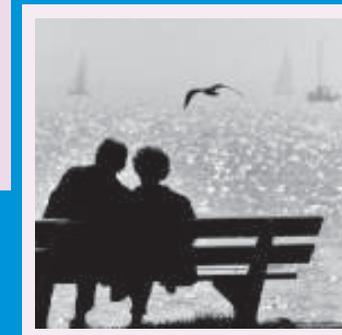
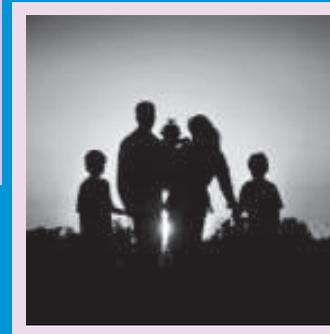


Sangath

2008 ↔ 2010 BIENNIAL REPORT



Empowering
Communities
Through
Affordable
Healthcare.



Sangath

*Sangath's achievements
are possible*

thanks

to our partners and collaborators.



KING'S
College
LONDON
University of London



SANCD
SOUTH ASIA





Sangath

2008 - 2010 BIENNIAL REPORT

*Health is a state of complete physical, mental and social well-being,
and not merely the absence of disease or infirmity.*

~ World Health Organization, 1948 ~

North Goa

841/1, Near Electricity Dept,
Alto Porvorim, Bardez-Goa -India.

contactus@sangath.com

(91-832) 2414916

(91-832) 2417914

(91-832) 2411709

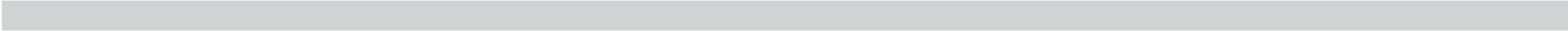
South Goa

H. No.12 72/A, Santemol,
Sonarwaddo, Raia,
Salcette - Goa - India 403 720
youth1stop@gmail.com

(91-832) 2777307

(91-832) 2776716

www.sangath.com



Messages	3	Adolescent and Youth Health	23
Highlights 2008-2010	5	Clinical Services	24
		Community Based Projects	25
		School Health Projects	27
Who We Are		Mental Health	35
		Clinical Services	36
Vision, Mission & Values	7	Impact of Mental Disorders	37
Organisational Structure	8	Improving Care for Mental Disorders	38
Managing Committee	10	Upcoming Projects	48
Service Providers	12	Partnerships	50
What We Do		Training & Workshops	57
Child Development	15	How We Do It	
Clinical Services	16	Administration & Finance	63
Promoting Inclusion	17	Hindi Summary	71
		Vision For the Future	73

Editor: Gracy Andrew

Editorial Board : Gracy Andrew and Tamara D'sa

Contributors: Achira Chatterjee, Abhijeet Nadkarni, Amit Dias, Balesh Hussain, Bhargav Bhat, Charles Caiado, Donna D'souza, Gabrielle D'cruz, Gauri Divan, Madhumita Balaji, Mirja Koschorke, Mohan Charles, Neerja Chowdhary, Pacienia Cardozo, Prachi Khandeparkar, Pranjali Rodrigues, Preethi Nair, Priya Korgaonkar, Rosie Mayston, Satej Divar, Smita Naik, Sulochana Pednekar, Teddy Andrews, Vikram Patel, Vishram Gupte & Vivek Vajratkar.

Hindi Translation: Prabha Sawant & Priya Korgaonkar; **Design:** Lester Fernandes; **Printers:** Rohin Stationers.



Sangath

Greetings from Sangath

Chairperson Vishram Gupte

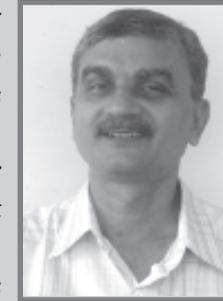
Sangath is fourteen years old today. Its energetic and focused activities say it all in this biennial report. I request all of you to read this report carefully just to know what an NGO dedicated to mental health and family wellbeing can do silently to spread the goodwill network in the community.

Today, when we are holding the fourteenth annual general body meeting, my heart feels mixed emotions of pride and humility. Pride for whatever we have achieved so far; and humility for what remains to be done — and this is quite daunting. We, at Sangath, give you our solemn word that we shall achieve what we had set out to do fourteen years ago. We need your support and cooperation to reach our goal.

Today, Sangath is mentioned fondly in Goan social life. Our meaningful partnership with the local government, business houses, educational institutions and other service organizations has earned us goodwill from all over Goa. Our cutting edge mental health research, socially useful clinical trials and service based school intervention programmes have given us a sense of purpose with firm commitment to the needs of local communities.

In the year 2008, Sangath earned global recognition for its mental health research and intervention programmes. The MacArthur Foundation of the US announced a substantial

award for Sangath. It was for providing creative and effective leadership in the field of mental health. This sumptuous award-money was meant for building a permanent training and office space for Sangath. I am happy to tell you that Sangath has found a suitable house in Porvorim, Goa. We intend to move to this new place shortly.



As you go through this report, please don't forget to read the 'Vision For The Future' Statement, formulated by Dr. Vikram Patel, my colleague in the Managing Committee. The vision captures the essence of our goal and soul. I am sure you will feel excited about the future course of Sangath.

The organizational growth of Sangath is the result of the personal growth of all those professionally trained and skilled eighty women and men - mostly women - who have been giving their best to Sangath ever since it came into existence.

The secret of our steady growth also lies with the wonderful admin team which has been working silently, but relentlessly, to make Sangath what it is today - transparent and efficient.

*I welcome you all to the portals of Sangath.
Happy homecoming!*

MESSAGE



Sangath



Executive Director Gracy Andrew

Dear friends, It is my pleasure to present you this biennial report of Sangath, documenting our work in the past couple of years. I share with you the belief that all of us here are, through varied activities, trying to address the needs of our society through appropriate resources.

This biennial report presents our work during the period addressing community health needs, mental and physical. The varied projects have adopted the approach of trying to identify and then promote appropriate responses within existing community services. It is our belief that in this manner we are making people in the community aware of the various aspects of societal problems, imparting our learning back to the community through the dissemination of information. In evaluating and then implanting appropriate responses within the community we are doing our share in strengthening the community.

In the past two years Sangath has grown and has started spreading it's wings through partnerships with

like - minded organizations from our neighbouring states.

The last year has also been a year of change for the organization. New structures and norms have been put in place gearing the organization's administrative and leadership structures to form a solid base as we reach new heights in the future.

Sangath is also on the brink of starting and developing many new projects.

This report, as always, will provide you with an overview of our work alongside the regular updates and reports of our work online. Our website is in the process of getting a major upgrade with an update of content.

Stay with us on the journey ahead and, together, we will witness even greater achievements as we continue to make a significant difference to people across the world.



VOLUNTEER !

Like all non-government organizations, we at Sangath need volunteers to help us achieve our goals. We have many openings to suit your preference - professional, workshop organizing, administration, fundraising and other areas. So if you feel like using your energy for a good cause, do let us know .

Visit our website, where you can fill the volunteer form online, providing us your educational qualifications, work experience, areas of interests, your reasons for volunteering and other details. Do attach your CV along with a photograph of yourself or send the documents to contactus@sangath.com, and we will get back to you.

Let's together make a positive difference to peoples' healthcare needs.



Achievements: 2008 - 2010

Child Development

- Our clinicians are trained to administer the ADOS and the ADI-R, the gold standard diagnostic tools for autism. Our clinics continued to provide services for children with a range of developmental and behavioural problems.
- Our outreach services have been extended to special schools where we offer specialized therapy, such as sensory integration therapy and advice to families.
- We completed the first systematic study on the experiences of families affected by autism and intellectual disabilities in Goa, with a view to plan community services.
- A large number of heads of schools were sensitised to the importance of inclusion of kids with learning disabilities, and are open to the idea.

Adolescent and Youth Health

- Our Yuva Mitra Project has shown that an integrated community and school based health promotion intervention leads to improvements in a number of youth health outcomes.
- Our school health promotion program, which involves a trained school health counselor, is fully integrated in 10 schools in Goa, 8 of which are in the rural areas.
- We trained 60 staff nurses of the Navodaya schools in counselling skills and

counselling services have been made available to 60 schools around the country.

Mental Health

- We completed the largest evaluation of a lay health worker led intervention for a mental disorder in India; the MANAS trial involved



over 2,700 patients with depression or anxiety in 24 primary care facilities in Goa.

- We launched a new program (COPSI) evaluating a lay health worker led community based intervention for people with schizophrenia in Goa and Satara.

Partnerships

- We have continued as the State Nodal Agency for Goa under the National Trust and strengthened our links with NGOs working in the disability sector.
- We joined a national network of organizations committed to building an

evidence base on the burden, impact and treatment of neuro-developmental disabilities in children.

- Strong links have been built with the Department of Education and the Sarva Shiksha Abhiyan through workshops on child development and disability, for 1000 government primary school teachers.

- We have successfully run two courses: *The Leadership in Mental Health* and *The Development and Evaluation of Complex Health Care Interventions* in collaboration with world renowned institutions. We had a total of 102 participants from diverse backgrounds and nationalities who attended.

- We signed a memorandum of understanding with the Public Health Foundation of India (PHFI) (www.phfi.org) to identify, develop and implement collaborative projects and activities which benefit both parties and became a partner organization of PHFI's South Asia Network for Chronic Diseases.

- Sangath became the nodal centre for designing, managing, and coordinating the Movement for Global Mental Health's website, www.globalmentalhealth.org

Administration

- We have reorganized our management systems and appointed a full-time Executive Director and Senior Administrator.

- Our administrative and accounting systems have gradually become more robust and other NGO's have been coming to us for advice on these matters.

HIGHLIGHTS



Sangath

Who we are



Vision, Mission & Values	7
Organisational Structure	
Overview	8
Structure	9
General Body	9
Managing Committee	10
Service Providers	12

Sangath

Vision



Sangath endeavours to nurture the development and emotional health of children and families.

Mission



Sangath shall work to promote the good health – physical, psychological and social – of children, adolescents and families.
Our primary focus areas are child development, adolescent & youth health, and mental health.

Values



Passion
Performance
Excellence
Team Work
Empathy
Respect
Innovation
Integrity

VISION

PASSION: We are committed to promoting healthcare, especially in the areas of child development, youth health and mental health.

PERFORMANCE: We strive to achieve measurable goals and provide sustainable solutions that meet people's healthcare needs.

EXCELLENCE: We ensure that technology and professionalism, backed by efficient management systems, delivers world class research as well as clinical and community mental health services.

TEAM WORK: Our strength lies in our belief in the collective, that team work creates a synergy that allows for the impossible to become possible.



EMPATHY: We are driven by empathy, an indispensable tool in our approach to dealing with people's mental health needs.

RESPECT: We value the traditions and cultures of people, and the ideas and perspectives of all our employees.

INNOVATION: We stimulate ourselves to be creative, unlearn the outdated, learn the new, and to share knowledge to challenge social and organizational problems.

INTEGRITY: We are committed to ethical practices, transparency and accountability in all our functioning as a non-partisan organization free of political influence.



Sangath

OVERVIEW



Sangath Society for Child Development & Family Guidance is a registered non-profit organization established in 1996, through the voluntary contributions of its seven founder-members. Since then it has come a long way.

Its mission is to nurture the developmental and emotional health of children, adolescents and families.

Sangath promotes good health in all aspects, along the entire life span, empowering existing community resources to provide appropriate health interventions – physical, psychological and social.

Sangath strives to empower families to provide for the physical and developmental needs of their children. The philosophy is simple – community health issues are linked to one another and multi-disciplinary responses are the most appropriate.

Over the last fourteen years, Sangath

has become an NGO of local, national and international impact. We have more than eighty persons on contract. Sangath's core activities span across three main program areas – Child Development, Adolescent and Youth Health, and Mental Health.

Each of these programs includes clinical and / or community services, research, partnerships and training. A key element is developing health care packages, deliverable through existing, low-cost, community resources that strengthens existing services – state and private – and

closes the treatment gap for mental disorders.

Integrating mental health within existing health care systems is the most cost-effective and sustainable way of achieving this goal.

All our work is collaborative and in partnerships with various government and non-government bodies. Our experience over the years is now gradually extending into a number of training programs, which in turn helps us towards sustaining the organization. ■

→ 	→ 	→ 	→ 	→ 
Pre-natal	Child	Adolescent	Adult	Elderly
Post-Natal Depression	Developmental disabilities	School based health promotion	Depression	Chronic non-communicable diseases (dementia, depression, cardio-vascular diseases, etc.)
Early child development	Child mental disorders	Adolescent mental disorders	Schizophrenia Alcohol abuse	
L I F E C O U R S E				



Sangath

Sangath's organisational structure is designed to facilitate integrating its people, information and technology with its goals of public health.

Registered under the Societies Act of 1860 as an NGO, Sangath consists of a proven organisational structure mandated to NGOs: a) The General Body
b) The Managing Committee.



General Body

The General Body (GB) is the supreme authority to decide on laws of governance and policies of Sangath.

As on 1 April 2010, Sangath's GB comprised 30 members. The General Body is drawn from members of the local community who are concerned with public health and other social issues.

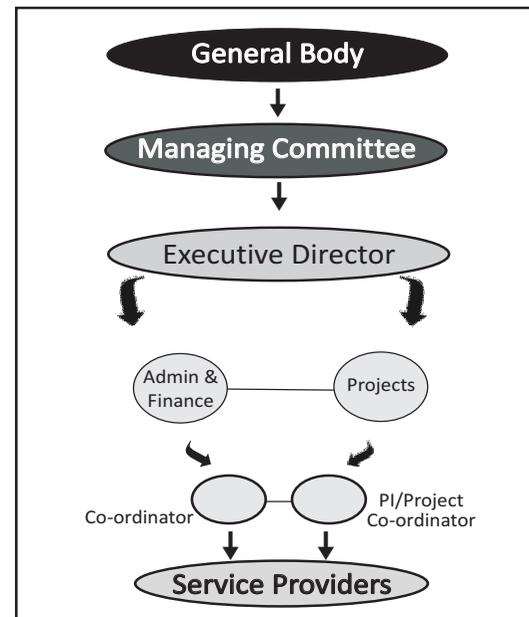
The GB elects the 7 members of the Managing Committee every two years. Important decisions are taken based on majority voting during the annual GB meeting.

Some of the decisions that are taken by the GB are to amend / alter the rules and regulations of the society, receive and adopt the annual auditor's statement of accounts and the annual report.

Managing Committee

The Managing Committee (MC), which meets at least six times a year, looks into the day-to-day affairs of the organization.

The final responsibility for execution of all projects, financial accountability and overall management of the institution rests with the MC. The MC also has the role of guiding policy and sustainability issues. It is the MC that nominates new members to be invited to join the GB.



The projects are reviewed on the basis of monthly reports sent by the project coordinators. The managing committee and project coordinators meet twice a year to review the progress of all programs. MC members also attend important project events as and when possible. ■

Sangath's General Body

Achira Chatterjee, Dr. Amit Dias, Dr. Animish Chawan, Ashwin Tombat, Anita Mathew, Edna Souza, Dr. Gauri Divan, Gracy Andrew, Dr. Hamid Dabolkar, Isabel Santa Rita Vas, Kalpana Joshi, Ketki Khanolkar, Dr. Mrinalini Sahasrabhojane, Nazneen Sarosh Rebello, Dr. Neerja Chowdhary, Dr. Nishtha Desai, Pacienca Cardozo, Prachi Khandeparkar, Dr. Pradeep Padwal, Prasad Nevrekar, Prashanti Talpankar, Ramchandra Garde, Dr. S. Ramaswamy, Dr. Sheela Gupte, Smita Naik, Dr. Sudipto Chatterjee, Teddy Andrews, Prof Vikram Patel, Vishram Gupte & Fr. Zeferino D'Souza.



Sangath



Sangath's Managing Committee

Chairperson

Vishram Gupte

Vishram Gupte is a double graduate, one in commerce and another in legislative law. He has also acquired a Master's degree in Philosophy.

He is a creative writer, having produced two novels, one of which has bagged two prestigious awards of the State of Maharashtra in India.

He has one award-winning Marathi translation to his credit.

Vishram has permanently settled in Goa with his gynecologist wife and two sons, both of whom are avid nature lovers.



Vice-Chairperson

Nazneen Sarosh Rebelo

Nazneen Sarosh-Rebello, a founder member of Sangath, started her career here at Sangath as a speech & language therapist, working with children with speech and language delays and in particular, autism.



Although no longer practicing as a therapist, her concern for healthcare issues has her serving on the managing committee.

Treasurer

Amit Dias

Dr. Amit Dias is an epidemiologist who has also specialized in geriatrics and infectious disease.

He is currently a lecturer in the department of Preventive and Social Medicine at the Goa Medical College.

He is also the chairperson of Sangath's Institutional Review Board. He recently received the prestigious Fondation Médéric Alzheimer and Alzheimer Disease International Award for the best evidence based research on interventions for people with dementia.

Secretary (till 14 Jan' 2010)

Gracy Andrew

Gracy Andrew, secretary of Sangath till January 2010, is a clinical psychologist by profession and has been associated with Sangath since 1997.



She has worked extensively in the area of adolescent health and was the moving force behind setting up Sangath's South Goa branch in Raia.

She was the secretary and a past chairperson of Sangath and for a number of years, she headed the adolescent and family program in Sangath.

Presently, she works as a consultant on various projects within the organization and with other organizations in the country, conducting training programs and designing qualitative studies. She was recently appointed the Executive Director of Sangath from February 2010.

She is also one of the core resource persons on ethics in social science research and has been part of several national courses that are organized by ICMR, New Delhi.

She is a mother of two adolescents (14 & 18 yrs) and that, she finds, is the most challenging and exciting of all the various roles that she plays in life.



INTERNSHIPS



Interning with Sangath allows for an exchange of skills that enables you to learn as well as contribute to this cause.

The internship program is designed in such a way that you, as an intern, can choose the area most suitable for you to work in. The organization will in turn develop and strengthen your skills in that particular area. We at Sangath assure you that your internship here will be a very enriching experience.

For more information visit our website www.sangath.com.

You can also fill the internship form online. Kindly attach your CV along with a photograph of yourself or send the documents to contactus@sangath.com.

Sangath's Managing Committee

Joint Secretary

Mrinalini Sahasrabhojane

Dr Mrinalini Sahasrabhojane is a gynecologist practising and lecturing at the Goa Medical College hospital in Bambolim, Goa in the Department of Obstetrics and Gynecology.



Despite her busy schedule she makes time to offer her valued services to the organisation as she believes in the positive difference that Sangath is making in the community.

She has been the joint secretary of the Sangath managing committee since July 2008.

Member

Vikram Patel

Vikram Patel is a psychiatrist and professor of International Mental Health and Wellcome Trust Senior Clinical Research Fellow at the London School of Hygiene & Tropical Medicine.



He is a founder and past chairperson of Sangath, and barring a gap of six months, has been a member of its managing committee since it was started in 1996.

He has a number of publications to his credit including scientific papers, book chapters as well as a book.

He was an editor of the recent Lancet Series on Global Mental Health (2007) and is the editor of a forthcoming Lancet Series on Health for All in India.

Member

Ashwin Tombat

Ashwin Tombat is a journalist, researcher and writer with a background in student activism, street theatre and outdoor pursuits.



He has been editor of two major English dailies and a monthly magazine in Goa over the last 20 years.

He is an office bearer on the managing committee of Children's Rights in Goa (CRG), as well as the Goa Yachting Association (GYA) and the Goa state unit of the Youth Hostels Association of India (YHAI).

He joined the Sangath managing committee in July 2008. ■

THE
M
C



Sangath



Sangath's Service Providers: April 2008 - March 2010

ADMINISTRATION



Coordinators

Charles Caiado
Gracy Andrew
Pranjali Rodrigues
Sarvesh Tamoskar
Shamim Mohammad
Smita Naik
Schini Banerjee
Tamar a D 'Sa
Yvonne Goncalves

Service Providers

Amit Naik
Anuja Banaulikar
Balesh Hussain
Binodini Ekka
Delilah Soares
Era Fernandes
Johnny D'Souza
Mala Jamuni
Nheha Gomes
Nilesh Hegde
Parvin Fernandes

Pushpa Barla
Sonali Mane

CHILD DEVELOPMENT



Coordinators

Gauri Divan
Girish Sawaikar
Paciencia Carbozo
Prachi Khandeparkar
Virek Vajratkar

Service Providers

Alina Fernandes
Anjali Barreto
Anna Pereira
Bhagwan Gawde
Bhakti Sawant
Deepti Parab
Delilah Soares
Gargi Sinha
Gauri Divan
Gauri Parsekar
Jeunesse Fernandes
Nadia Fernandes
Queency D Costa
Rainda Fernandes

Rasika Deshpande
Rati Natekar
Rinky Porienkar
Rupali Verlekar
Shaheen Sayyed
Soniya Phadte
Swati Chawan
Vandana Chopra

ADOLESCENT AND YOUTH HEALTH



Coordinators

Achira Chatterjee
Donna D'Souza
Gracy Andrew
Prachi Khandeparkar
Satej Dhiwar

Service Providers

Akhija Tai
Alpana Sanvordekar
Anna Pereira
Aurora Costa
Avila Dias
Avita Dias
Bhargav Bhat
Deepti Parab

Dolcie Pereira
Gauravi Shirodkar
Gulabi Kerkar
Lalan Madkaikar
Luiza Lobo
Mabel Pereira
Manguesh Gaonkar
Mercy Godinho
Nazir Allikati
Paciencia Carbozo
Pieona D'Souza
Preetam Barros
Queency D Costa
Rajeshree Tipugade
Sadhana Pilgaonkar
Sandra Travasso
Savita Velip
Sayukta Govekar
Seema Govekar
Shankar Sawant
Shilpa Majik
Sulaksha Gawas
Suraj Parab
Tereza D'Souza



visit the new
www.sangath.com

IN MEMORIA



Sangath has lost one of its most loyal and outstanding members, **Chandrakant Mhambrey**, who passed away on 26 July, 2010. He was unique in many ways, not least his amazing talent for communicating with community audiences and his great humility and modesty.

Mr. Mhambrey joined Sangath in 2005 and during his years in Sangath, working across a number of projects, became a role model to us all with his impeccable work ethic. We will miss his kindness and warm personality. He was a staunch supporter of our vision and his death is a grievous loss to Sangath.

We will always remember him with fondness and respect.

Sangath's Service Providers: April 2008 - March 2010

MENTAL HEALTH



Coordinators

Bhargav Bhat
Madhumitha Balaji
Mirja Koschorke
Neerja Chowdhary
Pratheesh Kumar
Rosie Mayston
Smita Naik
Sulochana Pednekar

Service Providers

Abhija Teli
Albina Gonsalves
Anarkali Shirodkar
Annette Gomes
Anthony Lobo
Anupama Bhagwat Naik
Arti Rajan
Aslesha Satoskar
Avinash Naik
Basvaraj Katti
Bernadette Pereira
Bindiya Chodankar
Chandrakant Mhambrey
Chetana Motghare

Deelip Gaonkar
Deepak Vernekar
Deepti Parab
Dinesh Velip
Durga Mehta
Esmeralda Rego
Ethel D'Souza
Gauravi Shirodkar
Gulabi Kerkar
Hanumanta Kumbhar
Hilarina D Costa
Jesina Pereira
Kamini Fadte
Kishori Mandrekar
Leena Rahul
Lourdes Alvares
Luiza Lobo
Mabel Pereira
Manisha Salgaonkar
Maria Fatima Gomes
Medha Bhate
Melba Pinto
Namrata Pagi
Pradnya Umarye
Preethy Nair
Priti Girap
Priya Korgaonkar
Rachel Andrade
Rakhee Pagi
Rakesh Kumar
Rakshali Tamoskar
Rashmi Bhandare
Robert Teles

Roslyn D'Mello
Samita Tamboskar
Sampada Prabhudessai
Santoshi Korgaonkar
Seema Kanolkar
Shama Sayed
Shruti Salgaonkar
Shweta Mule
Supriya Harmalkar
Teresa D'Sa
Trupti Naik
Trupti Palekar
Trupti Patil
Trupti Sawant
Vandana Meft
Veena Kudav
Vividha Kerkar
Vinita Verlekar

PARTNERSHIP

Coordinators

Achira Chatterjee
Paciencia Cardozo
Prachi Khandeparkar
Preetam Barros
Preethy Nair
Smita Naik
Sulochana Pednekar

Service Providers

Delilah Soares
Rakesh Kumar J.

SERVICE PROVIDERS



What we do



Child Development		Mental Health	35
Clinical Services	16	Clinical Services	36
Promoting Inclusion	17	Impact of Mental Disorders	37
Adolescent and Youth Health	23	Improving Care for Mental Disorders	38
Clinical Services	24	Upcoming Projects	48
Community Based Projects	25	Partnerships	50
School Health Projects	27	Training & Workshops	57

Child Development

- Clinical services 16
- Promoting Inclusion
 - Let Everyone Learn (LEL) 18
 - Developing Inclusion in Anganwadis (DIA) 19
 - Saathi 20
 - Prayas 20
 - Autism Research Training and Initiative in India (ARTI) 21



Sangath

Sangath's services are available by children of all ages at its centres in north and south Goa. Most referrals are from schools, a common complaint being about children



SIXTEEN-YEAR-OLD SHARAD (name changed) carried a diagnosis of **High Functioning Autism** when he consulted at Sangath. His parents came for

advice regarding his behavioural problems at school - a lack of friends and confrontations with school staff and classmates.

His parents were made aware of socialisation challenges that children and young adults on the high end of the spectrum experience, which include difficulties with communicating their thoughts and feelings appropriately to their peers and having fixed areas of interest which can annoy others.

The clinicians administered the ADOS and confirmed communication difficulties, leading to specific advice for the parents to help Sharad practice ways to conduct conversations with friends. Assistance to the parents and school visits to teachers helped Sharad acquire better communication skills and feel happier in his school environment.

not coping with the curriculum. Other referrals are from parents worried about their child's behaviour.

The most common diagnosis are - slow learners, specific learning difficulties, behaviour problems, developmental disabilities (including autism spectrum disorders) and sensory processing disorders.

We also see children with neuropsychiatric problems such as obsessive compulsive disorders and anxiety disorders.

Sangath clinicians have been trained in the administration of the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview (ADI) and now use these gold standard tools for diagnostic purposes in the clinic.

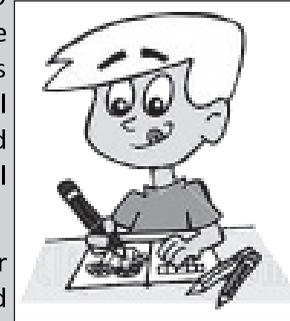
Children attending the clinic get a developmental assessment and appropriate psycho-educational assessments with advice for scholastic improvement.

The clinicians liaise with the school teachers to identify ways of including children with learning difficulties in mainstream schooling.

Behavioural interventions for neuropsychiatric disorders are provided where appropriate.

An occupational therapist provides sensory integration treatment to children in the clinic and in the resource rooms. ■

SIX-YEAR-OLD ASHISH (name changed) was born of a normal delivery and had an uneventful early childhood.



His mother noticed he had started walking

late, as compared to his younger four-year-old sister and now had a problem in climbing stairs, walking on uneven surface, jumping or even catching ball.

Ashish seemed to dislike certain routine activities like cutting his hair and fingernails and these instances ended up in a huge family drama. At home he was always running around, finding it difficult to sit in one place. He faced difficulties with buttoning his school uniform, lacing his shoes or holding a pencil.

An assessment by the occupational therapist identified his problems as proprioceptive hyposensitivity, tactile hypersensitivity, bilateral integration difficulty and fine motor difficulty.

Ashish was given a plan, which included massage, joint compression and weight bearing exercises to help him be aware of the position of his body at all times. He was also encouraged to do a set of craft activities that would strengthen his hands and give them flexibility.

The LEL Project



Today's competitive world with many aspirations and few opportunities sees the general trend of education being reduced to rote learning and competitive tuitions, dissuading the necessity of understanding basic concepts.

Many children cannot compete at this level for reasons that range from learning disabilities to a mismatch with the teaching environment. The **Let Everyone Learn (LEL) Project** was set up to help these children.

What We Did

The project aimed at generating awareness about children with learning difficulties, the need for inclusive education in schools, and assisting schools in setting up resource rooms and developing flexible curriculums.

Project Summary

Funder: Sir Dorabji Tata Trust, Mumbai

Duration: April 2006 – March 2009

Collaborators: Goa Board of Secondary and Higher Secondary Education, Rehabilitation Council of India, Jana Shiksha Sansthan and Disability Rights Association of Goa.

Objectives: ● To develop an inclusive curriculum based on minimum levels of learning for children from Std. 5 to Std 7 in English, Science, History and Geography.

- To create model resource rooms in main stream schools using an inclusive curriculum
- To create awareness about learning difficulties amongst teachers, educationists, parents, policy makers and other stakeholders



As part of the LEL objective of reaching out to children with learning difficulties, the team addressed over 1,500 school and resource room teachers, parents, principals, parent teacher associations, representatives of other NGOs as well as medical, nursing and home science students. Based on their response, fifteen schools were shortlisted for the intervention.

Various workshops were conducted for the teachers where they were trained on methods of dealing with children with learning difficulties. They were also introduced to alternate teaching methodologies that incorporate concept focus using multi-sensory techniques and phonics.

Sangath in collaboration with Sarva Shiksha Abhiyan also conducted the Rehabilitation Council of India – foundation course on education of children with disabilities for 40 mainstream teachers from regular and special schools.

Following the workshops and training programmes, various models of inclusion were tried. These involved both separate resource rooms for children with learning difficulties and a classroom model of inclusion, wherein resource room teachers gave their inputs within the regular classroom, working closely with the mainstream teacher.

LEL



Sangath

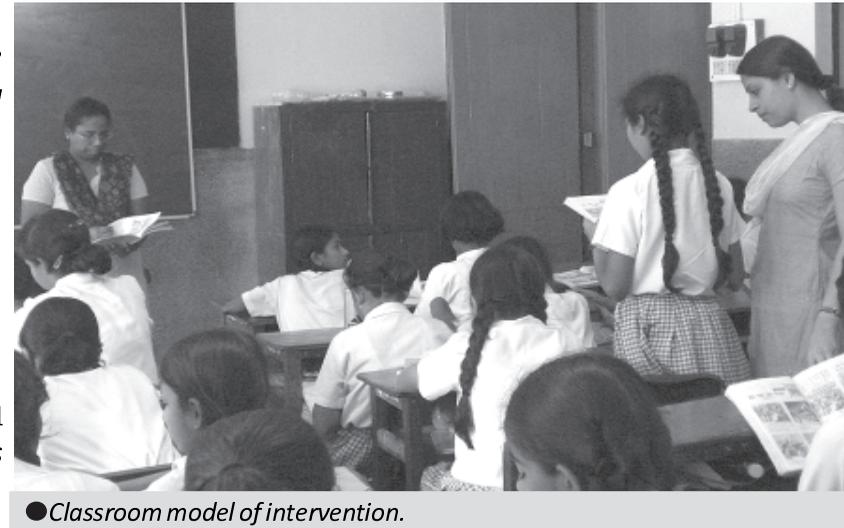
These are some of the intervention strategies which were used:

- Multisensory methods of teaching with a focus on concept understanding rather than rote learning.
- Language immersion program in nine schools where the children were encouraged to develop their skills in the English language. This was in the form of a structured five-day interactive program made learning fun, with activities like visits to the museum and a spice garden.
- 'Book Treasury' where a local children's library 'Bookworm' lent books to participating schools on a monthly basis bringing a notable change to children's attitude to reading.
- CDs were developed by the team to demonstrate how lessons from regular school textbooks could be taught through games, puzzles and power point presentations.
- The schools were encouraged to adopt alternate evaluation strategies for children with learning difficulties. The evaluation focused on assessing the level of understanding of the concepts.
- We initiated vocational training, and networked with Jana Shiksha Sanshan (JSS) for technical inputs for courses in plumbing, soft toy making, crochet and screen-printing for classes VII and VIII.



Our publication *Initiating Resource Rooms in Goa* provides a guide to setting up resource rooms funded by the government under the Goa special needs scheme for inclusive education.

We also published *Learning Problems and Remediation*, a booklet on different learning disabilities and general remedial techniques for teachers.



● Classroom model of intervention.

Impact

Sangath worked very closely with the government to advocate for the requirements of children with special needs. As a result, the Goa government formally launched the scheme for granting concessions to students with special needs from classes I to XII, including curriculum evaluation and adaptation for children with autism, mental retardation, multiple and temporary disability.

The concessions for specific learning disability have now been sanctioned for classes I-VII.

The "Goa special needs scheme" provides schools financial assistance to establish resource rooms. Evaluation of the project indicated considerable academic improvement in the children that were part of the program. ■



● Using creative activities to promote learning.

The DIA Project

Child development research has established that the rate of human learning and development is most rapid in preschool years.

The timing of any intervention becomes particularly important when a child runs the risk of missing the opportunity to learn in a state of maximum readiness. If the stages of greatest readiness are not taken advantage of, a child may have difficulty in learning a particular skill at a later time.

What We Did

The **Developing Inclusion in Anganwadis (DIA)** project, which started in 2007 in Ponda taluka, and concluded in May 2008, explored the acceptability of implementing the Portage model through the Anganwadi network to promote development of children aged 0 – 6 years, in Goa.

The Portage curriculum views each child as having his/her own developmental trajectory.

It is a guide to early childhood care and development, an early intervention and stimulation program strategy for all children, flexible to include even children with disabilities in the 0-6 age group. During this project the Konkani language version of the Portage program was

Project Summary

Funder: Confederation of Indian Industry, Goa

Duration: February 2007 – May 2008

Objective: To pilot the acceptability and feasibility of using the Portage Program of early child care and education in the Integrated Child Development System (ICDS) through the Anganwadis in one taluka of Goa.

developed and field tested with one hundred and twenty anganwadi workers in Ponda taluka. They were also taught the red flags for common childhood disabilities along with the skills to provide simple home based early interventions.

A number of health camps were organized and networks were established for

future work with children with disabilities.

Impact

The approach adopted by this study provided the Anganwadi Worker (AWW) the flexibility to let all children, including those with special needs and disabilities, acquire skills at their own pace.

Through the program they could identify children with special needs and also advise parents on use of simple activities for early intervention. ■



● Children are quick learners in preschool days.

DIA





The SAATHI Project

Emotional growth of children with special needs is a neglected area, with special schools generally focusing on building basic academic or self help skills.

Teachers are often not equipped to cater to the emotional needs of these children or their families, nor are they always able to handle the behaviour problems commonly encountered.

What We Did

The SAATHI Project worked with three special schools in Goa, focusing on building the capacities of teachers and parents. The project introduced the first module of the Zippy's Friends program to develop emotional wellbeing in their children.

We ran workshops on a range of topics: behaviour modification, individualized educational program, health and hygiene, basic remediation and communication skills. Lectures and workshops were conducted for parents and professionals by internationally reputed healthcare experts:

*Dr. Jack Piachaud, Psychiatrist, UK, spoke to parents on understanding the future of a child with disability

*Dr. Marc Neimroff, Psychotherapist, US; Asha Dutia, Psychotherapist, India, held

Project Summary

Funder: Mr. Vishal Saluja, USA.

Duration: January 2008 - June 2009

Collaborating Schools: Keshav Seva Sadhana, Bicholim; Disha Special School, Panaji; School for Appropriate Learning, Panaji,

Objective: To work with the staff and parents of children with disabilities studying in special schools with a focus on developing the children's potential and fostering emotional growth.



two sessions on 'Children and Trauma' and 'Asperger Syndrome' for parents, teachers and professionals.

Impact

Through the project, teachers and parents acquired skills in dealing with behavior and emotional problems among children with special needs, especially the needs of young adults with disability. ■

The PRAYAS Project

Funder: Erasch and Roshan Sadri Foundation, UK.

Duration: August 2009 - July 2010

Collaborators: VidyaSagar, Chennai; South Education Zone, Margao.

Objective: To promote holistic teaching and inclusive practices in mainstream schools.

The essence of inclusion is feeling comfortable with what or who we are. An inclusive school environment fosters this feeling among all children. It is an environment where all children feel accepted and valued irrespective of what they can or cannot do. Barriers such as religion, socio-economic status, ability or disability have no place in such a setting.

What We Did

The project aimed to create a teaching community sensitive to the needs of all children. Through the Prayas project, teachers in the mainstream school system were equipped with skills on how to include children with diverse learning needs.

The project developed a teacher training package that focused on having teachers understand holistic development in children, accepting individual differences and difficulties that account for scholastic

underperformance.

The training highlighted the different areas of development and the learning process, differences in the manner of learning and reasons underlying learning difficulties.

We looked at integrating theoretical aspects with curriculum delivery and emphasized the need for schools (the management, teachers and parents) to work as a community.

The project was implemented in close collaboration with the South Education Zone in four schools of south Goa and trained sixty teachers in over fifty sessions.



● Teachers training workshop.



● Role play at teachers' workshop

Impact

The Assistant Director, South Education Zone, has requested more teachers, especially from government school to be trained in the coming academic year.

We are hoping to extend the project so that more schools in both north and south Goa benefit from these innovative and effective learning initiatives. ■

Teachers' Feedback

"It helped me get over stage fear."

- Pope John Paul High School,
Quepem

*"Such on-the-job trainings
help in clarifying doubts
immediately."*

- Our Lady of Desterro High School,



The ARTI Project

Funder: Autism Speaks, USA.

Duration: March 2009–February 2012

Collaborators: Dr. Shoba Srinath, Professor of Child Psychiatry, National Institute of Mental Health & Neuroscience, Bangalore; Dr. Vibha Krishnamurthy, Director, UMEED, Mumbai; Dr. Sunanda Kolli, Director, Care-Nidhi, New Delhi; Giselle Lobo & Varsha Desai, Jyot, Goa; Prof. Anthony Bailey, University of Oxford, UK; Miraj Desai, Fordham University, USA.

Objectives: ● To describe the explanatory models of Autism Spectrum Disorders (ASD).

● To estimate the prevalence, determinants and needs of families affected by ASD.

Autism is a developmental disorder of childhood which affects how individuals communicate or relate to others and respond to surroundings.

Western prevalence studies have estimated that one in every 150 children have Autism Spectrum Disorder (ASD). This makes it the third most common developmental disorder after mental retardation and cerebral palsy. Sangath has been assessing and managing children in the autism spectrum since its inception.



What We Did

Autism is not commonly known or recognized in the community. Affected children are often labelled as mentally challenged. The first year used qualitative methods to explore the understanding of stakeholders on ASD and the actual experience of families with a child with autism.

In-depth interviews and focus group discussions were held with parents of children with ASD, doctors, special educators, teachers, lay people and government officials. It explored their views on autism and the needs and experiences of families with children with autism.

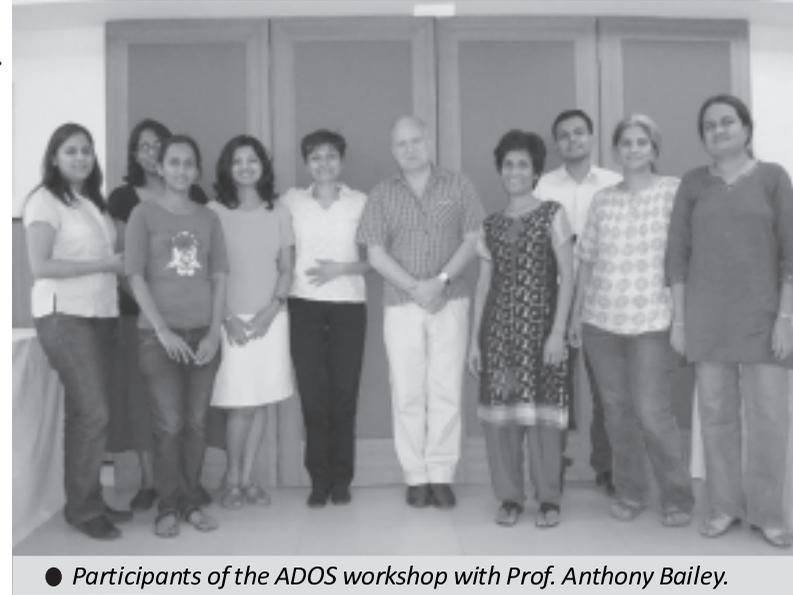
The data is presently being analysed. The



● An ARTI indepth interview.

ARTI team was trained in December 2009, by Prof. Anthony Bailey, to administer the Autism Diagnostic Observation Schedule (ADOS), the gold standard tool for the diagnosis of Autism, a first for Goa.

Team members also attended Autism Diagnostic Interview (ADI-R) Training and a Clinical Neuropsychiatric training in Bangalore March 21



● Participants of the ADOS workshop with Prof. Anthony Bailey.

On World Autism Awareness Day (2nd April), articles were written and a radio interview organized to raise awareness about these disorders.

The team has also been actively organizing programs for the parents of children with ASD and supporting local collaborators like the Jyot Special School, Margao, the Jyot parent support group and other resource rooms and special schools in Goa through outreach services.

Impact

The ARTI team has been networking with the INCLEN (International Clinical

Epidemiological Network) group in New Delhi for the epidemiological phase of the study.

The project has today grown into being part of a multi-centre study in several regions in India.

This survey will look at the prevalence of ten neurodevelopment disorders - including ASD.

As ASD requires various interventions such as speech therapy, behaviour modification therapy and sensory integration therapy, we hope to develop appropriate care packages tailored to the individual child based on best evidence and practice. ■

Adolescent and Youth Health

- Clinical services 24
- Community based project
 - Yuva Mitr 25
- School Health Projects
 - School Health Promotion and Empowerment (SHAPE) 27
 - Manthan 29
 - Prayatna 30
 - Gender Equity Movement in Schools (GEMS) 31
 - Childrens Resiliency Program(CRP) 32
 - Mentorship Program 33



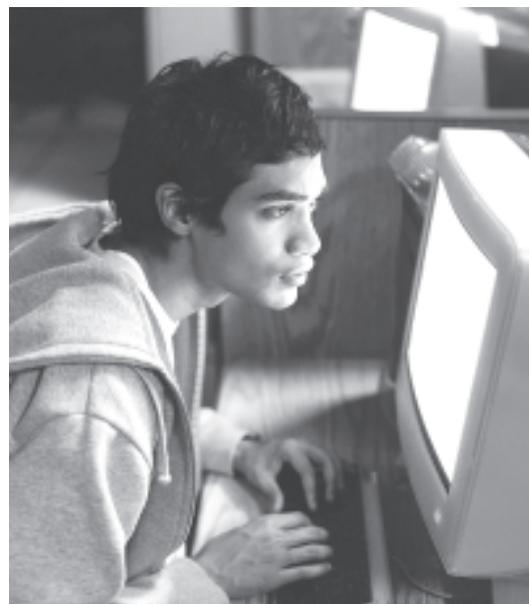
Sangath

Sangath's youth and adolescent clinics cater to the needs of adolescents being brought by parents or as referrals by schools.

Problems include difficulties with studies to frank mental disorder like obsessive compulsive disorders and depression.

Treatment ranges from the problem solving approach to more complex therapies, such as cognitive behaviour therapy and inter-personal therapy.

In the year 2008 - 09, our senior clinical psychologist provided a weekly counselling service to students at the Stt.



● adolescent undergoing IAM.

Parvathibai Chowgule College, in Margao.

A much appreciated service is the aptitude testing and career guidance provided by our centre in south Goa.

A computerized Intelligence Aptitude Measurement (IAM) test is used to measure abilities and orientation of students from grades 10 to 12. The results

generated are used to provide students career counselling supplemented by information available in our library and database.

Most students avail of the service in the months of April and May and expressed that the career guidance service helped them understand themselves better ■

KEVIN (named changed), a teenager, was brought to the clinic by his parents with the complaint that he had been playing truant and had failed in his tests.

He was in Std. XI and they knew he had a relationship with a girl. He did not confide in them.

Reluctant to talk in the beginning, Kevin slowly opened up and spoke of getting involved with an older girl from Std. XII.

Two months earlier he realized that she was seeing another boy at the same time and 'broke off' the relationship. Feeling very upset, he began smoking and drinking with a group of boys who organised regular parties.

His parents were unaware of this. He realized his studies were getting affected, but he was not sure how to get back. He had lost a number of his more 'serious friends'.



Counselling involved helping Kevin deal with his break-up, set goals for himself, start attending classes and gradually build relationships with his classmates who were serious about studies.

It involved dealing with pressure from peers he had befriended earlier and with whom he used to drink and smoke. Kevin's smoking habit was tackled and he started attending classes regularly. He met the counsellor for four face-to-face sessions with four follow-up sessions over the telephone.

Sangath has spent a number of years on researching the needs of young people – for example a study on the health concerns of adolescents among higher secondary school students, a community based cohort study that followed up adolescents over a period of 18 months.

Findings from these projects and Sangath's clinical experience made us realise the need to develop an intervention package catering to various health needs under one umbrella – addressing several health outcomes and their risk factors simultaneously.



The Yuva Mitr Project

The need to involve the community at large in its development and implementation led to the Yuva Mitr project that employed a unique population-based perspective in three major ways: 1) it catered to all youth living in a specified geographical area using community based resources; 2) it employed multiple strategies in its intervention delivery, taking into consideration socio-cultural factors, and 3) it focused on a range of inter-related outcomes.

Project Summary

Funder: John T & Catherine D MacArthur Foundation, USA.

Duration: January 2005 – August 2008

Collaborating Agency: Centre for Studies in Ethics and Rights, Mumbai

Objective: To design, implement and evaluate a community based intervention program for promoting health and wellbeing of youth aged 16 – 24 years in four communities in Goa.

What We Did

The intervention was designed through consultative meetings at national and state levels, studying other programs successfully employed for youth health across India. The intervention laid emphasis on building the capacity of existing community resources. Three main intervention components developed were – peer education programme, teachers' training programme, and provision of Information, Education and Communication (IEC).

The peer education programme involved selection and training of peer leaders among youth who were then responsible for delivering the intervention to other youth in their communities.

The teachers' training programme was implemented in a number of educational

YUVA MITR



Sangath

institutions and consisted mainly of training teachers to play a supportive role to the peer leaders in their intervention delivery.

Information on health and related topics was distributed to all youth, through handouts and display of posters at prominent locations.

The interventions covered were:

- Reproductive and Sexual Health (RSH), anatomy and physiology of reproductive systems, puberty and associated physiological changes, menstrual hygiene, sexual orientation, sexually transmitted diseases and HIV/AIDS
- Mental health: stress, suicide and substance use
- Education and careers: Study skills, making career choices
- Life skills: Assertive communication, conflict resolution, anger management and decision-making

The intervention was evaluated through an exploratory trial. A pair of communities in rural and in urban areas in South Goa district were chosen; and one community in each pair was randomly assigned to receive the intervention. The evaluation focused on two main aspects: the



acceptability, feasibility and outputs of the intervention and secondly, an evaluation of its effectiveness.

Baseline and end line surveys were conducted before and after the intervention in all four communities. After the end line survey, the interventions were provided to the communities that did not receive the interventions in the first year.

Outcomes of the evaluation:

- The communities that received intervention performed significantly better than the communities that did not.
- We found a reduction in the perpetration of physical violence and

probable depression among the youth in both rural and urban communities.

- The knowledge and attitude towards reproductive and sexual health concerns have improved among youth.
- The rural youth showed changes in knowledge and attitude in emotional health and substance use and demonstrated positive changes in help seeking for RSH complaints and reduction in menstrual problems.
- The urban youth showed reduction in substance use, suicidal behaviour, experience of sexual abuse, complaints of penile discharge and vaginal symptoms.

Impact

The YuvaMitr experience led us to refocus our youth health interventions. The main learning from this project was that health promotion programmes are likely to be more feasible, effective and sustainable in school settings compared to community settings and the intervention should be supported by a sustainable human resource and partner with existing stakeholders.

This has led to the SHAPE program that is described next. Through the YuvaMitr project we developed a number of resources and manuals which are now being used in the SHAPE program. ■

The SHAPE PROGRAM

Promoting adolescent health has occupied an increasingly prominent place in India's national health and development priorities and schools have been identified as a critical location for health promotion intervention in these policies.

Some of the sensitive concerns, like sexual health and violence, need multiple strategies such as structural interventions for the whole school (e.g. an anti-bullying policy), group interventions (e.g. class based life skills) and individual interventions for selected individuals at high risk.

There has also been an increased focus on providing counselling as one of the core components of implementing youth-friendly health services in schools.



● School Health Counsellor Workshop.

Project Summary

Funder: John T and Catherine D Mac Arthur Foundation, USA

Duration: August 2008– July 2012

Collaborators: Archdiocesan Board of Education; Goa Medical College; Goa College of Home Science; Society for Education, Action and Research – Maharashtra; HOPE – New Delhi; Jawahar Navodaya Vidyalaya schools and Ministry of Human Resources Development – New Delhi; South Asia Network for Chronic Disease /Public Health Foundation of India – New Delhi, London School of Hygiene and Tropical Medicine – UK; International Centre for Research on Women – USA/India; CorStone Foundation-USA; Centre for Child and Adolescent Health – Royal Children's Hospital – Melbourne, Australia.

Objective: ● To develop and evaluate a life course, integrated approach to school based interventions.

● To establish a resource centre for school based programs for promoting young people's health.

Sangath has been working in the area of school health for the past fourteen years and SHAPE is an umbrella program that



● Workshop on substance abuse.

covers all our school based projects: MANTHAN, PRAYATNA and CORSTONE.

Each, funded by different agencies, has a common objective – the promotion of health and well-being among secondary school students.

The SHAPE program has various resource persons to deliver the intervention. It has School Health Counsellors (SHAPE and MANIHAN school based projects in Goa), staff nurses (PRAYATNA project based in Jawahar Navodaya Vidyalaya schools from the Chandigarh and Pune region) and teachers (CORSTONE project based in HOPE school, Delhi).

What We Did

The SHAPE program is implemented in three strategies:

STRATEGY – 1: *To develop and pilot a package of school based interventions promoting young people's health and scaling up the package in Goa.*

SHAPE PROGRAM



Sangath



SHAPE is based on WHO's Health Promoting Schools (HPS) model, which strives to provide a safe and healthy environment in schools, engage all concerned stakeholders and promote adoption of health promotion policies and practices.

Eleven School Health Counsellors (SHCs) have been trained and placed in the four schools of the SHAPE program and five schools of the MANIHAN project.

The SHAPE schools are under the aegis of the Archdiocesan Board and the St Joseph's Boys Home Society, with two schools in the coastal belt in the north and two in the mining belt in the south of Goa. The MANIHAN schools are located in the mining belt of Bicholim in north Goa.

The intervention package is delivered at three levels; the Universal (the whole school) level, at group level and at individual level.

At the universal level it includes development and dissemination of health promotion policies, formation of a School Health Promotion Advisory Board (SHPAB) and health camps for visual screening and nutritional status.

The group level intervention includes life skills based classroom education for students; workshops for parents, teachers and management and on-site counselling services for individuals.

The intervention package has integrated diverse health conditions and determinants like reproductive and sexual health, psychosocial health and nutrition and focuses on both, reducing risk factors and enhancing resilience/protective factors.

STRATEGY-2: Documenting and evaluating school health promotion interventions.

The research team of the SHAPE program developed a logical framework for the Monitoring and Evaluation (M&E) of school based interventions. These M&E forms are used for recording the intervention data across nine schools during the academic year 2009-2010.

STRATEGY-3: Building capacity for the delivery and the evaluation of school based interventions.

Sangath organized a course on 'Development and Evaluation of Complex Interventions' in collaboration with the London School of Hygiene and Tropical Medicine and the Society for Education Action and Research (SEARCH). In 2009 this course was attended by 23 participants representing diverse organisations like ICICI Foundation for Inclusive Growth, Chennai;



● **Counselling by School Health Counsellor. (SHC).**

SEWA, Bhanuch; IPAS, Ranchi; Lepa Society, Bhubaneswar; NHSRC Delhi, the Ministry of Health and Social Welfare, Tanzania; Transcultural Psychosocial Organisation, Nepal; Institute of Education, University of London and Sangath.

Impact

The findings of the program and the case study methodology will be published and a training program on "Counselling skills" for school based counsellors will be formally launched. We will finalize the intervention package and manuals based on the experience of two years and continue our efforts of scaling up the program to other schools. ■

The MANTHAN Project

The MANTHAN project was funded by Dempo Mining Corporation Pvt. Ltd (currently owned by SESA Goa Limited) as part of the of their Corporate Social Responsibility (CSR) initiative.

The broad vision of MANTHAN is to promote the health and well-being and improve the educational outcomes of adolescents through the development, implementation and evaluation of a school based intervention package.

What We Did

The Manthan Project is a part of Strategy 1 of the SHAPE Program. Six School Health Counsellors (SHCs) have been trained and placed in the five schools to implement the intervention package at the universal, group and individual level (as described in the SHAPE program).

A total of 1,142 students from the five MANTHAN schools benefited from the services between the years 2008–2010.

A needs assessment carried out in the schools identified the following as priority needs to be addressed in the schools: under nutrition, lack of motivation to study, lack of career guidance, lack of study skills, learning difficulties and bullying.

The Manthan program provided important experiences and lessons in the

Project Summary

Funder: The Dempo Mining Corporation Pvt Ltd, Goa

Duration: June 2008–May 2009 and June 2009–May 2010

Collaborators: Goa College of Home Science.

Objective: To promote the health and well-being and improve the educational outcomes of adolescents.

first year, which led to revisions in the second year program (2009–2010). Unlike 2008–09, where one SHC covered two schools, in the second year each school was provided with one full time SHC.

The intervention was made more structured and regular supervision was provided by the senior staff through weekly supervisory visits on-site.

Teachers Feedback

“Now the counsellor has become a friend of the students. They feel free to contact the counsellor and discuss their problems.”



“The children have disclosed a lot to her (SHC) that they never told us teachers... She encourages them to discuss their problems. They (SHCs) maintain strict confidentiality.”

A nutritional status report on the Body Mass Index (BMI) data collected from the children in the 5 schools was disseminated to all schools on 14th Nov 2009 as part of the Children's Day programme.

Salient Findings

We identified a high prevalence of under-nutrition in secondary school children. Four out of every 10 boys and three out of every ten girls were underweight. Approximately 60% experienced hunger due to inadequate food consumption, which they reported adversely affected their academic performance. Underweight students had caloric intakes lower than the recommended amounts, indicating that they were underweight because of lack of food. The findings support the need for routine monitoring of nutritional status and high-calorie supplementary nutrition programmes for secondary school children.

Impact

The Manthan project has contributed immensely to improving the health and wellbeing of adolescents in an underserved community of the Bicholim taluka.

We hope to scale up this program to other schools in Goa in collaboration with the Department of Education, Govt of Goa. A renewal of the MANTHAN project has been sanctioned by the Dempo Mining Corporation for the year 2010–2011. ■

MANTHAN



Sangath



The PRAYATNA Project

Jawahar Navodaya Vidyalaya (JNV) are a network of residential schools, across the country, run by the central government. There are approximately 573 JNVs across India, offering free education to students selected through an all-India entrance exam.

The objective is to provide quality education to deserving students from lower socio-economic backgrounds, especially from rural areas.

What We Did

This first year of the PRAYATNA project selected schools from two regions i.e. Chandigarh and Pune, to pilot counselling services to be delivered by staff nurses in these schools. The staff nurses were trained in counselling skills in a 10-day training programme. The nurses were randomly divided into two groups,

Project Summary

Funder: United Nations Population Fund, New Delhi. (UNFPA)

Duration: July 2009 – June 2010

Collaborators: Navodaya Vidyalaya headquarters and regional offices.

Objective: To evaluate the feasibility, acceptability and impact of providing youth friendly counselling services, delivered by staff nurses and para-medical staff, for students enrolled in Navodaya Vidyalaya Samiti (NVS) schools.

supervision (support arm) and non-supervision (non-support arm), to evaluate whether the counselling services provided

by the nurses receiving supervision and support was more effective than the services provided by the nurses without supervisory support.

These trained staff nurses have been providing counselling services to the students once or twice a month, on an average.

The staff nurses in the supervision arm are provided with fortnightly telephonic supervision. Follow-up refresher training was also conducted.

Over the past eight months, counselling cases dealt mainly with home-sickness, educational difficulties and emotional issues.

Impact

UNFPA in partnership with MoHRD is now planning to scale up the youth friendly counselling services to NVS schools in more states. ■



● Training of staff nurses..

Nurses's Feedback

"I liked most the information given on barrier free counselling and the different barriers to accessing counselling services."

"For me the session on anger management was quite relevant and the knowledge I have acquired will help me in handling students having problems with controlling their anger."



The GEMS Project

The Gender Equity Movement in Schools (GEMS) project was initiated to promote gender equity and reduce violence amongst adolescents in schools.

'Yaari Dosti' and 'Sakhi Saheli' were multi-component interventions adapted from the Brazilian program of *Instituto Promundo* to address sexual and reproductive health, fatherhood, HIV/AIDS and gender based violence within the framework of promoting gender-equitable attitudes and behaviours among young men and women in community settings.

The objective of GEMS was to test the feasibility of adapting the Yaari Dosti and Sakhi Saheli modules in selected schools of Goa within the Goan culture, targeted at a younger age group. The GEMS project piloted this intervention through School Health Counsellors (SHCs) placed in the MANIHAN schools project.

The project had two phases. Phase I had a detailed needs assessment in four schools with groups of students and teachers to assess how adolescents construct concepts on gender and violence, and its determinants for use in the adaptation of the Yaari Dosti and Sakhi Saheli modules. The findings from Phase I formed the basis for the development of

Project Summary

Funding Agency: The International Center for Research on Women (ICRW), Washington DC, USA.

Duration: May 2008 – July 2009

Collaborators: Tata Institute of Social Sciences, Mumbai; CORO, Mumbai and Ritinjali, Rajasthan.

Objective: To test the feasibility of introducing within the larger Schools' Health Promotion Project, a program to promote gender equity and reduce violence among adolescents.



the intervention which was administered to students of standards VIII and IX in the high schools and Standard XI from higher secondary schools in Phase II.

What We Did

In phase I the needs assessment for a sample group of girls and boys from each school was conducted through role plays,

group discussions and poster presentations. Focus group discussions were also conducted with teachers from each school. The needs assessment highlighted gender differences between girls and boys in the kind of work they did within the household, the way they were treated in schools and on restrictions on mobility. Violence was found to be more pronounced than gender differences.

In phase 2, an intervention package was developed in the form of classroom modules focusing on building an understanding of gender, violence and bullying, and life skills required to deal with these. To scale up the intervention, 15 SHCs from the SHAPE and MANTHAN schools were trained during April-May 2009, to integrate the GEMS modules into the classroom sessions conducted as part of the group level intervention in the SHAPE program.

Impact

The experience of phase II brought to light that gender was a complex concept and its link to violence needed to be reinforced over time for it to be internalized, and that SHC's conducting sessions need to be highly skilled. The modules developed were integrated into the class room modules for the SHAPE project and school health counselors were trained intensively on gender issues. ■

GEMMS



Sangath

CRIP

The CRP Project

Research has shown that adverse impacts of trauma related to poverty and violence, and dislocation can be decreased by strengthening resiliency in children. In this context Cor Stone, a US based non-profit organization, has designed low-cost, self-sustaining emotional resiliency programs that help at-risk children, youth and adults to develop life skills for effectively dealing with personal challenges, trauma, conflict or crisis.

The Children's Resiliency Program (CRP) of Cor Stone is a classroom based group intervention that specifically targets levels of 'protective factors' known to support or increase emotional resiliency.

This program is unique as it specifically targets children living in difficult circumstances.

The program is being piloted at the Hope Project, a well-respected non-profit organization based in a Muslim dominated suburb in New Delhi.

Approximately 85-100 female students, ages 10-18, who attend the 'non-formal' school at the Hope Project, are participating in the Cor Stone intervention. In October 2009, Cor Stone facilitators trained 50 teachers, seven of whom would be taking part in the pilot project.



Sangath

Project Summary

Funder: CorStone, USA

Duration: October 2009 - May 2010

Collaborators: Hope Project, New Delhi

Objective : ● To evaluate the feasibility and acceptability of the intervention in the Indian cultural context.

● To measure impact or change in emotional resiliency among the participants.

● To validate the assessment tools that have been selected by Cor Stone for measuring specific outcomes of the program in the Indian cultural context.

What We Did

The role of Sangath has been to develop monitoring mechanisms for this pilot project to gather regular feedback.

Sangath is also looking at what is feasible and acceptable within our culture and to measure impact of the program through standardized scales that assesses improvement in self esteem and optimism.

Impact

Cor Stone, in collaboration with Sangath, hopes to scale up this program. Sangath would look at how the intervention could be integrated within the existing school based intervention being developed in the SHAPE Program. ■



● Female students of HOPE Project at a CRP session

The Mentorship Project

Smt. Parvathibai Chowgule College is a prominent educational institution in south Goa with around 3,000 students, offering graduate, postgraduate and diploma courses mainly in the area of arts and science. The college started a mentorship program around six years back with the aim of supporting students throughout their educational career in the institute.

Under the mentorship program every teacher-mentor has a group of 12-15 students placed under his/her care. The mentor meets the students regularly, builds rapport with them, monitors their



grades and assists them with difficulties – academic and emotional.

The management of the college was eager to improve the existing mentorship program and make it more successful and accessible to its students.

With this view in mind they approached Sangath to do an evaluation of the

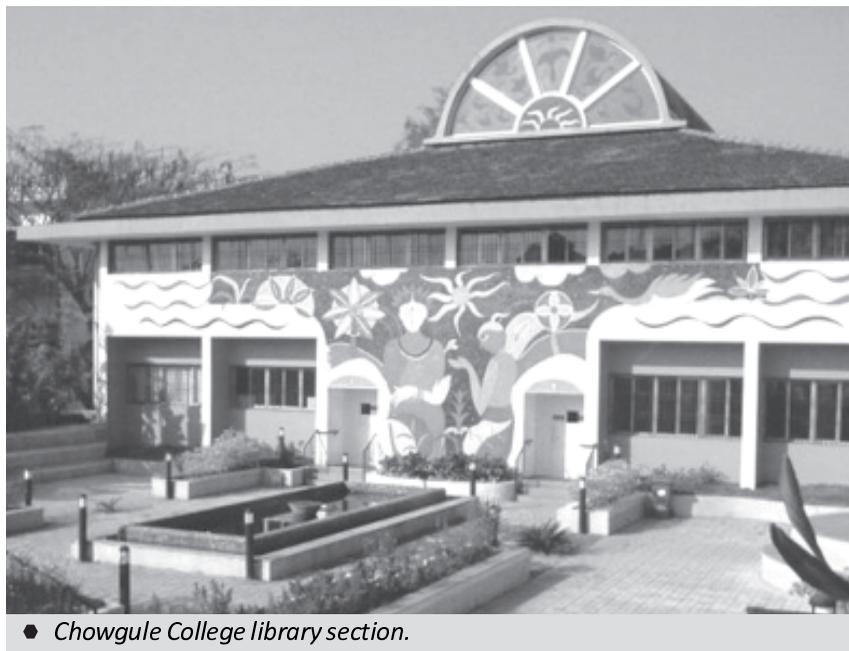
Project Summary

Funder: Smt. Parvatibai Chowgule College of Arts & Science, Margao, Goa.

Duration: September 2008 – April 2009

Objective: To conduct an evaluation of the mentorship program and its functioning over the last two years, from the perspectives of the students, teachers and management.

program. This evaluation was undertaken in an exploratory and iterative manner using a number of qualitative tools followed by a small quantitative survey to



● *Chowgule College library section.*

triangulate the findings.

What We Did

The following themes were explored at each phase of the evaluation:

- The students, and the mentors understanding of the objectives of the mentorship program and the role of the mentor.
- Whether the program was found useful and the reasons for the same.
- Positive as well as negative experiences of the program, the benefits gained by students and mentors.
- Qualities and skills that a mentor need possess.

- Suggestions to improve the mentorship program.

- Ensure record maintenance by the respective mentors.

Impact

Results showed that a large number of mentees found the mentorship program useful. Those who did not find this program

MENTORSHIP



Sangath

MENTORSHIP

useful gave reasons mainly as related to not being able to meet the mentor or poor mentoring skills of the teacher.

Many mentors have lost interest in the program, since the emphasis of the program has shifted to improving the grades of those they mentored.

For students, the skills of the mentor and availability are most important.

Many mentees have experienced positive outcomes like helpful academic advice, sorting out logistic and administrative difficulties faced or even just having someone to talk to.

The mentors too, have had positive experiences in terms of fulfilling relationships that they have developed with their mentees.

The mentees and the mentors had a number of suggestions to improve the program some of which include increasing the number of meetings between mentors and mentees, having an orientation on the roles and expectations for both and skills training for the mentors.

Although mechanisms have been developed, few mentors are able to keep adequate records, indicating a need for better orientation on record keeping.

Based on the findings a number of recommendations were given to the management of the college, some of which

include:

- Having specific and regular time slots in the official time table for mentors and mentees to meet.
- To manualize the roles and responsibilities of the mentors so that new teachers can be inducted.
- Regular trainings be held for the mentors
- To have a rigorous monitoring and evaluation strategy. ■



● College students at a mentoring session.

ANNOUNCING The Development and Evaluation of Complex Health Care Interventions Course



Date: 15 – 20 November 2010

Conducted by: Sangath

Collaborators: London School of Hygiene and Tropical Medicine (LSHM), the Society for Education Action and Research (SEARCH), South Asia Network for Chronic Disease and National Health System Resource Center, India

For more details visit

www.sangath.com

Mental Health

- Clinical Services 36
- Impact of Mental Disorders
 - Saahas - Follow-up 37
- Improving Care for Mental Disorders
 - Community Care for People with Schizophrenia in India(COPSI) 38
 - COPSI – Sub-study on stigma and discrimination 40
 - MANAshanti Sudhar Shodh (MANAS) 42
 - Umeed 45
 - Asha 46



Sangath

Sangath provides services to adults with a range of mental disorders and psychosocial problems. These out-patient services are provided by Sangath's psychiatrists, clinical psychologists and counsellors.

Treatment is provided for a range of clinical problems such as depression and

anxiety disorders, substance use disorders and psychoses.

In addition to medication, individual psychotherapy, as well as family psycho-education and counselling services are offered.

Collaboration between the various team members, ensures that patients receive comprehensive care. ■

Rohana (named changed), a 30-year-old married lady, was afflicted with sadness, frequent crying spells and sleeplessness. History revealed that she also suffered from reduced interest in housework, reduced appetite, feelings of despair, diminished self-worth and suicidal thoughts.

The stressors that contributed to her illness were spousal violence and interpersonal conflict with her sister-in-law. Rohana was initially diagnosed to have a depression severe enough to merit treatment with antidepressants. She was educated about her illness and its causes as well as the treatments available.

As her depressive symptoms (including her suicidal thoughts) improved with medication, she was seen by the counsellor who provided support to help her deal with the violence and protect herself from it. She also learnt strategies to improve her interpersonal relationship with her husband and sister-in-law. With the counsellor, she identified the supportive people among her friends and relatives and ways to improve her self-confidence. She continued to see the psychiatrist and counsellor on a regular basis. In six months she reported improvement in both depressive symptoms as well as reduction in the spousal violence and improved interpersonal relationships with her spouse.



ANNOUNCING

The Leadership in Mental Health Course (LMH)



Date: 22 November to 3 December 2010

Conducted by: Sangath

Collaborators: London School of Hygiene & Tropical Medicine, the Schizophrenia Research Foundation, the Public Health Foundation of India and the Centre for International Mental Health, University of Melbourne.

For more details visit

www.sangath.com

The SAAHAS Follow-up Project

Funder: Public Health Foundation of India (PHFI) – South Asia Network for Research in Chronic Diseases (SANCD.)

Duration: January 2010 – April 2010

Objectives: To collect information to plan a bigger study on the cause, outcome and impact of alcohol use disorders.

The SAAHAS Follow-up pilot study aimed to collect information to plan a larger study on the outcome and impact of Alcohol Use Disorders (AUD). AUDs are responsible for significant disability and mortality worldwide.



Despite research evidence showing the growing prevalence of AUDs in India, its priority is low on the health policy agenda, with virtually no services for AUDs in primary care settings.

One reason for this is a lack of research looking specifically at the long term course of AUDs in India.

Sangath, in collaboration with Alcohol Research Group and National Institute of Health, USA, completed the SAAHAS study in 2005-06 to estimate the prevalence and pattern of alcohol use and alcohol use disorders in rural and urban communities in Goa.

We found that prevalence of AUD in men was 14%; low social class and education were strongly associated with AUD. AUDs were associated with depression,

domestic violence and sexual risk behaviors.

Now Sangath plans to examine long-term health and social outcomes of AUDs, through a follow up study with male participants of the original SAAHAS study. One of the challenges of such a community based longitudinal study is to estimate and reduce attrition (loss on follow up).

What We Did

We undertook this pilot study to determine the attrition rates and reasons for attrition. We randomly chose 150 men with different levels of alcohol use from the original sample and attempted to follow them up, five years after the original study.



We were able to review 83.3% of these men and found a relatively low attrition rate given that five years have passed.

Impact

The results of the pilot project are being utilised to develop a proposal for undertaking a follow-up of all the men who took part in the original SAAHAS study.

This proposal will attempt to describe the long-term course and outcomes of AUD in Goa. ■



Schizophrenia is a severe mental disorder that usually has its onset in early adulthood and is often associated with chronic persistent or relapsing symptoms. People with schizophrenia experience thought disturbances such as delusions or hallucinations, and disturbances in speech, behaviour or emotions.

Most people with schizophrenia in developing countries such as India receive facility based treatment i.e. medical care as an outpatient or inpatient at mental health institutions. However, such care is expensive, causing a severe strain on health resources and on patients and their families. Moreover, there is only one psychiatrist for every 3,000-5,000 persons with schizophrenia, with the result that a large proportion of people receive little or no treatment.



Sangath

The COPSI Project

There is now a growing consensus that treatment for this disorder should be addressed within the community setting, combining medical and psycho-social interventions for best outcomes.

Firstly, there is strong evidence to suggest that even high quality outpatient care alone does not lead to good outcomes for many people with schizophrenia in developing countries.

Secondly, community care, as the term implies, is more accessible for many people with schizophrenia who cannot avail of care provided by specialists in institutions.

Finally, providing community-based interventions may go beyond reducing symptoms and improving upon the overall quality of life to reducing stigma and promoting human rights for people who frequently experience abuse in the institutional setting.

Community based interventions needs to be an addition to existing care, remaining relatively low cost and simple to implement, if they are to be sustainable and scaled up.

Based on these principles, the Community Care for People with Schizophrenia in India (COPSI) evolved as a project that sought to provide a set of

Project Summary

Funder: The Wellcome Trust, UK through the London School of Hygiene & Tropical Medicine (LSHM)

Duration of the Project: July 2008 – April 2011

Sites of project implementation: Sangath, Goa; Schizophrenia Research Foundation Centre (SCARF), Chennai; and Parivarthan and Nimitee, Satara.

Collaborators: Private psychiatrists Dr. Rajendra Hegde, Dr. Peter Castilino, Dr. Melvin Chagas Silva and Dr. P.R. Pai, Goa; SCARF, Chennai; Parivarthan, Nimitee Satara; National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore; Institute of Psychiatry, Kings College London; LSHM, UK.

Objective: To evaluate the clinical effectiveness and cost-effectiveness of a community-based intervention for improving symptoms and social functioning in people with schizophrenia.

community based interventions (known as Collaborative Community Based Care or CCBC), in addition to the Facility Based Care (FBC). The interventions being delivered by those known as "Community Health Workers" (CHWs) – persons with no

previous experience or qualifications in mental health, drawn from the local community and rigorously trained by experts to deliver this care.

They are supervised by the treating psychiatrist/s, who will ensure that CHWs provide the appropriate need-based psychosocial care to supplement drug treatment.

What We Did

COPSI is a three year project divided into three phases – intervention development, the main trial evaluating the intervention, and analysis and dissemination.

COPSI started in July 2008. The first year of the project included – the development of an intervention manual for the CHWs (a step by step, comprehensive guide on intervention delivery), training of CHWs by



● The COPSI research team from all 3 sites.

experts on schizophrenia on how to deliver the intervention and developing materials for participants (such as handouts).

In-depth interviews were held with patients and their caregivers to assess unmet needs of current care and attitudes towards community based interventions.

COPSI is currently in the second phase of the project i.e. the main trial.

The intervention is now being tested through a randomized controlled trial. Participants recruited from the institutions at each site (in Goa, through private psychiatric clinics) are being randomly allocated to receive either CCBC or usual care. Each patient will receive treatment for 12 months after which results in both groups will be compared.

COPSI organized a seminar led by its collaborators from the Institute of Psychiatry (UK), SCARF (Chennai) and N I M H A N S (Bangalore) in October 2008 in Goa to discuss the COPSI trial.

The program was attended by a large number of mental health professionals in Goa.



● Prof. Graham Thornicroft at a COPSI seminar.

Apart from Goa, COPSI is being implemented in a rural community in Tamil Nadu (led by SCARF) and in Satara (in collaboration with two NGOs, Parivarthan and Nimitee).

Impact

The finding of COPSI will indicate the content and benefits of using low cost human resources to deliver community based care for people with schizophrenia.

We hope that the project will provide evidence on how to reduce the large treatment gap for people with severe mental disorders.

Thus this project is expected to have a significant impact on national policy and advocacy efforts and on global mental health more generally ■

COPSI



Sangath

The stigma attached to mental illness is one of the main obstacles to the provision of mental health care, and a major barrier to recovery. Discrimination, the behavioral consequence of stigma, contributes to the disability of persons with mental illness and leads to disadvantages in many aspects of life including personal relationships, education, work as well as access to physical healthcare.

Schizophrenia, a severe mental disorder, carries a particularly great stigma, which often affects those with the illness as well as their healthy family members.

Relatively little is known about the experience of stigma from the perspective of those affected - those with the illness and their families. Importantly, the evidence base on the effectiveness of strategies to reduce mental illness related discrimination is limited and largely absent in low and middle income countries.

The **Community Care for People with Schizophrenia in India**



Sangath

The COPSI Sub-Study

- **Sub-Study on Stigma and Discrimination** - which is a part of the Community Care for People with Schizophrenia in India (COPSI) Project, seeks to describe the experiences of stigma and discrimination of people with schizophrenia and their care-givers, and to evaluate the impact of the Collaborative Community Based Care (CCBC) on these experiences.

Researchers from the COPSI qualitative team will carry out in-depth-interviews with some of the patients and caregivers



● Group discussion at a COPSI workshop.

Project Summary

Funder: The Wellcome Trust, UK, through the London School of Hygiene & Tropical Medicine (LSHIM)

Duration: September 2008 - August 2011

Implementation sites: Sangath, Goa; Schizophrenia Research Foundation Centre (SCARF), Chennai; and Parivarthan and Nimittee, Satara.

Collaborators: Sangath along with Dr. Rajendra Hegde, Dr. Peter Castelino, Dr. Melvin Chagas Silva and Dr. P.R. Pai, Goa; SCARF, Chennai; Parivarthan, Nimittee, Satara; National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore; Institute of Psychiatry, Kings College London; LSHIM, UK.

Objective: To evaluate the impact of a community-based intervention on the experiences of stigma and discrimination of people with schizophrenia and their caregivers.

participating in the COPSI study, asking them in detail about their experience of the illness and the impact of stigma on their lives. Approximately twelve patient-caregiver pairs will be interviewed in Goa, and another twelve pairs in each of the partner sites of the COPSI trial (Satara and



● Role play at a COPSI training session.

Chennai), leading to a total of 36 interview pairs.

Interviews are to be conducted at two time-points during the study; at baseline (i.e. before any intervention is received by the participating families) and after a follow-up period of twelve months.

What We Did

Starting in September 2008, the study design and interview guides for the qualitative sub-study were developed.

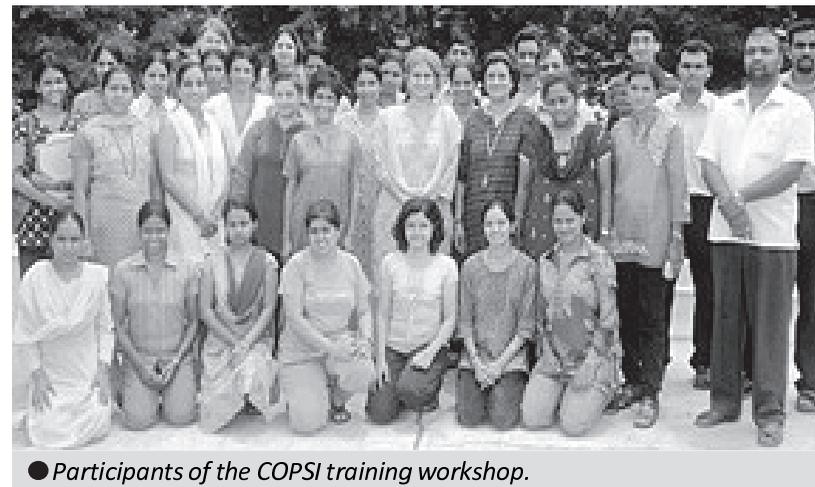
Several coordination visits were carried out to the COPSI trial partners at Chennai (SCARF) and Satara (Parivartan and

Nimitee) to set up qualitative teams locally.

In June 2009, a workshop on qualitative research methods was held for all Sangath researchers, which was initiated and co-ordinated by members of the COPSI - Sub-study team.

Qualitative

researchers from all three COPSI project sites attended and participated in lectures and practical exercises.



● Participants of the COPSI training workshop.



● Sangath researcher transcribing interviews.

At present, the project is at the stage of baseline data collection. Interview data are transcribed, translated and analysed on an ongoing basis. The experiences so far indicate that many people affected by schizophrenia speak openly about their experiences of discrimination in their everyday lives.

Impact

We anticipate that the findings will contribute to the overall aims of the COPSI project and add to the limited evidence on effective interventions to reduce stigma and discrimination for people with severe mental disorders. ■



Depression and anxiety disorders are the most common mental health problems in the world. They lead to profound levels of disability through symptoms such as tiredness and sleep problems, and are associated with an increased risk of suicide, increased health care costs and reduced economic productivity.

The majority of persons with these disorders (also called 'common mental disorders' or CMDs) in India seek health care within primary care settings, at the government run primary health centres (PHCs) or private family doctors.

Although there is strong evidence on the benefits of antidepressants and brief psychological treatments, making these treatments available in routine primary care has been challenging.

The first challenge is the low recognition rate of CMD by primary care doctors.

Manashanti Sudhar Shodh Project

The second is the inadequate use of evidence-based medications and the frequent use of unnecessary medications such as vitamins and sleeping pills.



Patient being examined by doctor at clinic.

The third obstacle is that few patients receive psychosocial treatments for CMD, typically because of the lack of human resources.

The MANAshanti Sudhar Shodh (MANAS) project systematically developed an intervention which sought to address these barrier sin routine primary health care. The

Project Summary

Funder: The Wellcome Trust, UK, through the London School of Hygiene & Tropical Medicine (LSHTM)

Duration: October 2005 – September 2010

Collaborators: London School of Hygiene and Tropical Medicine, UK; Directorate of Health Services (DHS), Goa; Voluntary Health Association of Goa (VHAG), Prof. Betty Kirkwood, Dr. Helen Weiss, Prof. David Mabey, Dr. Greg Simon, Prof. Michael King, Dr. Ricardo Araya, Dr. Helen Verdeli, Dr. Daniel Chisolom, Dr. Kathleen Clougherty, Prof. Irwin Nazareth, Dr. Alex Cohen, Dr. Prabha S. Chandra, Prof. Kiran Rao, Prof. Nimesh Desai, Dr. Shirley Teles, Jacob K.S., Mathew Varghese, Pratap Tharyan, Gururaj Gopalakrishna, Amar Jesani and Nilesh Shah.

Objective: To develop and evaluate the clinical and cost-effectiveness of a lay health counsellor led intervention strategy for the treatment of common mental disorders in primary care settings in Goa.

aim of the MANAS trial was to evaluate the effectiveness of a lay health counsellor (HC) led intervention for CMD in routine primary health care settings.





What We Did

The intervention was developed systematically over the fifteen months of extensive consultations held with local and international experts with formative and pilot research in primary health centres.

The main trial was carried out in two phases - the first phase had twelve government PHCs taking part, while the second had twelve private clinics run by family doctors. In each phase half the health facilities were randomly allocated

to receive the Health Counsellor led intervention.

The Health Counsellor was locally recruited, a non-medical person, trained through a structured two month course. She acted as a case manager for all patients who had CMD and took overall responsibility for the intervention in close collaboration with the primary care doctor and a visiting mental health specialist



● A MANAS training workshop.

delivering non-drug treatment. The MANAS intervention consisted of:

1) Psycho-education focused on educating the person about their symptoms, the association of CMD with inter-personal difficulties and the need to share their emotional symptoms with the doctor and to share personal difficulties with caring family members or other key persons in their social network.

2) Psycho education taught patients simple and useful strategies for symptom alleviation; for example, behavioral activation for fatigue. Antidepressants were recommended only for moderate to severe CMD and for those who did not respond to psycho-education alone.

3) Inter-personal therapy is a psychological treatment which focuses on interpersonal problems such as grief, disputes and role

MANAS



Sangath

transition. IPT too was reserved for patients who had moderate to severe CMD, and offered as an option to antidepressants or in addition to antidepressants for those who did not respond to antidepressants alone.

4) Referral to the specialist was reserved as a last step in the intervention, for patients who were assessed to be at high suicide risk at any stage, or were unresponsive to the earlier steps.

Each facility team was supported by a psychiatrist who visited at least once a month, and was available for consultation over the phone.

At facilities not selected for the health counsellor intervention, patients and their doctors received results of the detection test for CMD and the doctors were provided a copy of the treatment manual prepared for primary care doctors. They could initiate the treatment of their choice.



● MANAS-North Goa doctors' meet.

Of the 20,352 patients screened in all 24 clinics, 3,816 (19%) were found to suffer from CMD. Thus, nearly one in five adults attending primary care had a CMD and all were offered the treatment at the facility they attended.

Amongst these patients, 2,796 (73%) took part in a formal evaluation of the impact of the Manas intervention. This required them to be interviewed by a field researcher, in their homes, three times over the following year (2, 6 and 12 months of entering the study). Over 85% of patients completed these outcome evaluation assessments.

The MANAS evaluation data are currently being analysed and will shed light on whether the MANAS model was able to improve recovery rates for CMD and reduce disability compared to usual care. Further, we will also be able to assess the cost-effectiveness of the intervention. In depth interviews were held with a small number of patients to describe their experiences of the intervention.

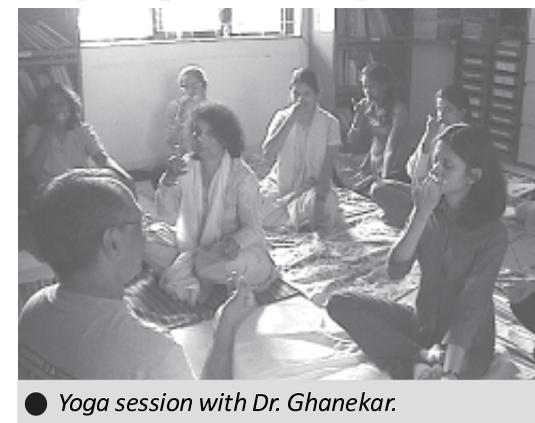
Impact

Once the results of the trial are available, these will be widely disseminated among various stakeholders



● Health assistant and patient consult with doctor.

A video training package for Health Counsellors has been developed. A two week training course in Interpersonal Therapy (IPT) and its adaptation for use in primary care in 2010 was conducted in July 2010. The MANAS project is the largest trial on the effectiveness and cost effectiveness of a primary care based, lay health worker



● Yoga session with Dr. Ghanekar.

led, intervention for common mental health problems.

We hope the findings will influence the delivery plans of the National Mental Health Program and Sangath, in collaboration with the local health authorities, will be able to scale up the MANAS model throughout Goa and in other parts of India. ■

MANAS Patients Speak

“Earlier I would keep thinking, worrying about my son and getting worked up. My heart used to start pounding and I used to be scared. I used to have difficulty in doing work. But now, after meeting the counsellor at the clinic I have stopped worrying.”



– 35-year-old patient

“I was mentally disturbed (mendu fraak so aslo ni terna) and would get angry with my children. After I consulted the MANAS study doctor, I felt good and there was also a change in my behaviour. My health has improved and I don't get angry with my children, even if they trouble me.”

– 38-year-old patient

Our earlier work in the area of mental health problems among People Living with HIV (PLHIV) revealed that many people with HIV / AIDS tend to get depressed, which in turn may impact their treatment seeking behaviour and overall health.



Records show that many who attend pre-test counselling at the Integrated Counselling & Testing Centre (ICTC) at the Goa Medical College do not return to collect their test results. There are also people who collect test results, but do not attend appointments at the Anti-Retroviral Therapy (ART) Centre.

For better health outcomes in PLHIV, it is important that people tested at the ICTC attend follow-up appointments made with counsellors and doctors at the Goa Medical College (GMC). They can be provided

The UMEED Project

Funder: Psychiatry Research Trust (through King's College, London, UK);

Duration: October 2007 – March 2010

Collaborators: Goa Medical College; Goa State AIDS Control Society; London School of Hygiene and Tropical Medicine, UK; National AIDS Research Institute, India.

Objective: To investigate the impact of psychosocial health concerns on help-seeking behaviours in people coming to be tested for HIV/AIDS.

advice and have access to the free care and treatment available in Goa.

It is possible that mental health problems may affect access and utilization of care by PLHIV.

What We Did

The Umeed research study attempted to systematically measure the presence of mental health problems, like depression and alcohol abuse, in people attending ICTC and its impact on their attendance of follow-up appointments with doctors at the ART Centre.

Umeed started recruitment and data collection from November 2008 at the ICTC in GMC. We completed fifteen months of baseline data collection and the study was

UMEED



Sangath

well-integrated within the day-to-day running of the centre.

Trained researchers based at the GMC Integrated Counselling and Testing Centre (ICTC) recruited people attending pre-test counselling for HIV/AIDS.

The baseline interviews included measures of mental disorder and cognitive functioning, as well as questions on other psychosocial factors, such as experiencing or perpetrating violence in intimate partnerships, and on pathways to care.

Follow-up data was collected from the routine records of counsellors at the ICTC

on the HIV status of the participants and the participant's attendance at post-test counselling sessions.

For HIV positive participants, data were collected from the counsellor and the doctor at the ART Centre at Goa Medical College.

This included the participants' attendance at the ART centre for initial assessment, appointments kept, their CD4 count, whether they began anti-retroviral therapy and other clinical outcomes. The analysis of collected data is in progress.



● Umeed researcher conducting interview.

Impact

If the study shows evidence of mental health problems being a barrier to accessing HIV-related services and adherence with care, this would provide evidence to support the integration of mental health care within HIV treatment services.

Screening for mental disorder and provision of appropriate support and treatment could help improve uptake of HIV services and adherence to ART regimens. ■

The ASHA Project

Funder: PACT Community Reach under cooperative agreement with USAID

Duration : April 2006 – June 2008

Collaborator: Positive People

Objective: To develop an intervention program to strengthen and support community-based caregivers of people with HIV/AIDS and thus improve their quality of life and that of the people they care for.

HIV is a serious public health problem in India with about 2.5 million people living with HIV/AIDS (PLHA). Goa, is a 'medium' prevalence state (prevalence approaching 1%) and has certain vulnerabilities such as marginalization of migrant communities, gender-based violence and fragmented service providers.

Though home-based care is an integral part of caring for PLHAs, the burden on caregivers and the support they may need in providing optimum care has gone largely unaddressed.

Mental health and nutrition have been identified as key components of an effective community-based HIV care program, but have not been assessed adequately or integrated into existing programs.

What We Did

The ASHA program supported PLHAs and their families by identifying, supporting and building the capacity of informal caregivers with particular emphasis on developing supportive environments, promoting mental health and nutrition, respite care and socio-economic support. ASHA also attempted to integrate community based care into the existing continuum of care.

This was done by developing a sustainable model involving community based outreach workers supporting PLHAs and their care-givers.

The project was systematically evaluated and we presented the results at a dissemination meeting in January 2009. This meeting was attended by the Director of the Goa State AIDS Control Society (GSACS) and other groups concerned with the welfare of people living with HIV.

Of the 180 eligible people, outcome data was available on 152 (84%) and end-line assessments completed on 102 (57%).

The majority were women and non-Goan; 12% had migrated within five years, 73% earned less than Rs.2000 and 25% spent more than Rs.1,000 on health in the past month. Around 71% of the caregivers were women. Two-thirds of the women were unemployed and half were illiterate.



● Training caregivers during an outing.

Poor Quality Of Life (QOL) was associated with common mental disorders, physical symptoms and low Body Mass Index (BMI). Death was more likely in those with a low BMI and less likely for those on ART. The proportion of PLHA receiving ART, having a BMI over 18.5, and being in a support group increased one year after enrollment.

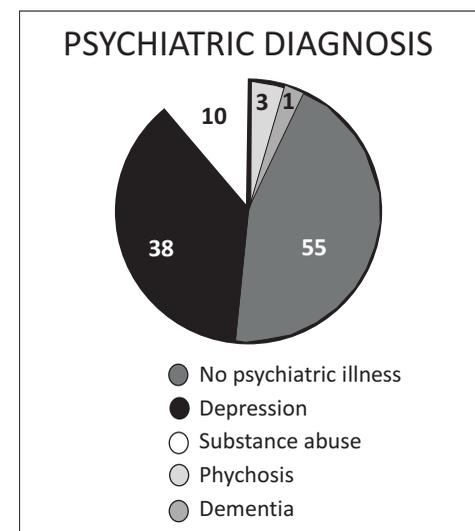
One hundred and nine PLHAs received an independent psychiatric assessment, which found 54 (49.5%) suffering from a mental disorder.

Of these, 38 (35%) were diagnosed as having a depressive illness, 10 (9%) had alcohol abuse / dependence, 3 (2.8%) had psychosis and one person had dementia. In addition, 31 (28%) of PLHA had a moderate to high suicide risk.

Risk factors found to be associated with mental health problems in PLHA are illiteracy, short duration since detection of seropositivity and problems with disclosure.

Impact

These results highlight the importance of integrating mental health programs within HIV treatment programs. In addition to improving the overall QOL of PLHAs, interventions should aim at improving nutritional status and general health status. ■



ASHA



Sangath



The Dementia Home Care Project

The Rotary Club of Crosby, UK, has raised £12,350 in funds to support a Community Outreach Project to help people suffering from Dementia in south Goa.

The Dementia Home Care Project will be overseen by Dr Amit Dias from Sangath and is scheduled to officially start in July 2010.

Professor Vikram Patel visited the Rotary Club of Crosby to receive the £12,350 donation and gave a talk to members about the work Sangath does to promote community and primary care for people with mental disorders.

The grant has been due to the efforts of Ronnie and Judy Coutinho, active members of the Rotary Club of Crosby. Ronnie originally hails from South Goa. ■

The PREMIUM Project

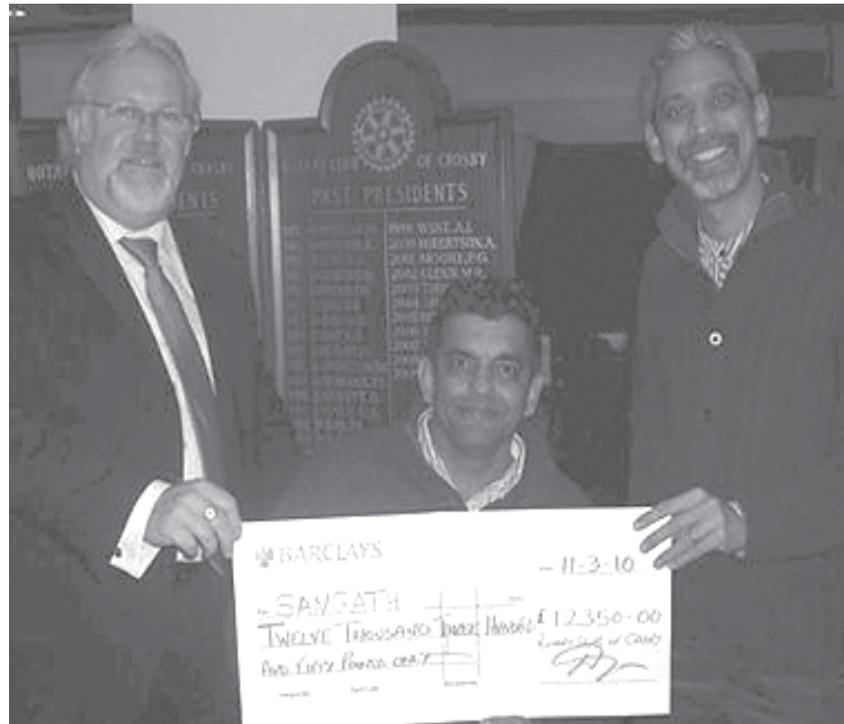
Sangath has pioneered the role of lay health workers in delivering mental health care in many of its programs, like MANAS, SHAPE and COPSI. PREMIUM is a new five year program building on this work.

The program, funded by the Wellcome Trust, is in partnership with the London School of Hygiene & Tropical Medicine, the Public Health Foundation of India and

Parivartan. The project is led by Prof Vikram Patel, Dr Neerja Chowdhary and Dr Hamid Dabholkar.

PREMIUM seeks to apply a systematic process for the development of appropriate psychological treatments for two mental disorders which are the leading psychiatric causes for the burden of disease: depressive disorder and alcohol use disorder. The benefits of the resulting treatments will then be evaluated in patients attending routine primary health care services.

The findings will be widely communicated with the goal that the treatments will become available in routine health programs and help reduce the treatment gap. ■



● Sean Dorgan (Lt), Ronnie Coutinho (Ct) handing the cheque to Vikram Patel

Role of Non-Specialist Health Workers in Mental Healthcare

In light of the huge treatment gap and a scarcity of mental health personnel, non-mental health specialists are likely to prove important to reducing the treatment gap.

This project proposes to explore the roles non-specialist health workers

(NSHWs) – primary level doctors, nurses, lay health workers and other generalist para-professionals who are not specialised in mental health – can play in mental health care provision in India.

- This Healthcare Project proposes to:

Systematically review the effectiveness of NSHW-delivered interventions

- Explore the history and development of NSHWs, their role in mental healthcare provision for India through oral history interviews with 10-15 prior policy makers and coordinators. These will be compared with existing written historical sources, primary and secondary.

- Describe current role of NSHWs in Karnataka state through in-depth ethnographic case studies in two primary healthcare sites, which incorporate mental health.

These will involve observation of clinical work and about 15 interviews with NSHWs and specialists per site.

Through this project, Sangath is expanding its frontiers to Karnataka. The project, which is led by Dr Nadja van Ginneken and Prof Vikram Patel, involves working in close collaboration with Bangalore-based organisations and institutions such as NIMHANS, Basic Needs India, Sochara, and with the Directorate of Health and Family Welfare of Karnataka. ■

Chronic Disease Research Project

Sangath, in association with the South Asia Network for Chronic Diseases (SANCD), will soon be launching a new project to study the risk factors for Chronic Diseases in Goa. This is part of a multicentre study to be conducted in five centers coordinated by SANCD.

Goa has better health indicators compared to most of the states in India and with rising life expectancy and changing lifestyle, chronic diseases like diabetes, hypertension, coronary heart diseases, strokes, dementias are on the rise. There is a need to get a sense of the exact picture before developing community and primary care interventions.



In the first phase, a pilot study will be conducted to test the feasibility of the main project. The picturesque village of Caranbolim has been chosen for this pilot.

Dr. Amit Dias will lead the project in Goa. He has visited the site and met members of the village panchayat, health workers and anganwadi workers

According to the health workers who worked in that area, the most common health conditions in this region are chronic lung disease, tuberculosis, alcohol related disorders, hypertension and diabetes.

A household design will be used to assess need and evaluate public health interventions. Repeated studies of selected households over time will enable analysis of the socio-economic, cultural and environmental influences on disease burden, responses to illness and health care decision-making. ■



PARTNERSHIPS



Sangath

Our belief in collaborative work with partners at local, national, and international level is the backbone of our growth and success. In the last two years, we have continued forging new and strengthening existing partnerships with government, academic institutions, health care providers, community groups and NGOs to ensure that our work reaches out far and wide.

We are especially pleased with our growing collaboration with education providers in Goa through our school health program, as well as academic and other institutions at the national and international level through our path breaking research, which is being widely recognized at the global level.

We are also proud of our ten year old partnership with the London School of Hygiene & Tropical Medicine; over the past two years, we have worked together on four projects. We are also proud of our



partnerships in the past two years with other institutions in Goa, notably the Directorate of Health Services (Government of Goa), the Voluntary Health Association of Goa, Positive People, the Goa College of Home Science and the Goa Medical College.

On the 15 August 2009, Sangath signed a memorandum of understanding with the Public Health Foundation of India (PHFI) (www.phfi.org).

The MOU outlines the broad framework of understanding between PHFI and Sangath to formally establish continuing collaboration by developing and implementing projects and activities that benefit both parties. A specific example

of such an activity is the two short courses Sangath runs in partnership with PHFI.

Through this MOU, Sangath is also a partner of the South Asia Network for Chronic Diseases (SANCD) (www.sancd.org). SANCD is committed to building international quality research capacity and conduct research on chronic disease to make an impact on health policy and practice in the region. ■

The MNGO Project

Funder: The Directorate of Health Services, Goa.

Duration: February 2009 – March 2010.

Collaborators: Regional Resource Center, Family Planning Association of India.

Field NGOs: Destar o Eves Mahila Mandal, Positive People and Vidya Bharati.

Objective: To increase access to reproductive and child health services through quality care in 3 villages and 14 slums of 3 areas – Mormugao, Quepem and Salcete in south Goa district, Goa.

The Department of Family Welfare Government of India, introduced the **Mother NGO (MNGO)** scheme, also called **Maatruchaaya**, under the Reproductive and Child Health (RCH) Program in the Ninth Five Year Plan (1997-02).



● *MNGO field visit to Vasco slums.*

This scheme aims at improving health care services for all, with a particular focus on women and children living in the under served areas of the country, under the mandate of the National Health policy, the National Population Policy and the National Rural Health Mission.

The Reproductive and Child Health (RCH) phase II mainly focuses on increasing access to reproductive and child health services by promoting civil society organizations to work in underserved areas and complement and supplement the efforts of the government in this process.

Sangath was selected by the Ministry of Health and Family Welfare, Government of India, as a Mother NGO to provide RCH services to the under-served areas of south Goa district, namely Mormugoa (Baina, Mangor Hill, Zuarinagar), Salcete (Monte Hill, Khareband, Dandevaddo, Fatorda) and Quepem (Balli, Baroem, Morpilla).

These areas have communities mainly comprising migrant workers and slum dwellers with poor health seeking behavior, low educational status and income, all contributing to low health indicators.

This program proposed to cover a population of 49,000, from three villages and 14 slum areas, in partnership with local field NGOs and the public health sector.

A needs assessment was conducted using qualitative and quantitative tools in the following areas: maternal and child health; adolescent reproductive and sexual health;

family planning; prevention and management of RTIs / STIs.

The implementation was based on the service delivery model designed by the Ministry of Health and Family Welfare in collaboration with the United Nation Family Planning Association.

A number of workshops and training programs were organized by the regional resource centre - the Family Planning Association of India (FPAI) which was followed by base line surveys conducted by the chosen field NGOs, Desterro Eves



● *Monitoring visit to FNGO by FPAI personnel and MNGO.*

MINGGO



Sangath

MINGO



Mahila Mandal, Positive People and Vidya Bharati. Based on the base line data, a consolidated project proposal was developed by Sangath that provided the outline of the proposed interventions. The proposal was reviewed by FPAI and approved by the State RCH Society.

During the implementation phase, the MNGO conducted a number of capacity building exercises for the field NGOs, which included trainings on community work, service delivery, reporting and monitoring formats and financial management. IEC/ BCC (Behaviour Change Communication) materials along with other supplies were procured and distributed to the field NGOs. Liaisoning and networking was done at village, block, district and state level and with the State Family Welfare Bureau for the successful implementation of the scheme.



The service delivery under RCH was implemented at the grass root level by the field NGOs with technical support and supervision from the MNGO.

The field NGOs conducted a number of activities in their respective communities, such as health camps, RTI/ STI camps and advocacy meetings in the community. IEC and BCC activities were also conducted which included awareness and sensitization programs on maternal and child health, neonatal health, antenatal care, adolescent reproductive and sexual health, family planning, RTIs/ STIs and HIV- AIDS.

This was done through street plays, dramas and lectures. Motivating and mobilizing the community to avail of immunization, family planning and individual counselling, was also part of the action plan by the field NGOs.

Through this project the field NGOs were able to mobilize the communities in which they were working to avail of various maternal and child health services such as antenatal care, immunizations and created awareness about services available in the area of reproductive and sexual health.



● Meeting with the SFWB, FPAI, MNGOs and FNGOs held in Jan 2010.

The SNAC Project

Funder: The National Trust, Ministry of Social Justice and Empowerment, Government of India.

Duration: January 2005 – March 2011

Objectives: To serve as a link between the National Trust and stakeholders in the area of disability in Goa and to create awareness about the National Trust and its work in the state.

Since August 2005, Sangath has been functioning as the **State Nodal Agency Centre (SNAC)** Goa, under the National Trust, a statutory body set up under the “National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability” Act (Act 44 of 1999).

The State Nodal Agency Centre (SNAC) is an institutional arrangement of the National Trust to further its work at the state level.

The overall aim of the National Trust is to enable and empower persons with disability to live as independently and as fully as possible within and close to the community to which they belong.

In the last two years we reached out to various groups working in the disability sector through various activities as follows:

- Liaised with NGOs and individuals to increase awareness about the National Trust, its schemes and other activities
- Conducted disability equity training for members of the Local Level Committee in association with the Directorate of Social Welfare. Mr. Nishirgit from Mumbai, a disability rights activist, was the resource person.
- A workshop on Augmentative Communication Techniques was conducted for special educators. Mrs. Kalpana Rao, Head of the Communication Department at Vidya Sagar, Chennai, was the resource person.
- Coordinated a program in Goa organised by the Blind People’s Association on behalf of SNAC, Gujarat.
- Assisted in organising the We Care Film Fest, a film festival related to disability issues. The Fest was organised by the We Care Films in collaboration with the National Trust and was hosted by BITS Pilani, Vasco, in their campus.

Through this SNAC project the field NGOs were able to mobilize the communities in which they were working to avail of various maternal and child health services such as antenatal care, immunizations and created awareness about services available in the area of reproductive and sexual health. ■

The AFONSO Project

Funder: The Afonso Foundation, USA.

Duration: November 2003 –
December 2009

Collaborator: Goa State Commission for Women.

Objectives: To provide counseling services to families and individuals in distress; assist individuals with legal and other support services and to sensitise police, and public at large, with the issue of family violence.

The focus of the **Afonso Program** is to provide services to families that are victims of domestic violence and other related issues.

As part of this program, the Sangath counselor (Prachi Khandeparkar) works closely with police, lawyers and the judiciary, counselling the families and providing the required reports to the court.

The counsellor has been working in this program for a number of years and all members of the clinical team in Sangath regularly seek advice from her when they encounter any legal issues related to domestic violence.

In addition, regular training programs and sensitization workshops for community members, police and other professionals on topics related to women and children have been conducted. ■

SNAC & AFONSO



Sangath



The Movement for Global Mental Health is a global network of individuals and institutions and has emerged from the influential Lancet series on global mental health published in 2007.

The Movement was launched on 10 October 2008 (World Mental Health Day), and its website (www.globalmentalhealth.org) was launched on the same day.



THE LANCET Series on Global Mental Health

The Lancet Series on Global Mental Health is a major new series of articles commissioning the world's global mental health leaders to address the current, complex and multifaceted nature of global mental health issues. The series aims to:

- The nature of mental health and what public health policies for society, family and community of governmental health systems;
- The evidence for the treatment and prevention of mental disorders in low and middle income countries;
- The performance of individual nations as a range of mental health indicators;
- The future of improving mental health services.

The series starts with a strategy for the action to reduce the burden of mental health problems in low and middle income countries, through the commissioning of 10 articles on mental health knowledge and innovation priority countries mental disorders.



Movement For Global Mental Health Website Project

The movement offers a platform where diverse stakeholders stand together as equals to promote the shared vision of closing the treatment gap through improved access to evidence based services and strengthening of human rights protection for people affected by mental disorders.

Since its inception, the movement has grown to a membership of over 1000 individuals and 70 institutions from around the world (as of March 2010). The table

Members of the Movement	
Total	N=1118
Gender	
Male	455 (41%)
Female	663 (59%)
Stakeholder group*	
Person affected by mental disorder	126 (11%)
Family member of person affected with mental disorder	176 (16%)
Policy maker/ advisor	212 (19%)
Clinical practitioner or care provider	597 (53%)
Activist/ Advocate	293 (26%)
Academic/ Researcher	639 (57%)
Other	56 (5%)
*multiple response question	

Project Summary

Funders & collaborators: Movement for Global Mental Health Advisory Group; London School of Hygiene & Tropical Medicine, UK; John T & Catherine D MacArthur Foundation, USA; The Wellcome Trust, UK.

Duration: April 2008 – March 2011.

Objective: To develop a website that will act as a global resource for networking, information and ultimately the primary resource for global mental health.

shows the breakdown of the membership by gender and type of member.

It is reassuring to note the significant representation of all key groups, including people affected by mental disorders who comprise over a quarter of the membership.

The website, the 'nerve centre' of the movement, was designed and is managed by Sangath, whereas its content, the newsletters and the

discussion forums are led by individual members on a voluntary basis.

The internet has provided the ideal platform for the growth of the movement, given its global nature, and the website plays a central role, both as its 'virtual headquarters' and as its 'meeting place'.



The movement website leads the list of 15,400,000 sites that are identified when 'global mental health' is searched on Google (searched 6 May, 2010) and the

number of links to the movement on the web exceeds 5 000 (searched 6 May, 2010).

In addition to being used to communicate news and announcements, the website houses resources such as packages of care, information about training programs, human rights stories, updates on new research findings and advocacy articles.

Members can search databases for these resources and share their own materials by making online submissions.

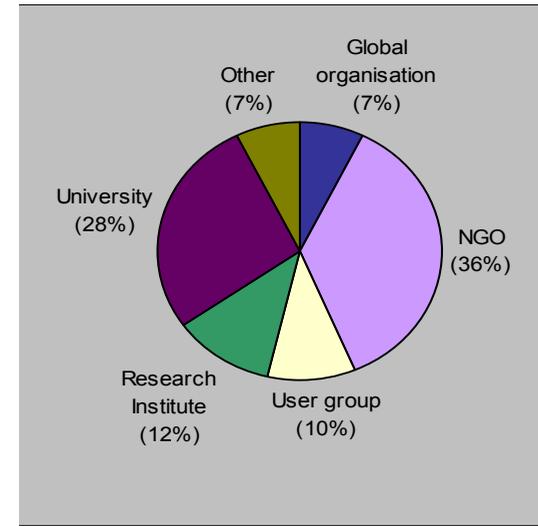
This interactive facility has resulted in a growing database of information. Discussion boards were added to the website and a new Facebook site launched

to enhance communication between members.

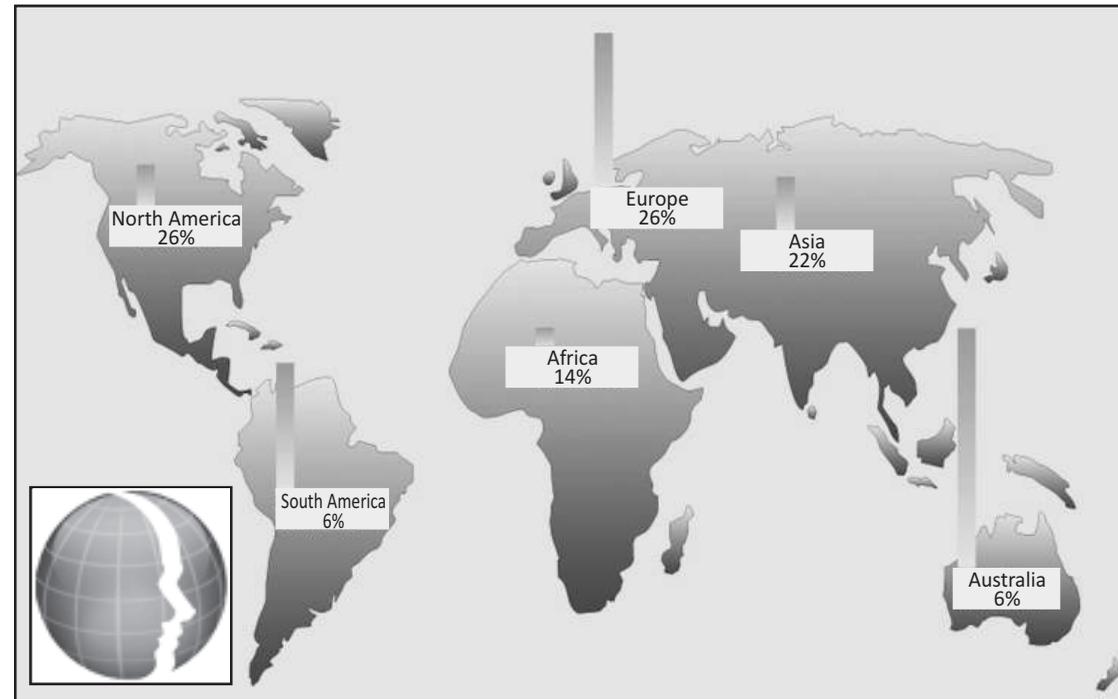
Currently, discussion is focused on the movement's future strategies, its structure and operation, and maximising activism through the website and links with the media.

The movement aspires to an ever-widening membership and new activities, including a global advocacy campaign with the World Federation for Mental Health, to make mental health for all a reality.

If you believe strongly in the mission of the movement, join up today! ■



● Characteristics of the institutional members.



● Location of institutional members and regional distribution of individual members.



Sangath

The WAVE Project

Duration: June '09 - September '10
Objective: To empower women from various socio-economic backgrounds, to use video as a tool for expressing perspectives about development.



The Women Aloud Video-blogging for Empowerment (WAVE) Project is conceptualized by Sapna Shahani and Angana Jhaveri for the Digital Media and Learning competition sponsored by the MacArthur Foundation and HASTAC

It aims to empower young women from various socio-economic backgrounds, from every state in India, to use video as a tool for expressing perspectives about development.

These videos will be published online at the website: www.womenaloud.org/
www.waveindia.org



Sangath

The website was launched on International Women's Day - 8th March 2010.

Fifty selected candidates underwent intensive training in video production, web skills and community development issues.

After the training, women were asked to produce one video of 2-5 minutes per month for the collective video blog.

Clinical Services for Indian Navy

Funder: INS Jeevanthi, Naval Hospital, Vasco
Duration: October 2007- September 2008.
Objective: To provide and establish counselling services for naval officers, sailors and their families.

As part of its outreach to organizations and institutes in the community, Sangath was invited by the INHS Jeevanthi to provide and establish counselling services for the naval officers, sailors and their families.

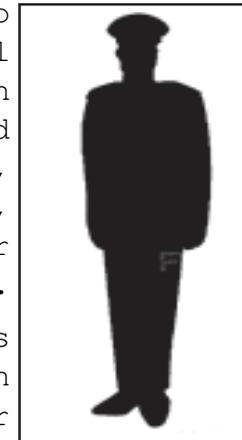
The program began with the training of 20 first line counsellors from the Navy on understanding of mental health and awareness about mental health services.

The individuals who availed of the services first met the counsellor who assessed their problems, provided guidance

Sulochana Pednekar, who has been with Sangath for several years, has been selected as a primary candidate from Goa. She has been producing videos related to women's reproductive health.

This is the first Indian women's video blog. The WAVE project hopes to create a global communication platform to discuss how community issues impact women in India. ■

and referred those who needed professional help to the Sangath clinician who provided psychotherapy and, where needed, referred them to other specialists in Sangath.



The Navy Wives Welfare Association organized a lecture for the families of naval personnel where Dr Gauri Divan made a presentation on "Parenting skills" and Achira Chatterjee presented on "Mental health and well-being".

This meeting was attended by over 350 people and the presentation was followed by an interactive discussion. This project, though only for a year, provided considerable benefits to many families of the Navy. ■

Sangath prides itself on having evolved into a teaching and training organization. The number of international and local students who carry out their internships in Sangath as well as the flood of registrations that come in for our training programs is testimony to our appeal. Students doing their internships in Sangath are encouraged to learn and participate in a variety of activities in the organization.

Sangath's Training Courses

The Leadership in Mental Health Course (LMH) was first run in 2008 in collaboration with London School of Hygiene and Tropical Medicine (LSHM), the Schizophrenia Research Foundation

(SCARF), and the Centre for International Mental Health, University of Melbourne. This course has been designed to equip participants in the methods to develop and scale up interventions for people with mental disorders in communities, based on the population model (i.e to achieve maximum coverage in an administrative unit such as a district). In the two annual courses since then, 68 persons from diverse backgrounds and nationalities have participated. The participants consisted of mental health professionals, general physicians, policy makers, representatives of funding agencies, humanitarian agency workers, NGO staff, epidemiologists, anthropologists and members of the user community. Apart from countries in South Asia, participants have come from Vietnam, Germany, Canada, South Africa, UK, USA, Japan, Brazil and Peru.



● LMH Class of 2008.

C o u r s e participants reported benefits from the experience of learning with people from d i v e r s e

LMH 2008 Participants Feedback

"It gave me a sense of belonging – that I am part of a global mental health movement."

- Jyotirmoy Samajder,
Psychiatrist, Kolkata



"I liked the clear structure and thoughtfulness with which the course was designed, passion and enthusiasm of the tutors and the unparalleled dedication, compassion and rich diversity among our course participants. Thank you....It was a fantastic experience."



- Ron-Hi Liaw, Child and Adolescent Psychiatry Fellow,
New York University, USA

backgrounds and nationalities and the combination of theoretical issues as well as having to develop practical mental health plans.

In 2010, the course will be conducted by Sangath, in collaboration with the London School of Hygiene & Tropical Medicine, the Schizophrenia Research Foundation, the Public Health Foundation of India and the Centre for International Mental Health, University of Melbourne from 22 November to 3 December 2010.

The Development and Evaluation of Complex Health Care Interventions was a two week short course run by Sangath in November 2009, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) and the Society for Education Action and Research (SEARCH).

The aim of this course was to provide participants with an understanding of what complex interventions are, the steps involved in designing and developing complex interventions, and methods for evaluating complex interventions.

In 2010 the course will be conducted over six days and apart from LSHTM and SEARCH, another collaborator will be SANCD and the National Health System Resource Center, India. The course will be held from 15 to 20 November 2010.



● Training session - Complex Intervention Course.

PARTICIPANTS FEEDBACK

"I learnt a lot from this short training. Previously my mind was almost blank on how community interventions are developed. Now I am confident that I can develop a complex intervention using my learning."



Nagendra Prasas Luitel (Nepal)

"Practicals are excellent and succeed in clarifying the concepts very well. The content was very well organized and presented. There is a lot of information which is exciting and useful."

Anonymous participant

The Interpersonal Psychotherapy Training (IPT) Course is a new two week course that was conducted by Sangath from 19 to 30 July 2010. Helena Verdelli from Columbia University, USA, was our guest faculty.

The objective of the course was to offer participants a thorough understanding of the skills necessary to deliver IPT for depressed persons in a variety of treatment settings.



Mental Health in Complex Emergencies is an international course that has been held in various countries abroad and is now being hosted by Sangath.

The course will be held in December 2010, in collaboration with the International Medical Corp, Centre for International Humanitarian Cooperation and Healthnet TPO. ■

Sangath is also invited by institutions, schools, other NGOs and groups to conduct workshops and lectures on a number of topics. We have a list of topics we generally cater to, but we also tailor the workshop as per the needs and requests of the groups.

Often, as part of our project activities, we also have seminars and training programs for various stakeholders. Here are some examples:

For Teachers and Headmasters

We have carried out workshops for teachers on these topics: understanding learning disabilities, inclusive education, phonics and language development, positive disciplining practices and classroom management, understanding and being sensitive to the needs of adolescents, stress management, anger management, self-esteem, child development, learning process, children with special needs and augmentative communication.

We also had interactive lectures for the teachers of Smt. Parvathibai College and a team building workshop for the non-teaching staff of the college.

As part of our school program we held workshops for school managements on drafting and adopting a substance use



● *Phonics and language development workshop.*

policy and an anti-bullying policy. The anti-bullying policy has been adopted and disseminated in all of the nine schools under our school program.

As part of the SSA program in the state, professionals from Sangath conducted one-day orientation programs on 'inclusion' for around 1000 primary teachers.

For Parents

Under the Sangath School Program, interactive workshops were conducted for

parents on various topics like healthy eating practices and preparation of low-cost recipes (in collaboration with the Goa College of Home Science), parenting skills, disciplining practices and understanding learning difficulties.

For students

Workshops covering a range of topics like study skills, career guidance, goal setting, self-esteem and nutrition were carried out for students. We also conducted a number



● *Anti-bullying workshop.*



Sangath



Sangath



● *Life skills training workshop in progress.*

of workshops on life skills for students from the Smt. Parvathibai Chowgule College.

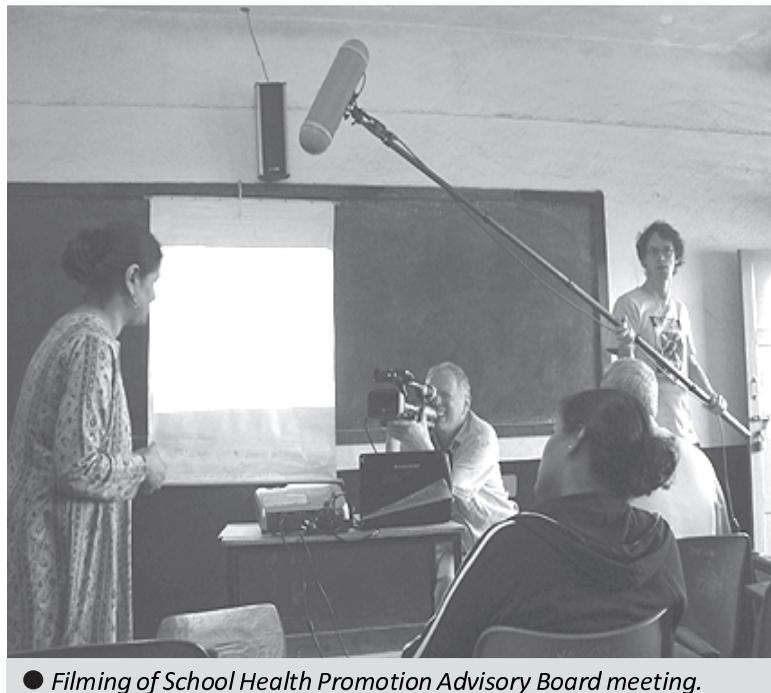
Sangath professionals conducted a one week course on research methodology for the students of Goa College of Home Science.

For other Institutions

As a part of the RCH program, Sangath conducted a number of training programs for the field NGOs about the role of Mother NGOs, village mapping and micro planning, and planning community based interventions.

We also held a one week program for the community workers of 'Presentation Society', Vasco, on dealing with mental health problems among people living with HIV/AIDS.

Sangath hosted a seminar on the topic "Transdiagnostic Theory and Treatment" by Professor Christopher Fairburn (University of Oxford), in collaboration with the Goa Psychiatric Society. This event was attended by over forty mental health professionals from Goa. ■



● *Filming of School Health Promotion Advisory Board meeting.*

Visitors

Sangath receives scores of visitors every year who visit for a variety of reasons: to gather information; to learn about our work; to discuss partnerships; and to understand the work we do in the larger context of the efforts being made to improve mental health globally.

Recently we were visited by Healthnet TPO, a Dutch NGO that works in areas disrupted by war, disasters and poverty, on sustainable (mental) healthcare development.

Our work, particularly SHAPE, COPSI and MANAS, was a part of a documentary film "From western style psychiatry to community based support" that is being produced by them. The specific aim of the film is to communicate the variety of mental health problems and solutions in low income countries. ■

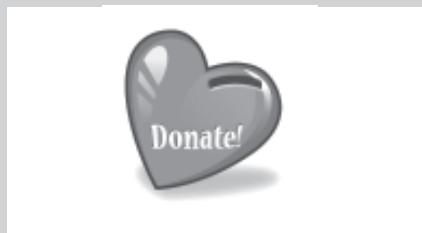
Join the Movement for
Global Mental Health.



Visit

www.globalmentalhealth.com

DO A LITTLE GOOD



Like every organization in the world, we too rely on a helping hand once in a while. Sangath is a non-profit organization in constant need of funding. Here at Sangath, we have devoted our energies to making a positive change in society. Because of our generous donors we are able to reach out to the many that need our help and resources.

So do a little good and donate, however small it might be... someone out there needs your help.

Thank you for your generosity.



Sangath

Corpus & Building Fund Donation Form

Donors Name: _____

Nationality: _____

Contact Name & Address: _____

Occupation: _____

Nature of Business: _____

Telephone: _____ Fax: _____ Email: _____

I would like contribute to the Corpus Fund: _____

Mode of Payment (By Cash / Cheque/ DD): _____

Sum in figures (Please indicate currency): _____

Sum of in words (Please indicate currency): _____

Cheque/DD No.: _____ Dated: _____

Bank Name: _____
(Drawn in favour of
Sangath payable at Panjim)

Signature: _____ Date: _____

Bank details for direct transfers: Bank of India, Porvorim, Goa, India.
SWIFT Code: BKIDINBBMPC, Bank Account Number: 5229, Name: SANGATH

Send via post or email to:

The Accounts Officer, Sangath
841/1, Behind Electricity Dept., Alto-Porvorim, Bardez, Goa 403 521.
Tel: 0832-2414916 / 2417914 Fax: 0832-241 1709 Email: contactus@sangath.com

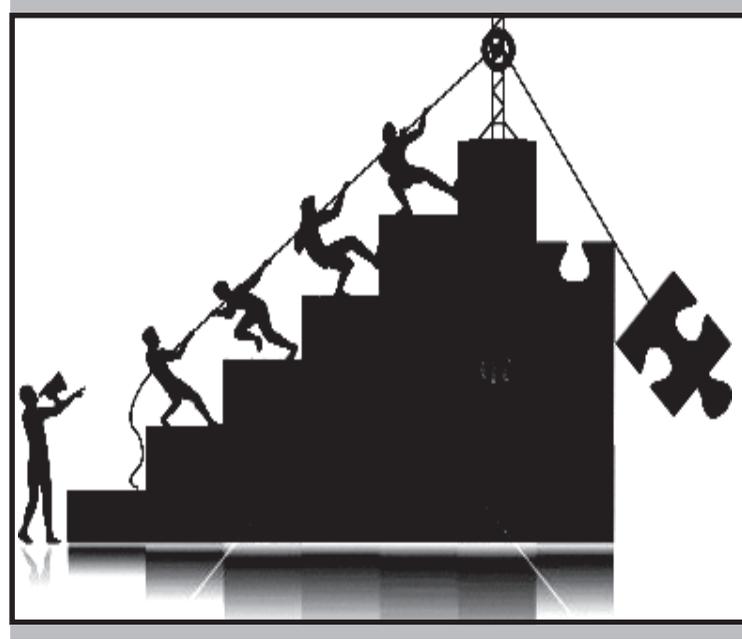
Donations are eligible for tax relief under section 80G of Income Tax Act, 1961.

DONATION FORM



Sangath

How We Do It



Administration & Finance

Administration	63
Finance	65
Personnel Welfare	66
Documentation	66
Technology	70

Hindi Summary

71

Vision For the Future

73



Sangath

Central Administration

Sangath's administration plays a vital role to ensure that all our activities are run cohesively and efficiently, following the rules and regulations that an NGO registered under the Societies Act must comply by, and ensuring best practices and complete transparency in our financial management.

The administrative structure is based on providing effective roles and specific responsibilities to its key members.

The team is led by the **Executive Director**, a new post in Sangath which came into effect on 1 February 2010. After a brief stint with two senior posts of Research Director and Clinical Director we finally consolidated both posts and created the single post of Executive Director.

The ED is appointed by the MC to oversee the implementation of all the projects and other activities, to develop and implement effective management systems to match the needs of the growing organization, and to develop strategic plans for the organization.

Administrators are responsible for the day to day administration of the organization and implementing and updating human resource policies and procedures. They are also responsible for

producing our biennial reports and ensuring the website is up to date.

A **Finance Officer** and her team are responsible for the financial management of the organization; critical roles are: preparation of project accounts for donors and the annual audits for the General Body and auditors.

An **IT Officer** is responsible to manage the Sangath domain and our in-house network; a critical activity is maintaining systems to ensure the integrity, reliability and security of data and systems and of communication systems.



● Chairperson Vishram Gupte at Sangath meet.



● Sangath team discuss their work at a meeting.

The central administration team acts as a link between coordinators, service providers and the MC.

Project Implementation

The **Principal Investigator** is the person who conceptualizes the project, guides the development of the proposal and secures the funding for the work.

S(he) is responsible for overall implementation of the project. Coordinator's responsibility for the day to day management of a specific service or research program/project.

A coordinator's responsibility involves formulating strategies and goals, planning and monitoring activities and the budget. Projects are supervised through meetings

with the team at least once a month. Each project has a monitoring and evaluation strategy which ensures high standards of work.

Further reviews of work are carried out through meetings and visits by funders and collaborators.

Service Providers are the backbone of Sangath. Service providers work on different projects and in the central administration and carry out specific duties and responsibilities.

The total human resources in Sangath on 1st April 2010 was 80, with 72 full-timers.

The Coordinators' Group comprising the ED, coordinators and senior administrative personnel meet once a month to discuss organizational and management issues and develop appropriate policies. Recommendations by this group are forwarded to the MC for a final decision.

The entire staff meets once in three months as a group at which time issues pertaining to staff welfare, individual project updates and team building exercises are conducted.

Sangath also holds separate Clinical and Research Meetings once a month. In the clinical meeting, all clinicians of Sangath meet to discuss clinical issues, such as cases or clinical audits. This is



an important opportunity for clinicians to update their skills and their professional development.

The research meeting comprises presentations on new projects, findings of our research studies or on research methods. ■

Sangath's IRB Members

- Dr. Amit Dias:** Chairperson
- Anita Haladi** (Professor in Economics);
- Madhumitha Balaji** (Clinical Psychologist);
- Dr. Maryam Shahmanesh** (Medical Epidemiologist);
- Mirja Koschorke** (Psychiatrist);
- Dr. Neerja Chowdhary** (Psychiatrist);
- Raj Vaidya** (Pharmacist);
- Rajal Shinkre** (Principal, Goa Home Science College);
- Sheela Gupte** (Medical Practitioner);
- Vishram Gupte** (Lawyer);
- Vikram Patel** (Psychiatrist)

Institutional Review Board (IRB)

SANGATH places great emphasis on ensuring the highest standards of ethics in research. We have an Institutional Review Board which fulfils the ICMR guidelines and is approved by the Office of Human Research Participants Protection of the US.

Research participants are offered free healthcare relevant to the research. Our trials are managed by independent Trial Steering Committees and Data Monitoring and Ethics Committees, and we seek approval of the Indian Council for Medical Research for all our international collaborative research projects.

IRB Procedure

All Sangath projects have to obtain ethical approval from the Sangath IRB. Submitted proposals are circulated for suggestions. All IRB queries have to be clarified by the applicant's and suggestions/recommendations incorporated before ethical clearance is granted.

Once ethical approval is given for a specific protocol all ongoing projects have to seek fresh approval for any major changes in their protocols, for example, If they decide to offer incentives to the participants which was not mentioned in the original proposal submitted.

Any adverse events that may occur during conduct of research and action being taken for the same has to be reported to the committee.

The committee meets twice a year (around September and March), and it is mandatory for all ongoing projects to submit their annual reports by 15 April.



Sangath

Sangath follows a transparent and accountable financial management system, under the guidance of our external and internal auditors, and based on guidelines provided after a comprehensive audit that was carried out by the international firm of auditors, Price Waterhouse Coopers, in 2007.

Sangath's finance team monitors the financial position of the project keeping in mind current and forecasted expenditure, and enforces strict procedures to ensure complete financial transparency. There are detailed standard operating procedures that are laid down for all types of financial transactions which can be found in the financial manual.

Some salient features of Sangath's financial management system are:

Clear guidelines on accounting procedures: Sangath has developed a finance manual which contains a list of accounting policies which are to be followed at the time of purchase of assets; sale of assets, investment of funds, travel reimbursement, settlement of advances, usage of mobile etc.

Authorization of expenses: All project & society expenses less than Rs.3,000 are approved by the finance officer and countersigned by the chairperson and the treasurer.

All expenses above Rs.3,000 are approved by Managing Committee and prior approval of funders is sought for any variation from budgeted figures.

Monitoring: Every project coordinator gets a monthly statement of expenses incurred and notes on any budgetary variances.

The ED and finance officer meet and appraise the coordinators individually if project funds are not managed efficiently. The MC also keeps a check on expenditures whilst giving their approvals. In this way all funds are continuously

monitored by the MC, ED, coordinators & finance officer.

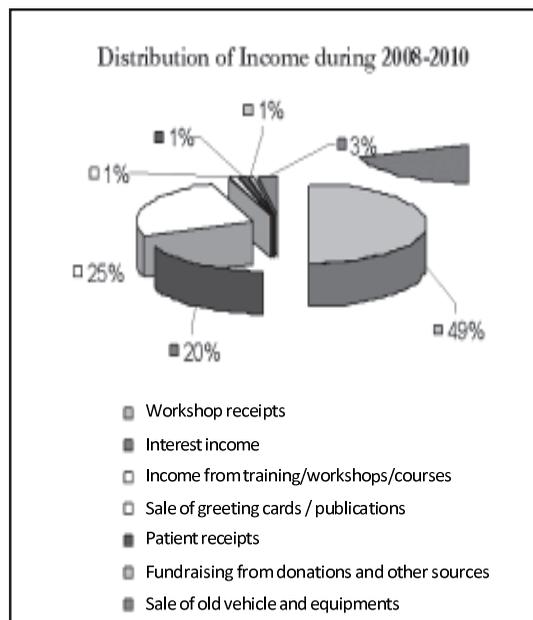
Monitoring by Auditors: The internal auditor audits all financial transactions on a quarterly basis and provides reports to the MC.

The accounts are also annually audited by the statutory auditor and any issues arising are referred to the finance officer and the MC for action.

Insurance coverage and safeguarding of fixed assets: Apart from insurance cover for cash at safe and in transit, all assets are covered through equipment insurance, by following strict procedure on procurement of fixed assets, numbering of fixed assets and physical verification of assets at the end of each financial year.

All projects, in agreement with the funding agency, contribute up to 10% of the total project costs towards supporting core administrative expenses of the Society.

This administrative fee goes towards paying for the society's facilities, including administrative and management support services, by the projects and building our capacity for long-term sustainability. Over the past two years, the income of Sangath has come from various sources that is depicted in the pie chart alongside. ■



The following chart shows the income distribution during financial year 2008-10.



Sangath



Personnel Welfare



The welfare of Sangath's human resources is of utmost importance and while we have always invested in capacity building opportunities, we have also been exploring other ways by which we could provide monetary benefits.

Monetary benefits: Since this financial year (2010) we are offering a Public Provident Fund Facility as well as Mediclaim benefits.

Capacity building: Sangath strongly supports capacity building for service



● *Recreation and team building.*



● *Visioning exercise at staff meeting.*

providers. They can nominate themselves for training opportunities based on justification on how it will improve his / her work and career growth.

All project grants are encouraged to include capacity building in their budgets and service providers are encouraged to attend courses which are conducted in house as well as by other organizations in the state and outside Goa.

Many service providers have also been funded to attend overseas meetings and several are registered for Masters degrees in epidemiology or public health through the distance learning program of the London School of Hygiene & Tropical Medicine. ■

Documentation & Dissemination



Sangath disseminates information and its research findings through publications, meetings and workshops, print media, courses and the Sangath website (www.sangath.com).

Our website was recently totally revamped and visitors can browse to obtain information, our mission, our course announcements, our publications, project updates, vacancies and the latest news.

We have two libraries - one in each of our centres. Together, the two libraries comprise more than 4000 materials, including books, journals, pamphlets, CDs and video tapes.

Our researchers have published a large number of papers in some of the world's leading peer-reviewed journals; most are available on our website and in the library.

We have also published books, handouts for parents and teachers and various manuals. A full time librarian manages the library. ■

Scientific Papers and Articles: 2008 - 2010

2008

1. Chowdhary N. & Patel V.

The effect of spousal violence on women's health: Findings from the Stree Arogya Shodh in Goa, India. Journal of Postgraduate Medicine - 54 (4):306-12.

2. Patel V., Araya R., Chowdhary N., King M., Kirkwood B., Nayak S., Simon G. & Weiss H. *Detecting common mental disorders in primary care in India: A comparison of five screening questionnaires.* Psychological Medicine - 38; 221-228.

3. Chatterjee S., Chowdhary N., Pednekar S., Cohen A., Andrew G., Araya R., Simon G., King M., Kirkwood B., Weiss H., Verdelli H., Clougherty K., Telles S. & Patel V. *Integrating evidence-based treatments for common mental disorders in routine primary care: feasibility and acceptability of the MANAS intervention in Goa, India.* World Psychiatry - 7, 47-53.

4. Weiss H., Patel V., West B., Peeling R., Kirkwood B. & Mabey D. *Spousal sexual violence and poverty are risk factors for sexually transmitted infections in women: a longitudinal study of women in Goa,*

India. Sexually Transmitted Infections - 84, 133-139.

5. Pillai A., Patel V., Cardozo P., Goodman R., Weiss H. and Andrew G. *Non-traditional lifestyles and prevalence of mental disorders in adolescents in Goa, India.* British Journal of Psychiatry - 192, 45-51.

6. Patel V., Andrew G. and Pelto P. J. *The psychological and social contexts of complaints of abnormal vaginal discharge: A study of illness narratives in India.* Journal of Psychosomatic Research, 64, 255-62.

7. Maselko J. & Patel V. *Why women attempt suicide: The role of mental illness and social disadvantage in a community cohort study in India.* Journal of Epidemiology & Community Health, 62, 817-22.

8. Patel, V., Flisher, A., Nikapota, A. Malhotra, S. *Promoting child and adolescent mental health in developing countries.* Journal of Child Psychology & Psychiatry, 49, 313-334.

9. Cohen A., Patel V., Thara R. and Gureje O. *Questioning an axiom: better prognosis for*

schizophrenia in the developing world? Schizophrenia Bulletin, 34, 229-44.

10. Rahman A, Patel V, Maselko J, Kirkwood B. *The neglected 'm' in MCH programmes — why mental health of mothers is important for child nutrition.* Tropical Medicine and International Health. 13:579-83.

11. *Commentary-Integrating Mental Health in Primary Care- Task shifting to scale up services for people with Mental disorders;* Report on World Mental Health Day 10th Oct 2009 published on World Federation for Mental Health site. (www.wfmh.org)

12 Chatterjee S., Pillai A., Jain S., Cohen A., Patel V. *Outcomes Of People With Psychotic Disorders In A Community Based Rehabilitation Program In Rural India.* British Journal of Psychiatry, 195, 433-439.

2009

13. Nayak M., Bond J., Cherpitel C., Patel V., Greenfield T. *Detecting alcohol related problems in developing countries: a comparison of two screening measures in India.* Alcoholism: Clinical & Experimental Research, 12, 1-10.





14. Shahmanesh M., Wayal S., Andrew G., Patel V., Cowan F. & Hart G. *HIV prevention while the Bulldozers roll: A study exploring the effect of the demolition of Goa's red-light area.* Social Science & Medicine, 69, 604-612.

15. Shahmanesh M., Wayal S., Cowan F., Mabey, D. Copas A., Patel V. *Suicidal Behaviour amongst Female Sex Workers in Goa, India; the silent epidemic.* American Journal of Public Health, 99,239-46.

16. Patel V., Goel D.S., Desai R. *Scaling up services for mental disorders in low-resource settings.* International Health, 1, 37-44.

17. Pillai A., Andrews T., Patel V. *Violence, psychological distress and the risk of suicidal behavior in young people in India.* International Journal of Epidemiology, 38(2):459-69.

18. Patel V, Simon G, Chowdhary N, Kaaya S, Araya R. *Packages of Care for Depression in Low- and Middle-Income Countries.* PLoS Medicine 6(10): e1000159.

19. Patel V. *The Stree Arogya Shodh: investigating gynecological morbidities and women's mental health in India.* International Psychiatry, 6, 86-88.

20. Patel V. *The future of psychiatry in low and middle income countries.* Psychological Medicine, 39, 1759-1762

21. Patel V. *A Movement for Global Mental Health.* Global Social Policy, 8, 301-4

22. Dias A., Patel V. *Closing the treatment gap for dementia in India.* Indian Journal of Psychiatry 51:S93-7.

23. Patel V. *Integrating mental health with chronic diseases care.* International Journal of Public Health, 54, S1-S3.

(2010)

24. Tripathy P., Nair N., Barnett S., Mahapatra R., Borghi J., Rath S., Rath S., Gope R., Mahto D., Sinha R., Lakshminarayana R., Patel V., Pagel C., Prost A., Costello A. *Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: the Ekjut cluster-randomised controlled trial.* Lancet, 375, 1182-92.

25. Nayak M., Patel V., Bond J., Greenfield T. *Partner alcohol use, violence and women's mental health: A population based survey in India.* British Journal of Psychiatry, 196:192-9.

26. Chowdhary N., Patel V. *Gender-based violence and mental health.* In The Oxford Textbook of Women and Mental Health. Dora Kohen (Editor). March 2010

27. Greenfield T., Nayak M., Bond J., Patel V., Trocki T., Pillai A. *Validating Alcohol Use Measures Among Male Drinkers in Goa: Implications for Research on Alcohol, Sexual Risk, and HIV in India.* AIDS & Behaviour. In in press. ■

ANNOUNCING

Mental Health in Complex Emergencies COURSE



Date: December 2010

Conducted by: Sangath

Collaborators: International Medical Corp, Centre for International Humanitarian Cooperation and Healthnet TPO.

For more details visit

www.sangath.com

List of Sangath Publications



1. **All for Teens: A Set of 22 handouts for adolescents, Parents and Teachers (English/Marathi).** Rs. 100

2. **List of Handouts on Child Development.** Rs. 225/-

3. **The State of Goa's Health** Rs.70/-

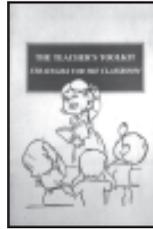


4. **Health Needs of Adolescents.** Rs.75/-



5. **Barefoot Counseling (English).** Rs.75/-

6. **Barefoot Counseling (Marathi).** Rs.75/-



7. **Teacher's Toolkit.** Rs.100/-

8. **Police Manual** Rs.50/-



9. **Helping the Child with Learning Difficulties.** Rs.300



10. **Common Mental Disorders in General Health Care.** Rs.150/-

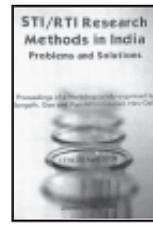


11. **Down Syndrome - Reaching Out (Training Manual).** Rs.100/-



12. **Where there is no Psychiatrist.** Rs.250

13. **A Physician's Guide to Medically Unexplained Symptoms.** Rs.50/-



14. **STI/RTI Research Methods in India: Problems & Solutions.** Rs. 150/-



15. **Autism- Hope And Help.** Rs.100/-



16. **Basic Skills in Counselling** VCD. Rs.500/-



17. **Period Pains (Marathi/English).**Rs.100/-

18. **Learning Disabilities - Looking Beyond.** Rs. 100/-

(A detailed list is available on www.sangath.com.)

PUBLICATIONS



Sangath

TECHNOLOGY



Sangath has pioneered the use of handheld computers for field data collection. Field researchers use PALM handheld devices to collect data which generates a spreadsheet ready to be imported in commonly used analysis softwares.

This mobile technology has improved the efficiency of field data collection by saving on data entry time and reducing data collection and entry errors.

Smita Naik was invited by the Society of Applied Studies, New Delhi, to assist them in testing the feasibility of using Palm tops in a multicenter study coordinated by the World Health Organization.

We have recently developed an online clinical record software, which allows clinicians to enter key information about patients.

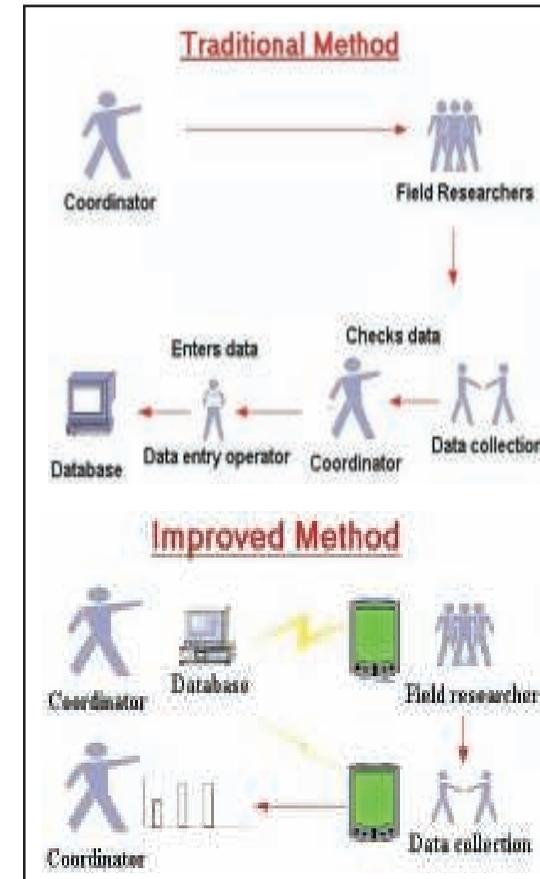
The software will also allow any Sangath clinician to access clinical records from any location through the internet and to permit our clinical team to carry out audits of our clinical work on a regular basis with just a click of the mouse.

The IT infrastructure at Sangath is simple, smart and secure. It consists of a primary server which manages all the client computers and network peripherals.

Anyone trying to access resources from the server must be authenticated by the active directory before access is allowed.



● Service provider using a palmtop.



A backup procedure is followed by running a scheduled backing up every day.

The Sangath network is spread across 5 buildings at the Porvorim centre and one at the Raia centre. Sangath has over 50 network points installed and approximately 65 network users. Both our offices have broadband internet connectivity connection.

Sangath also launched its new and much improved website www.sangath.com.



Sangath

संगत: हमारी दृष्टि – भविष्य के लिए

जैसे ही आप हमारे यह VIth द्विवार्षिक प्रतिवेदन पढ़ेंगे, जो १९९६ से हमारी यात्रा की प्रारंभ से आजतक की उपलब्धियों को रेखांकित करता है और आप को ज्ञात कराता है की पिछले दो साल हमारे लिए कितने महत्वपूर्ण उपलब्धियों से परिपूर्ण थे।

ईस अवधि के दौरान तीन प्रमुख कार्यक्रमों ने अलग और अमिर छाप छोड़कर हमारी पहचान बनायी है?

पहले लोक प्रतिष्ठित माना जानेवाला MacArthur प्रतिष्ठान का आंतरराष्ट्रीय पुरस्कार प्राप्त हुआ। (मानचिन्ह प्राप्त हुआ) जो रचनात्मक तथा प्रभावी संस्थाओं को विशेष कार्य के रूप में मिलता है। वे हमारे मानसिक स्वास्थ्य केंद्रप्रदर्शन काम की पहचान के रूप में मिला।

दूसरा हमारी प्रबंधक प्रणालियों को फिर से पुनर्गठित करके दो निर्देशकों के साथ एक संक्षिप्त विचारण करने के बाद अंत में पूर्ण समय कार्यकारी निर्देशक और वरिष्ठ प्रशासक की हम नियुक्ति कर सके।

हमने हमारी साझेदारी गफ और पुरान सहायकों के साथ दृढ़ की है। जैसे कि लंदन स्कूल ऑफ हायजिन अँड ट्रॉपीकल मेडिसिन। (स्वास्थ्य-अयनवृत्त संबंधी) (भारतीय सार्वजनिक स्वास्थ्य आधार) (पब्लिक हेल्थ फाइजुडेशन ऑफ इंडिया के माध्यम से दक्षिण एशिया नेटवर्क असाध्य रोगों के लिए) महाराष्ट्र में परिवर्तन चेन्नई में

विद्यासागर और स्कार्फ (SCARF) और विभिन्न सरकारी विभागोंका

आपको ग्याद होगा पिछले दो वर्ष हमारे महत्वपूर्ण उपलब्धीया कैसे थे। हमारे लिए स्थान प्राप्त किया है। अपनी इस अवधि के दौरान तीन प्रमुख कार्यक्रमो ने अपनी अमिट छाप छोडी है। अलग पहचान बनाई है। पहला हम प्रतिष्ठित (जाना-माना) MacArthur (फाँउडेशन) प्रतिष्ठान के आंतरराष्ट्रीय पुरस्कार की मानकरी बने। जो हमें रचनात्मक तथा प्रभावी संस्थाओं के एक मान्यता देने कि पथप्रदर्शक कार्य में हमारे मानसिक और स्वास्थ्य के काम की वजह मान चिन्ह प्राप्त हुआ। हमारी प्रबंधक प्रणालियोंकी फिर से पुनर्गठित करने के बाद दो निदेशकों के साथ अंत में पूर्ण समय कार्यकारी निदेशक और वरिष्ठ प्रशासक को नियुक्त



कर सके। हमारा सौभाग्य है की ग्रेसी एड्यू जीस में संगत का नेतृत्व स्वीकार कर नर्मता से शुरुवात कर सभी समिती और उनकी जीवन वृत्ति त्यागकर कार्यकारी निर्देशक की जिम्मेदारी ली। तीसरी कई वर्षों के दौरान बहुत खोज के बाद पिछले कई उबड खबड वर्षों के बाद संगत अंततः अपनी सम्पत्ति खरीदी जो उत्तरी गोवा के भीतर है और हमारे बजट में है। हम पुरस्कार के प्रति आभार व्यक्त करते है। यह हमारे वर्तमान कार्यालय के बहुत निकट है और हमारे कार्यक्रमों को आयोजित करने को पर्याप्त है। अब हमें उत्तेजन कार्य के नूतनीकरण और भवन का निर्माण करने के लिए एक नई ब्लाक सभा, अपना प्रशिक्षण केंद्र बनाने के लिए अधिक निधि की आवश्यकता होगी और हमारी टीम स्थापित करने के लिए एक प्रमुख निधि की जरूरत है, जिस लक्ष्य को प्राप्त करने के लिए अभियान चलाया है।

पिछले दो वर्षों में हमने इस आनंद को एहसास किया है। यह योगदान काफी प्रतिभावान और विविध सेवा प्रदाताओं का है। हमारा नया पाठ्यक्रम मानसिक स्वास्थ्य में नेतृत्व सारे छात्रों को आर्कषित करने के लिए विश्व भर में फैल गया है। हमारा नया पाठ्यक्रम जैसे की लिडरशिप इन मेंटल हेल्थ (मानसिक स्वास्थ्य में नेतृत्व) दुनिया भर के बहुत से विद्यार्थियों के आर्कषित करता है।

गोवा की स्वास्थ्य सेवा शाखाओं



के निर्देशालय और शिक्षा निर्देशालय उपर बताएँ हुए सभी हमारे भाग्यशाली आनंद का समर्थन करने के लिए प्रमुख funds (निधी) गोवा से और अन्य स्थानों से भारत तथा विदेश में प्राप्त करने में जिन्होंने योगदान दिया उन सबकी अर्जी निर्देश करने के लिए प्रतिबद्ध हैं। ऐसी संसाधन और मिशन का समर्थन करता है। अभी संगत को अब गोवा में अपना काम करना और इसकी दृष्टिविस्तार देश के अन्य भागों में फैलाना है। हमारा दिल से नजरिया यह है कि मानसिक असंतुलन उपचार के लिए, जैसे की मानसिक बिमारियाँ, अर्थात् उनके बीच अन्तर के साथ लोगों की संख्या में एक मानसिक विकृति और प्राप्त संख्या की देखरेख के लिए उनके मानसिक बिमारियाँ भारत में बड़ी है। एक प्रमुख बाधा में इस उपचार के अभाव में अंतर वहनीय विशेषग्यों के साथ, जहाँ लोग साज-सज्जा में मानसिक स्वास्थ्य समस्याओं का उपयोग सेवार्यें, स्कूलों में प्राथमिक स्वास्थ्य में देखभाल केंद्रों अथवा अन्य समुदाय पायेगा। इसके अलावा साथ चलरही परियोजनाओं को लेगा। सामुदायिक स्वास्थ्य कार्यकर्ताओं को बचाना, मंदी की देखभाल मानसिक तनाव और schizophrenia. इस वर्ष संगत प्रक्षेपण करेगा अपनी नई प्रमियम महत्वाकांक्षी कार्यक्रम, जो कि एक सुव्यवस्थित प्रक्रिया योजना विकसित करने के लिए नई मनोवैज्ञानिक उपचार पध्दती कि जा सकती है जो स्वास्थ्य कार्यकर्ताओं को सौंप जाएगी। हम भी योजना को बढ़ावा देने के लिए हस्तक्षेपों को विकसित करने में सफलता –



विफलता, मानसिक स्वास्थ्य. कृषि समुदाय में विदर्भ (महाराष्ट्र) के स्थानीय आजिविका तथा स्वास्थ्य माध्यम प्रणालीयों के साथ भागीदारी करना चाहते हैं।

हम एक नए कार्यक्रम पर काम कर रहे हैं जो की वृद्धावस्था की स्मृतिभ्रंश पर है, पहले हम दक्षिण गोवा में देखभाल के लिए एक घर बनायेंगे।

हमारी मानसिक स्वास्थ्य की गतिविधियों को विस्तार से अन्य असाध्य रोग (जैसे मधुमेह) के साथ एक नए प्रक्षेपण समुदाय आधारित कार्यक्रम को विकसित करने और घर-की स्थितियोंपर हस्तक्षेपों का कैसे असर होता है यह देखना है। इस नये परियोजना में हम बाहर के स्वास्थ्य के साथ सहयोग आगे जाएंगे। भारत की आधारशिला साथ देगी। हमारे कार्य और बोल विकास और किशोर स्वास्थ्य स्थापित अग्रणी समूह के साथ देश के चारों

ओर तांत्रिका विकासात्मक अपाहिज बच्चोंपर है पर एक नेटवर्क स्थापित किया है। यह दल प्रक्षेपण करेगा समान्वित अध्ययन पर, उनके भार, प्रभाव, न पाया हुआ परिवार और स्वास्थ्य संबंधी जरूरतों पर। ये विकास के लिए नई समुदाय पर सहायता देने के लिए हस्तक्षेप करेगा, जो परिवारों को चाहिए। नोडल एजेंसी के रूप में राज्य के अंतर्गत हम राष्ट्रीय न्यास की संख्या में यह कार्यक्रम की शुरुवात करने उन विशेष स्कूलों के साथ सहयोग कर गोवा में हमारी पहले ही स्वास्थ्य कार्यक्रम एकत्र कर बढ़ती जा रही है। सहायता को और बढ़ावा साथेगिरी, हमारी विशेषता पर आधारित स्कूल में सलाह परामर्श और मूल्यांकन का स्वास्थ्य कार्यक्रम देशभर के स्कूलों में फैला हुआ है।

माना जाता है कि संगत व्यापक रूप से भारत में एक नेतृत्व अग्रणी करती है, बाल विकास किशोर स्वास्थ्य और मानसिक स्वास्थ्य देखभाल प्रदान करने के लिए अपने प्रयासों के लिए इन मुद्दोंपर काम करेगा। अपनी अंतिम विजन, यह देखना है कि हमारे नमूनों की देखभाल, मूल्यांकन, संपूर्ण रूप से ही नहीं बल्कि एक अभिन्न अंग बन जाए। राष्ट्रीय स्वास्थ्य कार्यक्रमों पर हम हमारी सेवा प्रदाताओं को धन्यवाद देती हूँ। भागीदारी सहायकों

निधि दाताओं और मित्रा से उनकी प्रचार समर्थन और विश्वास से और हमारी निरंतर देखभाल करते हुए अगली यात्रा (वर्षों) में आप के साथ आगे बढ़ सकते हैं। ■

Vision For The Future

As you read this Biennial Report, the Sixth we have published since we began our journey in 1996, you will have gathered that these past two years have been momentous ones for us. Three major events have left an indelible mark during this period.

First, we won the prestigious MacArthur Foundation's International Prize for Creative and Effective Institutions, a recognition of our pioneering work in mental health.

Second, we reorganised our management systems and, after a brief trial with two Directors, we finally settled down with appointing a full-time Executive Director and Senior Administrator. We were fortunate that Gracy Andrew, who has been a leader of Sangath from its humble beginnings, chose to leave the Managing Committee and her career to take up the responsibility of Executive Director.

Third, after a search that has lasted many bumpy years, Sangath finally found a property to purchase in north Goa which was within our budget (which had been considerably enhanced thanks to the Prize), very close to our current offices and large enough to accommodate our needs.



We now have the exciting task of renovating the property and building a new block to house our training centre. This will need more funds, and our team is gearing up for a major fund-raising campaign to achieve our targets.

Over the past two years, we have been blessed to enjoy the contributions of immensely talented and diverse service providers. Our new courses, such as the Leadership in Mental Health, attract students from all over the world.

We have strengthened our partnerships with old and new collaborators, notably the London School of Hygiene & Tropical Medicine, the Public Health Foundation of India (through the South Asia Network for

Chronic Diseases), Parivartan in Maharashtra, Vidya Sagar and SCARF in Chennai and various departments of the Government of Goa, notably health and education.

Above all, we have been fortunate to enjoy the support of major funders in Goa, and elsewhere in India and abroad, who have committed generous resources to support our mission. Sangath is now poised to consolidate its work in Goa and to expand its vision to other parts of the country.

At the heart of our vision lies the 'treatment gap' for mental disorders, i.e. the gap between the number of people with a mental disorder and the number who receive care for their mental disorders, is large in India. A major barrier to closing this treatment gap is the lack of affordable specialists in settings where people with mental health problems access services – whether in schools, primary health care centres or other community settings.

Apart from our ongoing projects on experimenting with community health workers to deliver care for depression and schizophrenia, Sangath will launch its ambitious new PREMIUM program this year

FUTURE
VISION



Sangath

Vision For The Future

which will design a systematic process to develop new psychological treatments which can be delivered by lay health workers

We are also planning to develop interventions for promoting mental health amongst impoverished agricultural communities in Vidarbha (Maharashtra) in partnership with local livelihood and health agencies.

We are developing a new program of work on dementia in old age, starting with focusing on extending a home-based model of care in south Goa.

Our mental health activities will be extended to other chronic diseases (such as diabetes) with the launch of a new community based program to study how these conditions affect one another and to develop household based interventions. This new project will be carried out in collaboration with the Public Health Foundation of India.

Our work in child development and adolescent health is also poised for some exciting new initiatives. We have established collaborations with leading groups around the country to set up a network on neuro-developmental disabilities in childhood. This group will launch coordinated studies on the burden, impact and

unmet health needs of families with a child with such a disability. This will lead on to the development of new community based interventions to support these families.



● *Perspective of proposed Sangath Centre in north Goa.*

As the state nodal agency under the National Trust we are initiating a number of programs in collaboration with special schools in Goa. Our flagship school health program has already gathered growing support in Goa and partnerships to extend our expertise in school based counselling and evaluation of school health programs to schools around the country.

Sangath is widely considered as one of India's leading innovators in child development, adolescent health and mental health for

its efforts to provide care for these issues at a low cost in routine care settings. Our ultimate vision is to see our models of care not only evaluated thoroughly, but to become an integral part of national health programs.

We thank our service providers, partner, collaborators, funders and friends for their unstinting support and faith and look forwards to our continuing journey with you in the years ahead. ■

Vishram Gupte, Amit Dias, Nazneen Sarosh-Rebello, Mrinalini Sahasrabhojane, Ashwin Tombat & Vikram Patel.



Sangath

With best complements from



Bank of India,
Porvorim Branch, Goa

Core Banking: Internet Banking: E-Pay: Life Insurance:

Swasthya Bima: Gold Coins : Mutual Funds
GOVERNMENT OF GOA



GOA COLLEGE OF HOME SCIENCE

OPP.PARADE GROUND,
CAMPAL, PANAJI-GOA

B.Sc. in Home Science

The College offers a 3 year degree course i.e. **B.Sc in Home Science** for male and female candidates..
The course is multi disciplinary which revolves around 4 core areas: **Food, Nutrition & Dietetics, Textiles & Clothing, Human Development** and **Community Resource Management** with adequate inputs of the above core areas in the first 2 years followed by specialization at the final year in any one of the 3 areas presently offered:

- 1)Food, Nutrition & Dietetics
- 2)Textiles & Clothing
- 3)Human Development

Minimum Requirements:

- 1)_H.S.S.C Examination or equivalent examination, passed.
- 2) Prospectus and admission forms available in the College Office.
- 3) The Aptitude Test will be held. The date will be notified in the local dailies.
- 4) Admission will be based on Merit i.e. Aggregate marks of H.S.S.C Examination or equivalent examination and Aptitude Test with a weightage of 50% for each component.

For more details contact:

Ph. No: (0832)2227603; Telefax: (0832)2425254; E-mail:principalgchs@rediffmail.com
Or visit College website: www.goahomescience.gov.in

Flash Design
Programming Solutions
Web Design &
Application Development



Corporate Identity
Brochure, Logo, Flyer Design
Print Media Solutions

Goa Cyber Works
605, CitiCentre, Patto Plaza,
Panjim, Goa - 403001
Ph.: +91 832 6653257, 6647556
email: sales@goacyberworks.com
website: www.goacyberworks.com

Blog Creation
Inbound Links
Site Listings
White Hat SEO

Search Engine Optimisation

With best complements from

Marquis Beach Resort




Dando, Candolim
Goa



Sangath



Tough guys donate blood.



Smart girls donate blood.



Sensible people donate blood.

Millions of lives are saved by blood donated by voluntary donors. Come forward and donate blood. Make a difference to the world around you by saving someone's life.

Visit licensed Blood Banks to donate blood at Goa Medical College, Bambolim, Hospicio Hospital, Margao and Asilo Hospital, Mapusa

Goa State AIDS Control Society,
1st Floor, Dayanand Smruti Building,
S.V. Road, Panaji - Goa. 403 001
Ph. No: (0832) 2427286/ 2421381
Website: <http://www.goasacs.nic.in>



Sangath



The International Centre Goa

Goa University Road, Dona Paula, Goa 403 004

The International Centre Goa (ICG) founded in June 1987, is a registered non-profit society.

It aims to promote understanding and amity within the country and around the world

Through multiplicity of activities.



3 conference halls



A multi-cuisine restaurant



42 double AC rooms



Several outdoor venues

An ideal venue for seminars, conferences, training workshops and social gatherings.

Goa International Center: Your Home Away From Home.

Contact us at |

Membership/ Programmes: prog@incentgoa.com |
Reservations: res@incentgoa.com | www.internationalcentregoa.com |
Tel: +91 832 2452805-10 | Fax: +91 832 2452812

Dev borem korum

"We would like to thank all our funders and donors for making it possible for us to positively impact communities, especially in the areas of child development, adolescent and youth health and mental health.

2008 ↔ 2010

OUR FUNDERS

John T. & Catherine D. MacArthur Foundation, USA; Wellcome Trust (through the London School of Hygiene & Tropical Medicine); Sir Dorabji Tata Trust, Mumbai; The Afonso Foundation, USA; Autism Speaks, USA; CorStone, USA; Erasch and Roshan Sadri Foundation, UK; Psychiatry Research Trust, UK (through Kings College, London); International Centre for Research on Women, USA; World Health Organisation, Malaysia; Public Health Foundation of India; The United Nations Population Fund, India; State Family Welfare Bureau, Directorate of Health Services, Goa; Rotary Club of Panaji, mid-town; Dempo Mining Corporation Pvt Ltd, Goa; PACT (through Positive People, Goa; Confederation of Indian Industry (CII), Goa; Smt. Parvatibai Chowgule College of Arts and Science, Goa; The National Trust, Ministry of Social Justice and Empowerment, Govt. of India; INHS Jeevanti, Naval Hospital, Goa; Vishal Saluja, USA.

OUR DONORS

Anju S. Jain; Ashwin Tombat; Carvalho Institute; Hindu Pharmacy; Nazneen Sarosh Rebello; Rodson's Bakery; Ruchira Restaurant; Sheila Pottebaum; Socorine Fernandes; Travel Bug; Vikram Varma; Welcome Auto Spares & Repairs.



The Masala Travel Company
Spicing up travel to India!

- Goa Hotels and Transfers
- Masala Tickets Flights, Trains, Buses India Domestic and International
- Masala Tours - India Tailormade
- Masala Excursions, Goa
- Masala Holidays Worldwide
- Masala Medicals
- Masala Conference Management
- Masala Visas

Neurcar Chambers, 1st Floor, M.G. Road, Panjim, Goa - 403001,
Ph: 0832-2421173, Fax: 2421174, Mob: 9822122500
E-mail: mario@tmc.in Web: www.themasalatravelcompany.in, www.tmc.in



Le Magnifique
wellness resort & spa

No: 406/230, Plot No: 90, Nova Cidade, Behind P.D.A colony,
Alto-Parvorim, Bardez- Goa, 403521, INDIA
Cell Phone: (+91) 9822142938, 9881493938
E-mail: lemagnifique@rediffmail.com, lemagnifique@lemagnifiquegoa.com
Website: www.lemagnifiquegoa.com



North Goa

841/1, Near Electricity Dept.,
Alto Porvorim, Bardez-Goa -India.
contactus@sangath.com
(91-832) 2414916
(91-832) 2417914
(91-832) 2411709



www.sangath.com

South Goa

H. No.1272/A, Santemol,
Sonarwaddo, Raia,
Salcette - Goa - India 403 720
youth1stop@gmail.com
(91-832) 2777307
(91-832) 2776716