



ANNUAL REPORT

2023-2024

ANAYATTA FOUNDATION

Funding Partner



Unimay Electronic Pvt Ltd
VIVO Mobile Distributor

Implementing Partner



Written by Team Anayatta

Contents

1.	Message from the Anayatta Director	4
2.	About Us.....	5
3.	Vision.....	5
4.	Mission.....	5
5.	Key Stakeholders in Mental health Programme.....	6
6.	Details of Nagpur Distrcits.....	6
7.	Community Mental health literacy Program.....	7
8.	Clinical Services	12
9.	The Referral Process.....	12
10.	Free Medicine.....	13
11.	Clinic Flow.....	15
12.	Reformation of Regional Mental Hospital, Nagpur	

Tables

Table A. Gram Panchayat Status

Table B. School Mental Health Awareness Program Status

Table C. Community Awareness Program by ASHA

Table D. K-10 score

Table E. Service point status

Section -1

Who we are

About Us

Anayatta Founded in December 2021 under the Companies Act 2013. Anayatta Foundation was initiated in response to the urgent need for sustained rehabilitative care for people with severe mental illness in institutional care settings. Our mandate is to enable access to personalized, recovery-oriented rehabilitation services aimed at ensuring independent living, such that people may find exit pathways out of psychiatric institutions. Our team is comprised of psychiatrists and social workers, with cumulatively over 20 years of experience across the spectrum of mental health services, including institutional, community based mental health, and specialist long term care.

Anayatta is also one of the only few mental health organizations in India who have engaged in mental hospital reform. Our team was a part of the larger TATA Trust – Udaan programme – aimed at recovery oriented mental hospital reform at Regional Mental Hospital, Nagpur (RMHN). Our core team at Anayatta has been involved in the reform process since inception and seen the programme to fruition. We are seen as technical experts in this process and have strong linkages with Government functionaries. This allows us incomparable understanding of the processes involved in public mental health care, and places us as key influencers and stakeholders capable of facilitating change.

Vision

"To transform Nagpur into a model city where mental health is a priority, with accessible, inclusive, and high-quality mental health services that empower every individual to thrive in a supportive and resilient community."



Message from Director

Dear Friends,

As the director of Anayatta, I am deeply committed to improving mental health support and awareness in our community. Our organization strives to provide comprehensive mental health services, ranging from counseling and therapy to educational workshops and support groups. We believe that mental health is just as important as physical health and work tirelessly to break the stigma surrounding mental health issues.

Our dedicated team of professionals and volunteers are passionate about making a difference. We collaborate with schools, workplaces, and local communities to ensure that mental health resources are accessible to everyone. By fostering a supportive environment, we aim to empower individuals to take charge of their mental well-being and lead fulfilling lives.

Reflecting on the progress we have made over these three years, I am filled with pride and hope. However, we recognize that there is still much work to be done. Our mission is to create a society where mental health is prioritized and everyone has the opportunity to thrive. Together, we can make a lasting impact and build a healthier, more compassionate world.*



We are proud of the progress we have made, but we know there is still much work to be done. Our mission is to create a society where mental health is prioritized, and everyone has the opportunity to thrive. Together, we can make a lasting impact and build a healthier, more compassionate world.*

I am pleased to share with you our annual report for 2023-24.

Pravin Kakde

Director

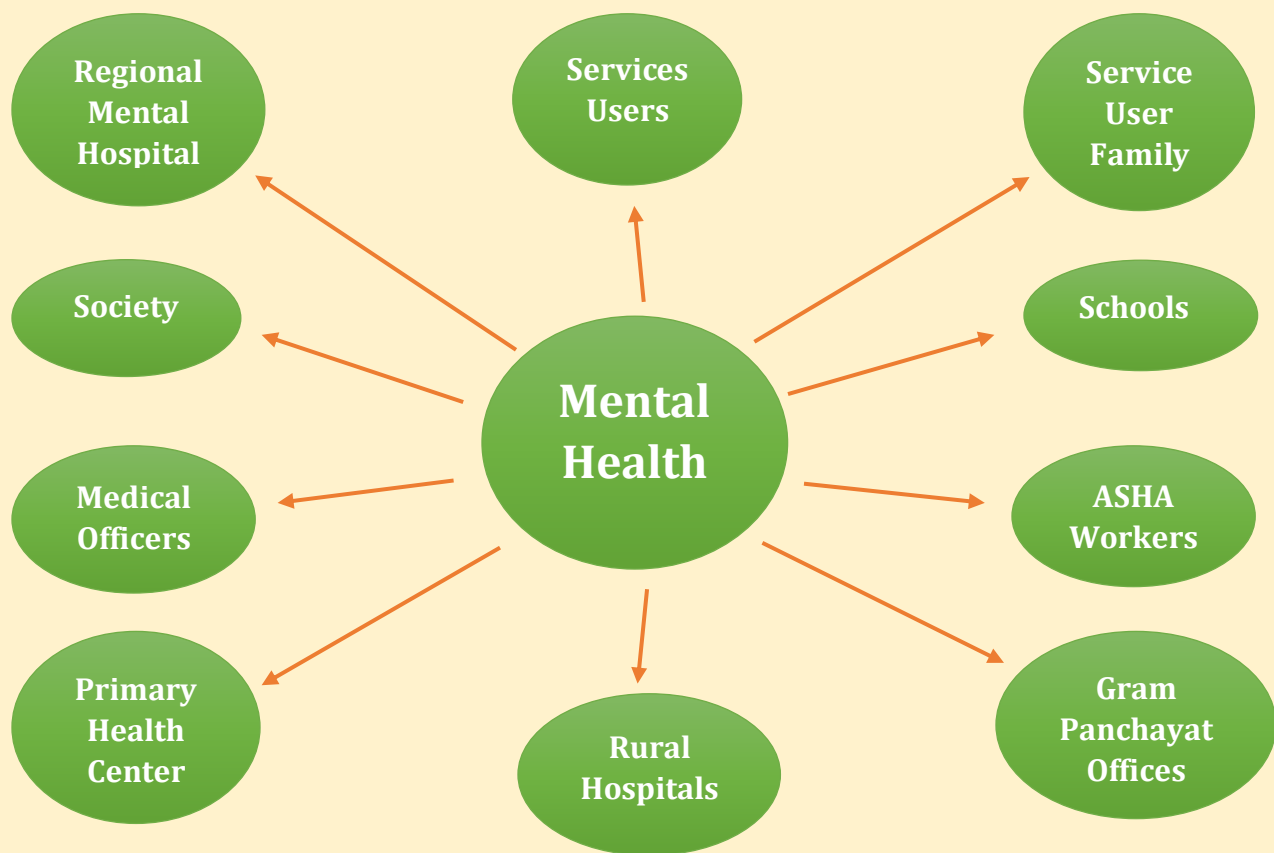


Mission

To create awareness among patients, family members and Society and to reduce stigma in villages regarding Mental illness.



Key Stakeholders in Mental Health Programme



Details of Nagpur District

- Total Blocks = 14
- Total Town = 41
- Total Villages = 1617
- Total Asha workers = 1688
- Total Gram Panchayat = 776
- Total Rural Hospital= 9
- Sub District Hospital= 2
- Total Primary Healthcare Center = 49
- Mental Health Related Hospitals = 4
(RHMN, IGMC, GMC, Lata Mangeskar)



Figure 1 Details of Nagpur District

Section-2

Community Mental Health Literacy Program

To effectively reach every villager with Community Mental Health Literacy Programme, it's essential to use a multifaceted approach that leverages various communication channels and community structures.

In Nagpur district the community structure at village is: -

Gram Sabha: - The Gram Sabha is a general assembly of all adult members registered on the electoral rolls of a village-level Gram Panchayat.

A Gram Panchayat (also spelled Gram Panchayat) is a basic unit of local self-government in India. It operates at the village or small-town level and is part of the Panchayati Raj system, which is a decentralized form of governance introduced to empower rural areas. The Gram Panchayat body consist 7 to 12 members and these members are living in different area of village or some members may be living in nearby villages

The Block Coordinators and Community Health workers are coordinated with Gram Panchayat Sarpanch or its members to conduct meeting in gram panchayat. Coordinating the date for the Gram Panchayat meeting involves a few steps to ensure confirmation of meeting.



Figure 2 Community Mental Health Program in Gram Sabha

- **Initial Communication with the Sarpanch:** Communication through mobile or direct visit at home
- **Confirming the Date:** Sarpanch not sure about the dates of meeting of gram sabha it will be final 1 week before the meeting. Once finalized the Sarpanch inform Block Coordinator or Community Health Worker
- **Reminder:** The Block Coordinator or Community Health Workers does reminder call to Sarpanch for reconfirmation of meeting.

In Gram Panchayat Meeting the Block Coordinator and Community Health Worker addresses mental health essential for the well-being of rural peoples and communities.

Sample Session Outline

1. **Introduction:** - Greetings and purpose of the session, brief overview of Module.
2. **Explaining the Module:** - There are 12 modules in Mental Health Awareness Program. Explanation of only 1 module in the meeting with all details of module.
3. **Understanding Mental Health:** -Explanation of mental health and its importance, Differentiating mental health from mental illness
4. **Addressing Stigma:** - Common myths and facts
5. **Coping Mechanisms:** Stress management techniques and Lifestyle changes for better mental health
6. **Resources and Support:** Local mental health services, OPD dates (Rural hospital and Primary Healthcare Center) and how and where to seek help.
7. **Q&A Session:** - Open floor for questions and answers.

By following these steps, Health workers are effectively spreading awareness and provide valuable mental health information to the gram panchayat, fostering a supportive and informed community.

Total 900 Community Awareness Program has been completed at Gram Panchayat Level.

Modules covered in different Blocks of Nagpur District				
Sr. No.	Name of Blocks	No. Gram Panchayat	Module Covered till	Community Awareness Program
1	Bhivapur	56	7	70
2	Hingana	53	10	76
3	Kalmeshwar	50	10	56
4	Kamptee	47	10	79
5	Katol	83	9	75
6	Kuhi	59	7	71
7	Mouda	63	10	76
8	Nagpur Rural	73	6	65
9	Narkhed	70	6	62
10	Parseoni	51	7	63
11	Ramtek	48	8	66
12	Saoner	75	8	59

13	Umred	48	10	82
----	-------	----	----	----

Table A. Gram Panchayat Status

Schools: - Anayatta Foundation has taken step to engaged resource persons to create awareness about mental health in schools can significantly enhance the effectiveness of mental health programs. Resource persons, such as mental health professionals, educators, or community leaders, can provide expert knowledge, practical strategies, and personal insights that resonate with students and staff. The resource person mainly are Psychologists, counselors, and social workers who specialize in child and adolescent mental health. By effectively utilizing resource persons, schools can provide valuable insights and practical tools to support mental health awareness and create a more supportive environment for students and staff. For this year covered 55 schools in thirteen blocks with three sessions in each school.

The topics covered for the year include –

- Stress Management
- Self-Harm
- Suicide Presentation

The content for each session is prepared and the team is trained on the content as well as its delivery. The team also works with local professionals who are pretrained by Anayatta to deliver these sessions. A total of 110 sessions have been completed; covering 8502 students and 377 teachers.



School Mental Health Awareness Program

Total Blocks	Blocks Covered	Schools Covered	Students Covered	Teacher Covered
13	13	55	8502	377

Table B. School Mental Health Awareness Program Status

Community Engagement: - Community engagement is an essential component of any community mental health programme. The Anayatta has a systematic and structured community engagement process. The programme strategy involves different levels and modalities of engagement. Anayatta design envisages continued engagement with groups existing in the community. These include women’s groups such as mahila mandals and other SHGs, and farmers groups and bhajan mandalis to reach men and youth clubs to reach young people.



Mental Health Literacy Program with Old age Group



Mental Health Literacy Program with SHG



Community Awareness Leaflet about Mental Health

There are 12 community engagement modules which are being prepared to run as one-hour sessions accompanied by posters and leaflets. These modules are being designed as interactive sessions that help build awareness and information on different aspects of mental health and wellbeing along with a discussion on symptoms and how the community can offer help. Each session also reiterates services available and who the community can reach out to for help. The session topics include SMD and Epilepsy, CMD, Dementia, Stress management & Problem solving, Alcohol Use Disorders (AUD), Intellectual Disability (ID), Effective parenting, Tobacco related Disorders, Preventing self-harm and Suicide and Peripartum disorders.

The Front-Line health workers mainly ASHA (Accredited Social Health Activist) workers play a crucial role in spreading community awareness about various health issues, including mental health. Given

their trusted position within the community and their direct contact with families, ASHA workers can effectively promote mental health awareness and support. Here are strategies to empower ASHA workers to spread community awareness programs regarding mental health:

1. Training and Capacity Building



Figure 2 Training and Capacity Building

- **Comprehensive Training:** Provide ASHA workers with thorough training on mental health topics, including recognizing symptoms of common mental health issues, providing basic support, and knowing when to refer individuals to professional services.
- **Continuous Education:** Offer ongoing education opportunities to keep ASHA workers updated on the latest mental health practices and resources.

2. Educational Materials

- **Pamphlets and Brochures:** Develop easy-to-understand educational materials that ASHA workers can distribute to families. These should cover topics such as recognizing signs of mental distress, coping strategies, and where to seek help.
- **Visual Aids:** Utilize posters, charts, and flipbooks that ASHA workers can use during community meetings to explain mental health concepts.



Figure 3 Pamphlets and Brochures Distribution to Asha Worker

3. Community Engagement Activities



Figure 4 Group Meetings with Community Engagement activity

- **Group Meetings:** Organize community meetings where ASHA workers can talk about mental health, share information, and encourage open discussions. This group can be Bhajan Mandal, SHGs, Mahila Mandal, Farmers Group, Fishery Group etc.
- **Role-Playing Sessions:** Conduct role-playing exercises to demonstrate how to approach someone who might be experiencing a mental health issue and how to provide initial support.
- **Storytelling:** Use storytelling to share real-life examples of people who

have successfully managed mental health issues, to reduce stigma and encourage others to seek help.

By leveraging their unique position within the community, ASHA workers can play a pivotal role in spreading mental health awareness, reducing stigma, and connecting individuals with the resources they need to maintain their mental well-being. A total 458 Asha were engaged and 2660 Community Awareness Program have been completed at village level covering more than 30,000 villagers.

Modules covered in different Blocks of Nagpur District

Sr. No.	Name of Blocks	Asha Workers Engaged	Module Covered till	Community Awareness Program
1	Bhivapur	34	6	204
2	Hingana	23	5	115
3	Kalmeshwar	26	7	182
4	Kamptee	29	5	145
5	Katol	41	5	205
6	Kuhi	42	7	294
7	Mouda	31	5	175
8	Nagpur Rural	28	7	196
9	Narkhed	45	4	180
10	Parseoni	50	6	300
11	Ramtek	32	5	160
12	Saoner	42	7	294
13	Umred	35	6	210

Table C. Community Awareness Program by ASHA



Section-3

Clinical Services

Provision of decentralized clinical services is a key element of Anayata programme. It is a third-party service. The programme initially intended to have one service point per block. However, despite a block level service point, many parts of the block (particularly tribal



Figure 5 Clinical Service provided about the Mental Health

hamlets and those that are very remote) were unable to access services. Along with this, the Government of Maharashtra also strongly advocated for PHC level integration of clinical services for mental health care. In view of this, multiple service points were initiated. Most service points operate one clinic per month. Udaan is working on integrating these services into general healthcare. This is being done by regular training of the doctors through a specifically developed module. This is accompanied by practical training that involves consulting at clinics

with the respective doctors of the facilities where the clinics are held. Along with this, other health care personnel such as ANMs and counsellors available with other vertical programmes such as HIV/ AIDS counsellors are also being trained in mental health care service provision.

Maintaining a regular supply of medication is critical to ensure seamless provision of clinical services. All medication is procured through the Government. If required medication is borrowed from RMHN and deployed to different service points.

'कामाच्या ठिकाणी मानसिक आरोग्य' थीमवर कार्यशाळा



नागपूर. जागतिक मानसिक आरोग्य दिनानिमित्त आरोग्य संचटनेने दिलेल्या कामाच्या ठिकाणी मानसिक आरोग्य या थीमवर आधारित प्रादेशिक मनोरुग्णालयात नुकतीच एक दिवसीय कार्यशाळा घेण्यात आली. तीत शंभर अधिकारी-कर्मचारी उपस्थित होते. रुग्णालयाचे वैद्यकीय अधीक्षक डॉ. सतीश हुमणे अध्यक्षस्थानी होते. इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय व रुग्णालयाचे मानसोपचारतज्ज्ञ डॉ. अभिषेक सोमानी, मेडिकलचे सहयोगी प्राध्यापक डॉ. मनीष ठाकरे, ठाणे येथील मानसोपचारतज्ज्ञ डॉ. अमोल भुसारे, आरोग्य सेवा विभागाचे सहाय्यक संचालक डॉ. प्रमोद गवई प्रमुख पाहुणे म्हणून उपस्थित होते. इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय व रुग्णालयाच्या मानसोपचार विभागातील सहयोगी प्राध्यापक डॉ. प्रांजली भगत वाघमारे यांनी यावेळी डिजिटल दृग्गत महिलांचे मानसिक आरोग्य या विषयावर प्रकाश टाकला. उडाण टीमचे सल्लागार डॉ. अभिषेक



नांद येथे उद्या मोफत मानसिक आरोग्य शिबिर

नांद

जिल्हा मानसिक आरोग्य कार्यक्रम नागपूरअंतर्गत उदान प्रकल्पाच्या

माध्यमातून व गटग्रामपंचायत नांदच्या पुढाकाराने प्राथमिक आरोग्य केंद्र नांद येथे १० जुलै रोजी सकाळी ८.३० ते १२ वाजेपर्यंत मोफत मानसिक आरोग्य शिबिराचे आयोजन करण्यात आले आहे. शिबिराला प्रादेशिक मनोरुग्णालय नागपूर येवून मानसोपचारतज्ज्ञ, समुपदेशक आणि टीम येणार आहे. गंभीर मानसिक आजार, चिडचोड, भीती, चिंता, उदासीनता, आक्रमकता, झोप न लागणे, जास्त श्रम न करता वकल्यासारखे वाटणे, मिरगी किंवा फिट, विसरभोळेपणा आदी लक्षणे असल्यास त्यांनी या शिबिराचा लाभ घ्यावा, असे आवाहन तालुका आरोग्य अधिकारी डॉ. प्रवीण राऊत यांनी केले आहे.

THE REFERRAL PROCESS

Services are offered at different levels in the programme and include the following:

- Any individual of the household detected positive on the checklist for targeted mental illnesses other than CMD (as per protocol) is referred to the nearest service point. A diagnosis is made by the mental health professional and the individual / family is offered the service package based on the mental health condition.
- Referral based on K-10 scoring follows the pattern explained below:



Figure 6 Referral Card Distribution to Mental Health Inmates

K-10 Score	Referral pattern followed
Below 20	ASHA delivers a brief awareness session on mental health and information about the programme
20-24	ASHA / CHW offers first responder support
25-29	Two sessions of brief psychological intervention are offered at the community level through the CHW/ASHA
30 and above	Referred to the facility, offered pharmacological and / or psychological intervention (6-8 sessions)

Table D. K-10 score

When the ASHA/ CHW or BC comes across any of the above, they leave behind a referral card with the individual / family giving details of the programme, contact information and details of the service point.

FREE MEDICINE

Providing free medicine for mental health patients is an essential component of ensuring that individuals receive the treatment they need, regardless of their financial situation. At all



Figure 7 Medicine Distribution through Primary Health Care

13-service point there is free supply of medicine to mental health related patients. Free medicine supply can produce good effect on patients as well as their caretaker life

Improved Health Outcomes:

- **Symptom Management:** Ensures consistent access to necessary medications, leading to better symptom management and stabilization of mental health conditions.
- **Preventive Care:** Reduces the likelihood of acute episodes and hospitalizations, allowing for more consistent and long-term management of mental health.

Economic Benefits:

- **Reduced Healthcare Costs:** Prevents costly emergency room visits and hospitalizations by managing conditions effectively with medication.
- **Increased Productivity:** Enables patients to maintain better mental health, which can improve their ability to work, study, and participate in daily activities, contributing positively to the economy.

Social Benefits:

- **Enhanced Quality of Life:** Improves overall well-being and quality of life for patients by reducing the burden of mental illness.
- **Reduced Stigma:** Free access can help normalize the use of mental health medications and reduce the stigma associated with mental health conditions.

providing free medication to mental health patients not only supports individual health and well-being but also generates broader economic, social, and community benefits.

The service users taking services at service point

Sr. No.	Name of Service Point	The service users
1	<u>Bhivapur</u>	150
2	Hingana	160
3	Kalmeshwar	180
4	Kamptee	180
5	Katol	175
6	Kuhi	180
7	Mouda	165
8	Nagpur Rural	150
9	Narkhed	180
10	Parseoni	150
11	Ramtek	175
12	Pathansavangi	155
13	Umred	150

Table E. Service point status



Community Awareness Program by Asha

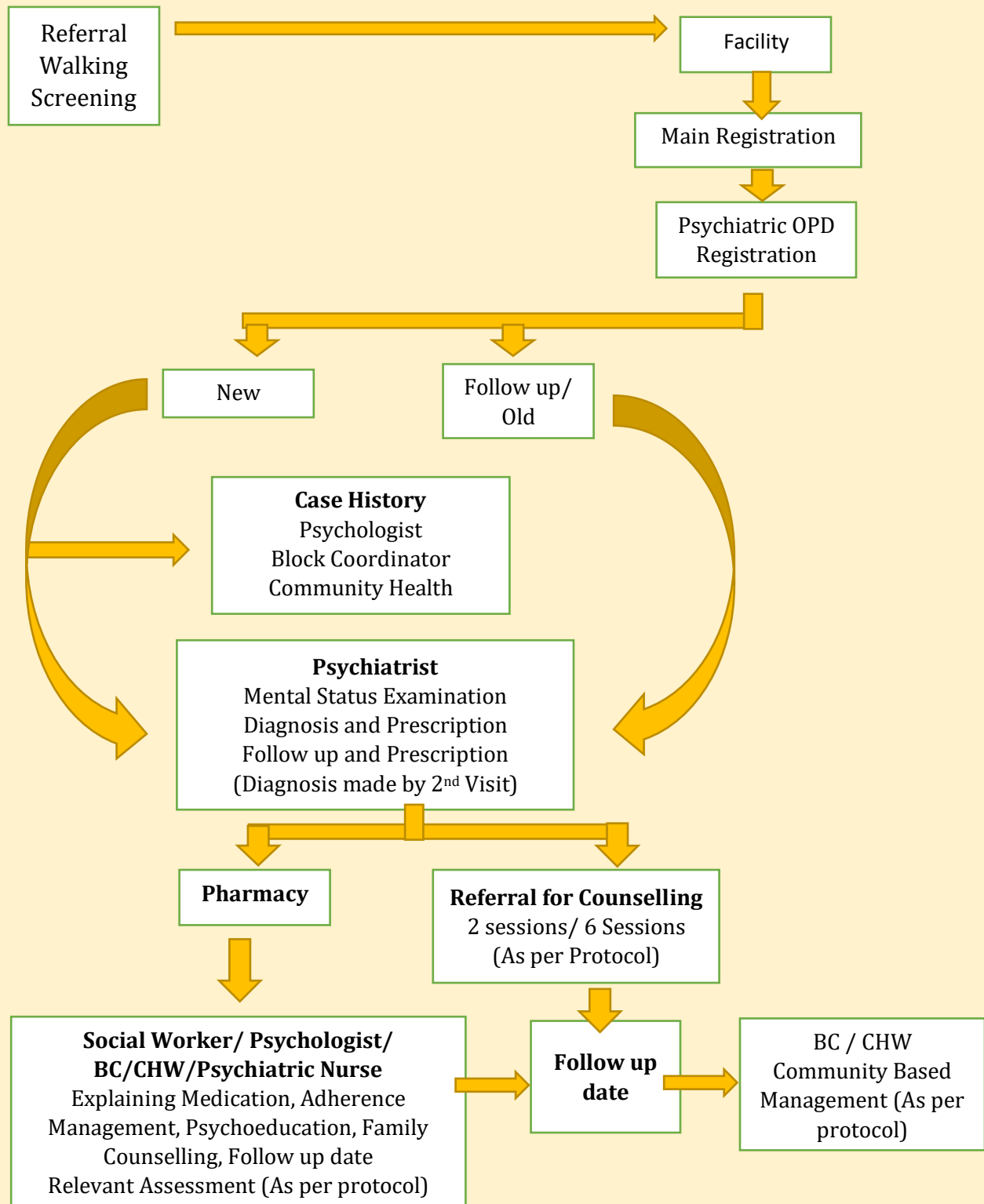
A total 13 service point in Nagpur district covering 2000 service users

Next Steps

- To distributes referral cards.

- To increase Community awareness programme at gram Panchayat levels, Schools and Community level.
- To bring service users at service point.

Clinic Flow



Reformation of Regional Mental Hospital, Nagpur

This project is devised to work with 'UDAAN' Mental Health Project of TATA Trusts. This project is a collaborative program of R G Manudhane Foundation for Excellence with the Government of Maharashtra addressing Rehabilitation and reintegration: Facilitating exit pathways out of psychiatric institutions Hospital under 'Udaan' in collaboration with Government of Maharashtra.

Targets vs Achievements:

(High-level view of the TIMES and AWP for tabular presentation on annual targets vs. achievement)

Based on TIMES

Highlights: Major activities: Reform program Activities

Employment Pathway Activity Status:

1. **Employment training and employment** - which are on the way to improving patients. Such patients were trained and involve in skill development activities. **76** service users on field training and Total of **36** service users Engaged in **8** employment pathway total of **4307** Number of working hours of work has been done and incomes have been earned through this job creation. Total **18232** Rs remuneration distributed, In Last three month.
2. **Employment training and employment at Rehab Center Khapa**- which are on the way to improving patients. Such patients were trained and involve in skill development activities. **5** service users on field training and Total of **12** service users engage In **3** employment pathway total of **679** Number of working hours of work has been done and incomes have been earned through this job creation. Total **12009** Rs remuneration distributed In Last three month.
3. **Service user's engagement under Udaan Project**- Total **81** Service users involve in Training **48** Service users engaged in **11** employment pathway and **4986** number of working hours has been done. Total **30241** Remuneration distributed in last three month.
4. **Training and Capacity Building**-
 - 1- Training on Human Rights and Mental Health Care Act 2017 Total **11** Employee Participated in Training Program. Also Clinical Training is conducted on 5 Subject (ECT, Sentinel event, clinical Prescription, Suicide Risk Management and Managing Crisis) Completed. Total **14** Employee participated in Training Program. Total 25 RMHN Employee participated in Training Program and Total **254** Training Man-day Completed in last 3 month.
5. **Patient Reintegration**
 1. Total **7** service users family fiend out and reintegrated in Family in last three month.
6. **Economic Inclusion** - Efforts are being made to provide regular employment to the patient under employment. 41 patient beneficiaries are being given employment regular employment training is being carried out.
7. **Social and economic security**- Through this activity,
 - 1 Service users open the bank account in Canara Bank
 - 12 Service users AADHAR Created
 - 1 School Living Certificate created received form Service users School
 - 1 Service users enroll in National connected with Gov. Health Scheme (mahatma Jyotiba phule health insurance scheme)

8. Impact of program-

- **81** service users are receiving training and 48 Service user's engaged in employment pathway.
- **3** Service users are receiving Day care center Services.
- **30241** Rs Remuneration gating by service users through employment in last three month.
- Total 4 Employment pathways Operationalize for service user's at RMHN-3 and at Rehab Centre -1
- **11** Service users are receiving life skill training through halfway home.
- **7** service users are rehab in community in their family in last three month
- **98** Service users receiving all components of patient service packages in last three month.
- Total 5 SOP is Finalize in last three month

Service Users Remuneration Status

Unit Name	No. of Patients Identified (Total =252)	No. of Patients Trained (Total = 23)	Total No. of Hours Of Training (Total = 7188)	Total Revenue Generated (in Rs.)	Patients Remuneration (Total = Rs.7398)
				(Total = Rs.19187)	
Farming	5	5	755	1795	3020
Tailoring	30	NA	87	205	22
Broom Making Unit	20	1	174	3466	NA
Housekeeping	34	NA	2286	NA	NA
Computer	2	NA	166	NA	NA
Paper Plat & Bowl	34	5	674	3191	828
Jeweler Making Unit	10	NA	40	1260	NA
Woolen Activity	34	NA	1501	200	NA
Doormate	34	1	1003	540	230
Diya Decorate	26	11	275	8310	3298
Handloom Unit	23	NA	227	220	NA



Employment Pathway Training

- Total no of 39 service users has been engage in 11 different activities.

Sr.no	Name of employment pathway	No. of service users
1	Disposal Plate Machine	19
2	Broom Making	2
3	Handloom Machine	26
4	Sewing Machine	2
5	Doormat	13
6	Jewelry Making	10
7	House Keeping	2
8	Envelop Making	3
9	Seasonable Activities (Diya, Candle and Rakhi)	9
10	Farming	5
11	Woolen works	3



Activities at the Day Care Centre

Employment Activities at the Day Care Centre

- Computer Training
- Tailoring unit
- House keeping
- Farming and Gardening
- Broom making
- Paper Plate and Bowl making
- Handloom
- Jewelry making
- Doormat making
- Food Truck








टेली मानस

 24x7 मानसिक स्वास्थ्य हेल्पलाइन

 टोल फ्री क्रमांक: 14416



प्रादेशिक मनोरुग्णालय नागपूर

 येथील रुग्णांनी बनविलेल्या वस्तुंची

 प्रदर्शनी व विक्री


 अनायत्ता फाऊंडेशन, नागपूर
 

Meet Our Director

A passionate and dedicated team of professionals committed to delivering the best for you.



Dr. Abhishek Mamarde

Director

Anayatta Foundation

Section 8 Company



Pravin Kakde

Director



Ashish Agrawal

Director



Phone

+91-96892 27968



Website

www.anayattafoundation.org



Email

anayattafoundation@gmail.com

Our Best Team



Mr. Pravin Kakde
Managing Director



Dr. Abhishek Mamarde
Clinical Director



Mr. Ashish Agarwal
Finance Director



Dr. Sakib Sayyad
Psychiatrist Consultant



Rajratan Dupare
Employee



Rajendra Kaitwas
Employee



Sandesh Borwar
Employee



Ankush Mandhare
Employee



Ms. Minal
Employee

Our Field Team



Ritika Panwante
Employee



Prashant Kakde
Employee



Priya Sonwane
Employee



Rajendra Kelwade
Employee



Priyanka Shetty
Employee



Prajwal Selokar
Employee



Rahul Thakare
Employee



Sneha Tabhane
Employee



Pratiksha Gawai
Employee