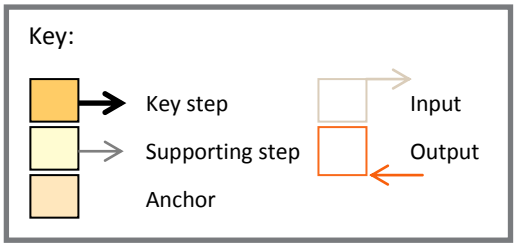
Step 3: Rapid assessment to identify municipal wards

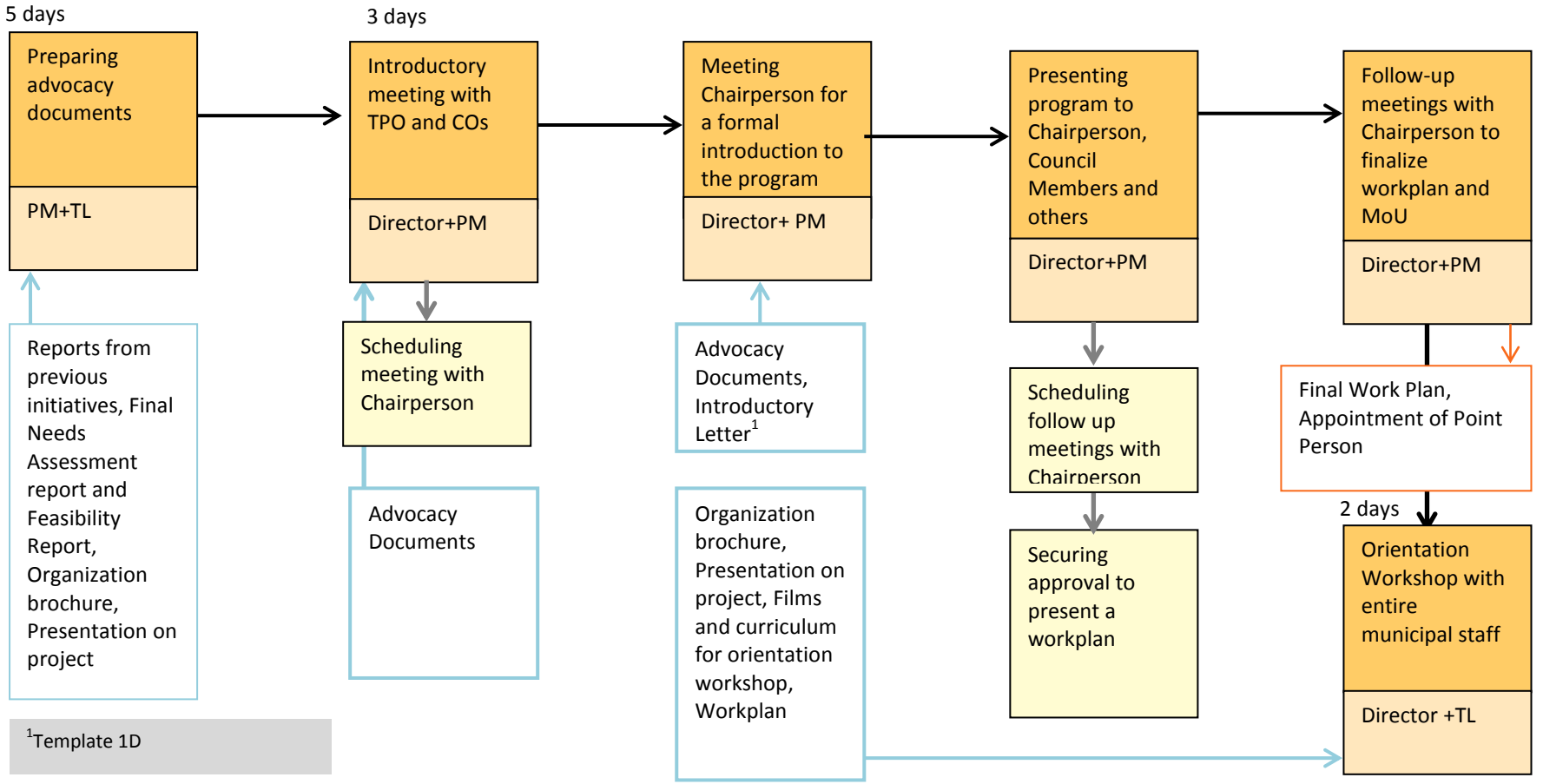
1. Process Holder: Director
2. Customer: Janamanas Team
3. Output: Report on Municipal health infrastructure and health system
4. Inputs: Healthcare Database, Demographic Data, Socio-economic data on districts and wards, Selection criteria template, Interview guides and FGD tools
5. Process Anchors: Program Manager, Community Organizer (CO)



Step 4: Advocacy with Government

1. Process Holder: Director
2. Customer: Municipality (Chair Person, Executive Officer, Town Planning Officer, Community Organizers, Ward Councilor)
3. Output: Project Workplan and MoU, Point Person in Municipality
4. Inputs: Reports from previous initiatives, Final Needs Assessment report and Feasibility Report, Organization brochure, Presentation on project, Introductory Letter Template, Films and curriculum for orientation workshop
5. Process Anchors: Program Manager





[1]Template 1D

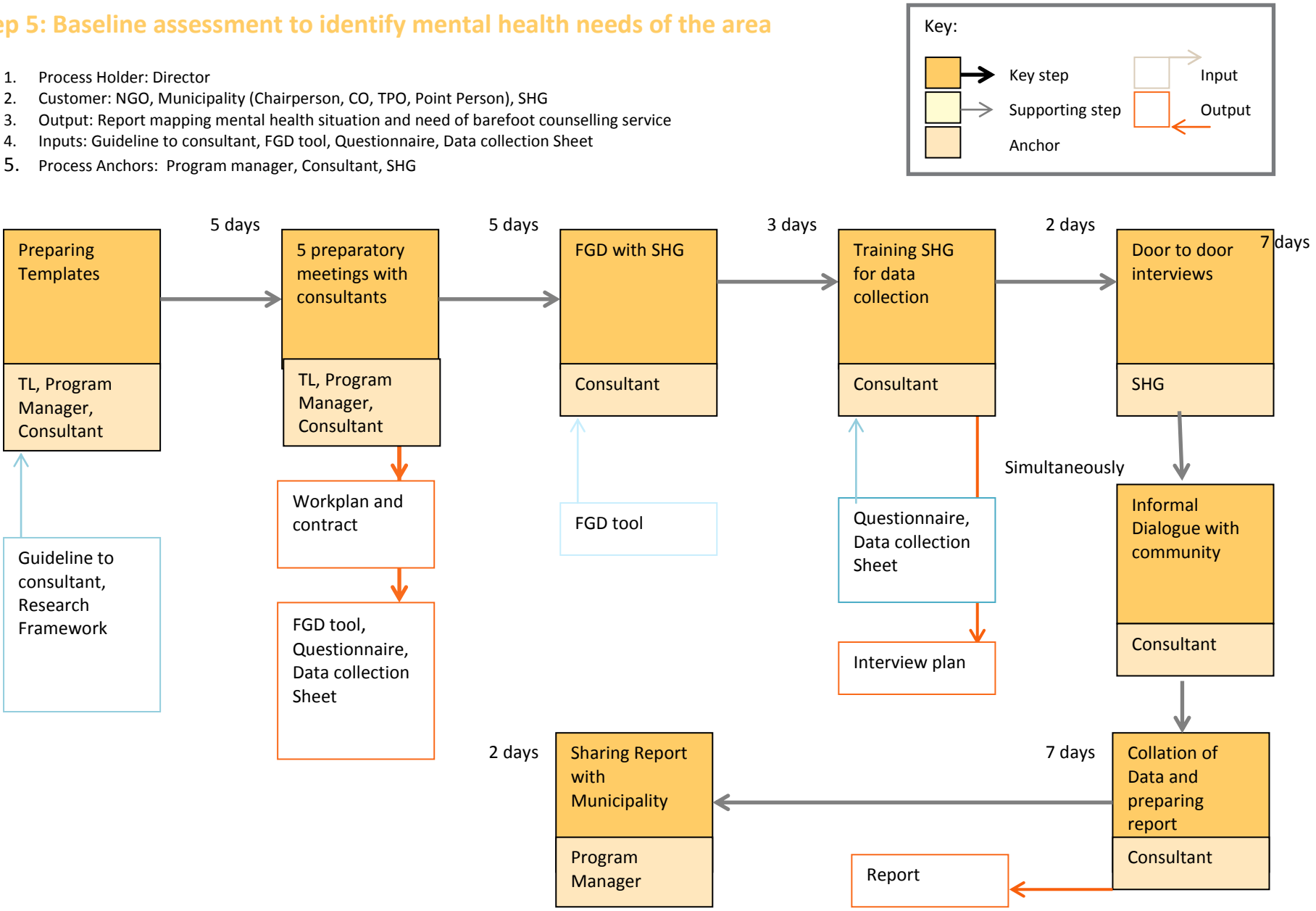
Continued Interactions with the Government through Year 1

After securing the permission of the Municipality to launch Janamanas and building an MoU to formalize their collaboration as partners, the following key touch points ensure a constant partnership with the Municipal team. These are also indicated at in the process maps of each of the phases as well.

Point of Contact	Phase	Interaction
Appointed Municipal Point Person (PP- usually TPO or CO)	**Continuous Contact**	Monthly Reports and Updates presented during monthly field visits by PM Informal Meetings throughout visit
PP and CO	**Phase 1- Baseline Assessment**	Assistance with Baseline Assessment through coordination with SHG participants
Chairperson	**Phase 1- Baseline Assessment**	Milestone based meetings between Director or PM Chairperson to present reports and updates
	Phase 2-Audience Analysis to select 60 participants for training	
	Phase 3- Conducting Trainings	
	Phase 4- Designing and Implementing Janamanas Republic	
PP	**Phase 2-Audience Analysis to select 60 participants for training**	Selection of 100 participants for Audience analysis out of which 60 are selected
Entire Municipal Team	**Half Yearly**	Half-day workshops with Municipal Team to build ownership and a mental health perspective
Entire Municipal Team	**Phase 4- Designing and Implementing Janamanas Republic**	Coming together in celebration during the Republic after completing one year of the program

Step 5: Baseline assessment to identify mental health needs of the area

1. Process Holder: Director
2. Customer: NGO, Municipality (Chairperson, CO, TPO, Point Person), SHG
3. Output: Report mapping mental health situation and need of barefoot counselling service
4. Inputs: Guideline to consultant, FGD tool, Questionnaire, Data collection Sheet
5. Process Anchors: Program manager, Consultant, SHG



Phase Two - Preparation for Program Roll-out

Year1

Phase Completion Time:
1.5 months

Key processes:

- Step 6: Audience analysis with the self help groups women to select 60 participants for training
- Step 7: Curriculum Development

Objectives of Phase Two:

- Selecting 60 women from the self help groups for first level training in mental health and its relation to self, gender sexuality and livelihood, as well as capacity building for working with people with mental illness
- Assessing the learning needs of the participants and adapting the training curriculum

Objectives of this Chapter

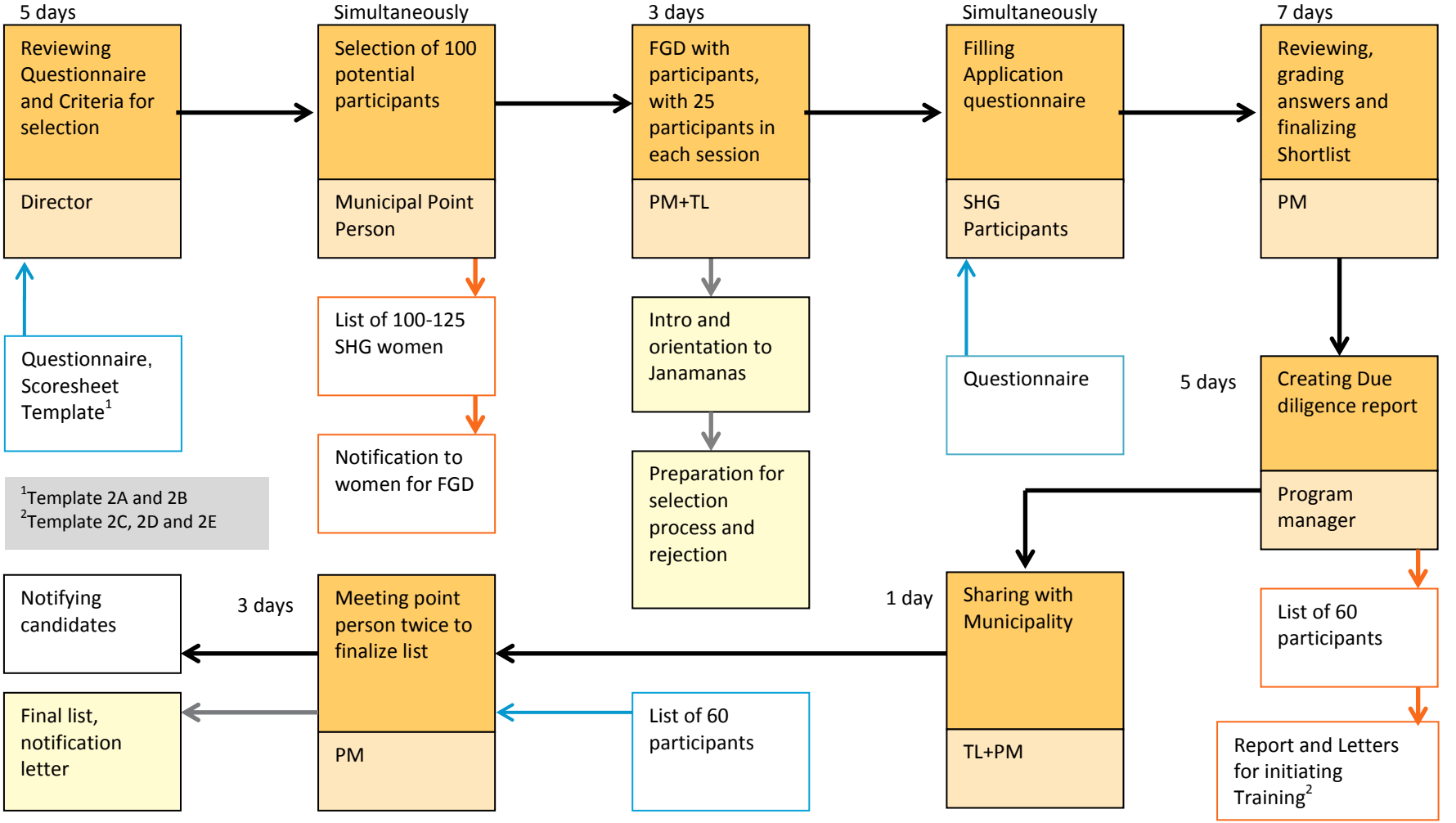
This chapter presents a detailed step by step guideline for planning the second phase of the program, which includes two key processes.
By the end of the chapter you can use the workplan template (Template 1B) to map out the deliverables and time line for 1.5 months of this phase.

Looking back and looking forward: Phase 2 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out	Ongoing	Year 1
3. Conducting Trainings	Upcoming	
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals		Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counselling		
8. Kiosk management		Year 3-8
9. Handover		

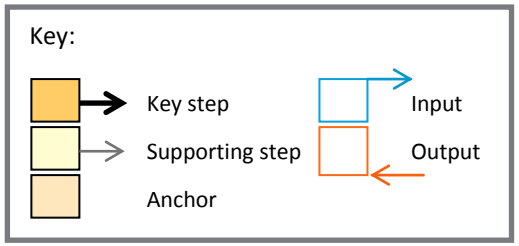
Step 6: Audience analysis and Selection of Participants

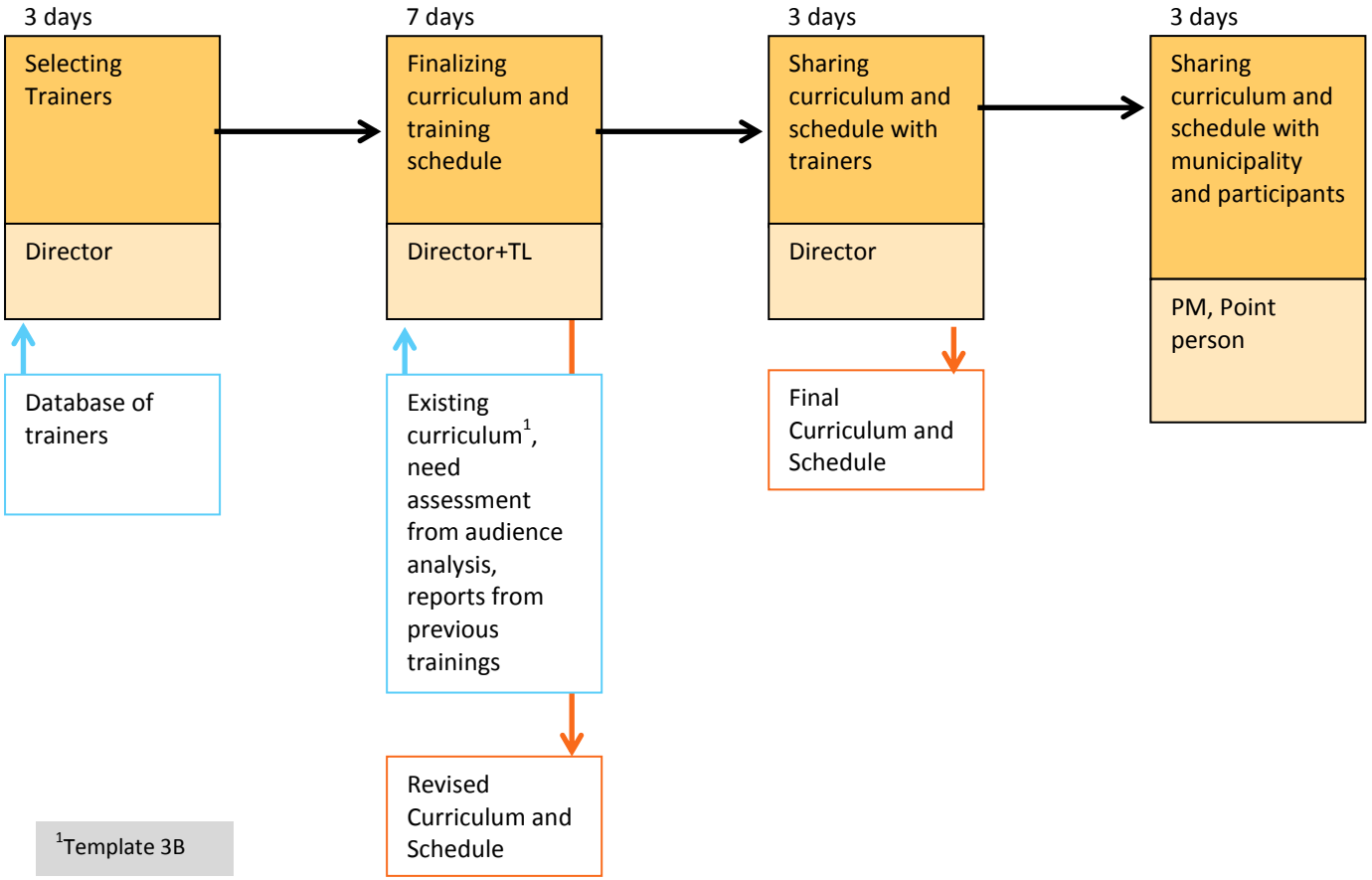
1. Process Holder: Director
2. Customer: Municipality (TPO, CO, Pointperson), SHG
3. Output: Short List of 60 participants, Report demonstrating due diligence processes and transparency of selection, training schedule
4. Inputs: Questionnaire, Criteria for selection
5. Process Anchors: Program Manager, Municipal Point Person



Step 7: Curriculum Development

1. Process Holder: Director
2. Customer: Municipality (Chairperson, TPO, CO, Point Person)
3. Output: Finalized Curriculum and Schedule
4. Inputs: Database of trainers, Existing curriculum, need assessment from audience analysis, reports from previous trainings
5. Process Anchors: Program Manager, Trainer, Municipal Point Person





[1]Template 3B

Phase Three –Conducting Trainings

Year1

Phase Completion Time:
6.5 months

Key processes:

- Step 8: First level training in Mental Health and Human Rights
- Step 9: Evaluation of Training

Objectives of Phase Three:

- Training 60 women, through 24 sessions over six months, in mental wellness
- Building their capacity recognise their potential and express their feelings and thoughts.
- Building the buy in of family members, municipal staff and the larger community in the Janamanas program, especially as they witness the personal journeys of the women from their community over the training period
- Evaluating the impact of training, and presenting the results to all collaborators to demonstrate the impact on the women.

Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the third phase of the program, which includes two key processes.
By the end of the chapter you can use the workplan template (Template 1B) to map out the deliverables and time line for 6.5 months of this phase.

Challenges:

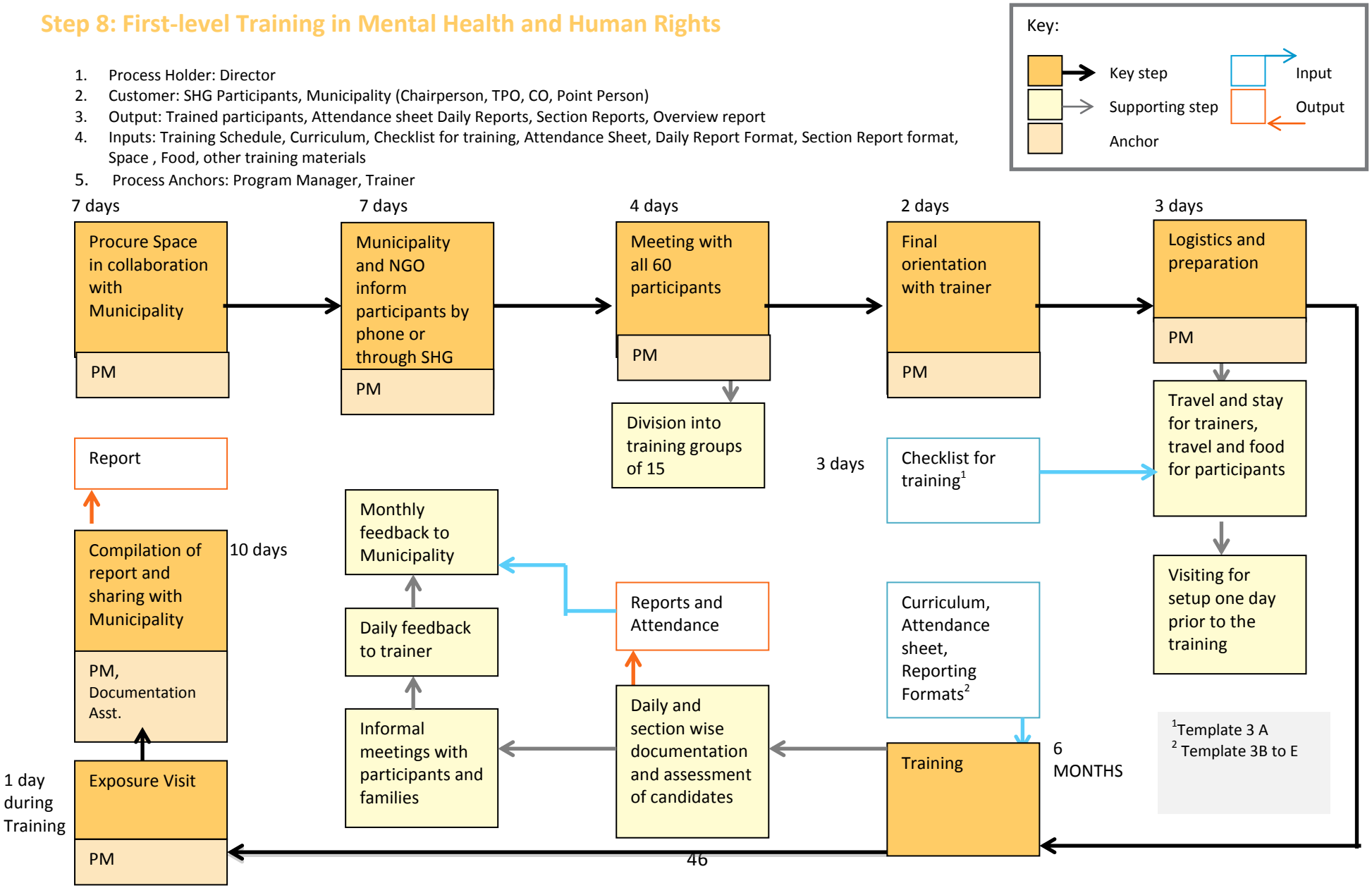
- Creating buy-in from the families of the participants and constantly maintaining a dialogue with them
- Managing the emotional journey that the participants go through as part of the training and dealing with the resistance that could arise out of this.
- Ensuring that the training provides the women with the confidence and the ability to express their own experiences of mental illness
- Addressing the discomfort some of the participants may have with dealing with difficult conversations that arise during the training, especially in the Gender and Sexuality section.
- Recognizing the gap in the municipalities understanding of difficult issues like sexuality that are related to mental health and framing the curriculum in a way that is optically correct.
- During the evaluation the participants who are generally used to only working in groups during the training struggle with the idea of performing individual task

Looking back and looking forward: Phase 3 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings	Ongoing	
4. Designing and Implementing Janamanas Republic	Upcoming	
5. Identification of mental health professionals		Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counselling		
8. Kiosk management		Year 3-8
9. Handover		

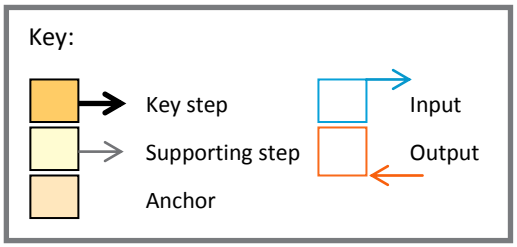
Step 8: First-level Training in Mental Health and Human Rights

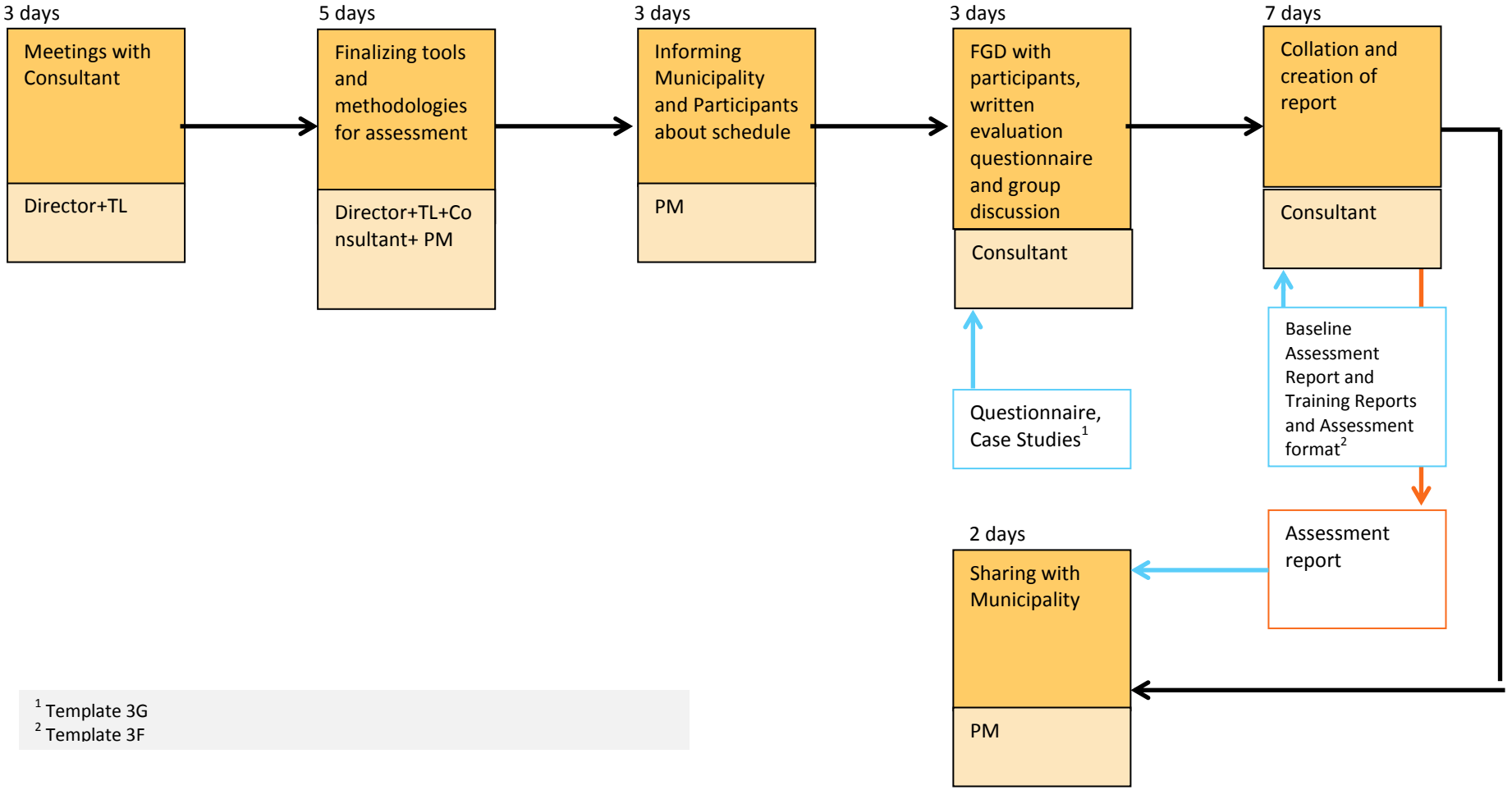
1. Process Holder: Director
2. Customer: SHG Participants, Municipality (Chairperson, TPO, CO, Point Person)
3. Output: Trained participants, Attendance sheet Daily Reports, Section Reports, Overview report
4. Inputs: Training Schedule, Curriculum, Checklist for training, Attendance Sheet, Daily Report Format, Section Report format, Space , Food, other training materials
5. Process Anchors: Program Manager, Trainer



Step 9: Evaluation of Training

1. Process Holder: Director
2. Customer: Organization, Municipality(Chairperson, TPO, CO, Point Person)
3. Output: Report of assessment
4. Inputs: Base line assessment, Reports from training, questionnaire, case studies,
5. Process Anchors: Consultant





[1] Template 3G
[2] Template 3F

Phase Four –Design and Implementation of Janamanas Republic

Year1

Phase Completion Time:
1.5 months

Key processes:

- Step 10: Republic

Objectives of Phase Four:

- Celebrating the completion of the training through an event where participants showcase diverse cultural projects that reflect the learnings of the program
- Building ownership over the program as participants take initiative to develop and direct their own projects.
- Creating a larger awareness about mental wellness in the community
- Recognizing the contribution of the municipality and further cementing their partnership.
- Receiving the informal consent of the Municipality to set up a community mental health centre of Kiosk.

Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the fourth phase of the program, which includes one key process.
By the end of the chapter you can use the workplan template (Template 1B) to map out the deliverables and time line for the 1 month of this phase.
You can also refer to the templates included in this chapter to develop the key inputs and deliverables for the process

Challenges:

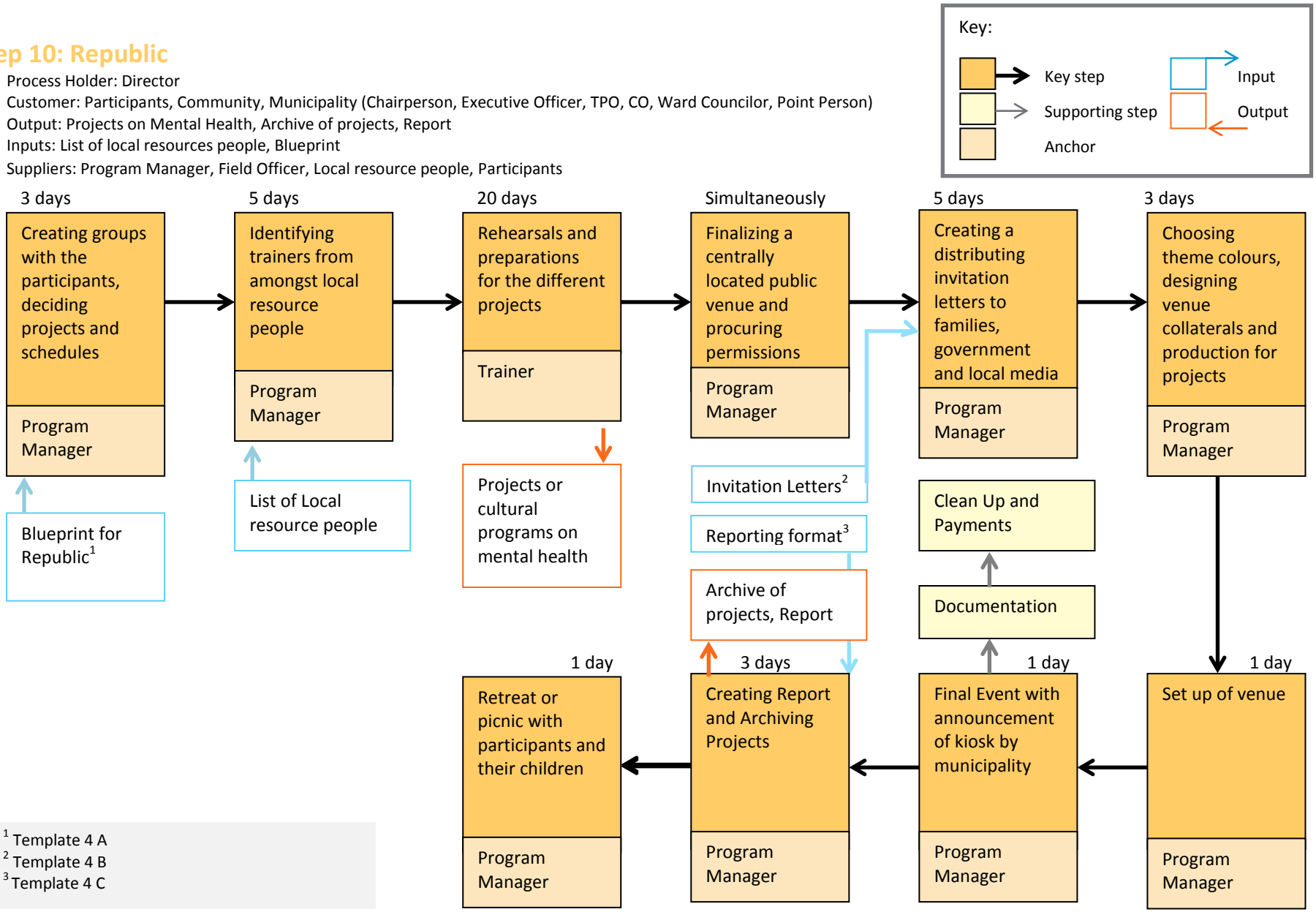
- Facilitating the development of the action project and supporting the participants to develop creative activities that can reflect their learnings
- Identifying local resource people to facilitate the rehearsals
- Managing the training schedule, and ensuring that people do not over commit to projects
- Ensuring that the projects do not go over budget
- Building a partnership with the municipality, especially to share resources for the event

Looking back and looking forward: Phase 4 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic	Ongoing	
5. Identification of mental health professionals	Upcoming	Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counselling		
8. Kiosk management		Year 3-8
9. Handover		

Step 10: Republic

1. Process Holder: Director
2. Customer: Participants, Community, Municipality (Chairperson, Executive Officer, TPO, CO, Ward Councilor, Point Person)
3. Output: Projects on Mental Health, Archive of projects, Report
4. Inputs: List of local resources people, Blueprint
5. Suppliers: Program Manager, Field Officer, Local resource people, Participants



[1] Template 4 A
[2] Template 4 B
[3] Template 4 C

Phase Five – Identification of community mental health professionals

Year2

Phase Completion Time:
2 months

Key processes:

- Step 11: Selection of 6 Kiosk Operators (KOs) and 6 Outreach Workers (ORWs)

Objective of Phase Five:

- Implementing a meticulous, quantitative, transparent evaluation and selection process to gauge each participant's learnings from the training.
- Selection 12 mental health professionals from amongst the participants of the training- 6 Kiosk Operators or counselors and 6 Outreach Workers, based on candidates ability to communicate, leadership skills, commitment, and team skills, as well as their performance during the training.
- Building the buy in of the municipality in the selection process.

Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the fifth phase of the program, which includes one key process.
By the end of the chapter you can use the workplan template (Template 1B) to map out the deliverables and time line for the 2 months of this phase.
You can also refer to the templates included in this chapter to develop the key inputs and deliverables for the process

Challenges:

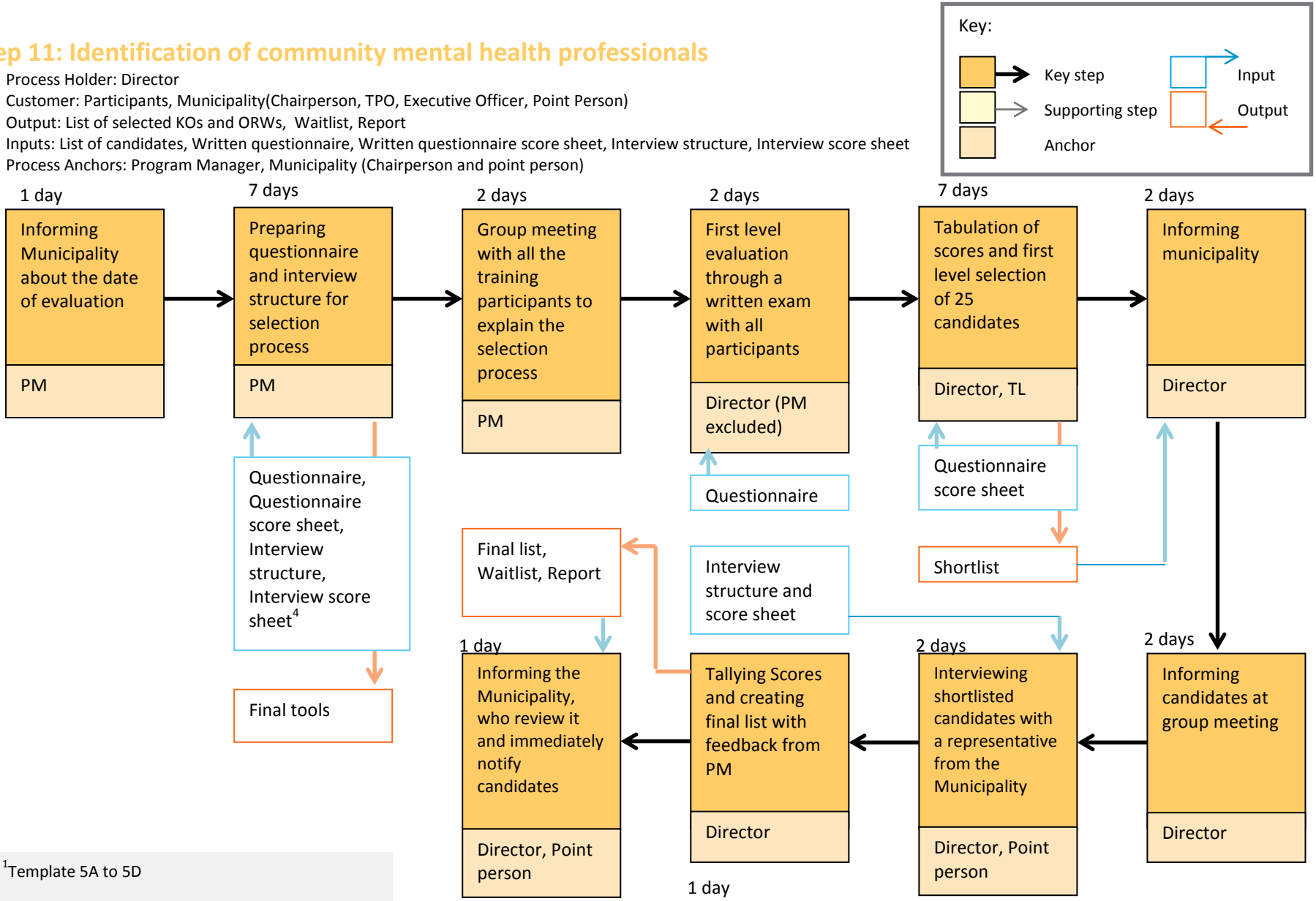
- Ensuring that the selection is based not solely on the final evaluation but on the performance of the candidate throughout the training process
- Ensuring an transparent selection process so that all key stakeholders are invested in the final decision
- Avoiding the personal biases of the program management by bringing in external evaluators and maintaining anonymity of the applicants
- Mitigating the friction that arises between participants who are selected and those who are not and managing the emotional needs of participants who are not selected.
- Ensuring that the final selection is not biased by local political affiliations by excluding the elected members of the Municipality from the initial evaluation process

Looking back and looking forward: Phase 5 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals	Ongoing	Year 2
6. Setting up of community mental health kiosks	Upcoming	
7. Second level of training in counselling		
8. Kiosk management		Year 3-8
9. Handover		

Step 11: Identification of community mental health professionals

1. Process Holder: Director
2. Customer: Participants, Municipality(Chairperson, TPO, Executive Officer, Point Person)
3. Output: List of selected KOs and ORWs, Waitlist, Report
4. Inputs: List of candidates, Written questionnaire, Written questionnaire score sheet, Interview structure, Interview score sheet
5. Process Anchors: Program Manager, Municipality (Chairperson and point person)



[1]Template 5A to 5D

Phase Six– Setting up community mental health kiosk

Year2

Phase Completion Time:
2 months

Key processes:

- Step 12: Obtaining Permissions
- Step 13: Inauguration of Kiosk
- Step 14: Setting up Kiosk and Orientation of Team

Objectives of Phase Six:

- Following up on the informal permission to set up a community mental health centre or Kiosk that is acquired during the Republic and acquiring a formal permission letter.
- Negotiating a centrally located, airy, spacious room from the Municipality
- Negotiating a resource sharing strategy with the municipality and acquiring appropriate infrastructure for the Kiosk.
- Orienting the selected mental health professionals to their new jobs as KOs and ORWs
- Setting up processes for managing and monitoring the kiosk.

Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the sixth phase of the program, which includes three key processes.
By the end of the chapter you can use the workplan template (Template 1B) to map out the deliverables and time line for the 2 months of this phase.
You can also refer to the templates included in this chapter to develop the key inputs and deliverables for the process

Challenges:

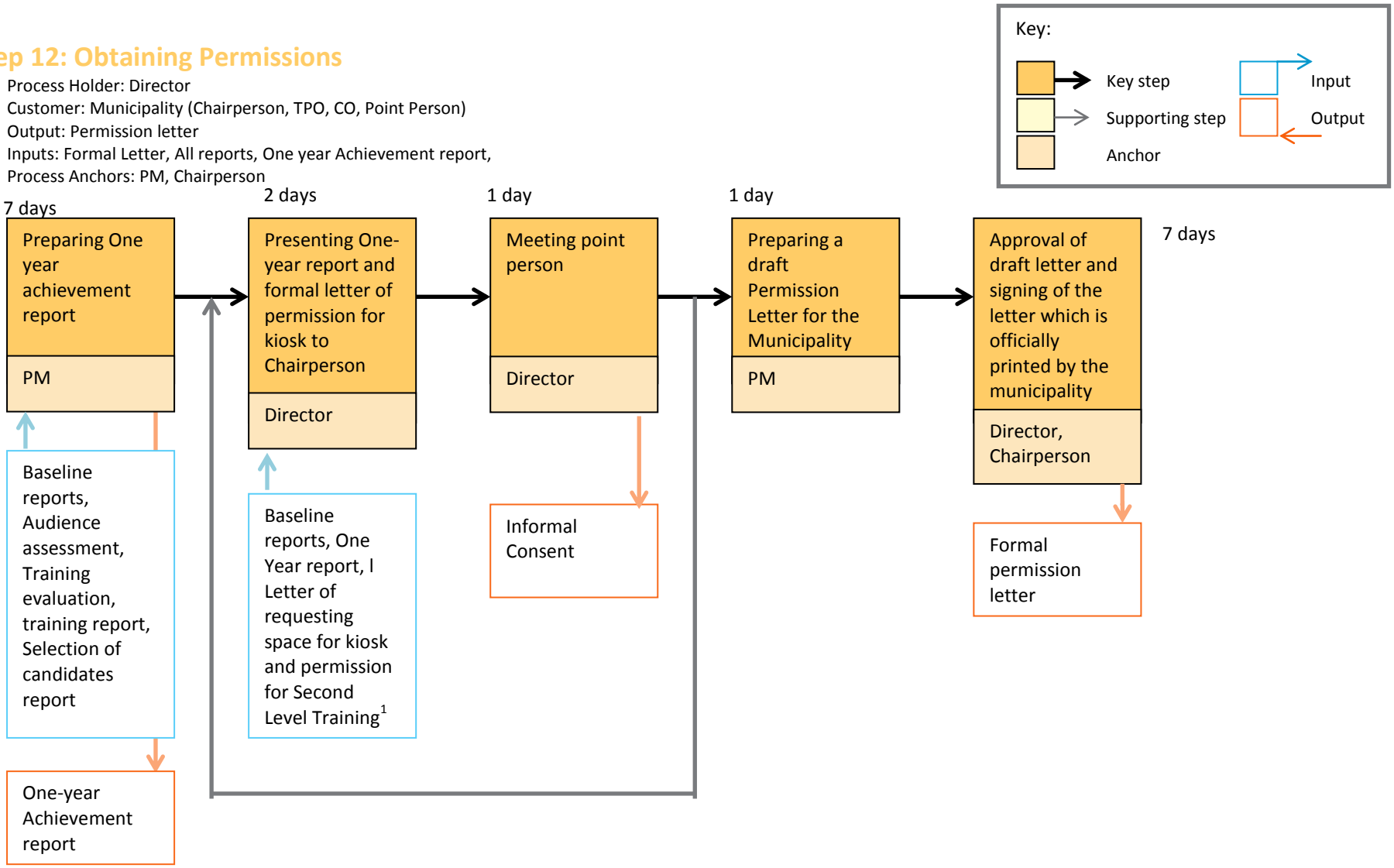
- Negotiating the ideal space.
- Delays and roadblocks in procuring the materials required for setting up the kiosk from the Municipality
- Helping the selected mental health professionals adopt a structured, professional approach to their work with clear job objectives and job descriptions, especially as they lack prior professional experience.

Looking back and looking forward: Phase 6 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals		
6. Setting up of community mental health kiosks	Ongoing	Year 2
7. Second level of training in counselling	Upcoming	
8. Kiosk management		
9. Handover		Year 3-8

Step 12: Obtaining Permissions

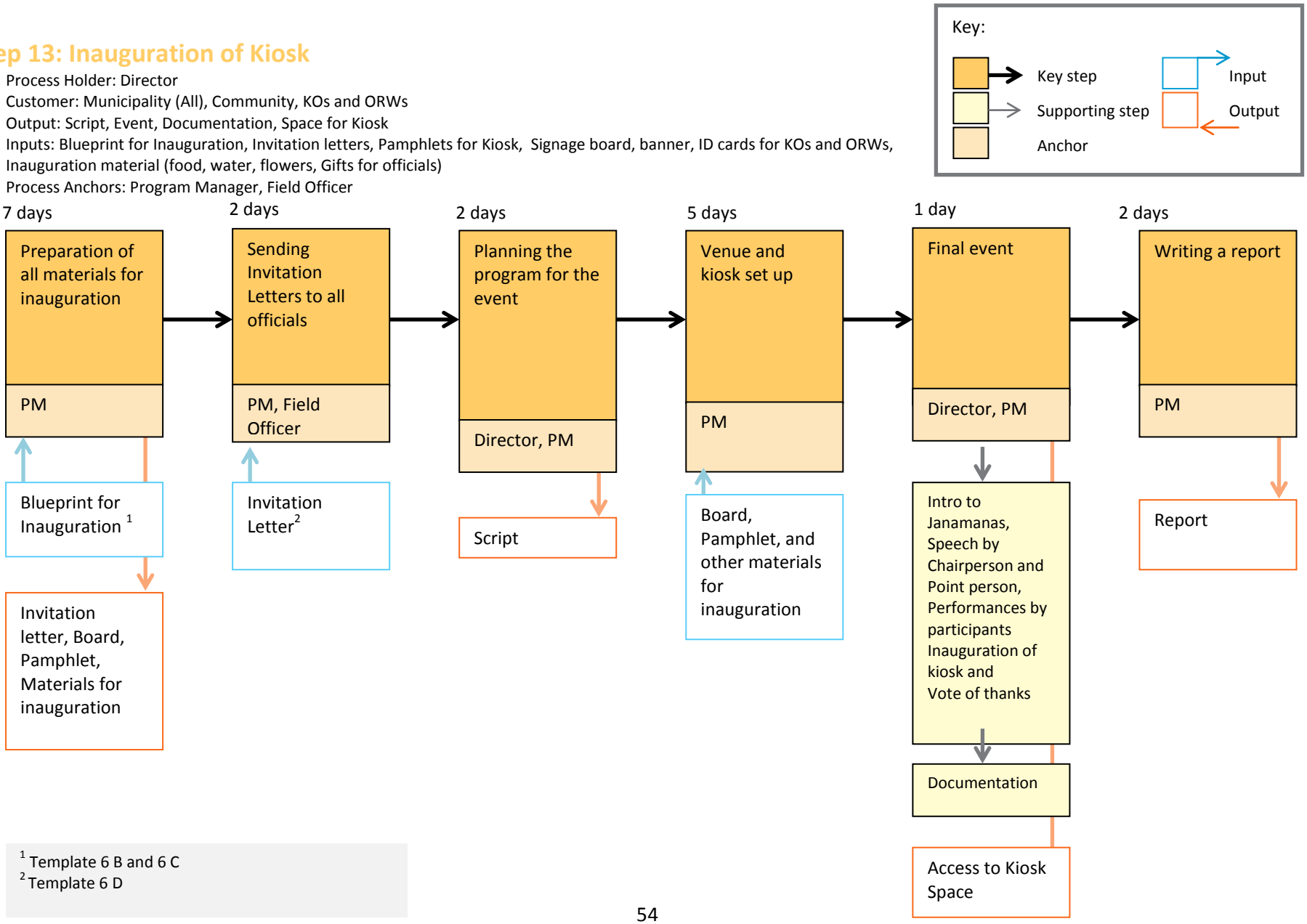
1. Process Holder: Director
2. Customer: Municipality (Chairperson, TPO, CO, Point Person)
3. Output: Permission letter
4. Inputs: Formal Letter, All reports, One year Achievement report,
5. Process Anchors: PM, Chairperson



[1] Template 6A and 6J

Step 13: Inauguration of Kiosk

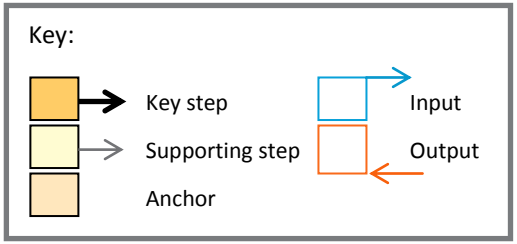
1. Process Holder: Director
2. Customer: Municipality (All), Community, KOs and ORWs
3. Output: Script, Event, Documentation, Space for Kiosk
4. Inputs: Blueprint for Inauguration, Invitation letters, Pamphlets for Kiosk, Signage board, banner, ID cards for KOs and ORWs, Inauguration material (food, water, flowers, Gifts for officials)
5. Process Anchors: Program Manager, Field Officer

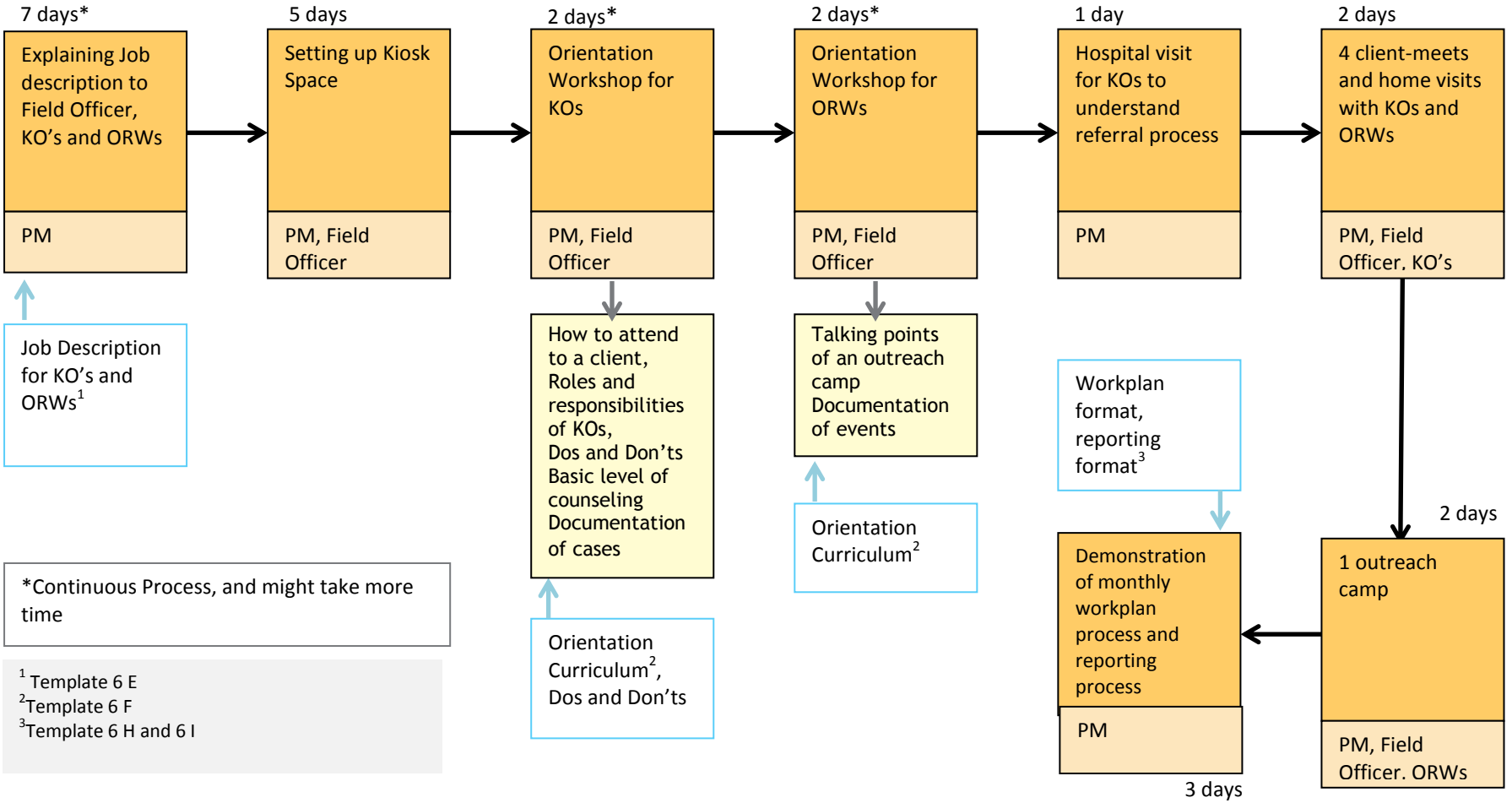


[1] Template 6 B and 6 C
[2] Template 6 D

Step 14: Setting up Kiosk and Orientation of team

1. Process Holder: Director
2. Customer: Municipality ((Chairperson, TPO, CO, Point Person), KOs, ORWs
3. Output: Functional Kiosk in place space, Counselling and outreach processes, Monthly workplans and reports
4. Inputs: List of materials required for setting up kiosk, Primer for KO and ORW, Job description, Orientation program curriculum, Dos and don'ts for KOs and ORWs, Documentation format, Workplan format, Reporting format
5. Process Anchors: PM, Field Officer





Phase Seven – Second level training in counselling

Year2

Phase Completion Time:
4 months

Key processes:

- Step 15: Training of selected mental health professionals in counselling

Objectives of Phase Seven:
Designing and implementing a 3 month training program

- Training KOs in counselling, identifying symptoms of mental illness, hospital referrals, patient follow-ups and outreach.
- Training ORWs in outreach and awareness building.

Objectives of this Chapter

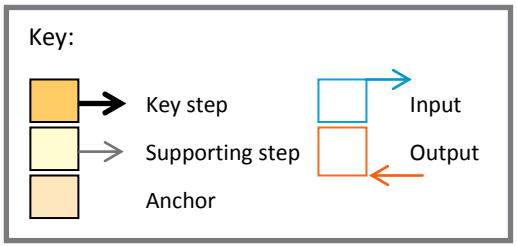
This chapter presents a detailed step by step guideline for planning the seventh phase of the program, which includes three key processes.
By the end of the chapter you can use the workplan template (Template 1B) to map out the deliverables and time line for the 2 months of this phase.

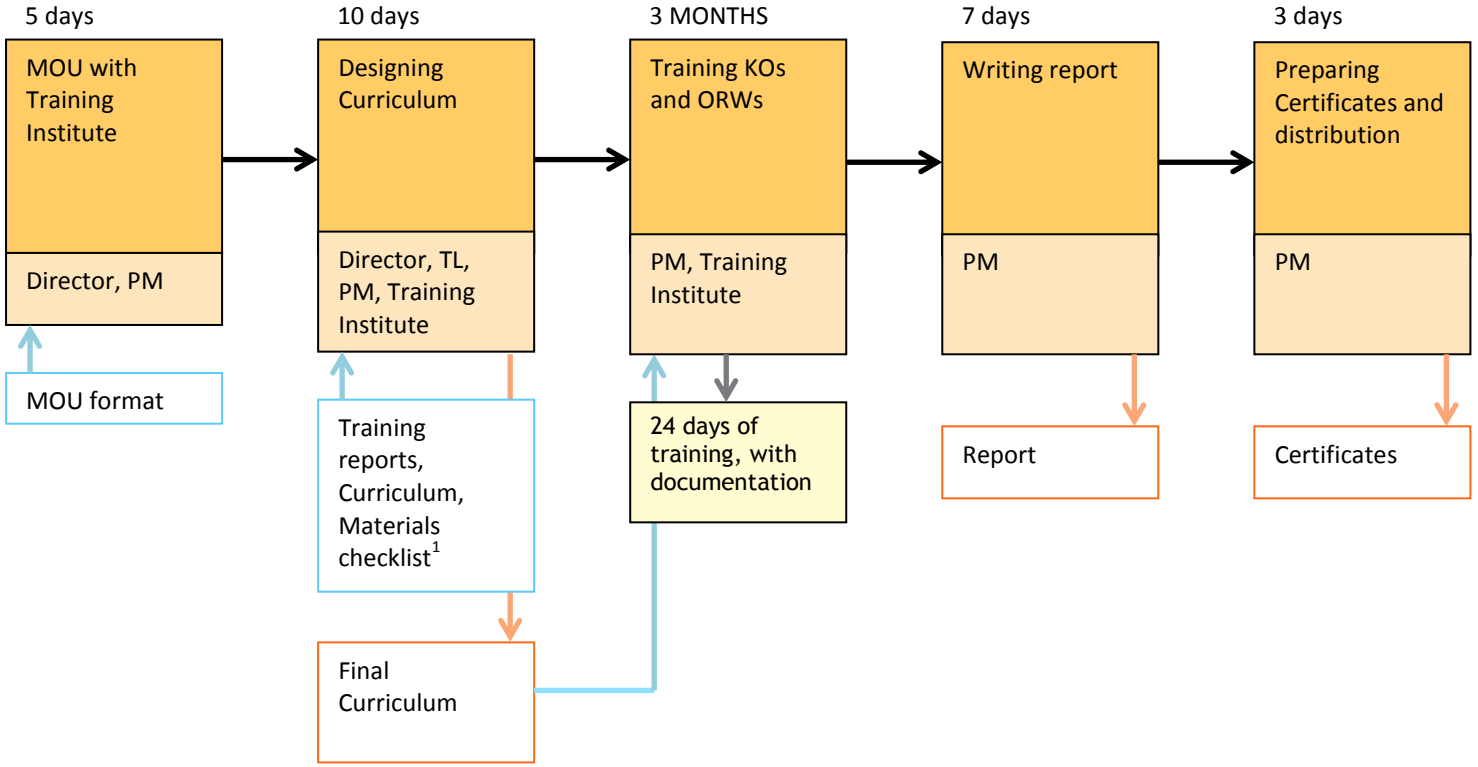
Looking back and looking forward: Phase 7 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals		Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counselling	Ongoing	
8. Kiosk management	Upcoming	
9. Handover		Year 3-8

Step 15: Training selected mental health professionals in counselling

1. Process Holder: Director
2. Customer: KOs, ORWs, Municipality (Chairperson, TPO, CO, Point Person)
3. Output: Trained counselors, Certificate of Training, Report on Training
4. Inputs: Training reports, MOU with Training Institute (specialized in counselling), Curriculum, Materials Checklist, Handouts
5. Process Anchors: PM, Training Institute (specialized in counselling)





[1]Refer to Template 7A

Phase Eight– Kiosk Management

Year2-8

Phase Completion Time:
On Going Process

Key processes:

- Step 16: Service delivery Management for Janamanas Community Health Centres

Objectives of Phase Eight:

- Managing the services of the Community mental health Kiosk through strategic planning, goal setting, impact assessment and training.
- Enabling KOs and ORWs to become community leaders and the voice of the Janamanas Program in their communities.
- Enabling the KO's and the ORWs to develop independent CBOs in order to sustain the program even after the handover of the program to the local government and the operational exit of Anjali from the region.

Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the eight phase of the program. By the end of the chapter you can use the Annual Planning template (Template 1A) to annually map out the deliverables and time line for the 6 years of this phase. Additional templates included in the chapter will enable you to create detailed workplans for each of the projects and deliverables under this phase.

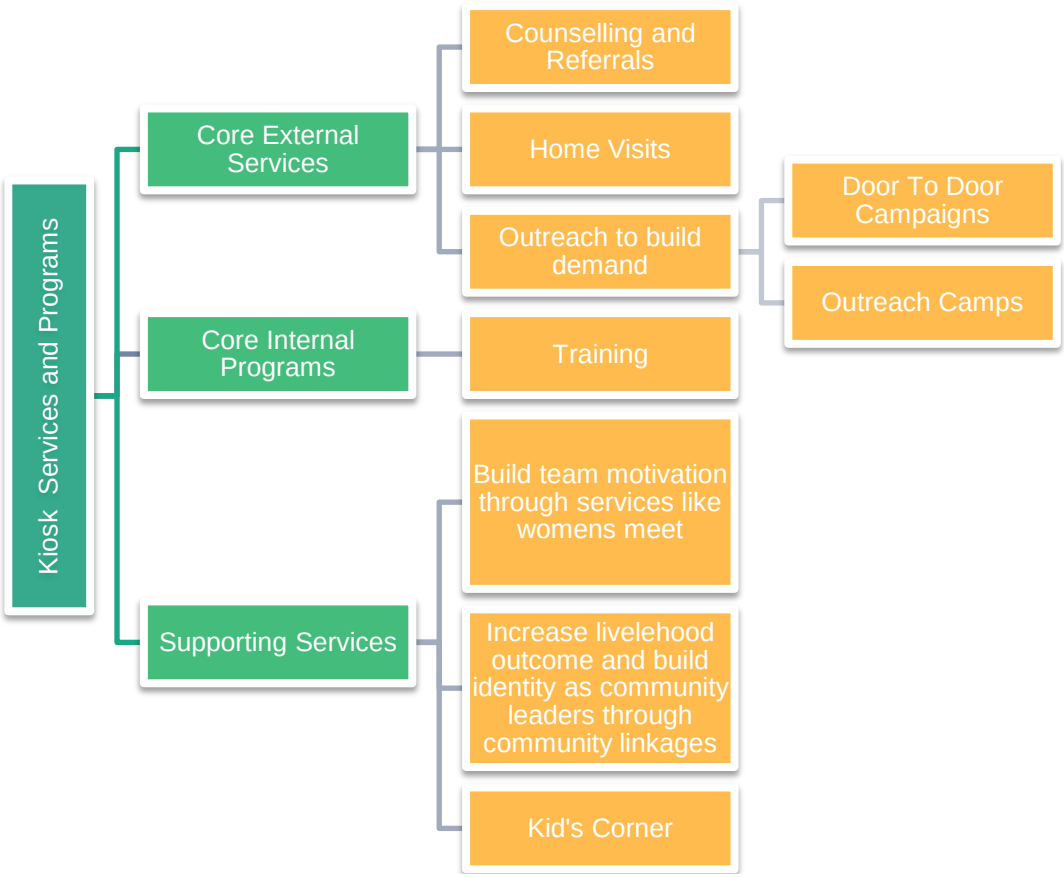
Looking back and looking forward: Phase 8 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals		Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counselling		
8. Kiosk management	Ongoing	
9. Handover	Starting Simultaneously	Year 3-8

Key Kiosk Services

The community health kiosks are not only an access point for the community to mental health service but also a safe space for protecting the interest and rights of persons with psychosocial disabilities, and foster caring communities. The following services and programs are provided at the kiosk to enable the KOs and ORWs to provide support and promote wellbeing at the last mile community.

An Overview of Programs and Services



The following section describes each of these programs and services in the 5W framework- articulating the 'Who, What, Where, When, Why and How' to present a comprehensive view of the activities implemented through the Community Mental Health Kiosk. Also included are templates that can be used to implement, monitor and assess each of the activities.

Counselling and Referral Service

Who: Kiosk Operators
What: The Kiosk Operators provide counselling and referral service to the community from the Janamanas Kiosk.
Where: Janamanas Kiosk

When: The counselling service provided on all working days of a week (from Monday to Saturday). The team decides the time when the Kiosk should remain open based on the demand and need of the community.
Why: In urban and peri-urban area there is a dearth of mental health support service for the resource poor community. The Janamanas program aims to bridge this gap by providing counselling and referral service to the community with mental health conditions. This service is provided against a nominal charge of Rs.5/- per client. The centre also provide referral services to the community, like help a client in applying for disability card, admission of a client in a rehab centre, mental health centre etc.
How: After a client walks in, a Kiosk Operator attends him/her. The client can either be referred from an outreach activity (door to door campaign, outreach camps) organised by Janamanas team or can be a 'direct walk-in'.
The Kiosk Operator interacts with the client following the basic principles of counselling and the Janamanas primer. After the session is over, the client may be given a date which is mutually agreed upon for a follow up session.
The Kiosk Operator documents the session with the client in the prescribed registers and document formats.
Before the follow up session, the client is called up from the Kiosk to remind him/her regarding the session planned. In case, the client is not in a position to come back to the Kiosk, the Kiosk Operator may visit the client's home for a follow up.

Counselling and referral templates (Template 8 A)
Registration Form
Primer for Kiosk Operator
Case History Format
Feedback form (after 2nd visit)
Feedback Form (after 5th and 10th visit)
Referral Services Register
Kiosk Register
Monthly Compilation Format for Kiosk

Home Visits

Who: Kiosk Operator
What: The Kiosk Operator make visits to a client's home for follow up of the client.
Where: Client's home
When: The home visits are planned based on the requirement of the client
Why: There are times when a client is both physically and mentally unwell to come to the Kiosk for counselling sessions. At times, a client may refuse to take counselling support and therefore, does not come to the Kiosk. However, the KOs visits home on the request of the family members of such clients for counselling and follow up services.
However, a client is encouraged to visit the Kiosk for service, as proper counselling may not be possible due to lack of requisite environment at the client's home.
How: The Kiosk Operators visits home of the clients, on request from the family members and for clients who are unable to visit the Kiosk. Usually, two Kiosk Operator visits the client's home. One of the KO interacts with the client alone without any disturbance from the family members and neighbours (preferably in a separate room). After completion of the session, she may share with the family members the next course of action.
The other KO would interact with family members and community regarding the concerns and problems that are facing with the client; may have to address myths which are prevalent

among community regarding mental health; ensure that the client's rights are not violated and the community is empathetic towards the patient. In a consolidation session, both the KOs discuss the way forward and involve the family and the community to ensure proper service uptake.
All relevant documents and reports will be completed at the Kiosk.

Home Visit templates (Template 8 B)
Home Visit Register
Monthly Compilation Format for Home Visits

Door to Door campaign

Who: Outreach workers
What: The Outreach workers make door to door visits (ward wise) as community messengers at a regular interval.
Where: A Municipal area is divided into wards. Each outreach workers are assigned to 2 – 3 wards based on the load and distance. The outreach workers visits each houses of the wards assigned to her on a regular interval to promote the services from the Janamanas Kiosk.
When: An outreach worker make door to door campaign, minimum thrice a week, based on their weekly targets.
Why: The Door to Door campaign are conducted to identify problem areas in the community that can affect one's mental health, initiate discussion on mental wellbeing and promote services available from the Kiosk and to encourage health seeking behaviour of the community.
How: The outreach workers are usually work in a team of two. In the weekly meeting, the outreach workers share the wards they would be visiting in the week and the number of houses that they would possibly cover in the week.
Based on the weekly plan, she visits the specific locality of the ward; visits each houses of the locality; interact with the head of the family or housewives; talk about mental health and wellbeing; the importance of mental health and early detection; Janamanas program and what are the services available from the Janamanas Kiosk.
The Outreach workers maintain a record of the house visits in the prescribed format.

Door to Door Outreach templates (Template 8 C)
Reporting Format
Monthly Compilation Format of Door to Door Campaigns

Outreach Camp

Who: Outreach workers
What: Outreach camp is another process of reaching out to the community
Where: The camps are also organised ward wise. They are organised in collaboration with local clubs, schools and local NGOs. The sites of the camps are decided based on a few criteria like the type of locality, socio economic condition of the community and absence of any service in the area.
When: The outreach camps are usually held once in a week; preferably on a Saturday and in the evening to ensure maximum participation from the community.
Why: Camps are organized ward wise where role plays and small group discussions are performed on mental wellbeing and to promote the services available from the Kiosk.
How: The site of the outreach camps are discussed in the weekly meeting. A formal letter goes out from the Janamanas program to the respective Ward Counsellor for the permission

of the outreach camps. Local club/Schools are contacted for a space for organising the outreach camps.
In the planning meeting, the responsibilities are shared with the KOs and ORWs regarding organising the specific camp. Two ORWs are given the responsibility of outreaching in the area regarding the camp; some are responsible for the role plays and initiating the discussion; another team member for looking after the logistic of the camp and another for documentation.
The team reaches one hour before the start of the camp. Banners/ posters are put up. The outreach workers visit the locality to remind the community regarding the camp. Once people start coming in, the Janamanas team ensures that the following activities are conducted: registration; distribution of leaflets; introduction and introduction to the role play by a Janamanas team member; role plays and initiation of discussion with the participants of the camp; distribution of refreshments and conclusion with a feedback from the participants.
The outreach camp concludes with an internal feedback meeting, where individual and collective feedback of the Janamanas team was shared. What went well and what are the challenges faced by the team and what can be done to ensure that the next camp is more effective.
Records and meeting minutes are maintained by the outreach team.

Outreach Camp templates (Templates 8 D)
Do's and Don'ts of Outreach Camps
Blueprint for Outreach Camps
Register for Outreach Camps
Monthly Compilation Format for Outreach Camps

Women's Meet

Who: Kiosk Operator
What: An event organised by the Janamanas team, once in every quarter, where women from the community meet once a month at the Kiosk.
Where: Janamanas Kiosk
When: Once a month, preferably on a weekend.
Why: This is a monthly event at the Kiosk where women and young girls from the community are invited at the Kiosk to promote the Kiosk as a 'safe space for women'.
How: The women's meet is planned in such a way that first-level information on mental health and wellness is disseminated through various programs like film shows, sharing of beauty tips or recipes or story telling sessions etc. The aim of the programs is to link the activities planned with wellbeing and wellness.
The activity of the women's meet is planned in the monthly meeting. Throughout the month, the outreach workers, during the door to door campaign, share the event which is planned at the women's meet with the community.
The team decides who will lead the discussion. During and after the film show/ story telling session, the facilitator will link the movie/ story with wellbeing and wellness. The Janamanas program and the services available from the program are also shared. At the end of the discussion, feedback from the participants is taken regarding the program.
The program is documented by Janamanas team members in the Women's Meet reports.

Linkages with local stakeholders

Who: Outreach workers
What: Linkages with various stakeholders
Where: In the area that the program covers
When: As and when required
Why: Janamanas program aims to develop linkages with local stakeholders like SHGs, Health workers, local administration, local Police stations, NGOs, clubs, schools and colleges, orphanage for strengthening the referral service and reaching out to the last mile community.
How: The outreach workers will map and identify important and influential stakeholders from their area. A resource directory of stakeholders is prepared with the type and kind of services available and how to access those services.
The Kiosk Operator and Outreach workers will visit the stakeholders and attempt to create a linkage with them so that a client referred from Janamanas Kiosk will be able to access services from their centres/ space. These linkages will also serve as points from where clients can also be referred to the Janamanas Kiosk.

Linkages with local stakeholder templates (Template 8 E)
Ward Mapping Template

Kid's corner

Who: Kiosk Operator
What: Within the Kiosk, a separate space is designated as 'Kid's Corner'.
Where: Janamanas Kiosk
When: Anytime of the day, when the Kiosk remain open
Why: The Janamanas program is essentially a women's program where the mental wellness of a woman is priority. Many a times, women cannot come to the Kiosk because there is no space or no one with whom she can leave her child before coming for counselling. A woman, in Janamanas program, is always encouraged to bring their babies at the Kiosk and when she is sitting through a session, another Kiosk Operator attends her baby.
How: The Kid's corner is a space designated for the children, who come to the Kiosk with their mothers. A number of games, puzzles, toys and books are kept in the kid's corner, for children of different age, who can play with these games for some time. Children's books are also kept in this corner for older children to encourage the habit of reading among children. A Kiosk operator attend to the child at the Kid's corner and help the child in understanding the puzzles and play with them.

Training

Who: Program Manager and Psychologist
What: Monthly Trainings for KOs and ORWs for hand holding on difficult cases, leadership development of Kiosk Team, teambuilding and individual counselling for KOs
Where: Janamanas Kiosk
When: During the monthly visits by the Program Manager, once every month for the first three months; once in two months for the next 6 months; and then as per the need of the Janamanas team
Why: The Training program is critical for improving and the quality of services at the Kiosk, empowering the KOs and ORWs and community leaders and setting the team on a path to sustainability as the set up an independent CBO.

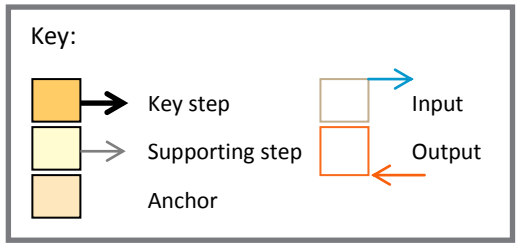
How: For the first year after the set up of the Kiosk, the training is focussed on building the counselling and leadership of the team. Developing their capacities as community leaders is also critical to the process and they are trained in relationship building, project management and advocacy. Year 5 marks a shift in the training as the team works towards setting up an independent CBO, and components of CBO formation, strategic planning and management are included in the program. This enables the team to build the skills needed to sustain and lead Janamanas even after the program in handed over to them in Year 8.

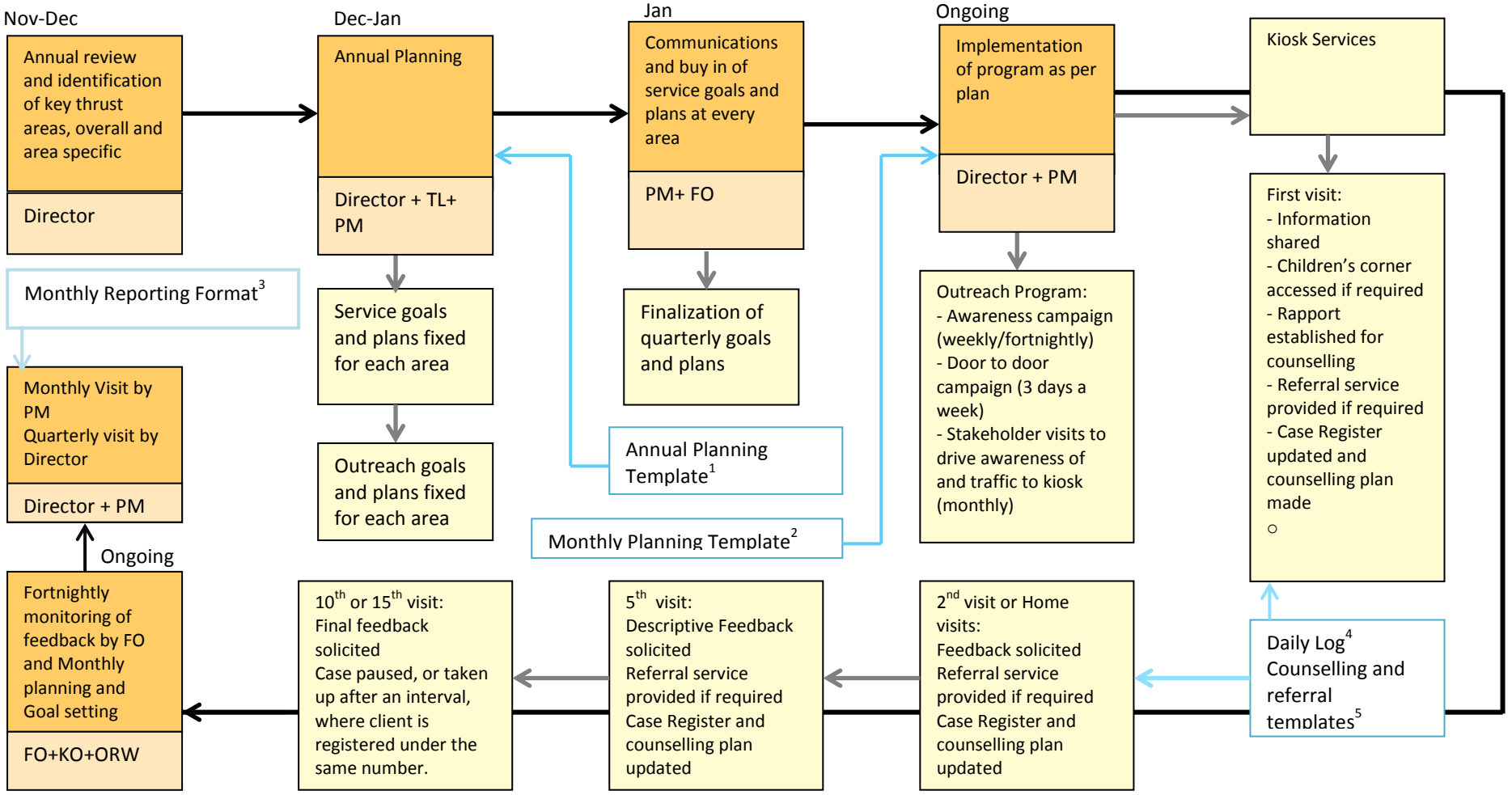
Training templates (Template 8 F)
Level 3- Training Curriculum

The following process map describes the monthly, quarterly and annual process for implementing and monitoring the services and programs of the kiosk. Also included are templates for planning, monitoring and assessing the various processes. ***These processes are cyclical and ongoing, and apply from Year 2 to Year 8 of the program.***

Kiosk Management: Service delivery Management for Janamanas Community Health Centres

1. Process Holder: Director
2. Customer: Team Leader, PM, FO, KO, ORW
3. Output: Annual Strategic Plan, Monthly Plans, Kiosk Services, Feedback and Assessment
4. Inputs: Annual Planning Template, Monthly Planning Template, Daily Log for KOs, Monthly Reporting Format
5. Process Anchors: Team Leader, PM, FO

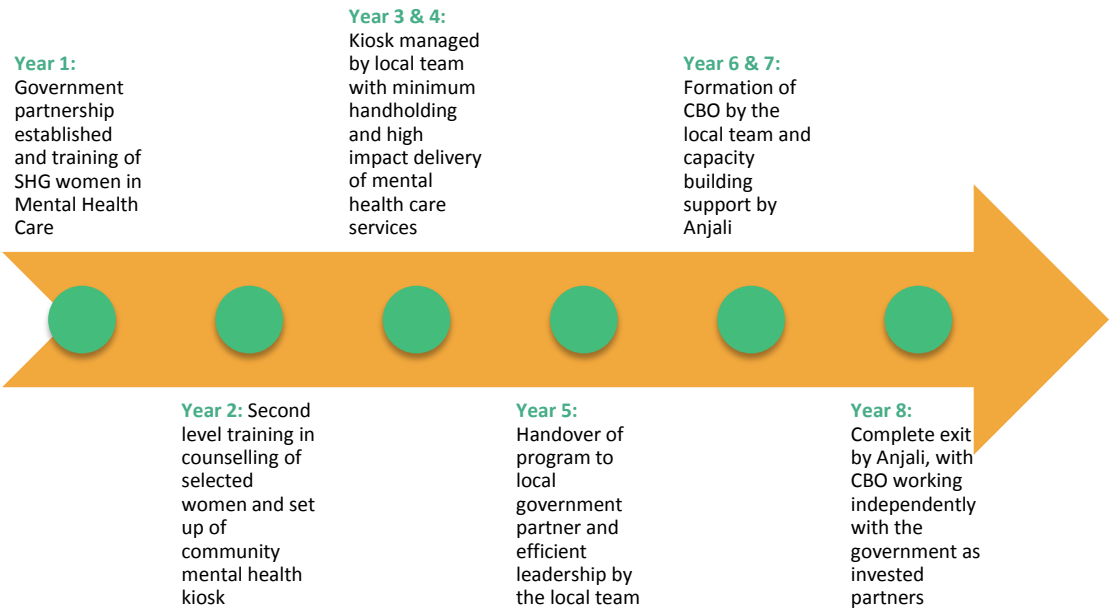




[1]Template 1 A
[2]Template 1B
[3]Template 6H
[4]Template 6 I
[5]Templates 8 A to 8 D

Kiosk Management Timeline and Deliverables

After the set up of the Kiosk in Year 2 the Program Manager and Field Officer work with the Kiosk Team, improving the quality and the efficiency of services and empowering the team to set up a sustainable, independent CBO. The following time line presents an overview of this journey and details the deliverables and indicators at each stage of the journey.



Year 2
• Services tracked and monitored, ensuring at least 2-3 client visits a week for a area that is marked lowest on all three of the following factors -accessibility, density of population and intensity of outreach services
Year 3 &4
• Services tracked and monitored, ensuring at least 6 client visits a week for a centre that is marked lowest on all three factors • Field Officer emerges as the leader and champion and face of the program and the local Janamanas team is accepted and respected by the community • High quality and timeliness of monthly planning, reporting and monitoring • Handholding by Anjali reduces with the level of operational supervision by the program manager reduces to 25-30% • Kiosk continues to have a 16 member team • Kiosk expands to develop a hub and spoke model with a minimum of 5 new of outreach centres in Year 3, and 3 more in Year 4 • A minimum 70% satisfaction rate reported through feedback collected from clients • Local Janamanas Team starts to communicate independently with government bodies and are respected by government officials • Sustained participation in a minimum number of programs organized by the Janamanas team by the government • Local government leaders begin to emerge as spokespersons of mental health in the community by publicly acknowledging mental health care needs and integrating mental health into existing government services

<table>
<tr><th>Year 5</th><th>Year 6 & 7</th></tr>
<tr><td>

Operational exit of Anjali
Letter of consent from the municipality acknowledging transfer of leadership from Anjali to Urban Local Body, and stating all the roles and responsibilities of the ULB
Salaries of local Janamanas team taken over by the government
Government demonstrates a healthy partnership by ensuring efficient clearance of payments and resources
Government collaborates with local Janamanas Team for the following activities-

Quarterly workshops on mental healthcare
Annual mental health campaign
Annual strategic planning for Janamanas

</td><td>

Training of the Janamanas team in Strategic Leadership
Building know how on CBO formation management, fundraising, and resource mobilization.
CBO formation with a clear 5-year road map and 3 year operational plan (end of Year 6)
Handholding of CBO by Anjali Team (Year 6-7)
Government collaborates with the CBO for the following activities-

Quarterly workshops on mental healthcare
Annual mental health campaign
Annual strategic planning for CBO

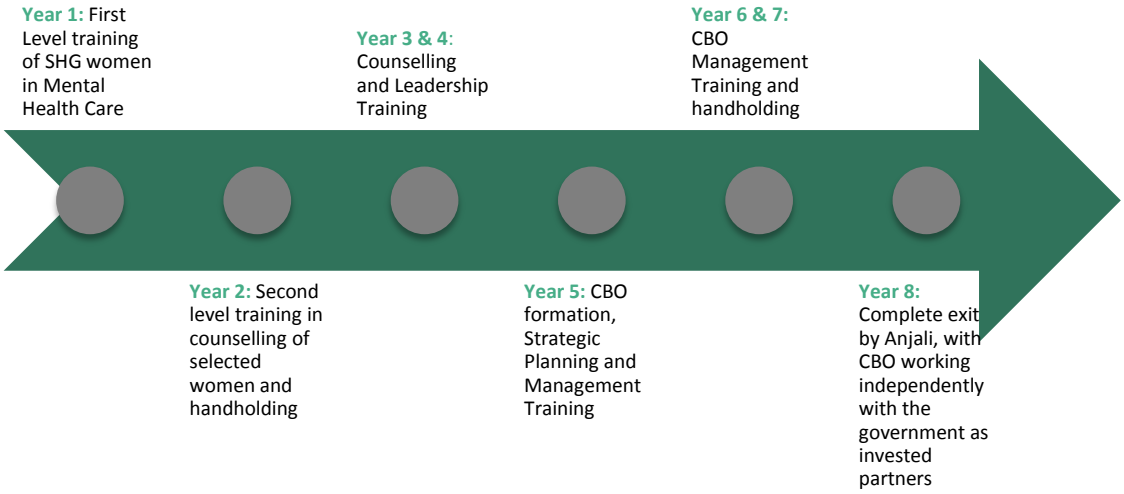
</td></tr>
<tr><th colspan="2">Year 8</th></tr>
<tr><td colspan="2">

Complete exit of Anjali
CBO team speaking and influencing mental health boards through talks, meetings and advocacy
Local government officials become mental health champions in spirit and action
Annual mental health campaign by CBO in collaboration with the Government
Quarterly meetings between CBO and Chairperson of local government to ensure sustained collaboration

</td></tr>
</table>

Training Timeline and Deliverables

The following timeline outlines the training program for the KOs and ORWs to build their capacities as counsellors and community leaders. The training program is need based and responsive to the needs of the community. Through monthly training needs assessment the PM and FO develops an evolving curriculum that adapts the following framework the create a robust program that enable the local Kiosk Team to grow as counsellors as well as sets them on the path to sustainability as they create and manage their own independent CBO.



<table>
<tr><th colspan="2">Year 2</th></tr>
<tr><td colspan="2">

- 3 month Training on Counselling for selected KOs and ORWs
- Ongoing monthly training by PM and Psychiatrist as per Level 3 Curriculum (Template 8 E)
- Individual counselling to KOs FO and ORWs

</td></tr>
<tr><th colspan="2">Year 3 &4</th></tr>
<tr><td colspan="2">

- Case management and support according to Level 3 Curriculum (Template 8 E)
- Individual counselling to KOs FO and ORWs (same as above)
- Self building + Leadership building Training including team building, strategic planning, conflict resolution, communication
- Project management training through the process of developing a community project each quarter
- Training in government interactions and advocacy

</td></tr>
<tr><th>Year 5</th><th>Year 6 & 7</th></tr>
<tr><td>

- CBO management training including envisioning, strategic planning, communication, fundraising, team and resource management and accounts management

</td><td>

- Distant yet engaged need based handholding

</td></tr>
<tr><th colspan="2">Year 8</th></tr>
<tr><td colspan="2">

- Complete exit of Anjali

</td></tr>
</table>

Phase Nine - Handover to Local Government

Year 2-8

Phase Completion Time:
On Going Process completed by Year 8

Key processes:

- Step 17: Handover of program to local government

Objectives of Phase Nine:

- Ensuring the support of the local government in sustaining Janamanas through resource sharing
- Handing over the Janamanas program to the local government by Integrating Janamanas into the Development Plan for the Municipality and finding support under the purview of a government scheme
- Engaging the local government as advocates for mental health by collaboratively developing mental health campaigns and programs
- Fostering respect within the government for the KOs and ORWs so that they receive the full support they need to grow as leaders in their community and eventually establish independent, sustainable CBOs

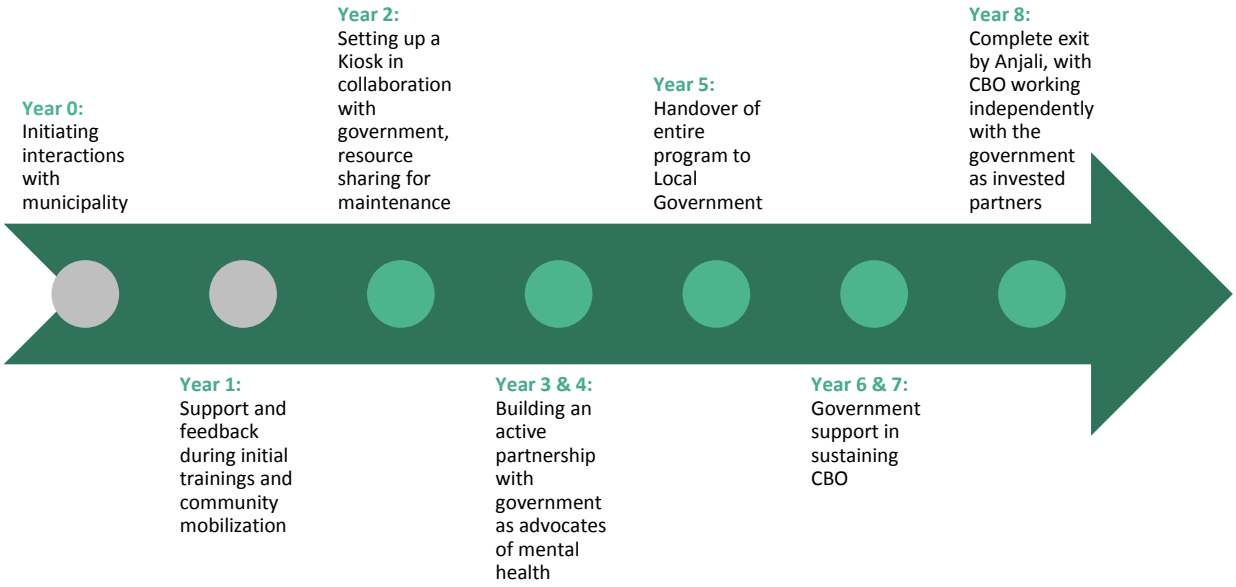
Objectives of this Chapter

This chapter presents a detailed step by step guideline for planning the ninth and final phase of the program, which includes one key process.
By the end of the chapter you can use the Annual Planning Template (Template 1A) to map out the deliverables and time line for each year.

Looking back and looking forward: Phase 8 in relation to the entire program

Phases	Status	Year
1. Launching Janamanas	Completed	Year 0
2. Preparation for program roll-out		Year 1
3. Conducting Trainings		
4. Designing and Implementing Janamanas Republic		
5. Identification of mental health professionals		Year 2
6. Setting up of community mental health kiosks		
7. Second level of training in counselling		
8. Kiosk management	Continuing Simultaneously	
9. Handover	Ongoing	Year 3-8

Ongoing Government interaction timeline



Detailed Objectives and Deliverables

For details of Year 0 and Year 1 refer to Chapter 3: Phase 1- Launching Janamanas

Year 2
Setting up a Kiosk in collaboration with government, resource sharing for maintenance • Monthly meetings with PP, FO, ORW and KO, lead by PM • Constant contact with PP during field visits • Fortnightly contact over phone with PP by PM • Participation of PP as panelists in all selection processes • Milestone based meeting with Chairperson • Finalize MoU Document on the roles and responsibilities of the Municipality with regards to the growth and maintenance of Kiosk • Bringing together the entire municipal staff at the inauguration of the Kiosk
Year 3 &4
Building an active partnership with government as advocates of mental health • Monthly meetings with PP, FO, ORW and KO led by FO with PM support • Constant contact with PP by FO • Quarterly workshops to integrate mental health programs in specific government departments by PM, co facilitated by FO,KO,ORW, with increasingly lower involvement of the PM • Invitation of Council members to awareness camps • Initiate discussion with PP identifying a scheme that can support Janamanas • 2-3 meetings with Chairperson • Proposal and budget for the municipality to sign and approve with detailed

agreements on responsibilities, roles and resources of the municipality in supporting Janamanas
- Annual republic to bring the community together and celebrate Janamanas

Year 5

Handover of entire program to Local Government

- Follow-up meetings with chairperson regarding proposal for handing over Janamanas
- 2 meetings with council members regarding proposal
- Following up with PP to forward proposal to relevant department if municipality does not have its own funds
- Approval of the proposal and the required funds by Chairperson
- Formal meeting to Handover the program
- Monthly meeting with PP by FO
- Constant contact with PP by FO
- Quarterly workshops with municipal led Janamanas team with minimal handholding by PM to build a mental health campaign in partnerships with the Government

Year 6-8

Government support in setting up and sustaining an independent Janamanas CBO

- Annual envisioning and strategic planning exercise with Janamanas team and the government to create roadmap for the Janamanas CBO team and identify the role of the government in supporting the program
- Annual reporting of strategic planning outcomes to government by FO
- Quarterly visit by PM
- Annual republic to bring the community together and celebrate Janamanas

> I strongly feel this program is much needed in the community. This will help in creating awareness of the importance of mental health. The team is doing great work
> **- Dr. Chiranjeev Roy, Psychiatrist, Coochehar State Hospital**

Chapter 5

Budgeting for Janamanas

In this chapter, we will be using the three year financial budget for Janamanas in Coochbehar Municipality as a reference frame work to estimate the cost of replicating Janamanas.

Objectives of this Chapter

- To gain a realistic understanding of the resources required for implementing Janamanas
- To provide a framework for designing the budget for replicating the program
- To provide a ready reference for budgeting for grant proposals and internal planning

Selection of Coochbehar as a reference point

Coochbehar is the most recently implemented Janamanas program, with the successful implementation of all nine phases, and hence provides a realistic and comprehensive reference point.

Moreover, it is one of the key sites of intervention that is located away from Kolkata, which is the location of Anjali's office, and its central hub for most other Janamanas programs in peri-urban areas. As the budget factored additional program costs for outstation travel, accommodation, local travel etc. it provides a useful reference for the logistics required for implementing the model at the last mile communities.

Janamanas Budget for Coochbehar

The following graph depicts the annual budget for Janamanas in Coochbehar, as well as the breakup of costs each year.

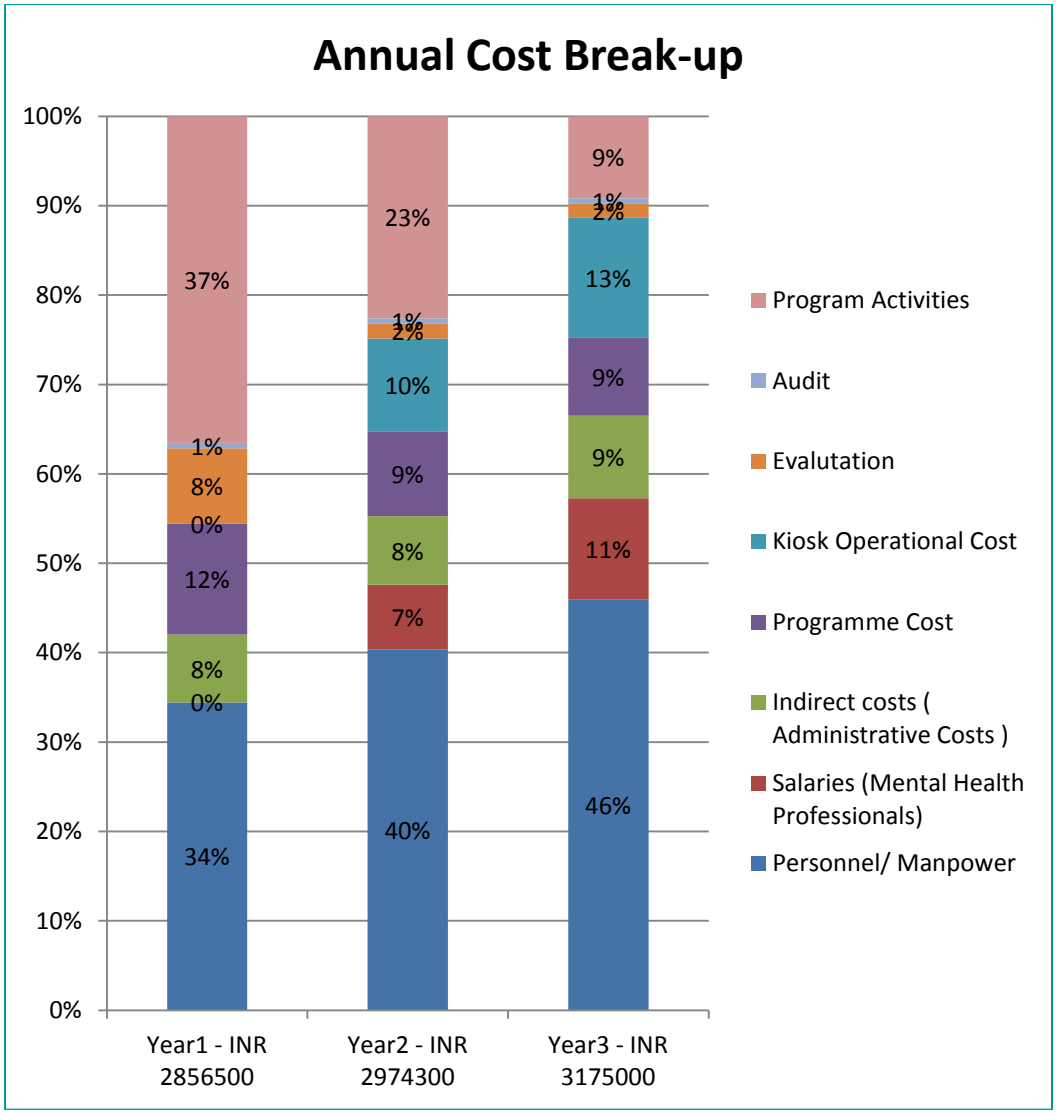
Key Observations

Two additional cost heads are added in Year 2 and 3 with the establishment of the Kiosk:

- Kiosk Operational Costs
- Salaries for Barefoot Mental health professionals (KOs and ORWs)

Under the Program Activities cost head, the budget reduces over the three years, as the trainings are completed and the program is gradually focussed towards managing the Kiosks and community mental health service provision.

In the third year the program moves towards self sustainability the local Municipality starts bearing the cost of the running the Kiosks and employs the KOs and ORWs under their program.



Budgeting Templates for Janamanas

The following table can be used to estimate the costs for the program, across three years. The cost heads are common across the three years, with small increases in allocated budget to factor inflation, increments etc.

As mentioned in the previous section, two additional cost head are applied from Year 2- Kiosk Operational Costs and Salaries for KOs and ORWs.

- **Template for consolidated costs across 3 years**

Cost Heads	Year 1	Year 2	Year 3	Comments
Personnel/ Manpower				
Core Staff				
Director (30% of total time)	*I person for 12 Months*	*I person for 12 Months*	*I person for 12 Months*	*There will be a 10-20% increment each year*
Team Leader – Janamanas	*I person for 12 Months*	*I person for 12 Months*	*I person for 12 Months*	
Documentation Assistant	*I person for 12 Months*	*I person for 12 Months*	*I person for 12 Months*	
Financial Officer (25% of his/her time)	*I person for 12 Months*	*I person for 12 Months*	*I person for 12 Months*	
Janamanas Staff				
Program Manager - Janamanas	*I person for 12 Months*	*I person for 12 Months*	*I person for 12 Months*	*There will be a 10-20% increment each year*
Field Officer	*I person for 12 Months*	*I person for 12 Months*	*I person for 12 Months*	
Salaries (Mental Health Professionals)				
Kiosk Operators	*N.A.*	*6 people for 9 months*	*6 people for 12 months, funded by the Municipality*	*Minimum Starting Salary is Rs. 3000*
Outreach workers		*6 people for 9 months*	*6 people for 12 months, funded by the Municipality*	*Minimum Starting Salary is Rs. 2500*
Indirect costs (Administrative Costs)				
Internet, Telephone				*Allocate only a portion of your administrative costs for Janamanas, based on program requirements*
Electricity, Utilities, Maintenance Cost				
Administrative Travel				
Rent				

Cost Heads	Year 1	Year 2	Year 3	Comments
Program Cost				
Outstation travel (for program team)	*Train fare two people per month for 12 months*	*Train fare two people per month for 12 months*	*Train fare two people per month for 12 months*	*Only for outstation travel*
Food & Accommodation charges	*For 2 people for 8 days a month for 12 months*	*For 2 people for 4 days a month for 12 months*	*For 2 people for 4 days a month for 12 months*	*Only for outstation travel*
Photocopy & Xerox				
Local Travel				
Kiosk Operational Costs (12 months)				
Door to Door campaign	*NA*	*2 campaigns a month for 9 months*	*2 campaigns a month for 12 months*	*Recommended budget INR 4500 per campaign*
Home Visit	*NA*	*4 visits a month for 9 months*	*4 visits a month for 12 months*	*Recommended budget INR 500 per visit*
Outreach Camp	*NA*	*4 camps a month for 9 months)*	*4 Camps a month for 12 months)*	*Recommended budget INR 2-3000 per camp*
Travel of Kiosk Operators and Camp organisers	*NA*	*For 12 people for 9 months*	*For 12 people for 12 months*	*Recommended budget INR 500 per person*
KIOSK running costs	*NA*	*For 9 Months*	*For 12 Months*	
Printing charges of Banner/Posters/Leaflets	*NA*			
Janamanas Annual Event	*NA*			
Advocacy with Municipality/local NGOs/Clubs and other stakeholders	*NA*			
Logistics/ refreshment/ venue / local travel	*NA*			
Evaluation and Report				
Evaluation and Report				***Consultant's fees for monitoring and evaluation processes***

Auditor's fee				
Auditors Fees				*One time cost annually*

- ## Year-specific Program Activities Budgeting Templates

YEAR 1

1. Advocacy with Government	
Travel for Anjali Team to the intervention site	*Train fare for 2 people for two field visits*
Boarding & lodging for 8 days	*For 2 people for two field visits*
Orientation Workshop with ULB	

2. Implementing the training 20 sessions with 20 women in each group x 4 groups = 80 participants and 80 sessions	
Trainer's Fees	
Local conveyance for 80 participants	
Workshop Material	
Venue -Municipality's contribution	
Food	
Hiring of equipment e.g. projector, laptop	
Resource Persons' Travel to intervention site	
Boarding and Lodging for Resource person	

3. Republic: Action Projects towards the culmination of the training	
Action Projects	*Cost of 12 projects*
Logistics/Venue costs/Gifts/ Food and refreshments/ Certificates etc	*For a program with 200 - 250 people*

YEAR 2

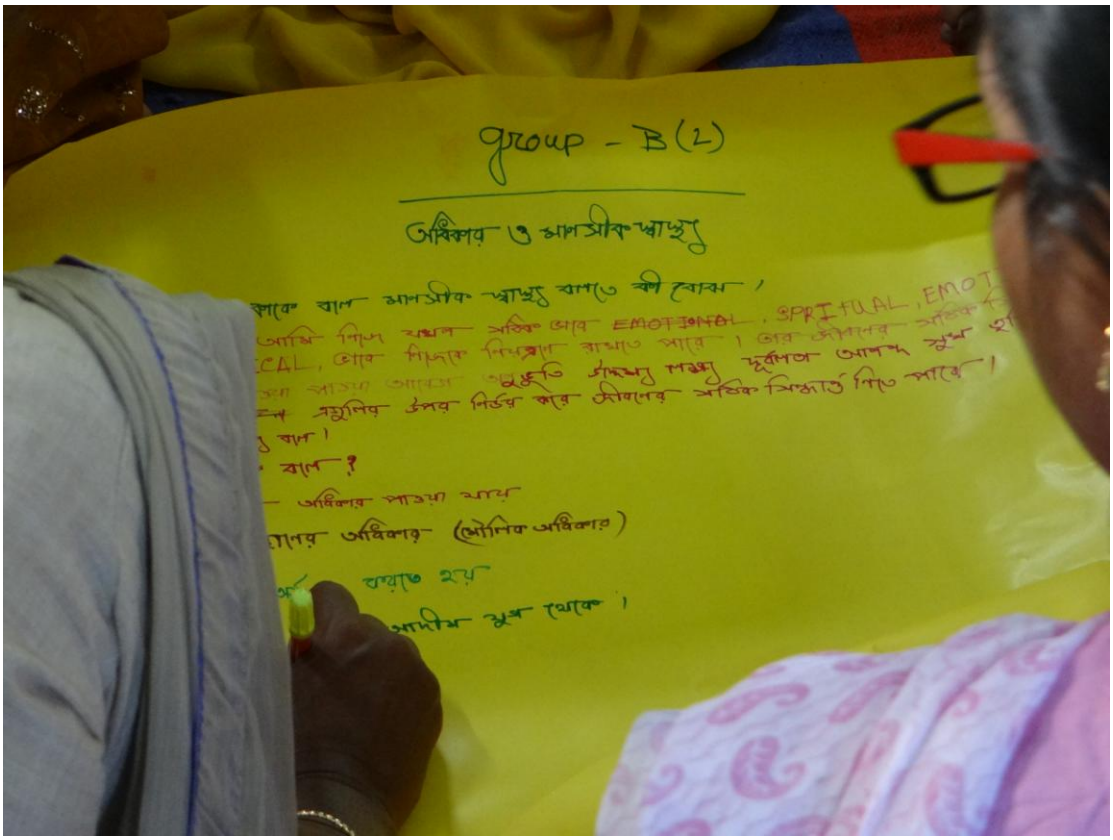
Training	
Food & Travel for participants at training sessions	*Food for 12 participants for 24 days*
Consultation fee for training institute	
Food & Accommodation charges for resource person	*Food for 2 people for 24 days*

Travel by train to site	*Travel expenses for 2 people once a month for 6 months*
Local Travel at site	
Workshop Materials	
Certificate giving ceremony	*Recommended amount – INR 50,000*

Kiosk Set up and Inauguration	
Kiosk Inauguration	*Recommended budget – INR 40,000*
Kiosk Set up	*Recommended budget – INR 60,000*

YEAR 3

Capacity Building of KOs and ORWs	
Training/ Workshops	
Team building workshop	*Recommended budget – INR 30,000*
Orientation with Health Workers/ SHGs/ NGOs	*Recommended budget – INR 15,000*
Orientation with local clubs/schools/colleges	*Recommended budget – INR 20,000*
Training & Workshop Materials	*Recommended budget – INR 10,000*
Capacity building of Kiosk Operators and Outreach workers	
Resource persons fees	*Cost for 2 days per month for 12 months*
Resource persons travel	*Train fair Once a month for 12 months*
Venue/Logistics	



“I feel that there is hope for my daughter, thanks to the program and the kiosk workers who have been so supportive”
- Community Member

Chapter 6

Conclusion

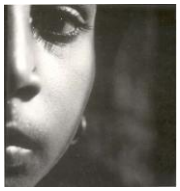
Adapting and Evolving the Manual

The systems and process maps that we present to you in this manual plot a seven-year life cycle of the Janamanas initiative in a community – i.e. from the time that we build a partnership with the ULB and enter a community, to the time when we consolidate systems and processes, transfer the kiosks to the ULBs and exit.

This 7- year trajectory has been mapped after much deliberation, expert consultations and learnings from other models. But, we have executed, lived and experienced only the first four years of this lifecycle. The final phase of the Janamanas life cycle has yet to be implemented in either of our three locations.

So we present this manual to you as a 'dynamic document'. We will be updating and sharing a new version of this manual once we complete the end-to-end execution of Janamanas across its 7-year lifecycle.

We hope you find this manual useful.
Do forward any questions to



Anjali
info@anjalimentalhealth.org

START UP!
The First Step in Social Change

Start Up!
connect@startup-india.org

Appendix: Templates

Templates for Phase 1- Launching Janamanas

A. Annual Planning Template

Guidelines for using this template:

- Before the start of each year of the program, the Director and Team Leader should sit with the Program Manager to populate this template
- Refer to Chapter 4 to fill in the Phases, objectives, key activities and other details.
- Review and update this plan at Monthly and Quarterly Review sessions as per Annual Strategic Planning and Performance Management for Janamanas

	Objectives	Activities	Person in charge	Quarter	Deadline	Status	Revised Date	Comments
Phase 1								
	Objective 1	Activities for achieving Objective 1						
	Objective 2	Activities for achieving Objective 2						
Phase 2								
Phase 3								

B. Workplan Template

Guidelines for using this template:

- At the beginning of each Phase of the program, the Director and Team Leader should sit with the entire project team to complete this template.
- Refer to the process maps for each step to fill in the Phase number, step number and name, and the key steps.
- All detailed supporting steps or sub-steps to ensure that all the activities under a particular key step is considered, ensuring that each key step is detailed out as far as possible
- Refer to the process maps to allocate the steps to the relevant process anchor
- Use the turnaround time given in the process map to map out the number of days that should be spent on each step, week by week. Be as realistic as possible when allocating time for different steps.
- Add as many new rows for Key steps and supporting steps as necessary
- Once completed, do not alter this workplan, until you review the process at a half way point and create a new workplan based on the progress. Save the original to evaluate the efficiency of project planning and implementation at the end of the process.

Phase Number: Step Number:	Process Anchor	Week 1 Date:	Week 2 Date:	Week 3 Date:	Week 4 Date:
Key Step 1					
Supporting Step 1a		*Fill in number of days allocated weekly for each supporting step in the shaded area*			
Supporting Step 1b					
Key Step 2					
Supporting Step 2a					
Supporting Step 2b					
Key Step 3					
Supporting Step 3a					

Supporting Step 3b					

Work Tracker Template

Guidelines for using this Template:

- Use the work tracker as a reference when setting up this tracker, however unlike the work planner which is compiled at the beginning of each phase, this template is merely structured at the beginning, filling in the row and column headers, and is filled in each week once the phase begins.
- This template is to be filled in individually by each member of the team in order to track their previous week's progress.
- Unlike the workplan plan tracker this is updated every week, mapping the time spent the previous week on various deliverables as well as noting the latest status of each deliverable.
- Each week in the tracker can be compared with the workplan to assess the progress of the project.
- This tool is an ideal self assessment tool, helping team members to understand their progress and assess their productivity.
- It can be reviewed at monthly planning meetings.

Process Anchor:	Status	Week 1	Week 2	Week 3	Week 4
		Date:	Date:	Date:	Date:
Key Step 1					
Supporting Step 1a		*Fill in number of days spent weekly on each supporting step in the shaded area*			
Supporting Step 1b					
Key Step 2					
Supporting Step 2a					

Supporting Step 2b					
Key Step 3					
Supporting Step 3a					
Supporting Step 3b					

C. Fundraising Proposal Template

Writing an Effective Proposal

An effective proposal aims to simply communicate to the reader Why, What, When, Where and How of your program/project/ organization. Please remember that the purpose of writing a proposal is not to raise money, but to ensure that the reader connects with your idea in such a way that he/she turns into a friend, ally and ambassador for your project.

Please avoid verbosity and jargon of any kind (academic and development). Your proposal is not an essay. It is a document that tells individuals and organizations why they should invest in your idea. So be specific, concrete and remain focused on objectives, strategy and impact.

Below is a simple template for a proposal.

INTRODUCTION

This section communicates to your reader

- who you are
- the name and goals of your project
- your domain of work (geographic and thematic area)
- the creativity of your project

This section should grip your audience and without any verbosity point to the Unique Selling Point of your idea. For example, for most of you, the USP of your work lies in that it is youth driven and youth led.

Length – Not more than 2 – 3 paras or 100 words

THE CONTEXT

In this section, you introduce your reader to a very nuanced analysis of the challenges/problem/ issues/crisis that your project aims to address.

- Give concrete data points on the issue which can be both qualitative and qualitative. Your data points should not be generic for the country, but specific for your region of work.
- Explain the factors that have caused the problem. For example, the silence on CSA despite its prevalence. What are the barriers that deter children from talking about CSA in school? Explain briefly each barrier.
- Do not generalize by saying “most attempts made by others have failed.” Analyze the similar initiatives that are working in the same area and point the reader to the gaps in them.
- You could also talk about laws and policies that exist and the lacuna therein.
- Address the fact that in the context there are a lot of potential resources that have not been tapped before. For example, a small cluster of progressive teachers and principals who have not been organized to address CSA. Or unemployed youth in a city who could rally together for a movement.
- If you have done field research and have good quotes directly from the community, please do use them.

Length – Not more than 2-3 pages

THE PROJECT

In this section you introduce the reader to the core of your work. The essentials in this section are:

- Name of the project
- Geographical area of operation
- Objectives
- Stakeholders
- Primary and secondary audience
- Overall Strategy
- Timeframe of work
- Partnerships that you may need to set up
- Impact – on your stakeholders and on the broader environment

PROJECT DETAILS

In this section you focus on the strategy, systems/methodology and team that will drive the project:

- Strategy: How you plan to achieve your objectives within a given timeframe. For example, through a combination of trainings, youth-led campaigns, 'exploratory/ discovery sessions', community projects etc. You should also mention how you will deploy and leverage your human and social networks and other resource bases. You can also anticipate your challenges and present strategies for responding to the challenges.
- Systems/ Methodology: How you plan to operationalize your strategy. A step- by-step process would be great. Remember the ADDIE model that has been talked about in the audience analysis template? In this section, you could describe to your reader
  a) Your audience analysis
  b) The broad design of your project
  c) Project development + Implementation– for example, the broad framework of a curriculum or the content page of a book, followed by a timeline of activities. The activities need to be well sequenced.
  d) Evaluation – This is critical. Please be specific about the indicators of impact/success and how you plan to evaluate your project.

There are always huge overlaps between strategy and systems. So you can treat the two as one section. But be sure to address all the points. This is a section that should enable your reader to envision easily and "see" the project rolling out.

- Team: Brief profiles of key team members, their roles and how they work together. If your team is not in place, please mention the key roles that the program requires or the kind of teams that you will need to set up and their roles

SUSTAINABILITY AND IMPACT

Sustainability – Funders want to understand how the project that they are funding will flourish and thrive after their funding is over. If there is a revenue component, and you don't have the revenue details worked out, please mention the revenue sources in the very least.

Impact - This is the 'proof of the pudding' section. You can present both the impact of your overall project as well as the impact of your process. It is usually recommended that you map the impact vis-à-vis the different audience groups.

CONCLUSION

Please conclude with a warm invitation to the funder to become a partner in your journey.

Please enjoy yourself as you write your proposal. This is a document where you share your vision and dreams with the funder.

D. Advocacy Letter for Local Government

To
(Name of the person)
(Designation)
(Address/ Place)

Subject: Request for consent letter for initiation of Janamanas with ..... (number) SHG members

Dear Sir/ Ma'am,

Greetings from ..... (name of the organisation)!

We are a registered voluntary organization committed to mental health care and treatment in India, ensuring rights of people with mental illness and addressing issues of citizen's rights to mental wellbeing and community based mental health care.

Keeping in mind the concerns of mental health at community level; the community mental health program, Janamanas was initiated at three Municipalities/ Panchayat, ..., ... and ..... (name of the Municipality/ Panchayat in ..... (location/name of the district/ state). The program was developed while rehabilitating and re-integrating recovered incarcerated individual from mental hospitals within the community, primarily because of stigma, lack of knowledge, awareness and recourses in the field of mental health.

The Janamanas program has been show cased as 'Best Practice' model by Govt of India, as part of Urban Governance.

Through Janamanas, we will aim at creating capacity at the ULB/RLB (Urban/Rural Local bodies) level to create a space for the identification of mental illness, treatment of persons with psycho-social disability and referral resource center. This will be done primarily through capacity building of SHG's and the political leadership as well as employed 'decision makers' in the ULB/RLBs. The project will also map mental health facilities and infrastructure at the ULB/RLB level and produce information and communication material.
The program has two components: 1. Training of SHG members on mental health, human rights and leadership. 2. Post training the local SHG members (women) will set up and run a primary mental health care centers in the municipalities, which will act as a counselling and referral unit for the community.

The Program will be initiated from ..... (date/month/year) onwards with Need Assessment for mapping the existing mental health and infrastructures in the municipality area. ..... (number) SHG members will undergo intensive training for a period of 5 months starting from ..... (date/month/year) to ..... (date/month/year) on critical issues such as mental health (concept of health, mental health and mental illness, symptoms and treatments, myths and misconceptions), human rights and leadership which will empower them to work as barefoot professionals within the concerned ULB'/RLBs.

The program will be implemented in partnership with the Municipality/ Panchayat, where ..... (name of the organization) will bear all financial requirements. We would be grateful, if Municipality/ Panchayat can provide the logistics support (venue) for conducting the training of the SHG members.

With this appeal we request you to grant us a letter of consent for working at ..... (name of) Municipality and details of the status of SHG members.

We look forward to your support and cooperation.
Regards

Director
Name of the Organization

E. Rapid Assessment Guide

The Rapid Assessment is a quick review to understand the gaps and priority areas for an intervention. Based on the findings of the rapid assessment an intervention can be designed and developed or modified.
In Janamanas program, a rapid assessment is conducted at the beginning of the program. The methodologies used for the rapid assessment are as follows;

1. Interview of important stakeholders (like Town Planning Officer of Medical Officer from the Municipality or RP from the Panchayat)
2. FGD with some members of SHG
3. Visit and interview of stakeholders who are indirectly linked with the program (like Superintendent of nearby Mental Hospitals, CMOH of the district, representatives of local NGO or faith based healers of the area)
4. Secondary data collection using search engines

The interviews and FGDs aim at collating the following information;

1. Mapping of services available in the area
2. Whether the services are accessible
3. What are the challenges
4. Is there a need for a mental health program in the area
5. How can this program be linked with the different services available in the area.

Cooch Behar Municipality is responsible for the civic administration of the town. The municipality consists of a board of councilors, elected from each of the 20 wards of Cooch Behar town as well as a few members nominated by the state government.

Demography:
As per the 2001 census, the Cooch Behar municipal area has a population of 76,812. Cooch Behar has an average literacy rate of 82%, which is higher than the national average of 64.84%. The male literacy rate is 86%, while female literacy rate is 77%. In Cooch Behar, 9% of the population is under 6 years of age.

The major religions followed in Cooch Behar are Hinduism, followed by Islam; Christianity and Sikhism. The religious composition is closely linked with that of Bengal and Assam with 76.44% Hindus and 23.34% Muslims.

Communities that inhabit Cooch Behar include the Bengalis, Gorkha, Marwaris, Biharis and Rajbangsi. Commonly spoken languages include Bengali and Hindi. English and Assameese are understood by most of the people.

Health facilities:
Health services in Cooch Behar include a government-owned District Hospital, a Regional Cancer Centre, and private nursing homes. There is one district hospital (400 bedded) and four sub-divisional hospitals with 120 beds on an average in each hospital. There is one Infectious Disease cum TB Hospital (120 bedded) and a 10 bedded Mental Hospital.

HEALTH STATUS AT COOCHBEHAR
As per the DLHS – 3 (District Level Household and Facility Survey – 3) reports, only 46.4% of the women have institutional delivery in at Coochbehar. 41% mothers at Coochbehar have registered in the first trimester when they were pregnant with last live birth/still birth. 77.2% children (12-23 months) and at Coochbehar have been fully immunized (BCG, 3 doses each of DPT and Polio, and Measles). 63.4% of children at Coochbehar with diarrhea in the last two weeks have received ORS. (Source: Tables 4.6, 4.9 and 5.7 in District Level Household and Facility Survey – 3).

The basic health indicators of Coochbehar indicate the need for intervention with mental health in the areas, as mental health is the most neglected component of health.

The successful pilots of Janamanas and Community Mental Health Kiosks are an early projection of Anjali's long-term impact in the domain of positive community mental health.

THE RATIONALE BEHIND JANAMANAS ~ AT COOCHBEHAR
The Coochbehar sub-divisional district hospital has a psychiatric out-patient department (OPD), which is the nearest to town.

Nearest Government run Mental hospital is Tufangunj Mental hospital which is around 20 km away from the town. But this hospital also has only an OPD service. The hospital though has a sanctioned indoor or in-patient service which is not functional.

The other important observation is that in the whole community has immense faith and dependence on traditional faith healers, Ojhas etc. Our communication with the municipality representatives, local NGO representatives, local clubs and the members of the SHG indicates that the rural

population is completely dependent on the traditional healers and even a segment of the urban population seek the services of these traditional healers in case of physical or mental unwellness.

When interacted with a local traditional healer, he mentioned something of interest which caught our attention. He said that he knows he cannot treat mental illness but can only reduce the symptoms like agitation, shaking, hysteria etc. Patients come to him for treatment and consultation from two sub divisions, spanning over a distance of 25 km each and the nearest traditional healer is only a km away. This indicates a huge influence and expanse of the popularity and acceptance of the traditional healers in the daily life of the community.

This may also be taken as an indicator that it is popular form of healing that anyone approaches in case of any symptoms of mental illness appears in a person. These faith healers have a thriving business in Coochbehar. Usually the form of treatment is herbal hallucinogenic agents, aversion therapy, binding, beating etc.

The popularity of the traditional healers combined with the non availability of any form of Govt. facilities which can provide treatment facilities for people with mental illness, makes this region very vulnerable. There is no scope of scientific treatment facilities in the rural areas and even in the urban areas; people can seek treatment facilities only through private doctors. This indicates that the rural and urban poor have very limited scope of seeking help and treatment to mental illness.

The JANAMANAS program which aims to create bare foot mental professionals to reach the poorest of the poor with mental health service can act as a catalyst in identifying and reaching to a large number of people who require mental health services.

There are around 600 SHGs (Self Help Groups) under Cooch Behar Municipality and each such SHG has 10-15 members. All of the members belong to BPL families and interestingly most of the group members are literate. During the first level of communication with some of the group members of the SHG, it was found out that and they have a moderate understanding of what is mental health and illness. Many of them have shared that either someone in the family suffers from mental illness or are familiar with someone in the community who is suffering some sort of mental illness.

Few of the members also shared that they provide supportive service to such families, either by taking them to hospital OPD, or give personal support like going and sitting with them, talking to them etc.

Thus it can be summarized that there is a general understanding of mental illness and mental health issues in the community but an immense lack of mental health support regarding treatment and aftercare.

FACILITIES AVAILABLE FROM THE MUNICIPALITY

The services that are provided from the municipality are as follows;

Besides the regular service which a municipality provides, the Coochbehar municipality has set up and initiated new and innovative program for the community. These programs are either self funded by the municipality or receive funding from some external sources like the DFID (UK).

1. Primary health care through door to door service. DFID (UK) supports the door to door service of the primary health care program.

2. Various self employed schemes for the women from the municipality area. There are around 600 Self Help Groups which is supported through Government schemes and partly supported by DFID (UK) grant.
3. Blood Bank
4. Medicine bank, where a MBBS doctor sits every day for medical consultation and BPL families receives free treatment from the bank.
5. The working women hostel under the municipality has been ratified into an old age home.

F. Criteria for Selecting Municipality/ Panchayat

- Municipality is located in semi urban/ rural areas
- A predominant population belonging to poor and disadvantaged community like areas with a large tribal or religious minority groups
- The general health indicators are low
- Access to mental health facility is limited or absence of any mental health service points
- After the first few interaction with the representatives from Municipality/ Panchayat, their positive interest and response towards the program is also an important criteria for selection.

Template for Phase 2- Preparation for program roll-out

A. Questionnaire for Audience Analysis

This questionnaire is used to select 60 participants for the first level of training from the women of local SHGs

Personal information:
Name:
Age:
Educational Qualification:
Name of the Self Help Group:

No of family members:
Are you the only earning member of your family: Yes/ No
The monthly income of your family:

How will you rank your wellbeing in a scale of 1 to 5? (1 – unwell, 5 – well)

Questions for assessing the training need of the participants:

1. What is mental health?
2. What is mental illness?
3. What is the difference between mental health and mental illness?
4. Name some common mental illness that you have heard of.
5. What the common types of mental illness which we come across regularly?
6. What is human right?
7. What are the rights that you are entitled (provided by the constitution) in your life?
8. What are the rights that you can practice in your life?
9. Why are you interested in attending this training?
10. What are the changes that you will facilitate in your personal life as an outcome of this training?
11. What are the changes that you will facilitate in your community as an outcome of this training?

B. Scoresheet

This template is used to assess the respondents and select 60 participants for the first level of training

Sl. No	Name	Common mental illness	What is rights	What are the rights you are entitled in your life	What are the rights that you can practise in your life	What are your expectations from the training	Due to this training what are the changes that you are expecting in your personal life	Due to this training what are the changes that you are expecting in your society/ community	Total Score
1									
2									
3									
4									

Score these answers form 1-3

1- Does not know
2- Knows but inadequately
3- Does not know

Describe response

C. Report on Audience Analysis and selection of participants

Sample report

Date: April 25 – 26, 2013
Place: Bipasha Hall, Coochbehar

No of Participants: Group 1: 20
Group 2: 25
Group 3: 24
Group 4: 28

Facilitator: Ratnaboli Ray & Sudeshna Basu

The objectives of the audience analysis are:

- To assess the level of interest and commitment of the audience towards mental health and wellness
- To understand the training need of the participants on issues regarding mental health, illness and rights
- To know their expectation out of this training

The process that we had followed:

The session initiated with the introduction of the facilitators and the participants. During the introduction session, the participants were asked to mention their names, the name of the SGSY group they are involved with and the role they play as part of the group.

After the introduction session, the participants were requested to share why they have come to attend this meeting; what do they know about this meeting. Some share that they had come to attend this meeting as per the instruction of the ward member. Some however, mentioned that they have come to know that an organisation from Kolkata will be organizing training on mental health. Some even shared that they have come sit for an examination and if they succeed then they will be able to attend this training program.

The participants were then requested to share what do they understand by the term 'mental health'; 'mental illness'; whether there is any difference between 'mental health' and 'mental illness'. From the responses of the participants it was observed that most of the participants may have a vague idea of what mental illness is but has minimal understanding of what is meant by mental health.

In the next section, a brief introduction to Anjali, the activities of Anjali was shared. Anjali's intervention with Coochbehar Municipality; Janamanas program; and the achievements of Janamanas with other Municipalities and Panchayat was shared.

The facilitator then shared the objective and process of audience analysis. The participants were also assured that this is not an examination; this is a process which will help Anjali to develop and design the training plan and curriculum based on the needs of the participants.

The questionnaire for assessing profile and training need of the participants were discussed and shared. The participants were requested to fill in the questionnaire based on their understanding and knowledge.

The Audience analysis helped us in assessing the a) participants' profile and b) knowledge level of the participants on mental health and rights.

The profile of the participants:

98 participants attended the profiling exercise and the outcome of the exercise is as follows;

Age	Out of 98 participants, 65.3% of the participants fall within the age group of 30 - 45 years and 27.5% of the participants fall into the age group of 18 - 29 years. Only 1 participant was less than 18 years of age and 5.10% of the participants were over 45 years.
Educational qualification	Most of the participants are literate. Out of 98 participants, only 3 participants have not revealed their educational qualification. In the group, only 2% completed primary education; 29.6% completed mid level education; 35.7% has passes secondary examination; 13.27% have passed higher secondary examination; 14.29% are graduates and 2% are post graduate degree holder.

	It is evident that the participants had the experience of going through the formal education system; more than 65% had successfully passed secondary examination and above.
Nature of Family	Nearly 60% participants shared that they are part of nuclear family, while the rest are part of joint family; which indicates that even in small towns like Coochbehar, the joint family system is disintegrating into smaller units.
Income – expenditure pattern	10.2% of the participants share that they are the only earning members of the family. The rest (88.78%) shared that they are not the only earning member of the family, which indicates that women contribute majorly in economic sustenance of a family. 55.1% of the participants shared that their monthly income ranges from Rs. 1000 to Rs.3000 and 22.4% shared that their monthly income ranges from Rs. 3001 to Rs. 5000/-. 9.18% of the participants shared that their monthly income is more than Rs. 5000 and only 2.04% shared that their monthly income is less than Rs. 1000. Looking at the number of family members, it is evident that nearly 75% of the families belong to BPL category. (As per working definition of Planning Commission 2005: World Bank estimate ~ INR 21.6 a day in urban areas per head).
How the participants ranked their mental wellbeing	The participants were requested to self assess their mental wellbeing and rank between 1 and 5; (1 – unwell to 5 – well). 62.5% of the participants share that they remain in a state where they are mentally unwell (1 to 4).

Training Need of the participants:

The training need of the participants was assessed through the following questions;

1. What is mental health?
2. What is mental illness?
3. What is the difference between mental health and mental illness?
4. Name some common mental illness that you have heard of.
5. What the common types of mental illness which we come across regularly?
6. What is human right?
7. What are the rights that you are entitled (provided by the constitution) in your life?
8. What are the rights that you can practice in your life?

Through, it was a qualitative assessment; each response were reviewed and ranked as follows;

- 1: Knows adequately
- 2: Knows but inadequately
- 3: Does not know

The participants were given individual score based on their responses which was again cumulated in a total score.

Final selection of the participants

The selection of the participants was done based on few socio economic criteria and the ranking they received as per their responses in the training need questionnaire;

The socio economic criterion of selection was;

1. Member of Self Help Group
2. Age between 18 and 45 years
3. Education: minimum class - VIII and maximum Graduate
4. Family income not exceeding Rs. 3000/- (average 4 people per household): As per working definition of Planning Commission 2005: World Bank estimate ~ INR 21.6 a day in urban areas per head.

The selection was also done based on;

1. First hand experiences of mental health condition in self and others
2. Based on individual scores (on knowledge of the participants on issues related to mental health and rights); a benchmark figure was decided upon; and the participants were selected as per the benchmark figure.

Outcome of the exercise:

- 59 participants were selected in the first screening and shared with the Municipality.

- Since all wards were not represented in the screening process, the Municipality requested to review the process again.

- In the second screening, no participants were dropped; only 4 new names were included (63 participants) so as to ensure that all wards of the Municipality are well represented.

D. Initiating Training

Sample Letter to Government

To
(Name of the person)
(Designation)
(Address/ Place)

Re: Initiation of JANAMANAS training with 60 Self Help Group members from your Panchayat / Municipal area

Respected Sir/ Ma'am,
Greetings!

This is in continuation with our previous communication regarding initiation of JANAMANAS training program with selected representatives from SHG members from your panchayat/ Municipal area.

We would like to inform you that we have selected 60 participants who would take part in the JANAMANAS training. This selection was done in the presence of and with active support of the …… (position of the nodal person) from your panchayat/ Municipality.

In consultation with the participants, we have decided to start the training program on …… (date/month year) The second training date in this month is on …….. (date/ month/year)

We would be grateful, if you kindly provide us a permission letter from your end for initiating the program at your panchayat/ Municipal area
Thanking you

Regards

Director
(Name of the organisation)

E. Request for logistics support during training

Sample Letter to Government

To
(Name of the person)
(Designation)
(Address/ Place)

Respected Sir/ Ma'am,

Greetings!

I would like to thank you on behalf of ..... (name of the organisation) for your support for initiating JANAMANAS in partnership with your Panchayat/ Municipality. We had a very effective and informative Audience Analysis with the members of the SHG during our last visit in …….. (date/month/year) We are now in the process of analysing the feedback we received from the Audience analysis and will share the final participant list by the end of next week.

As you may be aware that we had proposed to start our training program by the last week of this month, the dates that we are proposing are …….. (date/ month/year)

The training program will start off with the Introduction session, where we would introduce the JANAMANAS program and the training curriculum with the participants. We would be dividing the participants in three groups (20 participants in each group). The Introduction session will take 3 hours to complete. So we would like to request you to invite Group 1 and 2 on …….. and Group 3 on …….. (date/month/year)

We would be grateful, if you book "Bipasa" (name of the training venue) for ……. (date/ month/year) The time of the program is as follows:

Date: Time: Group 1
Date: Time: Group 2
Date: Time: Group 3

Also, we seek an appointment with the Chairperson and Council members. We would like to share the objectives and training details of JANAMANAS with them and what is the expected outcome of the program.

Please contact me for any clarification/ change in plan (Office no/ Mobile no of Program Manager)

Thank you for your cooperation once again.

Regards

Director
(Name of the organisation)

Templates for Phase 3- Conducting Trainings

A. Checklist for training

Sl. No.	Items	Status	Date of Completion	Person responsible
1.	A clean toilet in close proximity to the venue			
2.	Chairs/ Duri/ Chattai			
3.	Arrangement of training aids and materials required for the training • Laptop/LCD projector • Chart papers • Coloured papers • Magazines • White board • Soft board • Colour pens/ markers • Pins • Colour dough			
4.	Arrangement of water, tea and refreshment for the participants			
5.	Arrangement of lunch packet for the resource person and participants			
6.	Training curriculum and handouts of the session			
7.	Attendance sheet			
8.	Daily report writing guideline			
9.	Travel allowance			
10.	Arrangement of the travel of resource persons (car/ food and lodging in case of outstation travel)			

B.Curriculum

A 6-month training program on mental wellness for community women
(18 sessions + 1 introduction + 1 exposure visit)

- Overview of Curriculum

Section 1 Self	4 sessions	1. Self identification and its importance	2. Self and mental wellness	3. Self and society	4. Barriers to mental wellness of the self
Section2 Mental wellness	4 sessions	5. Introducing mental health and illness	6. From illness to wellness via health	7. Mental wellness of your family	8. Mental wellness of your community
Section3 Gender-sexuality	4 sessions	9. Introducing gender as a concept	10. Gender and mental wellness	11. Introducing sexuality as a concept	12. Sexuality and mental wellness
Section 4 Communication	4 sessions	13. Introducing communication as a tool for wellness	14. Hearing and listening	15. Empathy, concept and practice	16. Non judgemental responding
Section 5 Rights	1 session	17. Everyone's right to wellness	*Section 6 Livelihood*	1 session	18. Livelihood and wellness
Section 7 Projects	4 weeks	Inputs	Inputs	Inputs	Inputs

- Detailed Curriculum Modules

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Introduction	Expectations and apprehensions, connection with the training program	To understand participants' need, expectations and exposure/interest	This session will provide the necessary inputs about participants' basic knowledge, understanding and expectations from the program.	This session is necessary for re-considering the module and determine the flow and pace of the training
Section 1 Session 1	Self identification and its importance	Self is one of the central themes of this training along with wellness. Four sessions are therefore dedicated to self exploration/ introspection and understanding and connecting it with wellness.	Participants through these sessions would be able to identify themselves as individuals with specific potentials and how this self realisation is necessary for wellness. They will also into work on interfacing of self and society and barriers to wellness.	The training will begin with self exploration and identification
Section 1 Session 2	Self and mental wellness	Mental wellness will be connected with self identification and realisation.	Same	Introduction of mental wellness as a concept
Section 1 Session 3	Self and society	How society shapes self, how norms and non-normativity affects self and how wellness is subject to societal approval.	Same	Society, normativity, patriarchy, expectations vis-a-vis self

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Section 1 Session 4	Barriers to mental wellness of the self	Identification of barriers and exploration of ways to go beyond those barriers.	Same	Identifying barriers, critical self analysis, resilience
Section 2 Session 5	Introducing mental health and illness	Understanding need for mental health awareness and to have a primary concept of mental illness and symptoms, causes of mental illness	This section deals with mental illness and wellness. Participants after these sessions are expected to understand the concept of mental illness, along with its care and treatment aspects. They will also be able to understand that mental un-wellness is a related but essentially different issue.	This is one of the pivotal sessions as relation between mental wellness and illness will be explained with practical information for care and treatment.
Section 2 Session 6	From illness to wellness	Positive interaction with persons who are mentally unwell. Information about treatment methods and available options.	By interacting with a person who had struggled against his illness as well as injustice, social stigma participants are expected to understand mental illness and wellness better.	Why and how mental illness creates stigma and how wellness can be jeopardised because of myths and misconceptions
Section 2 Session 7	Mental wellness of your family	Un-wellness creates rupture in the family that has to be addressed to create a safe relational space for everyone.	To understand, and accept family members to create a better relational exchange zone	Concept of wellness applied to family
Section 2 Session 8	Mental wellness of your community	The idea of a safety net within the society will be explored	The participants will be able to make connections between wellness and better relational exchange within the community.	Concept of wellness applied to society
Exposure visit	**** Guideline below**			
Section 3 Session 9	Introducing gender as a concept	Wellness is perceived not just as a mental state in this training. It is treated as a social issue and gender-sexuality are two most important factors affecting and controlling a person's wellness. Therefore in this section gender, sexuality and their roles in creating a state of wellness for people is discussed	Participants will have clarity on both gender and sexuality and concepts, will be able to connect those with themselves and finally understand how gender-sexuality defines and affects wellness	The role gender and sexuality plays in our daily lives. The issues of stigma and discrimination and its effect of mental wellbeing.
Section 3 Session 10	Gender and mental wellness	Same	Same	
Section 3 Session 11	Introducing sexuality as a concept	Same	Same	

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Section 3 Session 12	Sexuality and mental wellness	Same	Same	
Section 4 Session 13	Introducing communication as a tool for wellness	Communication is an important tool for wellness. It is also an important interpersonal tool which helps a person's wellness.	Participant will understand the need of effective communication as tool for wellness. Clarity in understanding verbal and non verbal communication.	Identifying tools and process of communication.
Section 4 Session 14	Hearing and listening	Hearing and listening is an effective tool of communication. Introducing methods of listening which is important for a bare-foot mental health professional.	Participant will acquire skills of effective communication which will help them in their daily lives as well as care givers in the community.	Emphasis on skills training
Section 4 Session 15	Empathy, Concept and skill practice	Introducing the concept of empathy. Understanding the difference between sympathy and empathy. All communication tools are practised through role plays.	Participant will have clarity on the concept of empathy. This session will also help the participants in sharpening their role as care givers.	Emphasis on skills training
Section 4 Session 16	Non judgemental responding	Introducing the concept of Non judgemental responding.	Understanding the do's and don'ts and principles of non judgemental responding.	This session will help the participants to
Section 5 Session 17	Everyone's Right to wellness	Introducing the concept of Human rights. Understanding the perspective of rights in the context of psychosocial disability. Understanding rights as a woman.	Clarity in the concept of Human Rights and rights of a person with mental illness/ psycho social disability.	This session will connect with the rest of the sessions of the training.
Section 6 Session 18	Livelihood and wellness	Understanding right to livelihood of a woman and exploring the linkages between livelihood and wellness.	Clarity in understanding the linkages between rights, livelihood and wellness.	List of various schemes and opportunities for the resource poor women will be shared.

Guidelines for the Exposure visit

Objective:

This session is planned with the objective to foster an understanding regarding people with mental illness. This also aims at addressing stigma among the group, without which they will not be able to function as bare foot mental health professionals.

Process:

The following are the process/ steps before a visit to a mental hospital.

1. Taking formal permission from the hospital regarding the visit with clear objectives and outcome

2. Divide the Janamanas training group into sub groups
3. Organise a group discussion with the participants of the Janamanas training on a) atmosphere of the hospital, b) profile of the patients, c) admission and discharge process, d) how the participants should interact with the patients at the hospital e) Anjali's program within the hospital f) interaction with the hospital authority/ staff g) do's and don'ts in the hospital
4. Organise logistic, travel, food and refreshment for the participants
5. Taking the participants to the hospital
6. Making the hospital patients ready for the visit
7. Facilitate the discussion with the patients, hospital staff and authorities
8. Feedback with the Janamanas participants/ hospital patients
9. Photo documentation

Outcome:

The Janamanas participants will be aware of the conditions within the hospital. Will have a hands-on experience interaction with a person with mental illness and will address the stigma and fear (if any) of the participants.

C. Attendance Sheet

Date:
Training Section Number:
Location:

Sl. No.	Name	Ward No.	Contact details (Address/ Mobile No. and e-mail ID)	Signature

D. Daily Reporting Format

Training Group:
Section Title:
Sessions Covered:
Training Venue:
Date:
Facilitator:
No of Participants:

Guidelines for using this Template:

This is a narrative description of all the interactions and conversations of the days training. Please include descriptions of what the facilitator said, and the verbal as well as non-verbal responses of the participants. Take care to note body language and gauge the group reactions and the levels of comprehension as the session proceeds. Also note what was unusual or unexpected.

Section Description:

E. Section Documentation Format

Guidelines for using this Template:
This report aggregates the information from the daily reports, drawing insights from the training experiences of all the groups as they complete one section of the training curriculum. This report will be the basis of an evaluation of the Training curriculum and hence needs to be highly detail oriented, with a strong focus on indicators that compare the objectives of the training and with the actual outcome.

Section Title:
Session Name and Number:
Session Venue:
Date of Session:
Facilitator:
No of Participants:
Learning Objectives of the Session:
-
-
-
-
-
-

Section Record:

Section analysis: A concise summary of the key learnings as communicated by the participants.

Sec High: Note the high point of the training for each group

Specific Low: Note a moment where participants reacted negatively or were perhaps disheartened and confused.

F. Assessment Format

This format can be used as a reference by an external consultant for evaluating the trainings. Please also refer to Template 3G for the tools that can be used for designing the FGD.

STUDY TITLE

AUTHORS

CONTENTS PAGE

1. EXECUTIVE SUMMARY

Background:

Please include an introduction to Janamanas, the training and the training evaluation process.

Tools used:

The assessment was done using qualitative techniques.

- The trained SHG women, their family members, a group of untrained SHG women selected at random and a group of community people randomly selected off the streets were requested to participate in FGD sessions facilitated by a trained researcher.

Objectives

- Examining how trained SHG women's understanding was different from the understanding of those who have not received similar training
- Assessing the level of dissemination of their learning into their family.
- Understanding of the general people regarding mental health.

Summary of findings

Describe the following

- Difference in understanding of self.
- Understanding the impact of livelihood and financial stability.
- Understanding of Gender, application to their everyday lives.
- Understanding of Sexuality and its relationship to mental health.
- Awareness of Rights and sensitivity towards understanding their personal desires and barriers to fulfillment.

Conclusion:

2. SELECTION OF RESEARCH TEAM & STUDY TOOLS

Describe qualifications of research team and the additional orientation they received on mental health and Janamanas before the study.

Describe the tools used for the study, and how they were used.

Tool- 1:

Tool-2:

Tool-3:

Tool-4:

Tool-5:

3. SAMPLING METHODOLOGY

Explain the demographic details and the Self Help Group background of the participants of the study. Differentiate between those who received training and those who did not.

4. PURPOSE OF THE STUDY AND METHODOLOGY

- Evaluate the learning of the trained SHG women of _____ Municipality.
- Evaluate how their understanding was different from the understanding of those who have not received similar training.
- Assess the knowledge and awareness and degree of sensitisation of some key family members of the trained SHGs.
- Comparing the knowledge and understanding of the trained SHG women with that of a group of untrained SHG women, of a random sample representing the general community unexposed to similar training and of the family members of the trained SHG women.

Details of number of participants per category, how they were selected, number of sessions, and a description of the format of the FGD sessions and discussions.

Table of Key Activities
Number of FGD sessions with trained SHG women
Number of trained SHG women who participated in FGD sessions
Number of FGD sessions with untrained SHG women
Number of untrained SHG women who participated in FGDs
Number of FGD sessions with family of trained SHG women
Number of family members participated in FGDs
Number of FGD sessions with random people
Number of random people participated in FGDs
Number of Families covered in quantitative survey

PROFILE OF THE PARTICIPANTS

Include description and demographic graphs

- Gender:
- Age:
- Marital Status:
- Earning capacity:

LIMITATIONS OF THE STUDY

Describe the limitations of this quantitative study and the precautions taken to overcome or mitigate them

FINDINGS OF THE QUALITATIVE ASSESSMENT

During the FGD sessions, participants were asked to deliberate on issues related to

- *Individual self*
- *One's own rights*
- *Rights of mentally unwell people*
- *Violation of rights*
- *Means of communication*
- *Sexuality*
- *Gender discrimination*

This section describes the results and findings of this discussion.

Understanding of Self

Description

Contextualizing the idea of self, by explaining its relationship to mental wellness and describing the training objectives in relation to this section.
Describing the key framework used to assess this concept.
Describing key conversations that relate to participants' understanding of self, differentiated according to the different groups of study participants

Key Findings

Include quotes that provide deeper insight into the thought processes of the participants
You can use a table such as the following to grade different levels of understanding amongst the different groups of the study

UNDERSTANDING SELF

Trained RCVs	
Untrained RCVs	
Family members of trained RCVs	
Untrained general community	

Living Well: Staying in Good Mental Health

Description

Key Findings

Understanding Barriers to Mental Wellness

Description

Key Findings

Rights vs. Role

Description

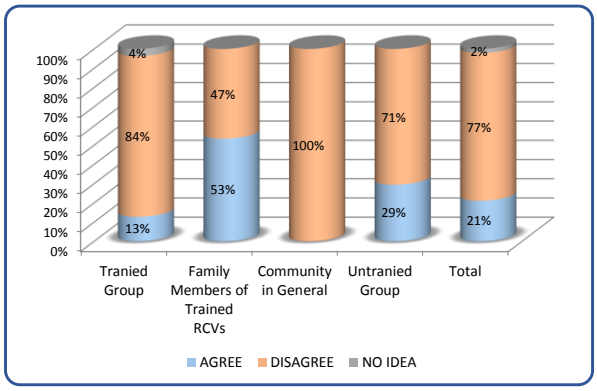
Key Findings

Perception of Mental Illness

Description

Key Findings

You can use graphs such as the following for the analysing the quantitative responses of the participants across different study groups.



A mental patient should always stay at asylum or mental patients' home

Gender Sex and Sexuality

Description

Key Findings

Understanding the Process and Principles of Communication

Describe and assess the reactions of the different groups of participants to the following three hypothetical scenarios.

- *Objective: Test the non-judgemental attitudes of the communicator*
  A health worker is insisting a mentally sick woman to dress up like a civilised person.
- *Objective: Explore the level of empathy*
  A health worker is seen assuring a mental patient that her fear of wall falling on her has no basis.
- *Objective: Level of unbiasedness*
  A woman has just learnt about her husband's extra-marital affair and has come to her RCV friend for a suggestion.

Understanding the Societal Roots of Mental Illness

Describe the findings from the listening tree exercise and the cases from their everyday lives where societal problems have affected the mental wellness of the following groups of society.

- **CHILDREN**
- **ADOLESCENT BOYS AND GIRLS**
- **ADULT MALE AND FEMALE**
- **ELDERLY PEOPLE**

FINDINGS OF HOUSEHOLD LEVEL SURVEY

Describe the findings of the Baseline study from Phase 1, in order to demonstrate the necessity of a community mental health program in the area, and the relevance of the training curriculum in addressing the treatment gaps.

Profile of the community:

Income:
Access to basic commodities:

- Electricity
- Latrines
- Fans
- Television sets
- Mobile phones
- Land phones
- Land

Common factors impacting mental health of children (differentiated for boys and girls)
Common factors impacting mental health of adolescents (differentiated for boys and girls)
Common factors impacting mental health of the elderly women
Common factors impacting mental health of adult females
Common factors impacting mental health of adult males
Common factors impacting mental health across groups

CONCLUSION

Detailed summary of the findings from the study

G. Evaluation Tools

The following five tools are used during FGD with the participants who have finished their training as well as their community peers in order to evaluate impact of the training

Tool 1

FGD Questions

SECTION-A

Think of any one female member of your family and give an introduction on her
What can be done to keep one mentally happy? (Listen to the answer)
How much self-awareness is required for one's mental happiness?
How can one create awareness about oneself?
What are the things that we can do if we get to know oneself better? (Discuss about wish-fulfillment and your rights)
What can be the obstacles toward fulfilling your wishes?
Has any such situation ever aroused in your life? If yes, please describe the situation.
What would you do to clear the obstacle?
Can anyone be the biggest obstacle to self?
In what situation can this be possible?
What can be done to clear one's intrinsic obstacles?
Can these obstacles be reason for one's mental unwellness?
What are the reasons for your mental unwellness?
How do you get over such unwellness? What obstacles do you tackle during these times? (Family, societal, legal and personal)
Do you ever share your situation during these times with anybody else?
With whom? Does it help?
How do you contribute in helping your family members enjoy their rights?
How do you manage to live up your rights?
How can it be understood that someone is mentally ill?
Would you consider mental unwellness as a kind of mental illness?
If yes, then why?
If no, then why not?
What, do you think, should be the rights of people who are mentally unwell?
Have you witnessed any mentally unwell person around you being deprived of these rights? Describe the situation in detail.
How, do you think, can your family members be kept mentally well all the time?
How can you help in maintaining their mental well-being? Or, what can you do to keep them mentally well?
In the past one month how many times have you been happy and enjoyed the moment?
What were the reasons for your happiness?
Did you share your happiness with anybody else? With whom?
Do you think that women who are only keeping home are helping in any way to earn livelihood?
We create a lot of dos and don'ts for our female children – why?

SECTION B

Did you have your consent for the training taken by the female member of your family at Bhalo Thakun~Bhalo Rakhun (Stay Well~Keep Well)?
If yes, why?
If no, why?

Do they discuss with you whatever they learn here?
If yes, then do you think that this learning will help in keeping the family well?
If yes, then how?
Has the learning brought about any changes in the domestic ambience?
If yes, then what are those changes?

Tool 2- Evaluating Counselling Skills

NON- JUDGEMENTAL APPROACH

Conversation -1

Mentally Ill Patient: Let me be as I wish. I don't want to wear clothes.
Mental-health Worker: - See, this is a civilized place. How is it possible that a female of your age would roam around naked? You will have to wear clothes.
What do you think of the mental-health worker's opinion?
(1) right (2) not right (3) cannot decide

EMPATHY

Conversation 2

Mentally Ill Patient: Please do not ask me to go home. If you send me home, there the roof will fall on me and I will die. Better, I stay on the road
Mental-health worker: - See, there might be various kinds of danger if you live on the road. Moreover, it's so cold outside that you might fall ill. Better, I come along with you to your house and keep a watch on you. Nothing will happen to you since I will be there to take care of you.
What do you think of the mental-health worker's opinion?
(1) right (2) wrong (3) cannot decide

ADVICE

Counselling

One of your friends has come to know about her husband's extra-marital affair. She has come to you for your advice. What advice would you give her?
(1) You talk to your husband openly about it
(2) You complain against him to the Mahila Samiti
(3) You complain to the police

Tool 3- Personal Information and Mental Health Orientation

Age –
Gender – Male / Female
Marital Status –Unmarried / Married/ Widower/ Divorcee
Do you earn? – Yes / No
What is your opinion on the following subjects?
1. Women should not have any sexual desires – right/ wrong/ no-idea
2. Accepting everything that the husband says should be a woman's chief duty – right/ wrong/ no-idea
3. If there's a mentally ill person in the family then the best thing to do is to send him/her either to mental asylum or to a hospital – right/ wrong/ no-idea

4. One should not get one's child married to someone who has a mentally ill person in the family – right/ wrong/ no-idea
5. Mental illness is incurable – right/ wrong/ no-idea
6. Mental illness is hereditary – right/wrong/no-idea
7. Girls should not be sent to far off schools as there are chances of sexual harassment on the way – right/wrong/no-idea
8. It is best to get girls married as early as possible – right/wrong/no-idea
9. Homosexuality is not good for the society – right/wrong/no-idea
10. Women should not be narcissistic – right/wrong/no-idea
11. Women should always be dominated by someone – right/wrong/no-idea
12. It is not safe for women to live alone – right/wrong/no-idea
13. It is good to be aspiring or else one's dreams remain elusive – right/wrong/no-idea

Tool 4- Socio Economic Profile

Family Serial Number		**Computer card**	
Address			
Area			
Village			
Panchayat			
RCV			
Date			

Own Toilet	Electricity	TV	Fan	Motor cycle	Mobile	Landphone	Own House	Own farming land	Monthly household costs

Serial No.	Family members names	Gender	Age	Relation with the head of the family	Marital status	Educational qualification	Whether goes to school	Earning members	Type of work you do	Monthly income	Serial Number of problems
1				Male head/Female head							
2											
3											
4											
5											

Tool 5: Problem Tree Exercise

The participants are also asked to find cases from their day-to-day experiences within the family and immediate neighbourhood and analyze them in order to identify factors influencing mental health of children, adolescents, adults and elderly people.

They then comment on the possible effects of those factors on individuals and what could be done to minimize the impact of those factors.

Chart papers bearing icons of respective groups (children, adolescents, adults and elderly) are used to facilitate and record the discussions. Each chart paper has a tree drawn on it representing a person as referred to by the icon and whose mental health had been compromised. The participants draw roots of the tree and deliberated on the root causes that might have affected the mental wellness of the person.

Once the discussion on the root causes is over, the participants add fruits to the tree. The fruits signify the effects of those root causes on the individual.

Finally, they are asked to draw a cover for the tree and express their thoughts on what could have been done to prevent the situations. The process is repeated for each group (children, adolescent boys and girls, married men and women and aged persons).

Template for Phase 4- Designing and Implementing Janamanas Republic

A. Blueprint of Janamanas Republic

Objectives:
Showcasing the program to the municipal authority, family members of trainee and people living in municipal area.
Creating Awareness on Mental Health
Training participants of the program to organize outreach events

Pre republic activities are:
Action projects planning and implementation
Venue finalisation
Invitation letter to all officials
Certificate preparation and getting it signed by Chairperson
Logistics for republic (banner, light, food, water, flowers, gift wrap for officials etc)
Contact media for program cover

Activities	Person involved	Timeline	Status
Action projects planning and implementation	Program Manger, Field Officer and participants of Janamanas program		
Venue finalisation	Program Manager, Field Officer and Municipal Point Person		
Invitation letter to all officials	Program Manager, and Field Officer (Via mail and letter)		
Certificate preparation and getting it signed by Chairperson	Program Manager, Printer, Field Officer and TPO		
Logistics for republic	Program Manager and Field Officer		
Contact media for program coverage	Field Officer		

Activities for the day:
Decoration of the venue
Program conducting
Certificate distribution
Speech by Chairperson and TPO
Performances by participants
Way forward for Janamanas program
Acknowledgment

Activities	Person involved	Timeline	Status
Decoration of the venue	Field Officer and participants		
Program conducting	Program Manager		
Certificate distribution	Chairperson, TPO, Team Leader, Director		
Speech by Chairperson and TPO	Chairperson and TPO		
Performances by participants	Participants		
Way forward for Janamanas program	Team Leader		
Acknowledgment	Program Manager		

Post event activities:

Report for the program

Interaction with municipal authorities regarding kiosk

Activities	Person involved	Timeline	Status
Report for the program	Field Officer, Program Manager, and Team Leader		
Interaction with municipal authorities regarding kiosk	Program Manager and Field Officer		

B. Invitation Letter for the Republic

Sample Letter for the Government

To
(Name of the person)
(Designation)
(Address/ Place)

Respected Sir/ Ma'am,

Greetings!

We are a registered voluntary organization committed to mental health care and treatment in India, ensuring rights of people with mental illness and addressing issues of citizen's rights to mental wellbeing and community based mental health care. We work in partnership with the Government of …… (name of state).

The organization also implements Community Mental Health program 'JANAMANAS ~ Mind of the Collectives' which is dedicated to develop a batch of primary mental health workers who will become advocates for mental health in their communities.

The organization in partnership with …… (name of) Municipality/ Panchayat had initiated Janamanas ~ the community mental health program where 60 SHG members from the community had received six month training on mental health & wellbeing, mental illness, communication, gender & sexuality, rights and livelihood to bring in a deep and meaningful understanding of mental wellness and human rights in them.

As a closing ceremony of the first phase of this training program we had envisaged a fair, 'Janamanas Mela', at …… (location name) from …… (location time) where 60 participants of from the Panchayat/Municipality would join with their colourful action projects, theatre, music, poster display, wall magazine, puppet show and many other creative expressions. This fair will be an attempt to raise consciousness amongst mass around the issue of mental health and wellbeing.

We would like this closing ceremony to be as innovative as the training itself.

We would be honoured if you could take some time off your busy schedule and join us for this ceremony. Your presence would also greatly support our endeavour to raise awareness of the core issues we work with.

The tentative date of the program is …… (date of event), as we have invited the …… (designation of chief guest), …… (name of chief guest), and we are awaiting her confirmation from the …….. (designation of chief guest) office.

Looking forward to your support and presence

Thanking You,
Yours Sincerely,

Director
(Name of the organisation)

C. Report Template for the Republic

This report is an important tool for informing the Municipality about your work so far, and further the cementing the partnership for the next stage of Janamanas.

Background

A short summary of the vision, mission and goals of Janamanas

Janamanas _____ *(name of Municipality here),* Municipality

This section is more specifically about the program within the one particular municipality that has hosted the Republic.

_____ *(your organization's name here),* in partnership with _____ Municipality have initiated JANAMANAS ~ the Community Mental Health program from _____

Collaboration with the Municipality

Describe the roles and responsibilities undertaken by your organization and the Municipality here.

- **Role of _____*(your organization's name here)***

- **Role of Municipality**

Achievement so far – Phase I

Describe key program milestones for your work in the community in the first year here.

Janamanas Republic

The culmination of the trainings was Janamanas Republic which was held _____ on _____ .

Objectives of the Republic:

Details:
Please include a detailed narrative description of the activities preceding, during and following the Republic

Next Steps:
List all the next steps for the program, specifically focussing on setting up permissions for establishing the kiosk. Also include details of the immediate next steps, which is the selection process.

Templates for Phase 5- Identification of mental health professionals

A. Written questionnaire

First of all, we congratulate/ heartily thank you for your complete participation in this Janamanas workshop. We would like to do an evaluation based on all that you have learnt during this workshop. You will be given two hours time to complete this evaluation form.

Evaluation Form Serial Number

a) Assess the following sentences as true or false:

1. To live for others is the true way of life True/false
2. Loving oneself is not being selfish True/false
3. One can never be cured of mental illness True/false
4. Those who speak repeatedly of committing suicide Do not actually commit it True/false
5. Boys are braver than girls True/false
6. Societal gender and biological gender are not same True/false
7. Sexual demands of men and women are the same True/false
8. Romantic relation between man and woman is the only natural kind of romantic relation True/false
9. Janamanas worker will give advice and find solution to problems True/false
10. Janamanas worker will help take decisions True/false
11. Women have right over properties of their parents and in-laws True/false
12. It is necessary to have your husband's signature as a guardian while taking loan True/false
13. There is no right for a mentally ill person to take his/her own decision True/false
14. According to the Indian Constitution everyone enjoys equal rights True/false

b) Manasi got married a year back. Prior to her marriage she used to earn by wrapping beedis. Post-marriage she has to manage her family as well as work as a beedi wrapper like earlier. However, now she has to hand-over all her earnings to her husband and also sometimes faces domestic violence in his hands. Manasi is unable to decide how to handle this situation. In the meantime, Manasi comes across Janamanas workers.
Identify Manasi's problems and write them down point-wise.
Also, as a Janamanas worker what should be your role? Write them down in points.

c) Bidhan's father had expired ten years back, and since then Bidhan carries the sole responsibility of his five-member family. Initiating as a bus-helper, Bidhan has graduated now to a bus-driver. After driving for the whole day, post-8:00 p.m. Bidhan used to relax with his friends with a few pegs of alcohol. However, of late Bidhan cannot keep control over his drinking. Sometimes he would dink in the morning as well and then wouldn't be able to report for work. This has led to turmoil in the family as well.
Identify the problems of Bidhan and write them down point-wise.
Also, as a Janamanas worker what should be your role. Write point-wise.

d) Babu's waywardness is ever increasing. He wouldn't heed anybody. And he has no interest in studies. His admission test date for class five is closing in. Babu's parents are totally clueless what to do with him. But, Babu is not bothered at all about all these. He is watching TV and busy playing without a care in the world. Mandira di (Babu's mother) has taken to beating him as well, but without any result. Hence they approached Janamanas Health Centre for advice.
Identify the problems and write them down as points.
Also, as a Janamanas worker what should be your role. Write them down as points.

e) How has your participation in this Janamanas workshop brought a difference to your life in reality and also to your understanding of life? (Write down points, maximum 10 points)

f) As a Janamanas mental health worker how can you contribute to bring a change in the society? (Write down points, maximum 10 points).

B. Written questionnaire score sheet

Serial Number	True or False Questions	Case Studies				e. Impact on self (practically and intellectually) after training (	f. Your role as a PMHCG	Total score
		a	b	c	d			

C. Interview structure

Sample questions that were used during the interview:

1. Who are there in your family? Do they help you? If yes, then how do they help you? Explain with an incident/ event.

2. Why do you want to be part of Janamanas program?

3. As a Janamanas worker, you will have to travel extensively. You may have to face different situations which you will have to resolve. Do you thing that you are capable enough to take this challenge?

4. Narrate an incident of conflict in your family, where you took an active role in resolving the issue.

5. List some of the characteristics of a "Good Leader". How much will you grade yourself as a "leader" (on a scale of 5; 1 lowest and 5 highest). Why have you given yourself this grade?

6. In a team, if such situations arise where the team members are contradicting your decisions, how would you resolve the issue?

D. Interview score sheet

Name	Commitment (Punctuality, Travel, Family Support) 10	Communication (Assertiveness, Non-judgmental, Positive/negative/ effective) 10	Leadership (Assertiveness, decision making ability) 15	Teamwork (Bonding) 15	Total 50

Templates for Phase 6- Setting up of community mental health kiosks

A. Letter requesting space

Sample Letter

To
(Name)
(Designation of Recipient)
(Office and Address)

Respected Sir/ Ma'am,

Festive greetings!
This is in continuation with our letter dated ……. (date of reference letter) regarding JANAMANAS program which is being implemented by ..... (name of the Organization) in partnership with ……. (name of Municipality /Panchayat).

As you may be aware that ..... (name of the Organization) is a registered voluntary organization, set up in ..... (year), committed to mental health care and treatment in India, ensuring rights of people with mental illness and addressing issues of citizen's rights to mental wellbeing and community based mental health care.

We, in partnership with ……. (name of Municipality/Panchayat) had initiated JANAMANAS ~ Community Mental Health program from (Date), which aims at de-institutionalizing mental health services and make it accessible to 'last mile communities'.

In the first phase of the Janamanas program, Anjali had selected and trained 60 women (representing local Self Help groups) on issues related to mental health and wellbeing, gender and sexuality, communication, rights and livelihood over a period of one year.

In the second phase ..... (name of the Organization) is proposing setting up a ***Community Mental Health Kiosk*** within the premises of the Municipality/Panchayat which would provide counselling and referral services to the community at large. The Kiosk will be manned by some of the selected trainees of Janamanas, who would receive further training.

We would like to take this opportunity to mention that ..... (name of the Organization) had piloted this initiative in three Municipalities in .....(Name of Sate) in .....(year). ..... (Number) Mental Health Kiosks are running in partnership with the respective Municipalities since .....(year); out of which, one of the Kiosk has been taken over and running successfully by the respective Municipality/ Panchayat; the Kiosks had been able to provide counselling and referral services to ..... (number) of men, women and children from the community since its inception.

A brief description of the Community Mental Health Kiosk is provided below;
Community Mental health kiosks are sacred spaces where community-based, barefoot mental health professionals (trained by Janamanas) deliver the following services to resource poor community members:

a) Dialogue with local men and women about how mental illness/mental health interfaces with all aspect of citizen/civic life.
b) Primary counselling (individual and family counselling) towards first level detection of general mental health problems.
c) Managing a local volunteer referral system and referring individuals with mental health problems to trained and engendered care through the referral centers.
d) Organizing consultation with psychiatrists and other professional in cases of severe mental health problems

e) Creating and distributing updated and easy to access information on mental health to all residents of the municipality
   - Information for early diagnosis of mental health problems
   - Information of different levels of care and treatment for mental health problems
   - Information on admission and discharge systems of state run mental hospitals

f) Timely intervention to prevent community-based/domestic violence, especially against women with mental health problems.

g) Designing and running awareness and advocacy programs on mental health and human rights in public spaces.

h) Ensuring increased access of municipal services to people living with psychosocial disabilities.

i) Legal aid for persons with mental health problems.

How Community Mental Health Kiosk Functions;

The Kiosk operates 3 days a week out of the space and infrastructural support provided by the Municipality/ Panchayat, for which a formal MoU (Memorandum of Understanding) with The Organization need to be signed.

6 kiosk operators are assigned to a kiosk. They are supported by a group of 6 - 8 outreach workers, who organizes mental health awareness camps for each municipal area and support the kiosk operators in outreaching and co-counselling.

The awareness camps are designed to:

- Generate practical awareness of how to build positive mental health
- Encourage help seeking behaviour from within the ULB communities
- Reinforce empathy for people with mental health problems living in ULBs and
- Broadcast the services of, and generate interest and community demand for the kiosk

..... (name of the Organization) is proposing similar initiative in partnership with ……. (name of Municipality/Panchayat) at the end of the first phase of Janamanas starting from …… (date). The responsibilities of ..... (name of the Organization) and the Panchayat/ Municipality are provided below;

..... **(Name of the Organization)**

- ✓ Selection of the Kiosk operators and Outreach workers (12 – 15)
- ✓ Six month intensive training on Counselling and Coping skills
- ✓ Orientation of the health workers on mental health and wellbeing
- ✓ Provide technical support in setting up the Community Mental Health Kiosk
- ✓ 50% cost sharing (for one year) of the remuneration (of the Kiosk operators and Outreach workers) and outreach programs
- ✓ Supportive supervision and monitoring of the program on a regular basis

……. (Name of the Municipality/Panchayat)

- ✓ Provide a space and logistic support (drinking water/toilet/telephone) within the Municipality which can be used as a Kiosk/ Mental Health Centre
- ✓ Logistical support (venue/water etc.) in conducting the second phase training
- ✓ 50% cost sharing (for one year) of the remuneration (of the Kiosk operators and Outreach workers) and outreach programs
- ✓ Selection and provision of a psychiatrist, who will provide treatment from the Kiosk, once in a month on a regular basis

Looking forward for a meaningful and effective partnership ahead;

Thanking you
Regards
Director
(Name of the Organization)

B. Blueprint for inauguration

Date of kiosk inauguration:
Location:

Activities	Person involved	Timeline	Status
Invitation letter to all officials, elected bodies and local NGOs	PM and Field Officer		
Prepare all kiosk materials and printing	PM and Printer		
Logistics for kiosk inauguration (Food, water, flowers, gift wrap for officials etc)	PM and Field Officer		
Logistics for kiosk (Board, banner, ID card, pamphlet handouts for KO)	PM, Printer and Field Officer		
Meetings with Municipality	PM and Field Officer		
Decoration of the venue and set up	PM and Field Officer		
Planning of inauguration program script • Program intro • Speech by Chairperson and TPO • Performances by participants • inauguration of kiosk • Vote of thanks	Director, PM and Field Officer		
Documentation	Documentation Assistant		
Clean Up	PM and Field Officer		
Payments	PM		

C. List of materials required for setting up Kiosk

Sl. No.	Kiosk	Items
1.	Kiosk Board	1
2.	Flex	1
3.	Board displaying the time and day when the Kiosk is open	1
4.	Table	2
5.	Almirah	1
6.	Chairs	15
7.	Mattress	2
8.	Soft boards	2
9.	White board	1
10.	Partition/ Divider	1
11.	Marker/ Pins/ Stapler/ Pens/ Pencils/ Rubber/ Scale/ Duster/ Whitener/ Pen stand	
12.	Table cover 2	2
13.	Rug	2
14.	Bucket	2
15.	Mug	2
16.	Stove/ Clix	1
17.	Sauce pan	1
18.	Cups and plates	15
19.	Tray	2
20.	Spoon	6
21.	Containers	4
22.	Bowl	4
23.	Plate	6
24.	Curtains	For doors and windows
25.	Soap	
26.	Towels	
27.	Games/ Puzzles/ Sand bucket/ shovel	For children's corner
28.	Attendance Register	1
29.	Client Register	1
30.	Meeting minutes register (Awareness camp/ Women's Meet/ Monthly Meeting)	3
31.	Registration and referral form	
32.	Letter head	
33.	Leaflet	
34.	Referral register	
35.	Primer	
36.	Flat files/ Arch files	10
37.	Identity Card	
38.	Piggy Bank (for collection of donation)	
39.	Leave application format	
40.	Conveyance format	
41.	Kiosk Operator's reporting format	
42.	Outreach worker's reporting format	

Sl. No.	Kiosk	Items
43.	Monthly reporting format	
44.	Exercise book	20
45.	Banner for awareness camp	1
46.	Magazines	
47.	Information booklet on Domestic violence, laws, mental health act etc.	
48.	Posters	
49.	Few objects for decorating the room	
50.	Television/ Computer	
51.	Mobile with a connection (help-line No.)	

D. Invitation to Inauguration of Kiosk

Sample Letter

To
(Name)
(Designation of Recipient)
(Office and Address)

Respected Sir/ Ma'am,

Greetings!

We are a registered voluntary organization committed to mental health care and treatment in India, ensuring rights of people with mental illness and addressing issues of citizen's rights to mental wellbeing and community based mental health care.

..... (name of the organization) also implement Community Mental Health program 'JANAMANAS ~ Mind of the Collectives' which is dedicated to develop a batch of primary mental health workers who will become advocates for mental health in their communities. Currently, ... (Name of the Organization) is working with …… women who are providing counselling and support services to their community at different locations in ..... (name of the districts/ state).

..... (Name of the Organization) in partnership with …… (name of) Municipality/Panchayat had initiated **Janamanas ~ Community Mental Health Program** where 60 Self Help Group members from the community had received six month training on mental health & wellbeing, mental illness, communication, gender & sexuality, rights and livelihood to bring in a deep and meaningful understanding of mental wellness and human rights in them.

In the second phase of Janamanas program, ... (Name of the Organization) in partnership with …… Municipality/Panchayat is setting up **a Community Mental Health Kiosk/ Centre** within the premise of the Municipality/Panchayat. The space has been provided by the Municipality/Panchayat. The women trained in the first phase of Janamanas will provide counselling and referral services to the community. The space will be promoted as a 'safe space' where women can drop in to share their struggle and concerns. This space will also be promoted as a 'fun space', where recreational and fun activities will be planned for children and women at a regular interval.

The inauguration of the Kiosk is on **……** (date and time of event) at ……. (name of) Municipality/Panchayat. …… (name and designation of dignitary), will inaugurate the Kiosk.

We would be honoured if you could take some time off from your busy schedule and join us. Your presence would not only support our endeavour to raise awareness of the core issues we work with but also will encourage this initiative of the women who are part of this program.

We would like this inauguration program to be as innovative as the training itself.

Looking forward to your support and presence

Thanking You,
Yours Sincerely,

Director
(Name of the Organization)

E. Job descriptions

ROLES AND RESPONSIBILILTIES OF COMMUNITY WORKERS INVOLVED IN JANAMANAS COMMUNITY MENTAL HEALTH KIOSK PROGRAM – COOCH BEHAR

1. Position: Kiosk Manager

Place of posting:
Duration of the program:

Responsibilities:
• Liaison and coordinate with Municipality regarding the program
• Man management/ constantly give direction to the team and motivate team members/ resolve any conflict that might arise within team
• Manage day to day functioning of the Kiosk
• Plan activities of the Kiosk, home visits and outreach camp on a monthly basis
• Provide support to the Kiosk operators during case management
• Assist in coordinating and provide logistical support during training programs
• Report writing
• Keep regular contact with Anjali Kolkata office and provide timely feedback regarding the program
• Assess the growth of the program as well as the team members
• Visit Kolkata office on a quarterly basis
• Any other...as related to the growth and development of the program

Reporting Officer: Program Manager, Janamanas

2. Position: Outreach workers (ORWs)

Place of posting:
Duration of the program:

Responsibilities:
Ward wise door to door campaign

- First point of contact with the community
- Ward wise responsibility for door to door service to the community
- Disseminate information on mental health issues and mental illness
- Share information of the services available from the Kiosk
- Refer a person with symptoms of mental illness to the kiosk
- Organise outreach camps (one every week)
- Organise outreach camp at various locations within the Municipality area at a regular interval
- Coordinate with the Municipality authorities for permission before the camp is organised
- Responsible for taking care of all logistic arrangement at the camp
- Distribute leaflets and pamphlets before and while the camp is being organised
- Share/ disseminate information on mental health and illness at the camp
- Attend monthly planning meeting at the Kiosk (once a month) to plan the month ahead and reporting to the Kiosk Coordinator
- Documentation of all activities/ programs as per the formats/guidelines provided by the office

Reporting Officer: Kiosk Manager

3. Position: Kiosk Coordinators (KOs)

Place of posting:
Duration of the program:

Responsibilities:
• Man the Mental Health Kiosk
• Provide counselling and referral service to the clients visiting the kiosk
• Conduct regular home visits for follow up of clients and also in areas which are distant from the kiosk
• Share information regarding the services available from the kiosk at various platforms like CDS meeting, SGSY meeting and through informal meeting with community.
• Attend outreach camps and share information at the camps regarding mental health and services available from the Kiosk
• Develop liaison with Govt. hospitals/ medicine shops/ De-addition centres/ other NGOs/CSOs/ Local Police and other Govt structures for referral services
• Maintain a database of all services available in the area
• Attend monthly planning meeting at the Kiosk (once a month) to plan the month ahead and reporting to the Kiosk Coordinator

• Documentation of all activities/ programs as per the formats/guidelines provided by the office
• Organise innovative program at the Kiosk (once a month) with the women from the community, titled, Meet a Women's Meet.
• Case by case reporting (of the clients visiting the Kiosk) to the Kiosk Coordinators for effective case management and follow up

Reporting Officer: Kiosk Manager

F. Orientation Curriculum

A 7-day training program on Kiosk Management

Day 1	Team Orientation	Session 1: Overview of Anjali	Session 2: Overview of Janamanas			
Day 2	Orientation of Kiosk Manager	Session 1: Roles and responsibilities	Session 2: Relationship building with all stakeholders	Session 3: Documentation guidelines	Session 4: Administrative and management issues	Session 5: Deliverables
Day 3 & 4	Orientation of KOs	Session 1: Roles and responsibilities	Session 2: Basic Counselling guidelines and norms	Session 3: Operational guidelines	Session 4: Documentation guidelines	Sessions 5: Hands on training (counselling and home visit)
Day 5 & 6	Orientation of ORWs	Session 1: Roles and responsibilities	Session 2: Basic guidelines of outreaching	Session 3: documentation guidelines	Sessions 4: Hands on training (door to door campaign)	
Day 7		Session 1: Hands on training (Women's Meet)	Sessions 2: Hands on training (outreach camps)	Session 3: Consolidation		

The Orientation Modules

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Overview of Anjali	To understand the vision, mission and objective of Anjali	To connect with the overall goals and objectives of Anjali	The participants will understand the vision, mission and objective of Anjali	
Overview of Janamanas	To understand the vision, mission and objective of Janamanas	To connect with the overall goals and objectives of Janamanas	The participants will understand the vision, mission and objective of Janamanas	At the end of the session the participants will be able to connect the vision of Janamanas with their initiatives
Roles and responsibilities of Kiosk Manager	Written JD	To understand her role and responsibility in the program	The Kiosk Manager will have clarity regarding her role and responsibility in the program	Written JD will be handed over

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Relationship building with all stakeholders	To identify all stakeholders from the community/ municipality and Govt officials	To understand power and influence the stakeholders can play in the project	Stakeholders and identified, their importance are mapped and a plan for involving the stakeholders are developed.	
Documentation guidelines	Documentation format	To understand the importance of documentation in the program	All relevant documents of the program will be maintained.	All formats will be handed over at the end of the session
Administrative and management issues		The Kiosk Manager is responsible to manage all admin related issues at the Kiosk and therefore, need an orientation on the same	An effective running and management of the Kiosk	All admin guidelines and norms to be developed and implemented
Deliverables	The expected outcome from the project	The Kiosk Manager need clarity on the indicators and inputs which will indicate the progress of the program	All programmatic indicators and inputs to be place	
Roles and responsibilities	Roles and responsibilities of the KOs	To understand their role and responsibility in the program	The KOs will have clarity regarding their role and responsibility in the program	Written JD will be handed over
Basic Counselling guidelines and norms	Introducing Primer (written guidelines of basic level of counselling)	An introduction to the basic skills of counselling	The KOs would be ready to provide counselling services to the clients at the Kiosk	
Operational guidelines	Basic guideline of counselling	The KOs will understand the basic guidelines and ethos of counselling	The KOs would be ready to provide counselling services to the clients at the Kiosk	Do's and Don'ts of KOs
Documentation guidelines	Documentation format	To understand the importance of documentation in the program	All relevant documents of the program will be maintained.	All formats will be handed over at the end of the session
Hands on training (counselling and home visit)	The KOs will observe one-two live counselling sessions at the Kiosk and they will be taken to four-five home visits in groups.	To orient the KOs to the process and systems of a counselling session and home visits.	The KOs would be ready to provide counselling service both at the Kiosk and through home visits	This session is based on live counselling sessions and role plays among the group members
Roles and responsibilities	Roles and responsibilities of the ORWs	To understand their role and responsibility in the program	The ORWs will have clarity regarding their role and responsibility in the program	Written JD will be handed over

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Basic guidelines of outreaching	Introducing Primer (written guidelines of outreaching)	An introduction to the basic skills of outreaching	The ORWs would be ready for outreaching service	
Documentation guidelines	Documentation format	To understand the importance of documentation in the program	All relevant documents of the program will be maintained.	All formats will be handed over at the end of the session
Hands on training (door to door campaign)	The ORWs will observe few door to door visit campaign	To understand the process of communication and interaction during a door to door campaign	The ORWs would be ready for outreaching service	
Hands on training (Women's Meet)	The KOs and ORWs will observe a women's meet at the Kiosk	To understand the process and the way to conduct a women's meet	The team would be able to conduct a women's meet independently	
Hands on training (outreach camps/ street corner)	The KOs and ORWs will observe an outreach camp	To understand the process and the way to conduct a outreach camp/ street corner	The team would be able to conduct an outreach camp/ street corner independently	
Consolidation	Facilitative session	To ensure that the discussion which has been held for the last 7 days are internalised by the team	The trainer would try to understand the extent to which the KOs and ORWs have understood and internalise the discussion over this time period	

G. Do's and Don'ts of the Kiosk

When a Client arrives at the Kiosk…

1. Welcome, please take a seat (say this while you keep seated)
2. Namaskar
3. My name is … My work (?) is ….
4. Describe the services that are provided
5. Explain what the counselling service is
6. "We charge Rs. 5/- for counselling service"
7. "What expectation have you come with?"
8. Write down full details of each case in our copy and while doing that will keep the primer and the surveyor's handout handy by our side. All discussions about the case need to be recorded on the same day.
9. Wear ID card
10. Any personal client invitation cannot be entertained
11. For follow-up Rs. 5/- needs to be charged
12. Kiosk should be open from 10:30 a.m. to 5:00 p.m.
13. Will not give my personal phone number to any client
14. Anybody coming to gather general information also needs to be recorded
15. Will not write with different colour pens in the record book. Will draw lines only with pencil. Heading should be written by only one person. Each page should have at the most two cases. Each case needs to be closed with the client's phone number
16. If the client does not show-up on the follow-up date, then will give a call to the client and confirm the next follow-up date
17. If someone comes for general information/query, then will not give yellow coupon but will record it in the copy with **
18. Will keep the kiosk clean. Will clean soot at an interval of two days
19. Will take care of trees properly (which are planted in the premise of the Kiosk).

H. Monthly Planning Format

Month:		
Sr. No.	Date	Activity
1.		Eg. Camp.
2.		Eg. Weekly Meeting.
3.		Eg. Introducing Kids corner at the Kiosk.
4.		
5.		
6.		
7.		

I. Daily Log Format for KOs

Arrival	Time
Departure	Time

Time	Activity
11 to 12	Meeting client Mr. XY. 1st visit. Insomnia and financial instability.
12 to 12:30	Filling up register
Mode of travel • Bus • Auto • etc	• Expense 1 • Expense 2 • Expense 3
Total Cost	

Foot Notes:

J. Permission to initiate Second Level Trainings of KOs and ORWs

Sample Letter

To
(Name)
(Designation of Recipient)
(Office and Address)

Respected Sir/ Ma'am,

Greetings!

We are a registered voluntary organization committed to mental health care and treatment in India, ensuring rights of people with mental illness and addressing issues of citizen's rights to mental wellbeing and community based mental health care.

..... (name of the organization) also implement Community Mental Health program 'JANAMANAS ~ Mind of the Collectives' which is dedicated to develop a batch of primary mental health workers who will become advocates for mental health in their communities. Currently, Anjali is working with ……. (number) women who are providing counselling and support services to their community at different locations in …….. (name of the districts/ state)

You may be aware that ..... (name of the organization) had initiated Janamanas program in partnership with …… Municipality/Panchayat in ……. (year). As part of the program, we had identified and trained ..... (numbers) SHG members as primary mental health workers, who are still actively working in your area.

..... (name of the organization) is proposing to organise a capacity building programs on self, communication and stress management, for the Kiosk Operators, which will be held at ..... (Name of the Organization) office. Tentative dates of trainings are …….. The training will aim at providing new dimensions and energy to the Kiosk operators, which will help them in better service delivery from the kiosk.

We request you to please let the six Kiosk Operators from the …… (name of) Municipality/ Panchayat to attend the training during the dates mentioned above.

Looking forward for your support.

Thanking you
Yours Sincerely,

Director
(Name of the organisation)

Templates for Phase 7- Second Level Training in counselling

A. Curriculum for Second Level Training

Training on Primary Counseling and Helping Skills for Community Mental Health Volunteers
Curriculum Phase I

Introduction

Anjali works for mental health rights of people, especially those diagnosed with mental disorders. As part of its mental health promotion strategy, it has established mental health kiosks in Cooch Behar. The training will be conducted for the community mental health volunteers who manage the kiosks. They are expected to provide a primary first level support to people who approach the kiosk and refer them to professionals when required. The kiosks will serve as points for mental health promotion in the community. The training will take place in three phases, six days each. It will focus on basic, primary level counseling skills, working with self and some special topics such as suicide prevention and dealing with domestic violence.

Objectives of the three phase training:

- Enable participants to understand different issues that kiosk visitors may come with and interact with the kiosk visitors in a manner that is sensitive, helpful and consistent with a counseling approach
- Enable participants to explore self and develop empathy with others through a better understanding of self and others
- Enable participants to take decisions on when to refer visitors for therapeutic counseling and/or psychiatric assistance and make referrals accordingly.

Phase I

Phase I – Training Agenda

Day	Topics	Materials Required
1	Introduction to Counselling Introduction, Rapport Building, Expectations and Apprehensions, Agreement for working together, What is Counselling, Exploring Trust	Blindfolds, Chart papers, markers, clips/ cello tape, A4 papers
2	Basic Counselling Skills Attending, Listening, Responding Skills practice	Chart papers, markers, clips/ cellotape Handout – Basic Skills
3	Working with Feelings and Emotions Attitude and Values, Exploring Feelings and Emotions, Skills Practice	Paper, Pens
4	Exploring Empathy and Childhood Developmental Issues Childhood Issues, Empathy, Skills Practice	Handout
5	Exploring Adolescence Challenges Adolescent Issues, Feedback Principles, Skills Practice, Confidentiality Issues	Chart paper, markers Hand-out
6	Referral, Record Keeping and Closure	Cardboard box

Day	Topics	Materials Required
	Reflections and open session, silence as communication, record keeping, referral guidelines, closure	

Curriculum Phase II

Phase II – Training Agenda

Day	Topics	Materials Required
1	Conceptual Understanding of Gender Personal Growth session: Working with Self	Chart papers, markers and clips, chart papers, one picture of male and one picture of female, many small pictures like books, pen, cooking utensils, good etc, Paper, Pens and Fevistick.
2	Conceptual Understanding of Domestic Violence: Definition, Causes and Impact on Mental Health Personal Growth session: Working with Self in a Group	Chart papers, crayons, sketch pens, markers, white board and white board marker.
3	Discussion on Sexuality: Clarifying its meaning and getting familiar with the current discourse Session on Qualities of a Facilitator and the Basics of Facilitation Skills	Film" Mirch" , Chart papers, markers and clips,
4	Session on Anger Management Personal Growth session: Practice sessions (2) • Gender • Love	Board, Marker, Handout
5	Understanding Trauma: Dynamics, Impact and Principle of Recovery Personal Growth session: Practice sessions (2) • Safespace • Self-care	Chart paper, markers Hand-out
6	Session on handling Suicidal threats: assessment of risk, extension of support, negotiation of contract & referral Personal Growth session: Johari Window Closure	Hand-out, feedback form

Curriculum Phase III

Phase III – Training Agenda

Day	Topics	Materials Required
1	Review of previous phase of training Exploring Challenges of Young Adulthood Skills Training Session	Chart papers, markers, clips, Paper, Pens
2	Conceptual understanding of: Addiction related	Chart papers, crayons, sketch

Day	Topics	Materials Required
	issues; Causes and Impact on Mental Health, Dealing with it Skills Training Session	pens, markers, white board and white board marker. Handout
3	Pre-marital Counselling Discussion on : Sexual response cycle and it's relation with mental health Skills Training Session	Chart papers, markers and clips
4	Exploring Challenges of Parenting : Post-Partum Depression - Clarifying its meaning Childhood Behavioural Problem and its Management Referral, record keeping	Board, Marker, Handout
5	Co-working in Group Skills Training	Balloons, News papers, 2 scissors,2 glue tube, wool/thread, matchbox
6	Skills Training Action Plan, Closure	Feedback form

B. Sample Session Plan

Phase I
Session 2: What is counseling? (1 hour 30 min)

Session Objectives: Participants will learn the unique characteristics of the process of counseling and will be able to appreciate the differences with other forms of intervention, such as advising, teaching etc.

Key points/messages to discuss:

Counselling is a process of helping a person to explore his/her concerns and to learn to make appropriate decisions, while giving emotional support as the person works on his/her difficulties.

The aim of counseling is not to judge right or wrong or evaluate good or bad. It does not give advise or provide ready solutions. It helps persons with issues and challenges to understand the issues through exploration of self, other and the situations, explore options and find ways to resolve the conflicts and challenges.

Counselling focuses on exploration of feelings, emotions, and experiences and helps a person delve into them. It may also entail sharing useful information, in a non-directive manner, especially in situations where relevant information is necessary to help persons take appropriate decisions – such as in situations of HIV/AIDS counseling, drug abuse counseling etc. It may also entail helping persons to explore different options, without the counsellor directing the way forward.

Steps in Counseling

Steps	Aim	Ways to accomplish
1	Building effective working relationship	Use language that reflects understanding and address issues of confidentiality.
2	Exploring and identifying issues of concern	Obtain the complete picture, find out what is the specific reason for which the person need help. Provide emotional support
3	Goal setting (Shift thinking)	Focus on what can be done, introduce new ways of looking at the challenges and provide relevant information to do so.
4	Implementing action	Assist the person to plan a course of action and embark on it. Support him/her to achieve this in manageable steps. Evaluate and review goals. Assist to maintain change

Methodology/Participant Activities :

Divide participants in 3 sub-groups. (Each group should have 5-6 participants. Since this session takes place at initial stages, some members may have problems being active in bigger groups). Groups will be asked to appoint a facilitator and a reporter.
The trainer will write three situations in three chits. The task given to each group is: how will you handle the case?

Examples:

1. An eighteen year old girl ran away from home with her boyfriend who promised to marry her. She fell into a trafficking racket. She was rescued and brought back home. She now has to face court trial as well as stigma in the neighbourhood. She is restless, angry with everyone around, does not want to go back to school. How will you start to talk to her?
2. A fourteen year old boy does not study and often misses school. He is average in studies. He prefers to chat and smoke cigarettes with his friends. He is also find of playing football. His mother is very worried about him. How will you try to find out more about his situation and issues?
3. A nineteen year old girl is newly married. She was the only daughter. She now lives in a joint family where she is expected to do household chores like her sisters-in-law. She does not like it and often refuses to comply. She wants to study further. She completed H.S. with average marks. He mother-in-law brought her to you. How will begin to talk to the girl?

The cases may be changed depending on participants' context.

Each group will present how they will deal with the case. Identify the trends – giving advise, teaching, judging right and wrong etc.

Ask participants how they feel when such responses are made to them. Introduce what counseling is and what are the characteristics of this approach. If possible, role model a brief counseling session on any one of these situations.

Phase III

Session: 2 Exploring young adulthood

Time: 2 hr
Session Objectives:
a) To understand the needs and developmental tasks of young adulthood

Key points/messages to discuss:

Psycho-social development during young adulthood
1. **Difficult choices** need to be made related to: *Education, Occupation, Marriage, Starting a home, Children rearing, Forming new friendships*, *Role in the community.*
2. **Changing relationship with family**… breaking away, psychological independence; new living arrangements; financial independence
3. **Intimacy vs Isolation**: struggle to develop intimate relations (open, supportive, tender relationship with another person without fear of losing one's own identity in the process). These can be established in the context of **Romantic Relationships/** marriage/ friendship. Isolation (loneliness, depression) is felt where the person is unable to experience intimacy in relationships due to various reasons.
4. **Commitment to career**: Work provides a sense of personal worth, a level of recognition by others, a feeling of individuality, growth & security
5. **Establishing Values**: Young adults evaluate values that have been internalized through childhood & adolescence
6. **Family Formation**: Adjusting to new Relationships, conflict resolution
7. **Parenting**: Adjusting to new roles & responsibilities
8. **Establishing a social network**: Friends, Community groups, Social Work

Methodology/Participant Activities and Time:

Participants will think of a significant choice they had to make during their young adulthood (20-30y). They will share them in sub-groups and note the issues and their needs related with the choice. Group representatives will share their findings. Facilitator will categorise them and discuss development and its challenges during young adulthood.

Materials/Equipment required:

Paper

Templates for Phase 8- Kiosk Management

A. Counselling and referral templates

a) Registration Form

Sr. No: Date:

Janamanas Primary Mental Health Care Service

Name: _____
Address: _____
_____
Phone No._____
Gender: Male___ Female___ Other___
Age: 0-12 ___ 13-19___ 19 and above ____
Date of 1st appointment: _____
Follow up Dates: _____
_____
_____

b) Primer for Kiosk Operators

We believe that by sharing our sorrows and troubles with others we can get rid of them, and thus will not need medicines. We believe that every abnormal behavior does not need medical help. If one can discuss one's problems with others, one can be just fine. We also believe that every person is responsible for his/her own mental wellness.
You need to keep in mind that while talking you should be cordial and that in no way should it sound like you are trying to probe the person speaking to you.

When someone comes to the Kiosk

- Welcome, please sit
- These are the services we offer-
    - Counselling service
    - Sending to the doctor
    - Talking to the mental health hospital
    - Help to get a disability certificate
    - Arrange medicines at lower cost
    - If need be, visit home of clients for counselling service

Things you are not supposed to do as a Janamanas worker

1) Not allowed to blame.
2) Not allowed to get excited.
3) Not allowed to blame oneself.
4) Not supposed to lose your mind.
5) Not supposed to advice.
6) Not supposed to impose your opinions and ideas on others.

7) You are supposed to keep your opinion to yourself on what would you have done in a similar situation.

What you are supposed to do:

1) Keep yourself calm.
2) Try to understand what the person wants.
3) Not give them false promises of things you cannot do or deliver.
4) Explain existing limitations.
5) Listen very carefully.
6) Understand the problem with an open mind.
7) React to emotions.
8) Help them take decisions

- What are the things you expect
- We have two copies, you need to enter your introductions etc in them
- Whatever discussions happen here would remain closed within us
- Today we will talk for 30 minutes

How will start the conversation

- Tell me what your problem is?
- What are your expectations from us?

If a mother comes with the complaint that her child is very naughty or lacks concentration while studying, then:

Children unrest – hyper activism

Children often forget to do their homework, lack attention in class or do not think before they do something. However, if a child is extremely inattentive or hyper active or very restless then you should keep an eye on that child.

Moreover, you will have to talk to the family member who handles and has the child's responsibility. Special attention needs to be given to the family members and especially the mother's mental health. There might be high chances that the mother is going through a phase of depression. In that case, along with the child, you need to continue talking with the mother as well.

When a mother comes with such a problem, you need to make her sit first. Introduce yourself to her. Tell her the rules of the kiosk. Then ask her to tell you about her problem. How much time does the mother devote to the child needs to be known. Also, find out if the child has company to play with at home. Is the child facing any kind of problem in school needs to be known? Ask the mother what kind of food the child has. Ask the mother to bring the child the next day. Talk to the child. If the child accompanies the mother on the first day then he/she needs to be seated at another place. Do not hear the mother's complaints directly in front of the child.

You need to keep colour pencils and papers in the kiosk. There should be some toys as well and you need to talk to the child while playing with him. What he/she does at home, what does he/she dislike, what does he/she like to eat, what happens in school etc – through such questions you need to understand the problem of the child.

Failure in Love

When someone comes with an eating or sleep disorder, then every facet of his life needs to be discussed. It might be highly possible that the person says that he/she does not want to talk to anybody or that he/she finds life to be meaningless. Then you need to immediately react saying that I can understand that you are feeling helpless, come let us discuss about it. Talk to him/her about his/her life and family. Find out the changes that have occurred in his life. Also find out what the person does, and what his/her dreams are in life. During this if the person says that he/she does not have a love life, then you can

proceed with the idea that lack of relationship can be a cause for loneliness. Try to make him/her understand that rejection or not being in a relationship does not mean that one cannot be happy. There are many facets of life, of which one very important part is love, but that cannot be the sole aspect of life – this needs to be explained to the person. Help him/her to plan each day. And assure that we are there by his/her side.

Weakness of the body or other anxiety related problems

It is a known fact that the mind and body are complimentary to each other. Often we go through different problems in the body. However, if we notice, such problems are often related to the mind. There are people with problems of migraine, indigestion, morning sickness and other such problems. After hearing those out we need to find out their daily routine and also who all are there in their family. Also, we need to know about their responsibilities in the family. We need to find out if they get adequate rest. Ask them about things that get them anxious. We need to assure them. Moreover, we need to know about their eating habits and their general activities throughout the day.

Often it is seen that mothers are worried about their children, especially if it is a daughter going out of the house. Mothers get extremely anxious about their daughters' safety. We need to assure them that we all worry about safety considering all the incidents that happen around, and that it is natural to worry about one's ward. However, if the worry reaches the level of anxiety then it would be harmful not only for the mother but also immensely pressurizing for the child. To keep one's daughter safe all the things required needs to be given, like mobile, phone numbers of people who are easily accessible etc. however, one has to accept that despite all this, mishaps might happen and that one needs to take it as an unfortunate incident. It cannot be avoided or stopped by constant worrying. Along with the mother one needs to talk to the daughter as well. To check the mother's anxiety one needs to discuss the role of the daughter.

In case of serious mental illness

In case of serious mental illness one needs to refer to the doctor as early as possible. Keep in touch regularly with the family. Have to be very careful regarding regular doses of medicine intake. Need to thoroughly read the book - Introduction to Mental Illness. Often, during serious mental illness cases family members also get mentally harassed and have no clue how to handle the patient. They try to feed medicines according to their convenience, like focusing more on the sleeping pills. So, one needs to be very careful to check that all the medicines are being fed regularly and in their right doses. Explain to the family members about the positive side of each medicine. Assure the family members that the patient will get fine with proper food and medical care.

Feeling sad

Often people would come with the problem of feeling sad. We need to keep in mind that this society controls us from all sides. We can see our faults and weaknesses more easily than our qualities. So we need to show some hope to the person concerned. Will have to know how he/she would like to spend their time. Tell him/her about the 15 ways of keeping well, that you have with yourself. Also, tell that if he/she can get some time out for oneself to rest and to work toward it.

If a person suffers from addiction

- What happens from addiction?
- Drug addiction can lead to various other problems like fatigue or exhaustion, mental problems, anxiety etc. It can affect the kidney, heart, lung and liver and might even lead to death.
- Alcohol addiction can lead to problems of the kidney, stomach, nerve, mind and heart. In fact one might be afflicted by throat or mouth cancer due to this. One might even have the tendency to hurt oneself, or have exhaustion or sleep disorder.

We need to keep in mind that during interaction the voice should be very earnest and cordial. In no way should it sound like you are interrogating or spying on him/her.
Who all are there in your family? What kind of work do you do/ or did? How much do you earn, if you could share? Are you thinking about quitting your addiction? Do you face problems when you do not indulge in your addiction? What problems do you face when you indulge in your addiction? How do your family members or relatives and friends perceive your addiction? How do manage money for indulging in the addiction? Who all do you think can help you out in quitting this addiction?

- After quitting addiction how should one control the urge?

We cannot say these directly to the person concerned. These points are for one's own self.

- Physical

1. Take care of the body
2. Change the food habit. Include good amount of protein in the diet.
3. Do pranayam regularly
4. Get adequate amount of sleep every day.

- Behavioral changes

1. Mark out your time table
2. Take responsibilities and deliver them accordingly
3. Keep a proper chart of your working days

- **Social changes**

1. Spend more time with family and friends
2. Accept the social responsibilities

- Mental changes

1. Build your own spirit of dignity. You do not need the help of alcohol or any kind of addiction to face the world.
2. Recognize the worth of integrity and love

If the person is accompanied by his wife or mother, then talk to them first. Ask them about the problems in the family due to this addiction. What has been their impression due to this incident? Even while talking to the family members, ask them to get the person concerned. Tell them, it is not possible that the person will quit just because you want, so he needs to himself understand that he needs to quit the addiction. Also tell them that you might feel that it is because you could not control your son/husband that you had to see such a time. Assure them that you can understand their mental stress. It might be possible that their constant insistence is getting the person irritated and leads him to lie on their face. It is possible that they might feel distressed since they can clearly understand the lie and yet cannot do anything about it.

- Refer them to centers close by that would keep them well.

<u>Suicidal tendency</u>

Anybody who has the suicidal tendency might not come directly to us. A person wants to commit suicide only when they cross the limit of enduring their problems. A person with suicidal tendency usually tries to save oneself from any kind of hurt. Therefore to stop the concerned person from committing suicide one needs to understand the indication and also talk to the person with great importance. If you have understood that the person is building up such intention within then you should immediately talk clearly about it. Talking directly will help save a life perhaps.
While talking to the person one needs to keep in mind that:

- Make the person understand that he/she is very important to you, and that you are right by his/her side. If you are genuinely cordial and intimate then you body language, voice and your eyes will assure the person for sure.

- Listen to the person carefully. Help the person unwind about his/her dejections, sadness, anger, failures, and disappointments. The conversation might create a negative ambience but you need to have faith that something positive will come out of it at the end.
- Rekindle hope in the person. Assure him/her that you are ready to help and that suicidal feeling is just temporary. Explain to him/her about the importance about his /her life.

What not to do:

- Do not argue. “You still have lots to get from life” or “ You need to live for the sake of your family” – stay away from such clichés.
- Do not talk about life and its values
- Do not blame yourself. Do not think that you are not capable of solving someone else’s problems.

Popular myths about suicide

- Those who talk about suicide do not attempt it.
- Those who want to kill themselves they are mad
- It is impossible to stop one from changing one’s mind of committing suicide
- Only those who do not want help attempt suicide
- Those who want to commit suicide will only find more ways to commit suicide if one tries to talk them out.

At the end, always remember that in such cases one needs to consult a doctor surely. Even though we vow to keep the client’s secret with us, but in such case we need to talk to their family members and tell them to immediately consult a doctor.

<u>Domestic Violence related problems</u>

We need to remember that the kiosk is such a place that women will invariably come with their problems. The problems might vary from physical and mental torture at the in-laws’ place, to torture for giving birth to girl child, to forceful marriage, torture for dowry, torture due to extra-marital affair of the husband, torture by the husband in inebriated state, sexual violence, verbal torture, not being provided with daily necessities, keeping in fear, etc. Most often we notice that the central character of persecution is a woman. It is difficult to come out for them from such domestic violence. Often it is noticed that the one who has come with the problem is not trying to get into it or trying to avoid it, or even trying to justify for the persecutor and blaming oneself instead. Most women cannot stand up against domestic violence because of financial dependence and concern for their children’s upbringing.

- Listen carefully
- Do not try to judge the situation by one’s own situation
- Try to figure out her support system. Will have to find someone in the family who can stand strongly against such violence
- If there is no one in the family then will need to find someone from the neighbors. However, all decisions must be taken by her, and you will oly extend support.
- Do not advice to come out of the family or home
- Do not advice on your own to take legal help

If the woman talks about her problem do not ask questions in between. Touch her emotional quotient and encourage her to speak. It has to be kept in mind that within 45 minutes it is not possible to hear out everything that she has to say. Keep track of your feelings while hearing her out. The feelings that are arising within you are the same that others around her have. To earn her confidence should be your main intention. We will try to give her relief instead of trying to find a solution to her problem.

Follow up – why, what, why is it important

One of the most important aspects of our work is to follow-up. When a person comes to you for help, then you need to fix a following date for next visit. Explain to the person why it is necessary for him/her to come on the following date. Tell them that while talking to us once provides them some primary relief, but it can turn to further problem if they do not follow up. If a person does not turn up then you would need to visit the person's home and find out how he/she is doing. However, you should not make the person feel that he/she is being spied on. One needs to be very careful about that.

Congratulations to all of you. Wish you all the success ahead.

c) Case History Format

Sl No	
Name of cient	
Registration number/ID	
Date of registration	
Address	
Ward Number	
District	
State	
Date of birth	
Age	
Gender	
Religion	
Caste	
Level of educational attainment	
Civil/marital status	
Occupation	
Where did you get to know about the Janamanas kiosk	
Reason for accessing the Kiosk with details of the problem	
Support provided by the KO's to the client	
Whether client was referred for accessing any other services	
If referred mention the date and name of the service point visited	

d) Feedback form (after 2nd visit)

Feedback form for Janamanas for 2nd Visit

Kindly tick on the following choices:

1. How you feel about the room?

Happy Unhappy Not sure

2. Were the women from whom you'd taken counselling service friendly and helpful?

Yes No Not sure

3. How did you feel after the session?

Angry

Happy

Uncomfortable

Sad/ upset

Worried

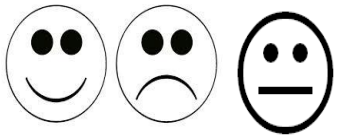
4. Do you have any suggestions for us?

e) Feedback Form (after 5th and 10th visit)

Feedback form for Janamanas for 5th and 10th Visit

Kindly tick on the following choices:

1. How you experienced a change within yourself after taking the counselling services through the various sessions?



Yes No Not sure

2. Have you ever felt the following feelings during the sessions?

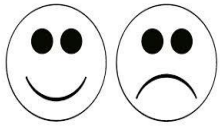
Comfortable
Relieved
Confident/ good about self
Happy

Accused
Threatened
Judged
Your privacy has been violated

3. Do you want to come for another session again?

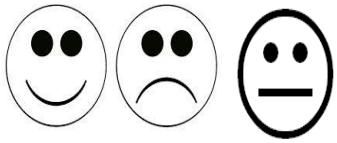
Yes No

4. Do you feel that your personal stories are safe and not disclosed to others?



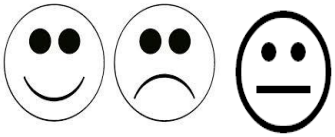
Yes No

5. Do you think there is a need for mental health support services in your community?



Yes No Not sure

6. Have you ever sent anybody to the kiosk or will refer this service to a person in need in future?



Yes No Not sure

7. Do you have any suggestions to make this program better?

f) Referral Services Register

Map the following institutions, organizations and services to determine their suitability for referrals.

- Mental Hospitals
- General Hospitals
- Private Psychiatric Doctor/ Psychologist
- IQ test DDRC (District Disability Rehab Centre)
- Disability card to DDRC
- Rehab Centre- alcohol and drug
- Organization working with women's empowerment
- Lawyer
- Thana and police
- Medicine Shops
- Local Clubs

Referral Register

Sl. No.	**Name of the Organisation/ Institution/ Department**	**Address with phone no.**	**Name of the Contact person**	**Designation**

Quality Check for Referral
(Based on feedback from a client who has accessed the services)

Sl. No.	**Indicators**	**Status**		
1	Distance from the Kiosk	Near	Relatively far	Very far
2	Whether the service point is accessible (by public transport)	Yes	No	
3	Cost of service (mention the amount taken from you)	Minimal	Affordable	Very high

Sl. No.	Indicators	Status		
4	What is the time taken to complete the service (at the service point)	less than half an hour	One hour	More than one hour
5	Where the service providers helpful in attitude?	Yes	No	
6	If No, please mention the incident which lead you to say that the service provider was not helpful			
7	Any other remark/ feedback			

g) Kiosk Register

Month:

Sr. No.	Reg. No.	Gender	Age	New	Follow-up	Referred to	Status of Referral (Yes/No)	Remarks

g) Monthly Compilation Format for Kiosk

Total No. of Foot falls		New		Follow-up		Others	Below 18		Total No. of Individual Clients		No. of Referral		Total number of clients accessing referral services	
M	F	M	F	M	F		M	F	M	F	M	F	M	F

B. Home Visit Templates

a) Home Visit Register

Month:

Sr. No.	Reg. No.	Gender	Age	New	Follow-up	Referred to	Status of Referral (Yes/No)	Remarks

b) Monthly Compilation Format for Home Visits

Total No. of Foot falls		New		Follow-up		Others	Below 18		Total No. of Individual Clients		No. of Referral		Total number of clients accessing referral services	
M	F	M	F	M	F		M	F	M	F	M	F	M	F

C. Door to Door Outreach Template

a) Reporting Format for Door to Door Campaign

Name:

Date:

Sr. No.	Ward No.	Address	Name of the head of the family with number of heads	Families met/interacted	Types/kinds of problems witnessed	Any Refusal and reasons for refusal	Has any of them visited the kiosk	Comments

b) Monthly Compilation Format for Door to Door Campaign

Name:

Date:

Reporting for the week/ month:

Date	Ward No.	No of household	Number of household visited and interacted	No. of Refusal	Types/kinds of problems witnessed	Has any of them visited the kiosk	Comments

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Signature of Kiosk Manager

C. Outreach Camp templates

a) Do's and Don'ts of Outreach Camps

When we go to the camp…

1. Whatever we carry from the Kiosk needs to be responsibly brought back again
2. We should arrive at the camp an hour before the commencing time
3. If I would be saying something at the camp, then will make a note of my speech earlier and give it to FO for photocopying
4. Phone should be in silent mode throughout the camp duration
5. Will not talk to person sitting next to me during the camp
6. Will wear ID card
7. Will keep leaflet with myself all throughout
8. Will keep primer and Camp register for the camp our side always.

b) Blueprint for Outreach Camps

Blue Print for Outreach Camps/ Street Corner

Janamanas ~ the Community Mental Health Program is being implemented with the objective of developing and build capacities of few representatives of SHG, so as to develop a pool of barefoot mental health professionals who would be able to provide basic mental health support at the community level. A pool of women receives training as barefoot primary level workers. From this pool, batches of 12 – 15 women are chosen through an exhaustive process, who will work as Kiosk Operator and Outreach workers for the area.

The program set up a Community Mental Health Kiosk in partnership with the Municipality/ Panchayat. The KOs and ORWs provide counselling, referral and outreach service from the Kiosk. The outreach camp is an important and effective tool for outreaching within the community.

Pre and Post activities of conducting an Outreach camp/ Street corner;

Pre activities

- Finalisation of the site/ place of outreach camp
- Negotiation with local School/ Clubs/ NGOs for selection of site of the outreach camp
- Permission letter to the Ward Counsellor
- Organise all outreach camp materials – pamphlets, leaflets
- Logistics for outreach camp (tea, water and biscuits etc)
- Checklist for Camp
- Planning meeting before outreach camp

Pre-Activities:

Activities	Person involved	Timeline	Status
Finalisation of the site/ place of outreach camp			
Negotiation with local School/ Clubs/ NGOs for selection of site of the outreach camp			

Activities	Person involved	Timeline	Status
Permission letter to the Ward Counsellor			
Organise all outreach camp materials – pamphlets, leaflets			
Logistics for outreach camp (tea, water and biscuits etc)			
Checklist for organising the camp: • Banners • Camp Register • Brochures • Leaflets • Individual ID cards • Pen • Carpet			
Planning meeting before outreach camp			

Post Activities:

- Report writing
- Feedback meeting

Activities	Person involved	Timeline	Status
Report writing			
Feedback meeting			

c) Register for Outreach Camps

Sl. No.	No. of attendants	Ward No. and Councillors Name	Key points of Discussion	Was the Councillor present	No. of people at the camp who visited the Kiosk	Comments

d) Monthly Compilation Format for Outreach Camps

Place/ Intervention site	Number of camps held	Total No of participants attending the camp	Number of clients visiting the Kiosk from the Camp	Major Issues identified during the Camp	Major challenges faced	Remarks

D. Linkages with local stakeholder templates

a) Ward Mapping Template

Ward Number	
Locality	
Demographic details:	
Socio Economic Status	
Religion	
Occupation	
Literacy	
Pockets of slum areas	

School-1	
Name of school	
Address	
Contact Number	
Name of Principal	
Contact Number of principal	
Primary/ Secondary	
Public/ private	
School-2	
Name of school	
Address	
Contact Number	
Name of Principal	
Contact Number of principal	
Primary/ Secondary	
Public/ private	

College	
Name of college	
Address	
Contact Number	
Name of Principal	
Contact Number of principal	
University	

Clubs			
Names	Functions	Contact person	Phone No.
1.			
2.			
3.			
4.			
5.			
6.			

Tea Stalls			
Sr. No.	Name/contact person's name	Phone number	Location/address
1.			
2.			
3.			
4.			

Health Services			
Hospitals (Private)	Names	Contact No.	Address
Hospitals (Government)	Names	Contact No.	Address
Clinics	Names	Contact No.	Address
Government Health centres	Names	Contact No.	Address

NGO			
Names	Contact	Address	Functions
SHG			
Names	Contact	Address	Functions

CBO			
Names	Contact	Address	Functions

Employment opportunity			
Sector/ type of work done	Name	Contact number	Location

Any other services/centres				
Name	Function	Name of contact person	Contact number	Location/ address

Any other information:

Filled By: Signature: Date:

E. Training Templates

a) Level 3- Training Curriculum

Level 3 Training- Sessions on Case Support and Management

A 3-day follow-up session with the Kiosk Operators and Outreach workers on Case support and management

Section 1 Session with KOs	3 sessions	1. Introductory session	2. Sharing of successes and challenges with references to cases handled at the kiosk	3. Issue based discussions	
Section 2 Session with ORWs	4 sessions	4. Introductory session	5. Sharing of successes and challenges at the time of community visits	6. Issue based discussions	7. Demonstration - door to door campaign, outreach camp
Section 3 Team building	2 sessions	8. Team building exercise	9. Closure activities and feedback		
Section 4 Individual counselling support	1 session	10. Individual counselling sessions for the team members			

The Training Modules

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Introductory session	Formal introduction of the facilitator and the participants	Introduction of the team and the facilitator as an ice breaker	The group and the facilitator came to know each other	
Sharing of successes and challenges with references to cases handled at the kiosk	Feedback of the work that the KOs are doing till date. A case by case sharing and planning way forward	This session will help the KOs to analyse the cases they are handling, unfold the challenges and barriers and plan way forward.	The KOs will be more equipped to handle their cases independently	

Sections & Sessions	Description	Rationale	Expected outcome	Comments
Issue based discussions	The facilitator identifies issues like counselling ethics, Autism, abuse etc. from the discussion with the participants and give inputs on a regular basis	This session will capacitate the KOs in identifying the underline issues and will help in their counselling process	Effective counselling to the clients	
Introductory session	Formal introduction of the facilitator and the participants	Introduction of the team and the facilitator as an ice breaker	The group and the facilitator came to know each other	
Sharing of successes and challenges at the time of community visits	Feedback of the work that the ORWs are doing till date. Experience from the fields are shared and analysed	This session will help the ORWs to understand the need and challenges of the community visits and plan outreach activities accordingly	The ORWs will be more capable to convince and negotiate with the community This will also ensure client flow to the Kiosk This effort will help in developing a mental health friendly community	
Issue based discussions	The facilitator identifies issues like communication skills, need of the community etc. from the discussion with the participants and give inputs on a regular basis	This session will capacitate the ORWs to understand the need of the community and plan outreach accordingly	The ORWs will be more capable to convince and negotiate with the community This will also ensure client flow to the Kiosk This effort will help in developing a mental health friendly community	
Demonstration - door to door campaign, outreach camp	Door to door campaign and outreach camp demonstrated through role plays	To ensure that the activities are effective	The ORWs will be more capable to convince and negotiate with the community This will also ensure client flow to the Kiosk	

Sections & Sessions	Description	Rationale	Expected outcome	Comments
			This effort will help in developing a mental health friendly community	
Team building exercise	Individual SWOT and shadowing each other based on SWOT	Since the intervention work with resource poor women, there is a need to develop them as professionals and develop compatibility and be compassionate and transparent to each other	A more cohesive and empowered group thereby providing a more effective service to the community	
Consolidation and feedback	Recapitulation of the last few day's discussion Ending with a positive vibe/ exercise Individual feedback from the participants	There is a need to consolidate the learning from the sessions and taking feedback from the participants	This session will help in understanding the effectiveness of the sessions and identify issues for the next training	
Individual counselling sessions for the team members	Individual counselling sessions based on the need of the participants	To identify unresolved personal issues and plan coping mechanisms with the counsellor	The session will lead towards individual growth which will result in effective program	

Note:

1. **This training program will be facilitated by a trained Psychologists as s/he is required to support the Kiosk Operators in case management and will also provide individual counselling support to any team members for personal growth.**
2. **There is a need to conduct this session at a regular interval; once every month for the first three months; once in two months for the next 6 months; and then as per the need of the Janamanas team.**

Templates for Phase 9- Handover

A. Templates for Advocacy meetings

❖ Guidelines for advocacy meeting

Advocacy and constant negotiation with the Municipality is an important element of Janamanas program. The dialogue and interaction is an important part of the program and is continued throughout the program through both formal and informal channels. The interaction may follow one to one interaction or through group meeting and it follows the entire life cycle of the program (activities/ / event related/ day to day activities related).

Type of advocacy activities	With whom	Methodology	Description	Outcome	Frequency
Permission for the program	Chairperson	One to one	Introduction to the organisation. Introduction to Janamanas program and expectation from the Municipality.	An approval from the Municipality to initiate the program	At the start of the program; 2-3 meeting with the Chairperson or his/her representative to finalise the program
Regular interaction with the stakeholders	Chairperson	One to one	Share progress and achievements of the program.	The Chairperson would be aware and updated of all activities and achievements of Janamanas	Once in every quarter
	Counsel members in presence of Chairperson	Group	Introduction to the organisation. Introduction to Janamanas program.	Counsel members will be aware of the program and would support in the implementation of the program	At the start of the program
	Point person	One to one	The Municipality will nominate a point person who will coordinate the program on half of Municipality. Constant interaction with the person is necessary for effective implementation	The point person will be aware of the day to day activities of the program and will provide support whenever required.	Once in every month
Janamanas training	Chairperson	One to one	To share the schedule and curriculum of the	The chairperson will be aware of the training	Before the start of the training

Type of advocacy activities	With whom	Methodology	Description	Outcome	Frequency
			training	schedule and agenda	
	Point person	One to one	To share the schedule and curriculum of the training and take his/her feedback and suggestion regarding the curriculum	The point person will be aware of the training schedule and agenda and will inform the participants regarding the dates and other logistics of the training	Before the start of the training
Janamanas Event	Chairperson	One to one	To share the objective of Janamanas event and finalise the date with him/her.	The date and logistics of the event will be finalised with him.	Before the Janamanas event
	Point person	One to one	To share the objective of Janamanas event and finalise the date and every detail logistics of the program with him/ her.	A detailed program plan in place Ensure participation of the Chairperson and other Counsel members in the program	Before the Janamanas event
Janamanas Kiosk	Chairperson	One to one	To share the objective of starting a Kiosk in partnership with the Municipality and seek permission from the Municipality	Permission letter from the Municipality regarding setting up of Kiosk	Before setting up the Janamanas Kiosk
	Point person	One to one	To ensure permission from the Municipality regarding setting up of the Kiosk		Before setting up the Janamanas Kiosk
Kiosk Inauguration	Chairperson	One to one	To finalise the date of Kiosk inauguration with him/her.	The date of Kiosk inauguration will be finalised with him.	Before Kiosk inauguration
	Point person	One to one	To finalise the date and every detail logistics of the	A detailed program plan in place	Before Kiosk inauguration

Type of advocacy activities	With whom	Methodology	Description	Outcome	Frequency
			program with him/ her.	Ensure participation of the Chairperson and other Counsel members in the program	
Selection of Kiosk Operators and Outreach workers	Point person	One to one	To share the methods and tools of selection process	The point person is part of the selection team and finalises the KOs and ORWs The Chairperson will approve the names of the selected KOs and ORWs.	Before Kiosk inauguration
Running of the Kiosk	Point person	One to one	The point person will be involved in the day to day activities of the Kiosk.	The point person will support in Kiosk management; conduct monthly meeting with the team; update Chairperson and Counsel members regarding the program.	During the running of the Kiosk
Handover	Chairperson	One to one	Approval is required from the Chairperson for handover of Janamanas to the Municipality	Letter requesting handover of Janamanas program to the Municipality	After third year
	Point person	One to one	All details of the handover need to be worked out with the point person. Identify the scheme in which the program can be fitted in; working out the program and financial allocation;	Proposal for handover including financial allocation. Letter requesting handover of Janamanas program to the Municipality	After third year
	Counsel members	Group	Approval is required from the Counsel members for	Handover approves in the Counsel member	After third year

Type of advocacy activities	With whom	Methodology	Description	Outcome	Frequency
			handover of Janamanas to the Municipality	meeting	
	Other officials of Municipality (EO, FO, Head Clerk)	Group	Intimating some key officials of the Municipality regarding the handover process	To ensure smooth handing over of Janamanas program to the Municipality	After third year

B. Templates for Advocacy Workshops with Governments

❖ Blue Print for Organizing Advocacy Workshops

Sl. No.	Items	Status	Time line	Person responsible
1.	Formal letter to Municipality for organising the workshop			
2.	Booking of venue			
3.	Confirm with Municipality the date and time of the training			
4.	Developing curriculum and presentation (PPT) for the meeting			
5.	Arrangement of training aids and materials required for the training • Laptop/LCD projector • Chart papers • White board • Soft board • Colour pens/ markers			
6.	Confirm with the Municipality regarding the participation of the Counsel members in the workshop			
7.	Arrangement of water, tea and refreshment for the participants			
8.	Training curriculum and handouts of the session			
9.	Attendance sheet			
10.	Daily report writing guideline			

❖ Checklist of materials for Advocacy Workshops

Materials	Quantity
Finalisation of date with the Chairperson	
Finalisation of venue	
Logistics at the venue • LCD/Laptop • Chairs • Chart papers • Coloured markers • Board markers • Banner • Gifts (for the Chairperson and Counsel members)	
Refreshment at the venue • Tea/ biscuits • Food packets	
Agenda of the workshop	
Attendance sheet	
Power point presentation	
Handouts • Anjali brochures • Janamanas handout • Sample of IEC materials • Any other relevant handout	
Report of the workshop	

❖ Sample Training Curriculum

Section 1 Anjali	3 sessions	1. Introduction of Anjali	2. Vision and Objectives	3. Core pillars of Anjali	
Section 2 Janamanas	2 sessions	4. Vision and objective of Janamanas	5. Janamanas – Overview	6. Achievements of Janamanas (if applicable)	
Section 3 Mental Wellness	4 sessions	7. Introducing mental health and illness	8. From illness to wellness via health	9. Mental wellness of you and your family	10. Mental wellness of your community

C. Letter for Handing Over Program

Sample Letter

To
(Name)
(Designation of Recipient)
(Office and Address)

Sub: Request for integrating of Janamanas program with the existing Municipality/ Panchayat program

Respected Sir/ Ma'am,

Greetings**!**

Let me take this opportunity to thank you for your continued support and acknowledgement of Janamanas ~ the community mental health program, which was implemented in partnership with your Municipality/ Panchayat since…… (month/ year)

In the last …… (number) years, together we have achieved many milestones. A brief report of the achievements of the last …… (number) years have been enclosed as annexure A. However, we feel that it is the most appropriate time for the Municipality to take over the project from ..... (name of the organization). After the initial capacity building initiatives of the Janamanas volunteers and setting up of the Kiosk, the last …….. (numbers) years was spent in ensuring that the program is reached to the last mile community of area. The present footfall at the Kiosk and the outreach program indicates both that there is a need for this program and also that the community is coming forward to access the service.

Therefore, ... (name of the organization) believes that this is the right time that the process of handover of the project initiates. Jointly, we would like to explore possibilities of integrating this project with the existing program of the Municipality/Panchayat.

After the handover, ... (name of the organization) will like to remain as technical partner, providing technical and capacity building support to the program in partnership with the Municipality/Panchayat. However, the norms of this partnership can be worked out in mutual consensus.

We hope that the ..... (name of) Municipality/Panchayat can envisage this program as integral to the wellbeing of the community and therefore decide to adopt this program to ensure that the community benefits out of it.

Thanking you
Regards

Director
(Name of the Organization)

D. Memorandum of Understanding with Government

Sample MoU

Terms of Engagement between
..... Municipality and Anjali

I Introduction

Anjali initiated the *Janamanas ~ Community Mental Health program* with a vision to de-institutionalise mental health services, and make it available, affordable and accessible to the most marginalised sections of the community. It develops from a dialogue based mental healthcare service through a kiosk that is managed by the resource-poor women of the urban underdeveloped localities. The program envisions integrating itself with the government bodies in order to mainstream mental health services in the public health service delivery system. The program moves away considerably from the medical model and also advocates positive mental health as a right to all. Janamanas is a mental healthcare service model that can foster relevant systemic changes in the country.

Janamanas is a partnership program with Anjali and local urban body (ULBs), in this case, ... Municipality.

This term of engagement is between..... Municipality and Anjali to articulate the roles and responsibilities of both the institution for strengthening and taking the Janamanas program forward.

II Background

The Janamanas program is initiated with the following objectives in mind;

a) De-institutionalize mental health services and make it accessible to 'last mile communities'
b) Demonstrate a model of community-based mental health care that is driven by resource poor women from within the community and
c) Mainstream or integrate mental health in the Draft Development Plan of the Municipality

The program runs in two phases;

- In the first phase, ... number of resource poor women from the community were identified, who are also members of Self Help Groups and Anjali provided extensive training based on a dynamic curriculum based on an understanding of the present needs of the communities.
- This creation of mental healthcare professionals from within the community allows deeper appreciation of the issues concerned and greater access inside the communities.
- In second phase, ... (number) women were selected from the initial batch of ... (number) through an written and interview process and these women then received extensive training on counselling and helping skills.
- Simultaneously, a community mental health kiosk was set up in partnership with the local Municipality and the selected women started providing counselling and referral service from the Kiosk.
- Awareness camps and workshops were organised to disseminate relevant knowledge pertaining to mental health queries, rights and service delivery.

III Association between Anjali and ..... Municipality

Janamanas in partnership with the ..... Municipality was initiated in ..... (name of the place) in ..... (year). In the last two years, the program has built professional capacity of ..... (number) women (members of local Self Help groups), initiated a Kiosk and is providing mental health service to the community from the Kiosk and outreach programs.

The Janamanas Mental Health Kiosk was set up and started functioning from ..... (year). In the last ..... (number) years, the program has been able to reach out to the community through outreach, counselling and referral services which can be derived from the following table;

Sl. No.	Indicators	Women	Men	Girls	Boy	Total
1	Counselling					
2	Referral					
3	Hospital visits/ visit to local psychiatrists					
4	Home visits					
5	Door to door campaign					
6	Outreach camps/ street corners					

Looking at the impact of the program, the Municipality has agreed to adopt Janamanas and integrate the program with the Municipality.

IV Scope and Focus

The following are the scope and focus of the 'Terms of engagement' between Anjali and .... Municipality for ensuring effective implementation of the Janamanas program. The scope includes;

- Laying down the roles and responsibilities of both the parties
- Process of conflict resolution
- Monitoring, Assessment and reporting mechanism

V Term of the Engagement

This engagement will be operative from ..... (date) of ..... (month) 20... and remain in force for the next twenty four successive months (i.e. upto and until .....).

Further, if the ..... Municipality would like to extend the engagement in terms of technical support or geographical extension, it can be extended for another twenty four successive months if the ..... Municipality and Anjali mutually agree to extend the duration and / or scope of association. This extension shall be through a supplemental Terms of engagement wherein both parties shall have the right to negotiate all terms and conditions afresh.

VI Accountabilities and Responsibilities

..... from the ..... Municipality will be the Nodal officer and is responsible for:

- monthly planning of the activities in consultation with Kiosk Operators and Outreach workers
- ensure that all activities of Janamanas program are implemented as per planned
- ensure all outreach activities are conducted as per plan without any hindrance
- interface with other stakeholders including other officers of the Municipality to ensure effective implementation

- coordinate with Anjali for any intervention (planned or otherwise)
- promote Janamanas as an innovative initiative from the part of the Municipality
- integrate Janamanas program with other health programs/ drives from the Municipality

..... will be the Nodal officer from Anjali, who will be responsible for:

- assist the Janamanas team in consultation with the Municipal Nodal officer in developing an annual plan of the program
- Coordinate with Municipal authority on a regular interval regarding the progress of the program
- Assess training need assessment of the Janamanas team and organise training/ workshop for the Janamanas team members (KOs and ORWs)
- Quarterly visits for supervision and handholding support (the number of visits may decrease as the team will become more self reliant and independent)
- Quarterly reports to the Municipality on the nature of support provided and the status of the program
- Yearly update to the Municipal authority through a formal meeting on the achievements and challenges of the program
- Anjali will assist in developing core monitoring and assessment indicators and set up a process of program monitoring in place

VII Documentation

The activities and achievements of the Janamanas program is documented following some standard documentation systems developed in consultation with the Janamanas workers. A sample of all records and formats are enclosed with this agreement as annexes. The Municipality need to ensure that all these formats and documents are maintained by the Janamanas workers to record the progress and achievements of the program.

VIII Stakeholder Involvement

Anjali and the Nodal officer from the Municipality will ensure the following for effective stakeholder involvement in the program;

- Mapping out and identifying primary and secondary stakeholders
- Assessing the power and influence of the stakeholders on the program
- Developing a plan to ensure effective involvement of the stakeholders in the program
- To facilitate a process whereby important stakeholders work as 'change makers' of Janamanas program

IX Monitoring and Assessment Process

There is a need that the program is monitored annually jointly by Anjali and representatives of the Municipality. Anjali will set up a monitoring and assessment process conforming to the principles, standards and practices of mutual trust, respect and confidentiality. A set of indicators will be set up in consultation with the Municipality and the process of the monitoring needs to be specified and laid down.

Report

Anjali/ ..... Municipality will prepare a report that describes the findings and recommendations from the monitoring or assessment.

X Publicity and Promotion

Any publicity / promotional material or media releases pertaining to the Janamanas program need to acknowledge that this program is a 'partnership program' between ..... Municipality and Anjali. .

XI Implementation & Financial Arrangement

Since the Janamanas program has been adopted by the ..... Municipality; the responsibility of implementation of the program depends on the Municipality. All financial responsibility of the program, which includes the following, will be borne by the Municipality;

Sl No.	Heads	Suggested Amount	Units	Months	Total
	Honorarium of Kiosk Operators	4500	6	12	
	Honorarium of Outreach workers	3500	6	12	
	Office running expenses	4000	1	12	
	Travel				
	Travel (administrative purpose)	1000	1	12	
	Travel (program purpose)	2000	1	12	
	Outreach activities				
	Door to Door campaign				
	Outreach camps				
	Home visits				
				TOTAL	

Anjali will be considered as the 'technical' partner of this program. Anjali will provide capacity building, handholding and supervisory support and will bear all financial responsibilities of its role as a 'technical partner'.

< Share program budget so that it is not misinterpreted >

XI Dispute Resolution & Jurisdiction

In case of any dispute, there will be commitment to reach an amicable settlement through discussion, debate and building safe spaces for conflict resolution. The foundation of this association being based on mutual trust and respect, both parties shall engage in open and honest discussions, in case of any dissonance or disagreements. Any unresolved dispute shall be referred by the parties to the exclusive jurisdiction of the court. All disputes under and in respect of the engagements shall be tried, heard and determined by the Hon'ble High Court of Kolkata.

IN WITNESS WHEREOF, the parties herein have signed this Terms of Engagement and delivered on the date, month and year first above mentioned.

Founder & Managing Trustee
ANJALI

Chairperson
MUNICIPALITY

E. Letter from Government accepting Handover

To
Name of the Director
Name of Organization
Address

Sub: Integration of the ..... (name of the organization) Community Mental Health initiate with ..... (name of the Municipality/ Panchayat)

Dear Sir/ Ma'am,
This letter is an acknowledgement that your good work with our municipality. Your program Janamanas has trained a group of ..... (number) SHG members of our municipality as primary mental health workers in the ..... (year) in the first phase. In the second phase, from ..... (month/year), the Janamanas Mental Health Kiosk had started operating with these trained women workers to provide help and support to community people suffering from mental health problems and to raise awareness about mental health as an important health related issue.
We had collaborated with you very successfully in the Janamanas project till ..... (year) and after going through all the documents, impact and assessment and other reports furnished by the kiosk team, we are convinced that Janamanas Mental Health Kiosk is indeed helping the community persons in their mental health problems and has generated awareness about mental health amongst the mass.
Therefore, we have decided to include Janamanas Kiosk in our municipality/ panchayat program, and with your overall help, regular monitoring and crisis intervention in special situation we are sure to run the Kiosk successfully and help out individuals from the community in need of mental health care and support, reduce stigma and spread awareness.

Thanking you,
Yours sincerely
Name of the person
Designation
Name of Municipality/Panchayat

F. Letter of Thanks

Sample Letter

To
(Name)
(Designation of Recipient)
(Office and Address)

Sub: ..... (Name of the Organization) complete exit from the Janamanas program at …… (Name of the Municipality/ Panchayat)

Dear Sir
Greetings!
When ..... (name of the organization) initiated Janamanas ~ Community mental health program in partnership with your Municipality, little did we knew that we would achieve such path breaking milestones in the last ..... (number) years.
Your constant support, cooperation and acknowledgment have been the most important factor taking the program to such heights. Another contributory factor has been the zeal, enthusiasm and perseverance of the Janamanas volunteers, who are engaged with the program since its inception. It was amazing to watch the growth of these women from just housewives to bare foot mental health professionals. So, we would like to humbly thank you for your support to facilitate this remarkable change in your constituency.
We would also like to take this opportunity to share that ..... (name of the organization) has decided to completely withdraw herself from this program. The Janamanas women have decided and initiated the process of collectivisation, where they have registered themselves as a Community based organisation. The women are now capable of taking this program forward independently.
However, it will be very difficult for ..... (name of the organization) to dissociate, emotionally from the program. So, we are there during any crisis and critical situation, we are also there at times of celebration for an achievement. But it's time for ..... (name of the organization) to move to new areas and begin the process of developing resource poor women into mental health champions for their community.
Thank you once again
Regards

Director
(Name of the Organization)

G. Letter for Discontinuation of Program

Sample Letter

To
(Name)
(Designation of Recipient)
(Office and Address)

Dear Sir/Ma'am

Greetings!

As you are aware that, ... (name of the organization) in partnership with your municipality is implementing ***Janamanas ~ the Community Mental Health program*** at ..... (location) from ..... (year). This program has achieved many milestones and has been showcased as a 'model' program in various platforms and studies.
We have been able to achieve the following in the ..... (number) years;

- ……(numbers) SHGs were trained on mental wellness, communication, rights and leadership in a period of …… (months/ years).
- Set up a Community Mental Health Kiosk in partnership with the municipality for providing counselling and referral services
- ……..(number) SHGs were further trained on counselling and coping skills in a period of …… (months/ years)
- Follow up training on motivation and stress management for …….. (number) SHG members
- …… (number) (approximately) clients has received counselling and referral service from the Kiosk
- ……. (number) (approximately) clients has been reached through our outreach program

Though this program has been effective in terms of achievement, but due to financial constraint, we are unable to continue the program further. Please find enclosed a list of materials which the Municipality has provided for setting up the Kiosk, which we are handing over to you as on ..... (Date).

We would like to take this opportunity to express our heartfelt gratitude for your support and cooperation throughout the program period for ensuring an effective implementation.

Thanking you
Regards

Director
Name of the Organization

Anjali

Mental Health Rights Organization

P-23, Darga Road, Kolkata 700017
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