

Internship report



Submitted by:

Shreya Shukla

M.A. clinical psychology

3rd semester

Submitted to:

Dr. Lavina Singh

Professor

SOSS, DAVV

MENTAL HOSPITAL INDORE


(DEPARTMENT OF PSYCHIATRY)
M.G.M. MEDICAL COLLEGE INDORE


Banganga, Sanwer Road, Indore (M.P)
Ph. 0731-2421134, Email-indorementalhospital@gmail.com

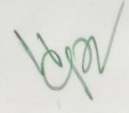


CERTIFICATE

This certificate is awarded to Sheeya Shukla
Student of M.A. Clinical Psychology School/College DAV Indore Mp
Underwent training in mental health from 5 Aug. 2021 to 5 Oct 2021


Dr. Vijay Niranjana
Training Incharge officer
Mental Hospital Indore


Dr. Pali Rastogi
Training Incharge officer
Mental Hospital Indore


Dr. V.S. Pal
Professor & Head
Department of Psychiatry,
Superintendent-Mental Hospital Indore

Acknowledgement

With grateful heart I would like to remember the persons who have helped me during the course of my internship program. I wish to place on record my words of gratitude to Dr. Lavina Singh, Professor, school of social science (soss), DAVV, Indore, (M.P) for her endeavours towards advancement of each student and for providing me with immense esteem the moral support and relentless motivation for pursuing this internship.

I would also like to thank Dr. V.S. Pal (Superintendent of mental hospital Indore), Dr. Vijay Niranjana (training in charge officer), Dr. Ujjwal Sardesai (senior consultant), Dr. Varchasvi Mudgal (senior resident), Dr. Priyash Jain (junior resident) of Mental hospital Indore for their guidance and support.

My wholehearted thanks and appreciation go out to all of fellow co-interns without guidance and support of these people, I couldn't have gained the kind of experience I did.

I hope that I can build the experience and knowledge that I have gained and make a valuable contribution towards this industry in coming future. I believe that this report will be a valuable asset not only for academic institution, but will also be useful for all those who are interested to learn about internship experiences in clinical psychology.

Sincerely,

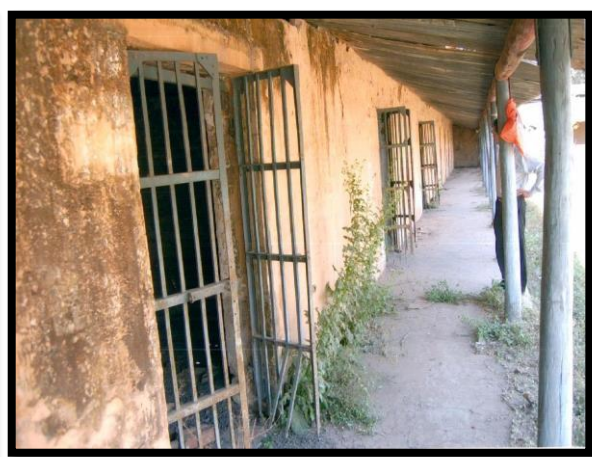
Shreya Shukla

About Mental Hospital Indore



. **Mental Hospital Indore** is a hospital for patient care and academic pursuit in the area of Mental Health. The Lunatic Asylum was established in the pre independence period of nation by Holkars in 1917 and was renamed as Mental Hospital in the year 1965. It is 155 bedded hospitals. To humanize and improve quality of care this hospital came under Dept. of Psychiatry M.G.M. Medical College Indore (M.P.) in 1998.

The priority adopted at this hospital is service, training to the medical professionals and paramedics, rehabilitation and community-oriented services, manpower development and research.



Mental hospital during the Holkar's era

Current Scenario

Psychiatry unit is started in 1993 first time in this M.G.M Medical college. Psychiatry unit was transformed into department of psychiatry and started functioning as independent department from 16 January 2000. Currently the department is having its own separate building in Maharaja Yashwant Rao hospital Premises. Post-graduation in psychiatry (M.D.in psychiatry) was started in the year 2013. Currently at mental hospital Indore the infrastructure consists of –

- OPD Block
- IPD building
- Drug Treatment center
- Day care center
- Investigational wing
- Emergency services

The OPD - Average 200 patients attend OPD every day. Patients are seen by consultant psychiatrists and prescribed drugs that are given from the hospital for free.



The IPD – The hospital has a separate occupational rehabilitation unit by which they are uplifting patient life and in economic sense they also have psychiatric social workers by whom the patient integrating. The hospital is also providing Standard treatment and supportive care in emergency psychiatric and medical Conditions.



Day care Center (Built in 2017)



Teaching and training

Medical students and students of B.Sc. Nursing, general nursing, social work come for training every year, according to advances in learning and skill training.



Indoor facilities

We are ensuring quality assurance in care of indoor patients by providing clean surroundings, hygienic toilets, nutritious diet, recreational facilities and vocational training.



Drug Treatment Centre (DTC)

Dedicated Drug treatment center inaugurated by hon'ble Chief Minister and minister medical education on 11/12/2020. Total 130 patients till now admitted and de-addicted with help of this center. Drug Treatment Clinic for outpatients is also functional in our center as part of Drug De-addiction program of GOI.



Center of excellence

- December 2016 - mental hospital Indore was selected to be upgraded as center of excellence under national mental health program.
- Fund of 30.16 crore.
- Fund Ratio - 60:40 – Central: State

This Project will result in –

- Upgradation of infrastructure
- Upgradation of equipment
- Development of trained manpower (psychiatrist, psychologist, nurses, social workers)
- Promotion of research in mental health
- Project implementation is currently in progress.

By implementing center of excellence scheme there can be a further increase of –

- 4 MD seats in psychiatry
- 18 M.Phil seats in clinical Psychology
- 18 M.Phil seats in psychiatric social work
- 40 seats in psychiatric nursing diploma

Current issues to deal with –

- Ambulance
 - No functional ambulance currently available.
 - Mental hospital is 10 km away from MYH. In cases of emergency important time is lost in transporting the patient by other means.
 - Also, ambulance can help us in community outreach services, rehabilitation, mobile de-addiction services, etc.
- Vacant posts to be filled/outsourced
- Official Sanctioning of additional 32 beds, for drug treatment centre.

Objectives of the Internship

The objective of this training was to gain knowledge and skills in understanding, dealing and providing psychological help to the patients in order to curb the psychological issues they had. We learnt basics of counselling and its techniques, writing case histories, administering exposure therapy, guidance and provision of adequate interventions in order to help people maintain healthy lives inside the mental hospital.

During these 2 months I learnt the practical application of theoretical knowledge in areas of clinical disorders, basics of counselling and rehabilitation psychology.

Apart from the aforementioned, following things were gained through the internship-

- 1. Career Direction:** The internship helped me decide what direction I'd like to take my career by giving me a chance to obtain direct experience.
- 2. Increased Competence:** Gaining direct experience made me more competent as a student of psychology. Increasing competence by developing our skills, values and ideas is an essential part of a psychology internship. I developed competence in a variety of areas, such as increasing my experience with multiculturalism and diversity, developing my knowledge of ethical practices and learning to maintain professional relationships.

3. Formation of work habits: During the internship, I developed good work habits and begin to make transition from student to professional. As a psychology intern I was treated as a professional throughout my internship in the hospital, so I was expected to adhere to the same guidelines required for the other hospital staff. For example, I was expected to adhere to the working hours, to show up on time, complete my assigned tasks before leaving for the day, show accountability and responsibility and report to my direct supervisor (the Senior resident or my unit Jr).

4. Enhanced Marketability: The internship increases your marketability when it comes time to look for a job. An internship can set you apart from other candidates because it shows that you've gained valuable hands-on experience in a specific area of practice.

Daily Routine of an Intern

Daily routine of an Intern -

- The reporting time at the hospital was 9 AM and the working days were Monday to Saturday.
- On entering the hospital, we were supposed to report to our Senior resident or the junior resident of our unit and sign on the attendance register.
- Then we used to go to our assigned units which changes in every 20 days.
- the OPD timings were 9am-2pm. During the OPD time we used to take case histories of different patient with the first-year resident doctors and later we discuss the cases with our senior resident.
- After the OPD we usually go on rounds of IPD with our assigned units. Every unit has a particular day of the round. There was total 3 units and usually what happens is 1 unit goes on round and 1 unit has their unit day which means they have to stay and attend all the emergency cases and every patient that going to be admitted that particular day will be admitted under that particular unit (whose admission / unit day it is). So, if our unit has an admission day then we have to stay late and take detailed case history with our unit doctors.
- After the IPD rounds and lunch we usually have a class on different topics related to psychology and different mental disorders. After the classes we usually do tasks that was assigned to us by our JRs which usually consist of taking a detailed case history of an IPD patient, psycho-educating the patient's family, doing basic counselling of the patient and their families, applying basic psychological test on patient.
- A verbal daily report was given to the Senior resident or the Junior resident of our assigned units.
- The out time was usually 5pm – 6pm.
- Every week we work 4 days at mental hospital and 2 days at MY hospital. The timings on the MY hospital day were almost the same like we stay there from 9-2pm during the OPD time and after that we come back to the mental hospital for the classes and the work that was assigned to us.
- The two working days of MY hospital was different for everyone depending on the unit they are in and when their unit changes than there MY hospital working days also changes. For example – when I was in the 3rd unit my MY hospital days was Wednesday and Saturday and when my unit change to the 1st unit my MY hospital also changes to Monday and Friday.

Brief Weekly Report of the Internship

Week – 1

- Observe and assist seniors in history taking of the patients
- Familiarize oneself with procedures of the hospital administration
- Learn about depression, defence mechanism and phobias.
- Network with the hospital staff.

Week – 2

- Started taking case histories without the presence of any senior doctor.
- Build rapport with existing patients of our assigned units in the IPD
- Learn drug classification, cognitive distortions, the meat paradox and Milgram experiment.

Week – 3

- Observe the history taking/follow up sessions of complicated cases.
- Take simple cases of psychological distress and counselled them
- Learn about motivational theories, Sigmund Freud and his theories, Carl Jung, learning theories.

Week – 4

- Visit IPD wards along with Seniors doctors.
- Psycho educating the family members of the patients about their condition.
- Clearing the doubts of the patients and their family members.

- Learn about the basics of sleep hygiene, CBT, OCD, EMDR therapy.

Week – 5

- History taking of IPD patients and counselling them.
- Taking Follow up of cases with senior doctors which required intervention.
- Attending cases conferences
- Learn about different personality disorders.

Week – 6

- History taking of new patients
- Visit to IPD ward along with senior doctors
- Follow up of cases with senior doctors which required intervention
- Assisting senior doctors in psycho educating families of children with learning disability and low IQ score.

Week – 7

- History taking of new patients and reporting their case history to senior doctors
- Taking Follow up of cases with senior doctors which required intervention

- Visits to IPD wards along with senior doctors
- Assisted a co-intern in a high-risk patient in his follow up session.
- Learn about different mental disorder such as also mania, bipolar disorder and child mental disorders such as ADHD, Conduct disorder, OCD in children.
- Also learned about Relapse prevention therapy

Week – 8

- History taking of new patients and reporting about their case to the senior doctors before them looking at their case.
- Follow up of cases with the senior doctors which required intervention
- Attending the case conference about gender dysphoria.
- Learning about gender dysphoria and seeing the cases of people who wants to change their sex with the senior doctors.
- Learn about different scales of anxiety and depression like Hamilton anxiety rating scale, Beck's Depression Inventory and Bhatia battery test.

Brief Case Studies

Case – 1

Name of the patient – XYZ

Age – 17 years

Gender – male

Religion – Hindu

Education – student of BSc biology

Occupation – student

Marital status – single

Address – Indore city

Informant information – The informant is the patient's maternal grandfather with whom the patient was living since last 10 years. So, the informant is reliable.

Chief complaints –

- The informant says that patient is having episodes of increase in aggression, wandering behaviour, disturb sleep since last 1.5 months.
- The patient tells me about how there are so many thoughts racing in his mind and there is always something going in his mind.
- Sometimes he also behaves like tv show characters (Gods)
- There is also a feeling of grandiosity that he is best in everything and he knows everything.
- There are suicidal thoughts.

Family – there are total 5 members in his family including him. Father, mother, younger sister and grandfather (who is living with them since last 10 years after his wife's death)

Family environment – caring and supportive

Premorbid personality – introvert and shy

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history – none

Use of alcohol and any other substance by the patient or their family member - the patient doesn't take alcohol or any other substance but his father does take tobacco.

MSE - during the history taking session the patient seems a bit lost and can't sit still always touching something or playing with his bracelet. He is also cutting his grandfather sentences and when his grandfather is complaining about his recent aggressive behaviour than he will get irritated about this.

- **Orientation of place** – positive
- **Orientation of time** – positive
- **Orientation of people** – positive

The patient here is fully orientated about the place, time and people around him.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said “ roti, kala ,mahal”)

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his sister's birthday and his school)

General knowledge – positive

Judgement abilities – negative (asked him what he will do if his house went on fire? he said he will take out all the valuable items and his family members

Mathematical abilities – positive

Insight about the illness – 1/6

Diagnosis – manic disorder

Observation and intervention

The patient was responsive and cooperative during the session. Initially, he gave answers only which were about him but he opened himself up as the interview progressed. He was talking a lot about magic and gods and he wants learn magic and do many things. His grand father told me that watch these type of shows a lot. As it was his first visit to the hospital and first episode of mania so there were no pervious medications was going on.

Recommendations

I think CBT and maintaining a proper sleeping pattern can be very help in this case with proper medications.

Conclusion

Session achieved the purpose with which it was started

Case 2

Name of the patient – XYZ

Age – 36 years

Gender – male

Religion – Hindu

Education – 7th pass

Occupation – driver

Marital status – widower

Address – Mhow jail, Indore

Informant information – policeman, cellmate and the patient himself

Chief complaints –

- Sleep disturbance (the patient is not able sleep properly)
- Feeling of guilt that he was not able to his wife and kids.
- Presence of visual and auditory hallucinations of his wife since last 20 days (after his wife died)
- Flashbacks of the incident when his wife died by burning herself.
- Auditory and visual hallucinations of wife saying “ mujhe bachaya kyu nhi tumne?” and son saying “ mummy upar ro rahi hai jaldi aao.”
- Feeling of hopelessness.
- Heaviness in head.
- Feeling of anxiety whenever he thinks about his wife and kids.
- His cellmate said that whenever he thinks about that incident, he always tries to save his wife and kids, during this episode he will shout at everyone to open the door of the cell so he can save his family.

Family – He lived with his wife(dead) and two kids (son = 6 years old & daughter = 3 years old). Currently the kids are living with his sister and mother.

Family environment – According to the patient the family environment was really caring, supportive and loving.

Premorbid personality – cheerful

Relations with his wife and others – was really good but relationship with his in laws was not so good. according to the patient he had a conflict with his in laws 2-3 days before his wife suicide

Forensic history – none but at current he has a charge of attempted murder of his wife and because of this he is in prison. The police complaint against him was filed by his in laws. According to them he murdered their daughter but the patient says it was a suicide and he can't even think of hurting her.

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = none major issues according to the patient.

Use of alcohol and any other substance by the patient or their family member – yes, the patient is taking **Bidi** (12 bidi per day) **and alcohol** (occasionally) since last 20 years.

Last alcohol intake – 23rd June 2021

Mood – halka lag raha hai par sir bhari hai.

MSE - during the history taking session the patient seems a bit lost and not maintaining the eye contact. When I asked him how is he feeling? the patient started crying and said “bahut yaad aati hai uski, jab bhi dikhti hai bolti hai ki mujhe bachaya kyu nhi?”

- **General appearance and behaviour** - Patient's hands were handcuffed. He was unkempt & tidy.
- **Orientation of place** – positive
- **Orientation of time** – positive
- **Orientation of people** – positive

The patient here is fully orientated about the place, time and people around him.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his children age, wedding date, and since how many days he is in prison)

General knowledge – positive

Judgement abilities – intact

Mathematical abilities – positive

Insight about the illness – 6/6

Diagnosis – PTSD (under evaluation)

Observation and intervention

The patient was responsive and cooperative during the session. The patient showed extreme sign of guilt of not being able to save his wife and kids. He even asked me to call his sister so he can talk to his kids but politely denied the request by saying that first I need to take permission from my seniors. The patient was not suicidal, was eating properly and but he is not sleeping properly, had no history of medical or psychiatric illness.

Recommendations

I think CBT, EMDR, Stress Inoculation Training and proper medication will be very helpful in this situation.

Conclusion

Session achieved the purpose with which it was started

Case 3

Name of the patient – XYZ

Age – 26 years

Gender – male

Religion – Hindu

Education – 12th pass

Occupation – farmer (not doing it now)

Marital status – single

Address – itarsi

Informant information –elder brother

Chief complaints –

- Decrease social interaction and increase in aggression
- Self-muttering, self-laugh, smiling and talking in alone.
- Not able to recognize his friends.
- Self-talk
- Violent behaviour (breaking things and hurting others when things don't go his way)
- Repetitive behaviour (excessive handwashing, he takes 15-20 mins to wash his hands and doesn't stop until the soap runs out or someone forcefully takes him out of the washroom. According to the patient if he doesn't wash his hands frequently than he doesn't feel good.
- He also repeats one word 3 times and keeps repeating things.

Total duration of illness – 8 years

Family – there are total 5 members in the patient's family including him. His father, 2 sisters and one brother.

Family environment – caring and supportive

Premorbid personality – cheerful

Relations with his family and others – According to the patient’s brother his relations with his family and others are not good as he becomes very aggressive and starts abusing others. Their neighbours don’t like him because he abuses them and throw stones at their house. The only person he likes to talk is him.

Forensic history – none

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = the patients has received Electroconvulsive therapy (ECT) and anti-psychotics in the past. He was once hospitalized too. But since last 6 months he is not taking his medications and the symptoms are back.

Use of alcohol and any other substance by the patient or their family member – yes, the patient is takes **cigarette** (1 packet per day) since last 12 years.

Mood – “aacha rahata hai”

MSE – The patient was unresponsive and uncooperative during the assessment. Initially, he was not responding to the questions when asked but he opened himself up a bit as the interview progressed. His answers were out of place. I was asking him something and he was responding to something else. The patient was laughing and smiling without any reason , at one moment he even walked out of the room while the session was going. His brother brought him back in the room.

General appearance and behaviour- He was unkempt & tidy. Poor hygiene

Attitude towards the examiner – not cooperative and smiling and laughing without any reason

- **Orientation of place** – negative
- **Orientation of time** – negative
- **Orientation of people** – positive

The patient here is not fully orientated about the time and place he is in.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his family and past)

General knowledge – negative

Judgement abilities – impaired

Mathematical abilities – avg

Insight about the illness – 1/6

Diagnosis – Unspecified Psychosis + OCD

Admission type – supported

Observation and intervention

The patient was unresponsive and uncooperative during the session. He was not ready to talk even when he started taking a bit he was not responding properly. His behaviour was not appropriate during the session as he was smiling and laughing without any reason and he even walked out of the room during the session. There is no family history of any psychiatric illness. But he had the history of psychosis for which he received shock therapy, and medications but since last 6 months his medications has stopped and the symptoms are back. The total duration of his illness is 8 years.

Recommendations

I think first he should be given proper medications before starting any type of therapy.

Conclusion

Session achieved the purpose with which it was started

Case 4

Name of the patient – XYZ

Age – 60 years

Gender – female

Religion – Hindu

Education – nil

Occupation – home maker

Marital status – married

Address – Indore

Informant information – son

Chief complaints –

- Decrease and disturb sleep
- Doing big talks like she was a doctor at this hospital and she used work with the senior resident. She also works as Politian. She knows every big person of the state. **Delusion of grandiosity**
- Increase in aggressive behaviour
- She starts dancing around without any reason.
- Increase in motor activity
- Decrease in appetite.
- Presence of Auditory hallucinations.
- Many times, she ran away from home.

Onset = insidious (since last 25 years)

Current duration of the illness/ episode – 7-8 days

Family – there are total 5 members in the patient's family including her. Her husband, son, daughter in law and one grandson .

Family environment – caring and supportive

Premorbid personality – cheerful and well-functioning

Relations with his family and others – According to the patient's son her relations with her family and others are not good because of her aggressive behaviour.

Mensuration – stopped

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = the patients have a long history of bipolar disorder (25 years). Currently she is not taking any medications.

Use of alcohol and any other substance by the patient or their family member – No, the patient does not take any substance but her husband and son do consume alcohol and Tabaco.

Mood – “bahut aacha hai”

MSE – the patient was overly groomed and she was speaking fast, properly maintaining the eye contact during the session. She was really cooperative, responsive and frank during the interview. Her body posture was relaxed.

General appearance and behaviour- She was overly groomed

Speech – fast

Attitude towards the examiner – cooperative and frank

Orientation of place –positive

- **Orientation of time** –positive
- **Orientation of people** – positive

The patient here is fully orientated about the time, place and people she is around.

Memory

Immediate memory – positive (asked her to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what she ate today)

Remote memory – positive (asked about her family and past)

General knowledge – avg

Judgement abilities – impaired

Mathematical abilities – avg

Insight about the illness – 3/6

Diagnosis – BPAD mania

Admission type – supported

Observation and intervention

The patient was responsive and cooperative during the session. She was speaking really fast and she was also overly groomed which was quite inappropriate to hospital setting. There is no family history of any psychiatric illness. But she had a long history of BPAD for which she received medications but currently she had stopped taking the meds and the symptoms are back. The total duration of her illness is 25 years.

Recommendations

I think first she should be given proper medications before starting any type of therapy. CBT would be the best option in this case. We should also psycho educate the family.

Conclusion

Session achieved the purpose with which it was started

Case 5

Name of the patient – XYZ

Age – 19 years

Gender – female

Religion – Muslim

Education – 8th pass

Occupation – home maker

Marital status – married but not living together since last 6 months

Address – Indore

Informant information – grandmother

Chief complaints –

- Headache (unilateral) since last 1 month. Blackness in front of eyes when the pain starts. Frequency of headache is 30 mins, pain level is moderate
- Increase in sleep
- Presence of Suicidal thoughts but there is not attempt
- Decrease social interaction
- Weight loss
- Decrease in food intake
- Irritative behaviour
- Sadness in mood (since last 6 months), decrease in self confidence

Family – the patient was married 1.5 years but she is currently not living with her husband. She is living with her parents, two brothers and their wives and her grandmother.

Family environment – caring and supportive

Premorbid personality – cheerful and well-functioning

Relations with his family and others – According to the patient's grandmother her relations with her family and others are okay not so bad. She doesn't like to get involve with people.

Mensuration – normal

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = none

Use of alcohol and any other substance by the patient or their family member – No, the patient does not take any substance but her husband and brother do consume alcohol and Tabaco.

Mood – “thik hai”

MSE – The patient looked sad and her facial expression was blank. she was responsive and cooperative during the interview session. She was not maintaining proper eye contact and her voice was softly audible. During the whole session she was playing with her bracelet and looking at me.

General appearance and behaviour- unkempt and tidy

Speech – low pitch

Attitude towards the examiner – cooperative

Orientation of place –positive

- **Orientation of time** –positive
- **Orientation of people** – positive

The patient here is fully orientated about the time, place and people she is around.

Memory

Immediate memory – positive (asked her to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what she ate today)

Remote memory – positive (asked about her family and past)

General knowledge – avg

Judgement abilities – intact

Mathematical abilities – avg

Insight about the illness – 4/6

Diagnosis – F32 + headache

Observation and intervention

The patient was responsive and cooperative during the session. Initially, she gave answers only which were about her but she opened herself up as the interview progressed. She was speaking very softly. There is no family history of any psychiatric illness. During the interview her facial expression was blank and she was not looking at me. About her relationship with her husband, she told me that he uses abuse her physically and verbally so, she left him 6 months ago.

Recommendations

I think she should be given proper medications with CBT would be the best option in this case. We should also psycho educate the family. The combo of medication and therapy will work wonders on her.

Conclusion

Session achieved the purpose with which it was started

Learning Outcomes

Getting a chance to work at the mental hospital Indore was a privilege to me. The staff and everybody else were very cooperative, which helped me get used to the new environment quickly. In these 2 months of the internship, I gained a lifetime experience and learned and unlearned many things like –

- Learned how to build rapport while making the patient comfortable
- Asking the right kind of questions to elicit answer of sensitive questions which they might not answer if they're asked the same in a direct manner.
- Dos and don'ts while dealing with psychotic patients
- Learned how to work in a cooperative and a non-cooperative public work-place.
- Learned how to properly execute a semi-structured interview
- I got a chance to enhance my group dynamics and leadership skills
- I got a chance to get a better understanding about how hospital administration works.
- The experience also enriched my understanding of different cultures along with their different perpetuating factors.

Summary

I can honestly say that my time spent interning in Mental Hospital, Indore resulted in one of the best parts of my life. Not only did I gain practical skills of workings in psychology but I also had the opportunity to meet likeminded people and connect with them. The work culture in the hospital was always uplifting. Additionally, I felt like I was able to contribute to the hospital by taking around 100-200 interviews as a part of my internship and help people in need.

I was able to learn a lot from taking those history taking and counselling sessions by directly interacting with the patients. I learned how to take interviews which will not only help me in taking interviews in future but also help when I am required to give interviews. Along with interview taking, I learned how to properly build rapport in the first meeting, which has also helped me in my daily life. The case conferences by the senior doctors were really informative and helpful in better understanding the mental illness

Having worked for 2 months offered me vast exposure of practical learning in psychology. Thanks to the kind patients who told me their stories, now I have a better understanding of life in short.

Overall, my internship at Mental Hospital Indore has been a success. I was able to gain practical skills, work in a different environment, find my mentor, and an experience that will last a lifetime. I could not be more thankful.





REPORT ON FIELD VISITS OF



JAN SHIKSHAN SANSTHAN

CHILDLINE NGO

SANKALP HAMARA



**UNDER THE GUIDANCE OF
DR. JYOTI CHAUHAN MA'AM
(COURSE COORDINATOR)**

**M.B.A PUBLIC ADMINISTRATION AND POLICY
1ST SEMESTER**

**DEVI AHILYA VISHWA VIDHYALAYA
SCHOOL OF SOCIAL SCIENCE (SOSS)**



SUBMITTED BY- NIVA PATRA

ENROLLMENT NO.- DX2100447

ROLL NO.- 2123409

SUBMITTED TO- DR. JYOTI CHAUHAN

(FACULTY OF SOSS)

(COURSE COORDINATOR)



SCHOOL OF SOCIAL SCIENCES
DEVI AHILYA VISHWAVIDYALAYA, INDORE
NAAC Accredited 'A+' Grade University



Lakshmi Campus, Khundwa Road, INDORE-452001 (M.P.). Telephone (Office) 0731-2362140, 0731-2362150

E-mail : sovs.davy@gmail.com. Website: <http://www.soss.davv.ac.in/>

To,

The Director,

Family Planning (F.P.A. India)
Indore

Subject: Field work/internship (Placement) for MSW/BSW students.

Sir/Madam,

MSW and BSW courses in Indore are being successfully run by School of Social Science DAVV, Indore. We place students of MSW/BSW for field work/Internship in various NGOs and companies. This placement helps the students to learn the practical aspects of this stream.

You are requested to kindly give permission to place our students in your esteemed organization for practical training. The names of the students are given

1. Manish Kumar
2. Rakshita Sharma
3. Mangendra Singh
4. Saiyam Jain
5. Ayushi
6. Ayushi Raina
7. Abhishek Shah
8. Archana Agarwal

9. Sneha Kalyane
10. Yashaavi Rathore
11. Vaishali Rathore
12. Vinita Solanki

Thanking you,

Sincerely yours,

Acharya
HOD 2/11/2022

SOSS, DAVV, Indore

Recd.
Pratibha Jais
08/01/22

ANCH MANAGER
F.P.A.I., INDORE BRANCH



SCHOOL OF SOCIAL SCIENCES
UGC –Centre with Potential for Excellence in Social Sciences
DEVI AHILYA VISHWAVIDYALAYA, INDORE
NAAC Accredited 'A+' Grade University



Takshashila Campus, Khandwa Road, INDORE 452001(M.P.), Telephone (office) 0731-2362140
,0731-2362150 E-mail: soos.davv@gmail.com, Website: <http://www.soss.dauniv.ac.in/>

Date: 11/08/2021

To,

The Director
One Stop Center, Sakhi
Indore

Subject: Regarding 45 Days Internship.

Dear Sir/Madam

School of Social Sciences is a Pioneer Institute of Devi Ahilya Vishwavidyalaya, Indore. This institute provides various courses like MSW, MBA RURAL DEVELOPMENT, MBA PUBLIC ADMINISTRATION, MA POLITICAL SCIENCE, SOCIOLOGY AND CLINICAL PSYCHOLOGY. It has provision for Internship of 45 days for the students as per requirement of the curriculum of the **MSW Session 2020-22**. Hence forth, we look forward for your support and facilitation in your esteemed organisation.

Student's name is as follows.

1. Aman Jain Msw
- 2 Manish Kumar
- 3 Mrigendra Singh
- 4 Rakshita Sharma
- 5 Saiyam Jain
- 6 Rahul Nagar
- 7 Harshita Yadav
- 8 Yashasvi Rathore

Thanks and Regards

Head

School of Social Sciences
Devi Ahilya University, Indore
0731-2362150

Forwarded
Devi Ahilya
11/8/21
School of Social Science
Devi Ahilya Vishwavidyalaya, Indore

ACKNOWLEDGEMENT

I take this opportunity to thank the Devi Ahilya VishwaVidhayalaya for allowing the students to go for field visit not only for the fulfilment of the course but also to learn on the ground level of nation. I want to pass my regards to the entire School of Social Science (SOSS) for their participation of the visits. My special thanks goes to the head of department of SOSS Prof. Dr. Rekha Acharya ma'am for not only making prior arrangement for the visit but also for accompanying us and providing guidance, moral support and proper understanding of what we were taught by explaining further. I also want to thank Dr. Jyoti Chauhan ma'am, coordinator of our course for providing moral support, guidance and expressing concern to us. I personally learnt a lot about working of NGOs Old age homes and other governmental institutions for welfare of society. I extend my appreciation to my fellow students for their cooperation discipline and adhering to the instructions. All this made the trip the most successful one. Thank you so much.

INDEX

S.NO	PARTICULARS	PAGE NO.
1.	FIELD VISIT TO JAN SHIKSHAN SANSTHAN.	(1-19)
1.1	INTRODUCTION OBJECTIVES	3-12
1.2	MANAGEMENT AND PLANNING	12-16
1.3	PICTURE TAKEN DURING VISIT	17-18
1.4	CONCLUSION	19
2.	FIELD VISIT TO CHIDLIN NGO	(20-31)
2.1	INTRODUCTION AND OBJECTIVES	20-23
2.2	PROJECTS TAKEN	24-27
2.3	PICTURES TAKEN DURING VISIT	28-29
2.4	CONCLUSION	30-31
3.	FIELD VISIT TO SANKALP HAMARA NGO	(32-43)
3.1	INTRODUCTION	32-35
3.2	PROJECTS AND WORKING	36-41
3.3	PICTURES TAKEN DURING VISIT	41-42
3.4	CONCLUSION	43



JAN SHIKSHAN SANSTHAN

Ministry of Skill Development & Entrepreneurship, Government of India

Scheme of Support to Jan Shikshan Sansthan(NGO's) for Skill Development

JAN SHIKSHA SANSTHAN

MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENURSHIP

The Scheme of Jan Shikshan Sansthan (JSS), formerly known as Shramik Vidyapeeth is implemented through a network of NGOs in the country since March 1967. The first Shramik Vidyapeeth was established in Mumbai [Worli] and was commissioned by Bombay City Social Council Education Committee, a voluntary organisation engaged in the field of Adult Education. After the success of the project, the Govt. of India developed a scheme for setting up a network of such institutions in the country in a phased manner.

With the transformation in the economic and social setup over the years, the role and scope of these polyvalent

educational institutions have widened manifold. In the changed scenario, the focus of Shramik Vidyapeeth (SVP) was shifted from industrial workers in urban areas to the non-literates, neo-literates, unskilled and unemployed youth particularly from SC/ST/OBC/Minority/Divyang/Women throughout the country especially to underprivileged people in the rural areas. The SVPs were accordingly renamed as Jan Shikshan Sansthan (JSS) w.e.f. year 2000.

The scheme of Jan Shikshan Sansthan was consequently transferred from Ministry of Human Resources Development (MHRD) to Ministry of Skill Development and Entrepreneurship (MSDE) in July 2018.

Jan Shikshan Sansthan aims to provide vocational training to non-literates, neo-literates as well as school drop-outs in rural regions by identifying skills that have a relevant market in that region. Over two-thirds of India's population comprises rural citizens.

The objective of JSS is to uplift this rural population economically by imparting essential skills training, thereby enabling local trades to grow and creating new opportunities for the natives of the region.



JAN SHIKSHA SANSTHAN INDORE

Jan Shikshan Sansthan Indore was established on 16 May 1960 as Workers' Institute (Labor Establishment) under the Social Education Scheme for urban industrial workers. This was an experimental scheme. In the year 1980, the Shram Pratishthan was converted into Shramik Vidyapeeth. It was the implementation center of the multifunctional regional plan which was established to meet the educational, entertainment and cultural needs of all sections. On 15th May, 2000 it was converted as Jan Shikshan Sansthan. It was established as an autonomous institution under the Department of School Education and Literacy, Ministry of Human Resource Development, Government of India with the objective of presenting informal, adult and continuing education programs in an institutional form for the underprivileged.

National Skill Development Mission was launched on 15 July 2015 on the occasion of World Skill Day. As a result of bringing uniformity in skill training activities, Jan

Shikshan Sansthan Scheme was transferred to the Ministry of Skill Development and Entrepreneurship, Government of India on 2nd July 2018. Jan Shikshan Sansthan Indore is currently working under the sponsorship of Directorate of Jan Shikshan

- Sansthan, Ministry of Skill Development and Entrepreneurship.

The institute is like an institutional framework that offers skill development programs for disadvantaged groups in a non-formal manner. The program of the Institute is based on a multidisciplinary approach. Provides vocational training to the target group of people. The scope of work is the entire district (Indore). There are 304 JSSs (JAN SIKSHA SANSTHAN) in India. Till the date they give opportunity/ Trained almost 3,34,913 beneficiaries. In Madhya Pradesh there are 29 JSSs working properly and organizing camps to train and give knowledge to the people who registered themselves for training under the scheme of skill India.

“At present 248 Jan Shikshan Sansthan in 27 States and 2 UTs are active out of which 17 JSSs are not functional. A decision of setting up of 83 new Jan Shikshan Sansthan.”



OBJECTIVE OF ORGANISATION

- To improve the occupational skills and technical knowledge of the non/neo literates and persons having rudimentary level of education upto 8th standard and other school dropouts beyond 8th standard i.e. upto class 12th to raise their efficiency, increase productive ability and enhance their livelihood opportunities
- To identify and promote traditional skills in the districts through skilling/upskilling
- To create a pool of master trainers working across the department/agencies of skill development through training/orientation programme
- To collaborate and coordinate with other departments/agencies working in the filed of skill development
- To widen the range of knowledge and understanding of social, economic and political systems and create awareness about the environment
- To Promote national values and to align with national programmes

- To promote self-employment and facilitate to get financial support including loans/ for the target groups through linkage with credit and consortium membership

WORKING

- Identification of target groups by preparing socio-economic profiles and finding out different educational and vocational needs.
- Exploration of need based options for target groups, innovation, work on alternatives, finding new methodologies, collaboration with academic vocational-sociocultural organizations.
- Networking and acting as a coordinator, facilitator and motivator in collaboration with partner institutions, departments and agencies.
- Training and training of functionaries involved in various planning and implementation to provide

consultancy services to like-minded agencies and enterprises.

- Organizing vocational training programs for upgradation of existing livelihood skills keeping in view the disadvantaged sections of the society, women, girls and unemployed youth.
- Promoting various organizational groups for socio-economic development to provide follow-up services to the beneficiaries.
- Creating a livelihood cell for employment, self-employment and wage opportunities and Linking it with National / State level portal.
- Identifying and developing local traditional skills.

TARGET GROUPS

- Focus on socio-economically backward and educationally disadvantaged groups in rural and urban populations such as men, women and youth, self-

employed, neo-literate, potential workers and their families as well as unemployed youth does.

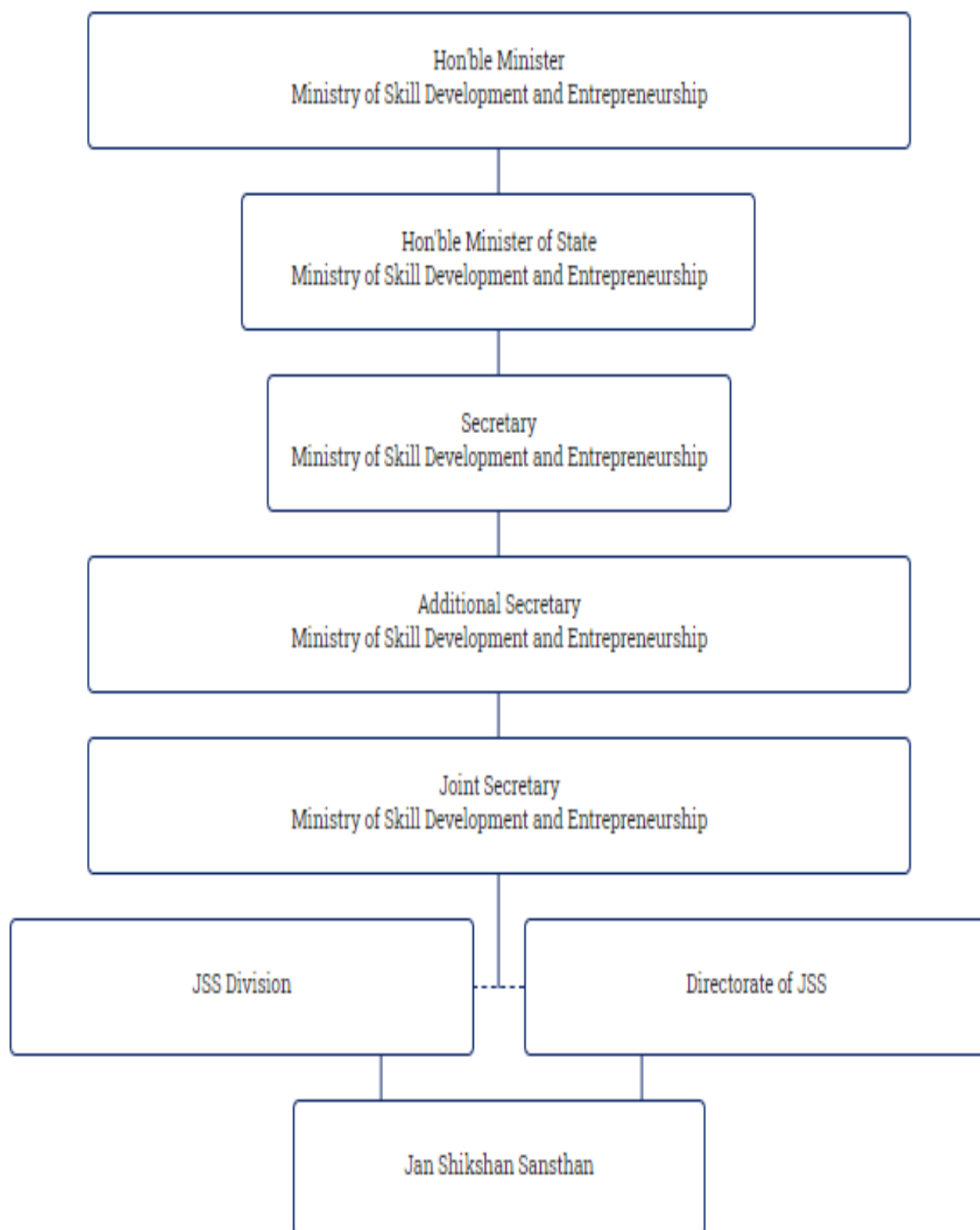
- Main target- non-literate, persons with primary level of education up to 8th standard and people in the age group of 15 to 45 who drop out of school after 8th standard till 12th standard. The age limit may be higher for handicapped and deserving cases.
- Priority to Rural and Urban women, SC, ST, OBC. classes and minorities.

ORGANIZATION AND MANAGEMENT

The affairs of the Institute are looked after by a Board of Management which is constituted by the Government of India. An Executive Committee assists the Board of Management. The Institute employs the services of

locally qualified, experienced trainers, resource persons, experts and skilled craftsmen at a remunerative rate for planning, coordinating and conducting the Institute's programmes. The Chairman of the Board of Management is the Honorable Head and Director of the Institute, the Chief Executive Officer of the Jan Shikshan Sansthan and the Secretary of the Management Board.

ORGANOGRAM



PROGRAM PLANNING AND IMPLEMENTATION

The Institute organizes programs and activities in the district keeping in view the objectives and target groups. These are implemented in a phased and systematic manner. Online certificates are issued under Skill India to successful beneficiaries after assessing the beneficiaries of the courses conducted.

PROFESSIONAL COURSE

The institute provides quality business skills and technical knowledge at the least cost with its easy accessibility. Being close to the target population, working with the community and understanding the needs of the candidate are the key features of the institute. It is a special skill center of the district, which is a major center of empowerment and capacity building. Criteria for selection of vocational courses are based on local demand. Correspondingly, it includes access to employment opportunities, production service and IT-oriented, relevant to income generating customers, so

that the district can develop as a skill development centre.

MONITORING, EVALUATION & FOLLOW-UP

Monitoring of the Institute is done continuously by the Government of India through online, review meetings, portal and twice a year. Evaluation of the institution by an external agency- based on the work review, feedback and impact of the program on the beneficiaries as per the objectives.

PICTURES OF JSSs INDORE DURING VISIT





CONCLUSION

Before visiting Jan Shikshan Sansthan, though I used to say that everyone are equal, but somewhere this thing use to come in my mind that government is unnecessarily supporting the SC, ST caste but now I understood that it has been done to give them an equal right, opportunities in society. They work at the door-step of the beneficiaries with a minimum infrastructure and resources.

This evolution came to me after visiting Jan Shikshan Sansthan. Over two-thirds of India's population comprises rural citizens. The objective of JSS is to uplift this rural population economically by imparting essential skills and training.

CHILDLINE NGO (ASS NGO)



AGENCY SUPERVISOR- RAHUL KOTHANI SIR
(COORDINATOR)

SELF VISITED

Aim for Awareness of Society (AAS) - which in hindi means 'hope' was established in may 2005 to establish the hope for positive change in society. It is the endeavour of AAS to serve the society and make it more capable to face challenges of deprived groups especially women and children. AAS works for child development, women empowerment and improvement of society. AAS are also famous as NGO for children in India.

VISION

To establish a national footprint in child development and women empowerment.

MISSION

To work in collaboration with community, government and private sector for the welfare of children, women and other deprived sections of the society.

ORGANIZATIONAL VALUE'S

✓ Accountability-

We take personal responsibility for using our resources efficiently, achieving measurable results and being accountable to our supporters, partners and most of all, children.

✓ Ambition -

We believe in setting and achieving high targets as an organization which in turn shows a positive impact towards the children.

✓ Collaboration -

We respect and value each other, thrive on our diversity, and work with partners to leverage our global strength in making a difference for children.

✓ Creativity-

We are open to new ideas, embrace change, and take disciplined risks to develop sustainable solutions for and with children.

✓ Integrity -

We aspire to live to the highest standards of personal honesty and behavior; we never compromise our reputation and always act in the best interest of children.

OBJECTIVES OF AAS-

- To associate with different government schemes for the improvement of Schedule Castes and Tribes, women, children and other deprived sections of the society.
- To conduct awareness programs in rural and urban areas to improve physical and mental health of people.
- To establish linkages with health department for imparting health services to the vulnerable.
- To spread awareness and understanding about our fundamental rights and fundamental duties.

- To develop and demonstrate sustainable systems for the environment, sanitation and waste recycling.
- To carry out studies and research in relevant fields to understand and evolve effective strategies for better governance and development.
- To work for communal harmony in the society.
- To work for rehabilitation of physically or mentally disadvantaged, female sex workers and other marginalized groups of society.
- To build sustainable livelihood, resources, infrastructure and enhance accessibility to the resources for poor communities.
- To develop self-help groups in urban and rural areas for ensuring saving habits and discover different livelihood options for economic development.

CURRENT PROJECTS-

1. CHILD DEVELOPMENT

INTERVENTION

Childline first gathers Information about the cases From the caller to check the Authenticity of the information and then intervenes if they find the case details to be authentic.

Childline rescues the child from the unsuitable condition and also provides him/her proper counselling.

AWARENESS

Childline conducts a range of awareness programs in slum schools, communities etc. It takes the help of its volunteers and spreads awareness through posters, skits, marathons etc. Childline thinks that creating Awareness among people is very important in order to curb the injustice being done against children.

ADVOCACY

Childline also makes advocacy efforts to sensitize government and non-government departments for the child protection issues. AAS organized a range of rescue operations for child begging, child labour and child marriage with the help of advocacy efforts with government. A very first child beggar task force formed in Indore by the district collector.

2. PROJECT SEWA (MANGLIA, BARWAH, GHATABILOD)

AAS has associated itself with Shree Mahadeo Shakra Trust for the implementation of child development projects at Manglia area, Indore. It has identified about 50 children consisting of 25 boys and 25 girls in four villages who are brought up by single parent or belong to below poverty line families. These children were selected with the help of an intensive need assessment exercise conducted by AAS. Care is taken for the holistic development of children by concentrating on their health, Nutrition, Education and Skill Development.

There was a girl in the Ghatabilod project which was quite reserved and under confident in front of other students and teachers but after speaking to her parents we realised that she is lot more comfortable and

outspoken with her friends and family. She spoke to 2-3 teachers but the hesitation was still there. Finally, one of the teachers from the school tried to be friends with her and then tried to understand her emotions, this strategy worked well as now she was confident enough to share her stories with the class and was able to take her stand whenever required.

3. PROJECT SANTA

The Project Santa is a project in which our team identifies the most vulnerable people specially children in the community. These children are school dropout, child beggars, child labors and victims of various types of abuse. We study case to case requirement of these children and share with our individual donors called “SANTA”.

AAS Indore is planning to add 100+ SANTA this year throughout the city. The sole purpose of the project is to provide happiness to children therefore the SANTA can contribute in any of the way which is possible for them.

4. PROJECT SAFE CHILDHOOD

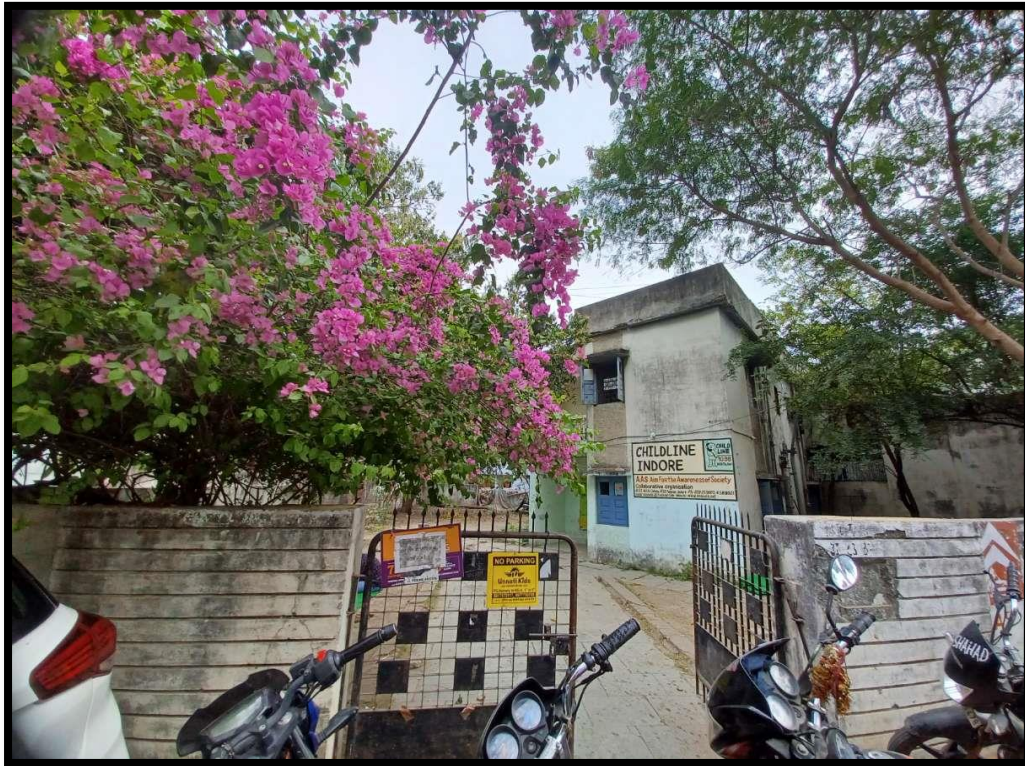
ACG Cares Foundation, in association with AAS Indore, understands the pressing need to establish child friendly schools and equip school-going children with information about pertinent issues like gender discrimination, self-defence, cyber security and menstrual hygiene. Two schools in Sagore, Pithampur were identified for the project. It was realized during the recce that the children in both the girls' and boys'school were in need of education about child rights, safe and unsafe touch and menstrual hygiene.

5. MASTI KI PATHSHALA

In March 2012, AAS initiated the concept of “Masti ki Pathshala” for deprived children. The campaign is completing its Eight years now. The main aim of this campaign is to target children from the deprived sections who are school dropouts and engaged in economic activities. Currently we have started these sessions in three venues in Indore. Each venue has

around 40 students which are the part of evening classes conducted regularly.

PICTURE TAKEN DURING VISIT-





CONCLUSION

In the training program AAS sanstha Indore has educated its major stakeholders that is Police officers, school principals, Anganwadi workers, CDPOs and child welfare officers on some major key areas including POCSO, JJ, Childrights and Child friendly institution. The sole purpose of the program was to educate the authorities who remains in direct touch with the students. Various training building events were conducted which includes: Roadside Events: Through the roadside events and flashmob, AAS Indore highlighted some key areas including menstrual hygiene, women empowerment, right to equality, healthier tomorrow etc. People were voluntarily participating in these events which made it a huge success for the audience as well as the performers and the message was sent loud and clear to everyone present there.

MOMENTS TO BE PROUD OF-

AAS has maintained its legacy ever since it began in 2005, by providing the best quality efforts and offering their helping hands to the most needful children and giving them a ray of hope for their bright future. The NGO was recognized as the best NGO in the year 2017 and 2013. Different awards were received by the organization in last several years.

SANKALP HAMARA NGO
(DELHI BASED NGO)



VISITED BY OWN

AGENCY SUPERVISOR- SOMIK KALKAL
(FOUNDER AND PRESIDENT)

I worked as volunteer and also a member in sankalpHamara.

SANKALP NGO is a Delhi-based NGO, but we have our branches across the country as well as countries aboard. In Delhi itself, we have 18+ centers.

SANKLAP was established in (2018) with just a small idea of providing voluntary free tuitions to the children of slum people and today we are successfully running more than 50 branches of SANKALP across the country. Currently, we have an outreach of 12000+ volunteers in 3+ countries across the world. This

organization works for the upliftment of the under-privileged society including people residing in slum and rural areas.

We work under various projects and the students are exposed to ample opportunities by choosing the work from our ongoing projects like- teaching projects, Old age home projects, sanitation and Medical awareness projects, HR and PR, social media marketing, photography and film making, graphic designing and content writing etc. we work day night towards uplifting the living conditions of the under privileged society.

As our tagline itself suggests SANKALP HAMARA is a pledge which every member of SANKALP NGO believes in and works towards achieving our common goal.

AIM

As our tagline suggests SANKALP HAMARA is a pledge which every member of SANKALP NGO

believes in and works towards achieving our common goal.

UNIQUENESS

We at SANKALP provide equal opportunity to every dedicated member who wants to join and work with us

And provide provide complete assistance in teaching the relevant skills and developing personality at individual level.

MISSION

1. To enable people to make responsibility for the situation of the deprived Indian child and so motivate them to seek resolution through individual and collective action thereby enabling children to realise their full potential. And people to discover their potential for action and change. To enable peoples' collectives and movements encompassing diverse segments, to pledge their particular strengths, working in partnership to secure, protect and honour the rights of India's children.

2. To awaken social consciousness of youth, encourage volunteerism and social action by involving them in campus based social action programmes.
3. To make them compassionate human beings and **IDEAL LEADERS** by providing them opportunities to take up leadership roles at grassroots level-in their localities, society around them and at state-national level.

VISION

To make India poverty free. To provide assistance and quality education to the underprivileged and the needy.

PROJECTS-

✓ DISCOVER

Under this project, Volunteers visit various slum areas, do the survey of family details, persisting problems faced by the residents of the slum, analyse that survey and then based on the conclusion, necessary work is done towards resolving the issues.

✓ HOPE

Volunteers work as teachers/Mentors for the slum kids and give regular tuition classes in order to help them with studies. Volunteers are also required to convince parents of the kids who don't send their children to school and help them throughout the admission process.

✓ NATYA

As a part of this project, eligible volunteers provide dance classes to the slum kids to help talented children from the under privileged society gain a platform of their interest.

✓ JHANKAR

This project is more like a choir group where volunteers give regular music classes to the kids who have good voice and have an interest in the field of music. The motive is to help them discover their hidden talent

✓ ADAA

Under this project, qualified volunteers not only arrange Nukkad Nataks on various social issues for the slum

and illiterate people in order to aware them but also give voluntary acting classes to the children from the slum areas who have an enthusiasm towards learning acting skills.

✓ **KALAKAR**

In this project ,slum children are given an activity class where they are taught drawing and painting skills after providing all the required materials. SANKALP also organizes various competitions under this project like poster making competitions on Independence day/republic day, Diya making competition on diwali, pot painting competition on world environment day, etc.

✓ **HAPPY HOURS**

This project requires volunteers to visit the old age homes, observe and analyse the living conditions of the people living there and work towards methods for resolving any issues faced by them. Volunteers have also been organizing events for the old age people as part of this project where they perform, play, share stories and gift some sweet memories to the elderly people.

✓ **BEFORE AND AFTER**

This project runs on the theme –“Maintaining a Sustainable Environment”. Under this project, various sanitation drives are organized at general public places, sessions are organized where volunteers explain the importance of a clean environment and various

ways on how slum people can keep their surroundings clean. People are also explained about various harmful diseases which occur due to creating pollution and by not keeping our surroundings clean.

✓ **DOST**

This project organizes events mainly in schools and colleges where students put donation drives for the needy. People can donate stationery, clothes, money etc which is then distributed to the slum people by the volunteers.

✓ **SHAKTI**

Under this project, welfare of under privileged women is looked after, especially those who are housewives and seek help. Women of the slum areas are trained and provided suitable job opportunities to help them provide a helping hand towards running their houses better. An important part of this project involves educating men on drug abuse and respecting their wives, mother, etc in order to create a healthy environment at home for living.

✓ **PULSE**

In this project, Professional doctors set-up camp at nearby slum areas for free health check-ups and provide free medicines to the needy. This event is organized and handled by the team members of SANKALP.

✓ **HUMAN RESOURCE AND PUBLIC RELATIONS**

This project mainly deals with the recruitment and hiring process of volunteers from diverse age groups, societies, cities, etc.

✓ **SOCIAL MEDIA MARKETING**

As the name suggests, the work under this project involves handling of various social media pages, monitoring and increasing followers, subscribers and also working towards increasing and maintaining an online outreach among the masses.

✓ **PHOTOGRAPHY AND FILM MAKING**

As SANKALP celebrates all the festivals and organizes various events for the underprivileged people and slum kids, this project hires volunteers with good photography and videography skills to cover all the events organized from time to time at all of SANKALP'S branches.

✓ **GRAPHIC DESIGNING AND CONTENT WRITING**

This project involves content writing for the online blogs and social media posts with proper graphic designs and pictures of the field works.

✓ **FUND RAISING**

In this project, volunteers raise fund through putting up stalls in Colleges, through selling different usable

products made by the slum people in various College events, etc.

WORKINGS AND INTERNSHIPS FOR STUDENTS

All about work efforts for the betterment of our society. In this time period of Covid -19 NGO work was spread virtually in more than 27 cities in India,US, UK, Japan, Australia, Canada, Zimbabwe and few other countries.

No. of Volunteers -15000 +

Work done

- Plantation of more than 80,000 plants.
- Feed more than 1 Lakh Stray Animals & birds on daily basis.
- Around 2 Lakh masks distribution took place all over the India by our Volunteers.
- Food Distribution took place among needy people around 8000-10000.
- Sanitary pads distribution around 50000.
- Helped other NGO's like Robinhood Army in their Feeding 30 Million Mission & many Rotaract clubs.
- 20+ Projects
 - (Work from home also available)
 - Membership Certificate (Just after joining)
 - Appreciation Certificate 20 hrs of working
 - Internship Letter 30 hrs of working

- Letter of Recommendation 60 hrs of working.
- Appointment Letter for Deserving candidates and those who eagerly want to work here.

PICTURES OF VISIT AND WORK





20 HRS. - APPRECIATION CERTIFICATE
60 HRS. - LETTER OF RECOMMENDATION

POSITIONS AVAILABLE:

1. President
2. Vice- President
3. Department Presidents
4. HR Head
5. Media Marketing Head
6. Campus Ambassador

FOLLOW US TO KNOW MORE:

-  SANKALP HAMARA
-  SANKALP HAMARA
-  SANKALP HAMARA NGO
-  Somik Kalkal (+918816982521)



 Hamara
SANKALP

**WORK
FROM
HOME**

CONCLUSION/ SELF EVALUATION

This is one of the best NGO where not only I had visited but also I worked there and still distribute stationery things take online classes and lot more.

I learnt to be disciplined and punctual while working here. I analysed how really the backward and deprived section students and children's are suffering for studies.

Here now in some locations volunteers are managing then network and digital classes for their betterment which I personally loved and tried my best to work for them and contributed as much I can.

Here I have seen the actual ground level image and reality and also the working process to help them.



School of Social Science
Devi Ahilya Vishwavidyalaya
Indore [M.P]



Field Visit Report
JAN SHIKSHAN SANSTHAN
INDORE (M.P)

MBA Public Administration and
Policy (1st Semester)

Year:- 2021-2022

Enrolment No. <DC1805869>

Prepared by:- Vaibhav Rathore
Class Supervisor:- Dr. Jyoti Chouhan

ACKNOWLEDGEMENT

I WOULD LIKE TO EXPRESS MY SPECIAL THANKS OF GRATITUDE TO OUR VISIT COORDINATOR **MR. ARVIND PARIHAR SIR.** AS WELL AS THE CLASS SUPERVISOR **Dr. JYOTI CHOUHAN MA'AM,** WHO GAVE US THE GOLDEN OPPORTUNITY TO VISIT “**JAN SHIKSHAN SANSTHAN**” ON WHICH THIS WONDERFUL **REPORT** IS BEING PREPARED, WHICH ALSO HELPED ME IN DOING A LOT OF RESEARCH AND I CAME TO KNOW ABOUT SO MANY NEW THINGS.

I AM REALLY THANKFUL TO THEM.

SECONDLY, I EXTEND MY APPRECIATION TO MY FELLOW STUDENTS FOR THEIR COOPERATION DISCIPLINE AND ADHERING TO THE INSTRUCTIONS.

THANK YOU SO MUCH.

INTRODUCTION

The Scheme of Jan Shikshan Sansthan (JSS) formerly known as Shramik Vidyapeeth was a unique creation of Government of India is being implemented through NGOs in the country since 1967. The scheme was renamed as Jan Shikshan Sansthan in 2000. JSS scheme was transferred from Ministry of Education (erstwhile Ministry of Human Resource Development) to Ministry of Skill Development & Entrepreneurship in July, 2018.

At present, 304 JSSs in 27 States and 7 Union Territories are functional. The annual coverage of the beneficiaries is around 4 lakhs, out of which 85% are women.

Jan Shikshan Sansthan in Nanda Nagar, Indore

Jan Shikshan Sansthan in Indore is one of the leading businesses in the Vocational Course Training Centres.

Jan Shikshan Sansthan Indore was established on 16 May 1960 as a Worker's Institute under the Social Education Scheme for urban industrial workers, it was a pilot scheme, in which the labour establishment was converted into Shramik Vidyapeeth. It was the implementation centre of the multi-tasking regional scheme, which was established to meet the educational, entertainment and cultural needs of all classes. On 15 May 2000, it was converted as a Jan Shikshan

Sansthan, it was established under the Ministry of Human Resource Development, Government of India's School Education and Education Institute as an autonomous institution under the Department of Literacy with a view to institutionalize informal life and continuing education programs for the underprivileged.

National Skill Development Mission launched on 15 July 2015 on the occasion of World Skill Day. As a result of bringing uniformity in skill training activities, Jan Shikshan Sansthan Scheme was transferred to the Ministry of Skill Development and Entrepreneurship, Government of India on 2nd July 2018.

Jan Shikshan Sansthan Indore is currently working under the sponsorship of

**“Directorate of Jan Shikshan Sansthan,
Ministry of Skill Development and Entrepreneurship”.**

The institute is like an institutional structure that offers skill development programs for disadvantaged groups in a non-formal manner. The program of the institute is based on a multi-pronged approach, imparts vocational training to the people of the target groups. The scope of the institute is the entire district.

OBJECTIVES

- To improve the business skills and technical knowledge of the target group to enhance their efficiency, productive capacity and livelihood opportunities.
- Identification, Promotion and dissemination of traditional skills.
- Cooperation and Coordination with Skill Development Sector Agencies and creating a bridge of master trainers.
- To Promote national values and synergizing with national programs.
- Promoting self-employment and helping the target groups get credit and financial support.
- To expand the range of knowledge and understanding of social, economic and political systems and creating awareness of the surrounding environment.



FUNCTIONS

Jan Shikshan Sansthan (JSS) represents an institutional framework for offering Non-formal, Adult and Continuing Education Programmes to disadvantaged groups.

Their activities would, therefore, include:

- Vocational and skill development programmes for neo-literates in both industrial/urban and rural areas.
- Organize training programmes for Key Resource Persons, Master Trainers and Trainees in vocational courses and also for neo-literates.
- Its programmes would be based on the polyvalent or multidimensional approach to adult education.
- Identification of target groups by preparing socio-economic profiles and finding out different educational and vocational needs.
- Networking and acting as a coordinator, facilitator and motivator in collaboration with partner institutions, departments and agencies.
- Providing training to workers involved in various planning and implementation and consulting services to like-minded agencies and enterprises.
- Promoting various organizational groups for socio economic development and providing follow up services to the beneficiaries.

TARGET GROUPS

- Focus on socio-economically backward and educationally disadvantaged groups in rural and urban populations such as men, women and youth, self-employed, neo-literate, potential workers and their families as well as unemployed youth.
- Main target- non-literate persons with primary level of education up to class 8th and school dropouts after class 8th up to class 12th in the age group of 15 to 45 years. The age limit may be higher in some eligible cases and for the persons with disabilities.
- Preference to rural and urban women, SC, ST, OBC categories and minorities.



OBSERVATIONS

Organization and Management:

The institute's affairs were taken care by a Board of Management which is constituted by the Government of India. An Executive Committee assists the Board of Management. The Institute employs the services of locally qualified, experienced trainers, resource persons, experts and skilled craftsmen at a remunerative rate for planning, coordinating and conducting the Institute's programs. The Chairman of the Board of Management is the Honorable Head and Director of the Institute, the Chief Executive Officer of the Jan Shikshan Sansthan and the Secretary of the Management Board.

PROGRAM, PLANNING and IMPLEMENTATION:

The Institute organizes programs and activities in the district keeping in view the objectives and target groups. These are implemented in a phased and systematic manner. Online certificates are issued under Skill India to successful beneficiaries, after assessing the beneficiaries of the course conducted.

PROFESSIONAL COURSE

The institute provides quality business skills and technical knowledge at the least cost with its easy accessibility. Being close to the target population, working with the community and understanding the needs of the candidate are the key features of the institute. It is the district's unique skill center, which is a major center for empowerment and capacity building.

The criteria for selection of vocational courses include being relevant to the local demand, income generating, relevant to the customers, accessible to employment opportunities, production service and IT-oriented, so that the district can develop as a skill development centre.



MONITORING, EVALUATION AND FOLLOW-UP

Monitoring of the institute is done continuously by the Government of India through online, review meetings, via portal and twice a year. Evaluation of the institution by an external agency - is done on the basis of work review, feedback and impact of the program on the beneficiaries as per the objective.



CONCLUSION

Based on the visit, from learnings of the working and the institutional model of the **Jan Shikshan Sansthan**, we can conclude that, this is one of the best Skill Development initiative taken by Government of INDIA. The Jan Shikshan Sansthan not only strive to provide and develop skill but also nurture the education of the beneficiaries and provide them with the technical know-how of the respected professional skilled courses.

As afterwards, it will provide the Employment opportunities to the beneficiaries and help them to live a life with dignity. Not only for an individual but beneficial for the country also as it will directly or indirectly increase the employment level.

All in all, this scheme of the government, of Jan Shikshan Sansthan is a very excellent initiative and it is a Welfaristic as well as a futuristic step towards the development of the nation.

It has a limitation that it is majorly targeted towards women employment and empowerment which somehow limits the other gender participation in skill development opportunities, on which the Jan Shikshan Sansthan, the other responsible authority and the government should focus on.

REFERENCES



THANK YOU

Field visit report



Submitted by –

Shreya Shukla

M.A. clinical psychology

3rd semester

Submitted to-

Dr. lavina singh

Professor

SOSS, DAVV

Field visit to Govt. H.S school

Date of visit = 23rd December 2021

Address of the school - Bajrang Nagar Rd, New Gori Nagar, Nanda Nagar, Indore, Madhya Pradesh 452011

About the organization –

GOVT HS BAJRANG NAGAR was established in 2011 and it is managed by the Department of Education. It is located in Urban area of Indore district of Madhya Pradesh. The school consists of Grades from 9th to 12th. Initially it started from 9th -10th grade but later it adds two more higher grades. It is a Co-educational institute and it doesn't have an attached pre-primary section. Hindi is the medium of instructions in this school. Here the school academic session starts in the month of April.

The school has Government building. All the classrooms are in good condition and have proper space and ventilation. It has 2 other rooms for non-teaching activities. The school has proper electricity connection. The source of Drinking Water in the school is Tap Water and it is functional. The school has 1 boys' toilet and it is functional and 1 girls' toilet and it is functional. The school has a large playground. It also has a library which contains 50 books in it. The school does not need ramp for disabled children to access classrooms. The school has 2 computers for teaching and learning purposes and all are functional. The school is not having a computer aided learning lab. It also does not provide any mid-day meal.

The current strength of the school is approximately 87. The student teacher ratio here is 29:1. There are 3 female teachers here and no male teacher.



Objective of the visit –

Our main objective to visit the school is to learn and understand how career counselling works at school level. How for different classes the approach and focus of the counselling changes for example the counselling we do for a 9th class student will be different from a 12th class student.

The Visit –

We were 5 students and one faculty who went to this school for career counselling. When enter the premise of the school I noticed the beautiful school building and the large playground Infront of it. at first, I couldn't believe that it is a govt school because the image I have for a govt school was totally different then this. The classes were in good condition and have proper ventilation and proper sitting arrangements for the students.

Our faculty (Lavina ma'am) first talk to the students and build a rapport with them and then introduce us with them. We gave the students the questionnaires we have and our duty was to help the students to fill the questionnaire. This questionnaire contains simple questions on the basic demographic details of the students, their interests and hobbies, favourite subjects, least favourite subjects, highest scored subject and lowest scored subject, what they want to be and what they least want to be, their financial conditions etc.

After getting this questionnaire filled by the students, we started the counselling process of the students. At first our focus was to counsel 12th class students than 11th class students according to their respective subjects.

Also, Vinod sir gave the overview about different govt schemes or yojnaye and about small-scale business than anushree ma'am gave overview about banking and commerce.





Learning Outcomes

- I got to learn that there was so much of lack of awareness and knowledge about their subjects among the students. They also don't have proper resources to be up to date with the current knowledge.
- Even students who have this fixed goal don't have proper knowledge about it and how to achieve it.
- There was also lack of self-awareness among the students. They don't have proper guidance.
- I also got to know that there are many quacks in the field of career counselling. These people don't have proper knowledge about different areas and they just earn money by calling themselves as career counsellors but in reality, they don't even know what they are doing with their lives and how they are hindering the growth of people or students who goes to them thinking that they can actually help them.
- The govt spending a lot of money to improve the education sector to provide these students with proper guidance so they can have a great future but the problem lays in the grassroot level where these quacks are not letting the real professionals to do their jobs.



Conclusion

From this visit I got to know about the lack of awareness, knowledge and resources these students have and how important is the role of the career counsellor in the lives of student at this stage. How a good career counsellor can help the child to identify his strength and weakness and help him to choose a good career option.



Field visit to Shri yougpurush dham baudhik vikas school

Date of visit – 28th December

Address of the organization - Shri yougpurush Dham, panchkuiya Road, Indore (M.P.)

About the organization-

Yougpurush Dham is a non-government trust where they are working on disability, free education, training and also provide medical support to all age group for free of cost. They have special educator, psychiatrists, psychologist, physician and they have a team of around 30 members. Around 50-70 children they have who are differently abled, autistic child, and also some having intellectually disability.

Dr. Anita Sharma is the principal of Shri Swami Parmanand Yugpurush Dham Intellectual Development Centre. There are free facilities for home, food and education for destitute and handicapped children. Those destitute children from across the state who have no one in this world live here.

These children from different places are all like brothers and sisters, who have only one mother. In fact, along with studies in school, the name of Dr. Anita Sharma is registered in place of mother on the government records of the children and she is also responsible for their care. Also, she is living with them leaving her real daughters. This has been going on for the last 13 years. Although she has been working for destitute children like this for 17 years, but she was associated with Shri Yug Purushdham 13 years ago.

Objective of the visit –

Our main objective to visit the Yugpurush Dham is to learn and understand what mental disability is and what are the challenges we face when dealing with mentally disabled child and also how can we provide them with better education and learning to make them independent and give them a better life.

The Visit –

When we visited the school Dr. Anita Sharma first introduced herself and then made us visit all the classes and introduced us with the staff and children. The classes were in good condition and have proper ventilation and proper sitting arrangements for the children. There are many types of learning tools and other things through which they teach the children about basic counting and language. They were also using many behaviour modification techniques like reinforcement and punishment for improving their behaviour.

They were also trying to develop a sense of responsibility among the children by giving them small tasks and paying them on a monthly basis for doing those things. The children were so happy while meeting us. At last Dr. Anita Sharma also explained to us positive and negative reinforcement and how we can use them in educational settings specially in the case of mentally challenged children.



Learning Outcomes

- We got to know more about learning disability and the challenges these children face in their life.
- By interacting with Dr. Anita Sharma, we got to what challenges in this field the professional face and how hard but peaceful it is to manage all this.
- How to use different behaviour modification techniques with these kids to improve their life.

Conclusion

From this visit I got to know about learning disability and how to use different behaviour modification techniques to improve their behaviour and teach them new things.

