



**Sangath Biennial Report  
2006-08**

# List of Authors and Editors

---

## Editorial Board

- Gracy Andrew
- Dr. Amit Dias
- Vishram Gupte
- Prof. Vikram Patel
- Ashwin Tombat

## Authors

- Teddy Andrews
- Preetam Barros
- Paciencia Cardozo
- Achira Chatterjee
- Dr. Neerja Chowdhary
- Era Fernandes
- Yvonne Goncalves
- Prachi Khandeparkar
- Rosie Mayston
- Smita Naik
- Dr. Subramanya Nayak
- Sulochana Pednekar
- Pranjali Rodrigues
- Girish Sawaikar
- Nadia Fernandes

## Translation

- Chandrakant Mhambrey
- Shivprasad Sawant

## Design & Layout

- Printer's Devil

# Table of Contents

---

○ <b>About Sangath</b>	<b>04</b>
○ <b>Sharing the Good News</b>	<b>05</b>
○ <b>Highlights of 2006-2008</b>	<b>06</b>
○ <b>Clinical Services &amp; Community Programs</b>	<b>08</b>
❖ Services at our Centre	
❖ Extending Care in the Community	
❖ School-based Programmes	
○ <b>Research</b>	<b>22</b>
❖ Psycho-social aspects of Reproductive & Sexual Health	
❖ Interventions for Mental Disorders	
❖ Other Research	
○ <b>Partnerships &amp; Dissemination</b>	<b>34</b>
❖ Capacity-building	
❖ Training Courses & Workshops	
❖ Documentation & Dissemination	
○ <b>Administration</b>	<b>45</b>
○ <b>Konkani Summary</b>	<b>51</b>
○ <b>Sangath – a Vision for our Future</b>	<b>53</b>



# About Sangath

Sangath's mission is to promote health in all aspects, focusing primarily on mental, behavioral and developmental health issues. Although we work across the life span, our main areas of work have been on child development, adolescent health and adult mental health.

Sangath has grown by leaps and bounds in the dozen years since we started in 1996. Our beginnings were modest; we started Goa's first multi-disciplinary child development and family guidance services with voluntary contributions from our founders in a small one bedroom flat in Porvorim, north Goa. Today, we are one of the largest NGOs in the state, enjoying strong partnerships with government agencies and other community partners through whom we are carrying out public health research and evaluating a range of health interventions.

Over the years the need to reach out to the larger populace saw us extending our vision beyond our centre based clinics in north and south Goa to reach out into the community. One of our most innovative strategies to increase the coverage of our interventions is to use relatively low cost human resources or existing human resources, by empowering them with knowledge and support from more specialized personnel. Examples of our work, which you can find described in more detail in this report, include:

- Training lay people, whom we refer to as health counsellors, to deliver psychosocial treatments for depression in adults attending primary health care centres.
- Training a special cadre of teachers, whom we refer to as school health counsellors, to deliver a package of interventions with the aim of promoting the health and educational outcomes of adolescents in schools.
- Integrating learning resource rooms and remedial education in mainstream schools with the aim of promoting inclusive education for children with learning disabilities.
- Training community maternal and child workers (anganwadi workers) to promote early child development among preschoolers.

- Training community outreach workers to promote the mental health of People living with HIV (PLHIV) and their caregivers.

These innovations have gained us national and international recognition about the relevance and appropriateness of our programs. Over the years our work has been driven by a few guiding principles:

- Multi-disciplinary interventions: we strongly believe that improving the health of our community requires a mix of social, psychological and medical interventions. The collaboration of diverse academic and health disciplines is likely to generate the most effective interventions.
- Linking services with research: Sangath strongly believes that its work must be based on the best evidence available and that all work that we do must be thoroughly evaluated and disseminated.
- Participatory methods: We strive, as much as possible, to engage with beneficiaries and to involve them actively in our work.
- Inter-sectoral collaboration: Sangath believes that existing community resources, especially those in the public sector, provide the most sustainable setting for delivering interventions. Today, our work is set upon a collaborative framework involving several key partnerships with the government health services, department of education, schools, other NGOs and the Goa Medical College.
- Ultimate goal of up-scaling: To be able to develop a model of care that is scaled up through the government machinery is our dream. We strive to achieve this goal through ensuring that we are constantly engaged with policy makers right from developing our projects to disseminating our findings. Today, the fact that Sangath is the nodal agency for two of the Government of India's national health programs is a testimony to our success in this goal.

We were delighted to be awarded the MacArthur Foundation's International Prize for Creative & Effective Institutions in 2008 in recognition of our work. We hope you enjoy reading about our work. Many thanks for your support.

**The Sangath Managing Committee:** Vishram Gupte, Amit Dias, Ashwin Tombat, Gracy Andrew, Vikram Patel

# Sharing the Good News...

---



The year 2008 has proved to be very fruitful for Sangath. In mid April 2008, Sangath won the prestigious MacArthur Award for "Creative and Effective" NGOs, along with the seven other NGOs from around the world.

This international award has done to Sangath what such awards usually do. It has brought Sangath into sharp focus of the media. Sangath is no more a little NGO working quietly in Goa. The Award has recognized Sangath's decade-long sustained work in the area of family and child welfare, mental health and youth guidance. In short, it has given Sangath a global recognition and presence.

For Sangath, this transition from local to global is satisfying. It has redeemed the Team Sangath's collective belief that it is treading the right path in mental health research and intervention programmes for the local communities. However, Sangath cannot afford to gloat over this laurel. This honour has made us humble, and may I say, even pensive. It has spurred us to be more sensitive to the needs of the Goan community. It has made us more accountable to the local and global community.

Laurels come when your excellence is acknowledged. Excellence is like a skyline on the horizon, it recedes farther and farther as you approach it. Excellence is an unfulfilled goal for Sangath at the moment, even though it has won a most prestigious international award. Excellence is a continuous battle for perfection. This battle is on in Sangath.

In our traditional society, people are reluctant to talk about what ails their minds. Mental ill health is treated as a closely guarded secret. This award has brought Sangath's mental health programmes into public discourse. Today, many people identify Sangath with mental wellbeing. Mental health is not any more a top secret; it is something to be achieved by creative intervention. Let us hope that the MacArthur Award may help us make this transition more easy and sustainable.

Let me say it emphatically that this honour belongs to each and every person who is a part of the Team Sangath, which includes all the coordinators, social workers, teachers, counsellors, psychiatrists, developmental pediatricians, clinical psychologists, educational psychologists, health workers, data entry operators, drivers, office assistants, outreach workers, house keepers, consultants and the entire administrative team.

We are about one hundred men and women working for Sangath in different capacities, among whom seven of us are making policy decisions for Sangath. It is a privilege to be working with such a wonderful team.

"To every thing there is a season and a time to every purpose under the heaven.... a time to plant and a time to pluck up that which is planted." Sangath planted the idea of 'mental wellbeing for all' way back in 1996. Sangath's cutting edge mental health research and evidence based intervention programmes have won national and international recognition. Sangath is plucking the fruits. They taste very sweet today.

With warm regards,



**Vishram Gupte**  
Chairperson

# Highlights of 2006-2008

## CLINICAL & COMMUNITY ACTIVITIES

- Setting up six resource rooms in mainstream schools for children with learning disabilities.
- Trained 130 anganwadi workers from the Ponda taluka in the use of Portage curriculum for inclusion of children with developmental disabilities.
- Worked with teachers, parents and the counselor of Disha School to promote mental health of children with special needs.



*Assessment by the Paediatrician during Health Camp*

- Integrated care for depression and anxiety in 12 primary health care centres and offered treatment to over 2000 patients.
- Trained 20 first line counsellors in the Goa Naval area for promotion of mental health of Navy Officers/sailors and their families.
- Nominated by the Department of Women and Child Development, Government of Goa, under the Domestic Violence Act to provide family counselling and psychiatric services.
- Computerized aptitude testing facility for career guidance of young people set up at the Raia centre.
- Support groups of parents of children with mental disability formed in South Goa.
- Comprehensive outdoor mental health services provided in both centres.
- Over 2000 young people covered through a community youth health promotion program in south Goa.
- Mental health care integrated into a community care program for PLHIV covering over 300 PLHIV caregivers.

- Program for integrated health and educational promotion in secondary schools launched in five rural schools.

## PARTNERSHIPS

- Extensive local collaborations with government departments (particularly health, education, women and child), schools and educational institutes, and other NGOs for Clinical & Research activities.
- MOU with the Navy in October 2007 to provide clinical services.
- Capacity building training programs for a wide range of stakeholders including teachers, community health researchers and mental health workers.
- Recognized by National Trust for the Welfare of Persons with Autism, Mental



*Training for Field NGOs*

Retardation and Cerebral Palsy (Ministry of Social Justice and Empowerment, Government of India) as a State Nodal Agency for persons with disabilities.

- Nominated as the Mother NGO for South Goa under the Government of India's Reproductive & Child Health program.
- Appointed by Rehabilitation Council of India as a training centre for a three month training course on disability, creative teaching and emotional development of children, in collaboration with Bhoj University, Gujarat.
- Completed successful collaboration with partners in four south Asian countries to map mental health research capacity in South Asia.
- Strong partnerships with international and national academic institutions, such as the London School of Hygiene & Tropical Medicine.

## RESEARCH

- Completed amongst the largest population based cohort studies of adolescent health and women's health in India.
- Completed first phase of the largest randomized controlled trial aiming to improve the care of persons with depression in primary health care in India.
- Completed the largest survey of alcohol use and its impact on health in Goa.
- Strong human and infrastructure resources for carrying out action oriented research established.
- Recognition by the Department of Scientific and Industrial Research, Government of India.
- Research cited in three recent *Lancet* series (child development, mental health, adolescent health).
- Research findings influencing scaling up of models of care, for example through the National Mental Health Program.
- Influenced research groups and health policy in India and many other countries for e.g. Pakistan, Sri Lanka, Brazil, Cambodia, Vietnam, Ethiopia and South Africa.
- Over a dozen original research publications by Sangath service providers in leading international peer reviewed journals.



*Coordinator addressing a meeting in Pernem CHC*

---

### MacArthur Foundation International Prize for Creative and Effective Institutions

Sangath was awarded the John D. and Catherine T. MacArthur Foundation International prize for Creative & Effective Institutions for 2008. Sangath is one of eight organizations in six countries to have received this prestigious award. The prize was given in recognition of Sangath's contribution to community health and mental health.



*Our MC members with MacArthur Foundation heads at the awards ceremony on 12<sup>th</sup> June 2008 in Chicago, USA.*

Sangath plans to use the prize money (US\$ 350,000) entirely to achieve one of its long-standing dreams: to build a centre for child development, mental health and public health research.

# Clinical Services & Community Programs

Sangath's core clinical activities cover the whole life span ranging from children to the elderly. We provide services in three settings: at our centres in north and south Goa; in a variety of community settings; and in schools. Each of these activities are described below.

## SERVICES AT OUR CENTRES

Our child guidance clinic which began over ten years ago continues to deliver services at our two centres in Porvorim (north Goa) and Raia (south Goa). The most common referrals are for children with developmental delays or learning difficulties, adolescents with difficulties in studies and career decisions, adults with mental illness and families with issues of domestic violence. A multidisciplinary team of psychiatrists, psychologists, developmental pediatrician and remedial education teachers provide the services. Our adult mental health work has expanded and we have designed a new adult client record form for clinical audit. Monthly data is maintained for all clients. Altogether, over 300 new clients were seen at our centres during the 2006-2008 period. Regular supervision and clinical meetings are held. An outreach worker trained in the Portage program model was employed to do home based intervention programs for children who did not follow-up in the Child Development Clinic.



*Outreach worker demonstrates the activities of a Home Based Program*

### Clients seen at our clinical centres

Age Group	Number of Cases	
	Porvorim	Raia
Children (0 -11)	39	73
Adolescents (12 – 19 yrs)	27	65
Adults (20 years and above)	72	26
Career guidance		30
TOTAL	138	194



CASE VIGNETTES

## EXTENDING CARE INTO THE COMMUNITY

A key lesson that we have learned over the years is that, for us to be able to reach out to a maximum number of people, we would have to take our services for mental health, child development and adolescent health out of our clinics and into community settings that are accessible to our beneficiaries. During 2007-2008, most of our clinical services moved into the community through programs that promoted health and well-being of children, adolescents, adults and families. Our community work has been developed according to a number of principles:

- Basing the choice of our interventions on the best evidence available.
- Task-shifting, i.e. shifting specific health care tasks to relatively low cost health workers or other non-health professionals, supported by our specialists.
- Integrating diverse health disciplines (for example, physical health with mental health) to address the holistic needs of our clients.
- Adopting a participatory approach, in which we develop and plan our interventions through a systematic consultation with beneficiaries and other stakeholders.
- Delivery through existing community settings which are accessed by beneficiaries.
- Strong monitoring and evaluation supported by our research program.

Each of our various community projects is described below.



*Anganwadi students responding to the activity*

## Clinical services for the Indian Navy

### Project at a Glance

**Funding Agency:** Indian Naval Health Services at INS Jeevanthi, Vasco

**Duration:** Oct 2007–Oct 2008

**Coordinator:** Achira Chatterjee

**Consultants:** Dr Sudipto Chatterjee, Dr Neerja Chowdhary

The Indian Naval health services approached Sangath to request our help with their efforts to promote mental health among families of their staff. Based on their needs, Sangath clinicians trained 20 members of Navy staff and their wives on a range of mental health related topics. These included general principles of counselling, understanding adolescents, child development, promoting marital harmony, stress and coping, common mental disorders, alcohol use and suicide risk assessment. A lecture was organized for 400 naval personnel and their families to inform them of the clinical services. Since November 2007 Sangath has been also providing clinical services on a fortnightly basis at INHS Jeevanthi. In the first six months of the program, 16 clients have been counselled. Of these, two persons have been referred to the Naval Hospital, Mumbai for treatment and 6 persons were referred to psychiatrists in Sangath for consultation.

### Helping families in distress

#### Project at a Glance

**Funding Agency:** The Afonso Foundation Inc., USA

**Duration:** Since Nov 2003; renewable every year

**Part time Counsellor:** Prachi Khandeparkar

**Supervisor:** Gracy Andrew (June 2005–Sept 2006), Achira Chatterjee (Sept 2006–till date)

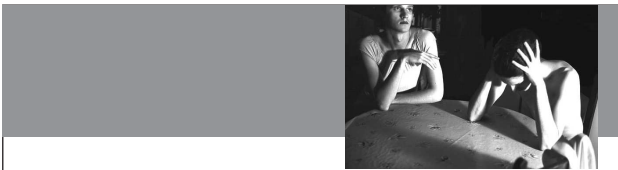
### Objectives

- To provide counselling services to families in distress.
- To assist individuals affected by family violence with legal and other support services.

- To sensitize police and public with the issue of family violence.
- To advocate for policy changes in the future.

### Background and Progress


Family violence is a major public health issue. Sangath's services for families in distress, which began in 2003, have continued with the same vigour and enthusiasm. In 2007, Sangath was registered as a service provider under the Domestic Violence Act for North Goa district. The counsellor gets referrals from individuals, lawyers, other organizations and police. Most of the cases seen are related to issues of child custody, incompatibility, court matters, child abuse, and neglect and violence by spouse. Cases registered under the Domestic Violence Act (2005) are also managed. In the last 2 years, 92 new clients sought counselling on issues related to violence. The therapy involves both individual and joint sessions. The counsellor also offers her services at the Goa State



SUSHMA (name changed) was referred for counselling by a pediatrician whom she consulted with regard to her children. In the initial sessions, Sushma attributed her husband's violent behaviour to his tensions at work and due to challenges that he faces in business. She also said that he drank to give vent to his tensions.

After talking to Sushma the counsellor realized that she was financially dependent on the husband; hence in spite of wanting to change her life she was entrapped in her marriage for financial reasons. The counsellor had sessions with the husband to encourage him to look at the impact of his behaviour on his children. He admitted to being short tempered and out of control at times. He expressed his desire to change his behaviour so that the children stop fearing him. He was given anger management guidance.

Joint sessions were held where the couple were counselled on effective communication techniques. Through regular counselling the family was able to bring about changes in their lives. The whole family started feeling more connected to each other. The children were less frightened of their father and Sushma could talk to her husband about his strengths and weaknesses without upsetting him.



MAYUR (name changed) referred himself with complaints that he was not getting along with his wife. His wife was pregnant and Mayur complained that she tended to think negatively, had disturbed sleep and worried a lot about the outcome of her pregnancy.

Counselling Mayur involved educating him about possible mood changes which may affect a woman during pregnancy and how to communicate with her more effectively during this period. He was given some tips on how to cope with her mood changes and to improve their relationship by spending more time with her, (for example by going for a walk with her, accompanying her to the doctor, helping his wife see the positive side to her pregnancy, discussing their future plans and so on). Mayur telephonically informed the counsellor that he had been trying out the advice and that he could see some positive changes in his wife's behavior and their relationship.

Commission for Women and submits reports to the District and Sessions Court in matters of child custody and to the Judicial Magistrate First Class for cases referred under the Domestic Violence Act (2005). Lectures and training programs on topics related to the Domestic Violence Act and healthy families are also provided at regular intervals.

### Future Plans

Future plans are to develop a new proposal to address the issue of violence in the community through empowerment of women and by working closely with men and boys, highlighting their role in making their community one with a zero tolerance for violence.

## Yuva Mitr - A Program to Promote Health and Well-being of Young People

### **Project at a Glance**

**Funding Agency:** John T & Catherine D MacArthur Foundation, USA.

**Duration:** Jan 2005 – Aug 2008

**Principal Investigator:** Prof. Vikram Patel

**Co-Investigator & Consultant:** Gracy Andrew

**Coordinator:** Teddy Andrews

**Asst. Coordinator:** Paciencia Cardozo

**Intervention Team:** Brancy Pacheco, Natasha Alfonso, Carlton Carvalho, Lynette Viegas, Fomida Begum, Trisca Fernandes, Joanita Valdares, Alina Fernandes, Aveena Desa, Brian Pacheco, Mangesh Gaunker, Savita Velip, Ramesh Velip, Subash Velip, Lloyd Carvalho, Hazel Fernandes, Roger Fernandes, Dilip Thulo Gaunker and Premanand Gaunker

**Research Team:** Dolcie Pereira, Allwyna Cardoso, Raveela Luis, Raviraj, Gibu Mon, Khushali Velip, Laxman Velip, Ganesh Velip, Shaila Velip, Reshma Ajgaonkar, Janis Mascarenhas, Ryan Luis, Daphne D'Cunha, Milagrina Ferrao, Dilip Gaunker, Sarvesh Kochrekar, Sandeep Gaunker, Nivedita Sahapurkar, Sashikala Velip, Sigrid Da Cunha, Duttaprasad Fondekar, Hanumanta Khumbar, Albina Gonsalves, Sudha Velip and Macmillon Fernandes

**Admin Team:** Sonia Cardozo, Ribena Fernandes, Roselle Solomon and Sayed Saddik

**Collaborator:** Centre for Studies in Ethics and Rights, Mumbai

## **Progress**

Before delivering the intervention, a number of activities were carried out to fine tune the methodology, including consultative meetings at national and state levels, studying other successful programs for youth health in other parts of the country, conducting formative research to explore how the intervention should be delivered, piloting a small component of the intervention and developing the required resource materials. Based on these activities, we chose to use five intervention strategies which are described below. First, we carried out a Peer Education Program. Peer leaders were chosen both from within educational institutions and in the community. Peers were trained on study skills, career guidance, mental health, reproductive and sexual health, relationships and life skills, and on how to use interactive and participatory teaching methods. In the rural community, the peers staged street plays on stress, suicide, substance abuse and HIV/AIDS and conducted group sessions for other young people on life skills. In the institutions, the trained peer leaders conducted group sessions on study skills for other youth. In the first year, 103 peer leaders were trained, 256 youth participated in the group sessions and 577 youth witnessed street plays conducted by the trained peer leaders in the rural areas. In the second year, nearly 500 youth were trained. Our second strategy was to train teachers to support the peer leaders in conducting programs for other students, to address difficulties faced by students in the classrooms and to refer any student needing professional help to specialist services, including those provided by Sangath at our clinical centre in Raia. Third, we prepared an attractive booklet consisting of handouts and distributed these among all the young people in the communities. The booklet contained information on sexual health, mental health, education and careers and life skills. Fourth, we raised awareness about youth health problems amongst the local medical fraternity through workshops and individual visits to doctors who were unable to attend. Finally, we raised awareness about youth health in the larger community by displaying over 100 health promotion posters in various prominent locations in the

## **Objective**

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

## **Background**

Having worked in the area of youth health for several years, conducting research as well as providing services, Sangath developed the Yuva Mitr project with the mission of developing a community based intervention for promoting the health and well-being of young people by integrating various concerns affecting them and maximizing the impact of community resources. The project is based in four communities in south Goa, two urban communities in the city of Margao, the commercial hub of Goa, and two rural communities that fall under the catchment area of Balli PHC.



*Training on Sexuality for young people*

communities. Another significant feature of the project was the formation of a community advisory board (CAB) in the rural community to help the project team in implementing the interventions. All the members of the board were very active in giving inputs to make the interventions best suited to the local community. Our efforts to establish a CAB in the urban community, unfortunately, was not successful.

### Monitoring & Evaluation

In order to evaluate the effectiveness of the intervention in terms of its acceptability and feasibility as well as the overall impact on the lives of the young people, we have used a range of monitoring and evaluation strategies. The Centre for Studies in Ethics and Rights (CSER), Mumbai, collaborated with us in developing these monitoring strategies. Each component of the intervention was monitored using quantitative tools like pre-post tests, exit interviews and survey and qualitative techniques which involved feedback after trainings, in-depth interviews, focus group discussions and quizzes. A baseline survey was conducted in all four communities, after which two communities (one urban & one rural) were randomly chosen for interventions. The interventions were implemented for a period of one full year in the chosen communities, followed by an end line survey conducted in all four communities. After this period, the interventions were carried out in the other two communities which did not receive the interventions in the first year.

### Future Plans

We are presently carrying out analyses of the data collected and plan to disseminate our findings later in 2008. These analyses will show us which of the various components of the program were the most acceptable and feasible, and what the overall impact of the program was. The findings will help us in our

advocacy to scale up such interventions for young people in India. We hope that the resource materials for training young people and other stakeholders would be useful to other groups planning similar interventions. Two reputed educational institutions in Goa are in the process of signing an MOU with Sangath to sustain our interventions. Our team is also actively collaborating with State Level National Service Scheme (NSS) board to explore ways of implementing the program in all colleges of Goa.

### ASHA (Arogya, Sambal, Shiksha, Hoikarop Adhar)

### **Expanding the Continuum of Care: A Program to Strengthen and Support Community-Based Caregivers for HIV in Goa**

#### Project at a Glance

**Funding Agency:** PACT Community Reach, USA

**Duration:** Apr 2006-June 2008

**Coordinator:** Dr. Neerja Chowdhary (Sangath); Sushila Mendonca (Positive People)

**Researchers:** Albina Gonsalves, Hanumantha Kumbhar

**Data Entry Operators:** Gulabi Kerkar, Santoshi Korgaonkar

**Consultants:** Prof. Vikram Patel; Dr. Maryam Shahmanesh (University College, London)

**Collaborating Organisation:** 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.

### Background

HIV is a serious public health problem in India with about 2.5 million people living with HIV (PLHIV). Goa is a medium-prevalence state (prevalence approaching 1%) and has certain vulnerabilities such as marginalization of migrant communities and fragmented service providers. Though home-based care is an integral part of caring for PLHIV, 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 nor

have they been integrated into existing programs.

The ASHA project aims to develop and build the capacity of a network of informal caregivers in the community by providing training in home-based care, to support the caregivers by providing a supportive environment, respite care, meeting economic and social needs, promoting mental health and providing



*Training caregivers in healthy diet/nutrition*

bereavement support. The program is led by Positive People, one of Goa's oldest HIV/AIDS NGOs, with Sangath playing two key roles: first, developing and implementing the mental health component of the intervention and, second, monitoring and evaluation of the entire program.

### Progress

The project has been implemented in the Salcette and Tiswadi talukas and the town of Vasco in Goa. A total of 308 PLHIV (including 66 children) were enrolled in the program until January 2008. A total of 172 caregivers (58 of whom were also HIV positive) were also enrolled. Nine outreach workers were trained in the provision of home-based care who in turn, trained volunteers and informal caregivers. The various components of the project are:

- Mapping and needs assessment (through in-depth interviews with PLHIV and caregivers, and baseline questionnaires assessing health and other needs).
- Training of outreach workers was conducted in August 2006 over 2 weeks. In addition, ongoing training on clinical subjects using the mode of case discussions is regularly undertaken.

- Training of caregivers in home-based care, nutrition and mental health in individual and group formats.
- Continuing supervision of outreach workers, caregivers and volunteers. Caregivers and PLHIVs are met at home or at the field centre to follow up on their physical, mental and nutritional health, to provide referrals when required, and to give advice and support to those clients in need of it. In all, 545 supervisory visits were conducted.
- Development of training materials, manual and IEC materials. Altogether 76 caregiver support group meetings have been conducted. During these group meetings, patients and caregivers underwent training on health related topics, discussed various problems they encountered in living with HIV and participated in recreational activities.
- As many as 1361 home visits were made providing PLHIV with health assessments, training and follow up
- Providing referral services to both Government and private health services, such as the Goa Medical College ART



### Mental Disorder in PLHIV

109 PLHIV and positive caregivers received an independent psychiatric assessment, of whom 54 (49.5%) were found to suffer from a psychiatric illness. Of these, 38 (35%) were diagnosed to have a depressive illness, 10 (9%) had alcohol abuse/dependence, 3 (2.8%) had psychosis and one person had dementia. In addition, 31 (28%) PLHIV had a moderate to high suicide risk. Risk factors found to be associated with mental health problems in PLHIV are illiteracy, short duration since detection of seropositivity and problems with disclosure.

centre and Care Homes; 1249 referrals were made for various physical and mental health problems.

- **Monitoring and Evaluation of the program:** Through this evaluation, we will be assessing the impact of the program on the mental and physical health of PLHIV and caregivers, after about 14 months of engagement with the program.

### Future Plans

We hope to demonstrate the benefits of our program in improving the mental health, nutritional status and quality of life of caregivers and PLHIV, an improvement in the quality of support provided by caregivers to PLHIV, and ultimately an expansion of PLHIV accessing a range of care services through the network of informal and formal caregivers.

### DIA: Developing Inclusion in Anganwadis (preschools)

#### Project at a Glance

**Funding Agency:** Confederation of Indian Industry (Goa)

**Duration:** Apr 2006-May 2008

**Project Coordinator:** Apr 2006-Dec 2007- Vandana Kakodkar; Jan 2008 till date Percy Cardozo

**Outreach Worker:** Gauri Parsenkar

**Consultant:** Dr. Gauri Divan

### Objectives

- To create an inclusive environment in anganwadis (preschool crèches) for all children.
- To prepare all children attending anganwadi centres for primary education.
- To identify and support children with developmental disabilities.
- To provide adequate clinical assessment and intervention for all children identified with developmental disabilities.

### Background

The DIA project was set up with the goal of implementing the Community Based Rehabilitation (CBR) Portage Program for promoting holistic child development with an added focus on supporting children with developmental disabilities (DD) in Ponda taluka of Goa.

Sangath's engagement with the Integrated Child Development Scheme through various community based programs has highlighted the fact that the anganwadi workers have a very strong link with the local community. However, they are not sufficiently trained to recognize, appropriately advise and intervene when they have a child with a DD in the anganwadi. Through the project, efforts are made to put in place a system of identification and intervention for children with DD's by providing the necessary skills to the anganwadi worker.



*Facilitator demonstrating the activities to the Anganwadi teachers*

### Progress

- The project team has actively engaged with the Directorate of Women and Child Development for implementing the programme in the taluka.
- The Child Development Project Officer, Ponda, and the four *Mukhya Sevikas* under the ICDS system have been trained in the Portage Curriculum.
- Ten other supervisors were trained in the usage of the Portage Curriculum and facilitation of trainings for anganwadi workers.
- The trained supervisors in turn trained 130 anganwadi workers in the Ponda taluka.
- Health camps were conducted in 6 villages of Ponda taluka where the focus was on assessment of children with disabilities and providing home programmes to the parents; 30 children participated in the camps, of which 26 children had some form of developmental disability.

### Future Plans

The DIA project was a pilot which aimed to train

all the anganwadi workers in the Ponda taluka in the holistic child development programme (Portage Curriculum). Sangath now plans to scale up the model to reach out to all children in the taluka and to enhance the care for children who are identified with DDs to maximize their developmental potential. A proposal to implement such a program has been submitted and we hope to begin this work later in 2008.

## SCHOOL BASED PROGRAMS

In the past two years, Sangath has considerably strengthened its work in schools. Zippy's Friends works with primary school children, the Saathi project seeks to promote mental health of children with special needs in the Disha school, and the LEL project which works to achieve the goal of inclusive education for all children will extend to five more schools in the current academic year. The Yuva Mitra project, which has been described above, has worked to promote the health of older adolescents in higher secondary schools. We have recently launched the Manthan project, which aims to integrate our work on health promotion and inclusive education into a single package for secondary schools following the WHO Health Promoting Schools framework. Sangath has received a grant from the MacArthur Foundation to set up a national resource and training centre for developing and evaluating school based interventions and to work with the state government and other stakeholders to scale up a health and education package throughout Goa. A School Health Promotion Committee consisting of members of all our school projects monitor the school health program and attempt to bring them within Sangath's vision of integrated interventions for improving multiple health outcomes, reducing risk behaviors and improving educational outcomes. A full list of the schools and colleges we have worked in the past two years can be found later in this section.

### Zippy's Friends

#### Project at a Glance

**Funding Agency:** Partnership for Children, UK

**Duration:** June 2003-June 2007

**Coordinator:** Kalpana Joshi

**Service Provider:** Prachi Khandeparkar



*Zippy's Friends Program to deal with emotional difficulties*

#### Objectives

- To introduce preschool children to a program which teaches them to cope with everyday difficulties, identify and talk about their feelings, and explore ways of dealing with them.
- To train and assist teachers to facilitate the program in schools.
- To integrate emotional development of children with language development.

#### Background

Zippy's Friend is a program developed by Partnership for Children, UK and adapted for use in Goa. It is run by specially trained teachers in schools and pre-schools. The program is built around a set of stories about a stick insect called Zippy and a group of children. The stories show friends confronting issues that are familiar to young children – friendship, communication, feeling lonely, bullying, dealing with change and loss, and making a new start. The story is illustrated by a set of brightly coloured pictures and supported by activities that allow children to explore different ways of coping. Zippy's Friends is already running in schools in Denmark, Lithuania, Brazil, UK, Hong Kong;



Sangath was the first organization to take it up in India.

## Progress

The program was initiated in Goa in English language schools. In the academic year 2004 – 2005, the Konkani version of Zippy's friends was introduced in 6 schools. A total number of 290 children participated in the program in those years. During the same period, three schools continued the program in English and 111 children experienced the program. In the academic year 2005 – 2006, more than 1000 children were introduced to the program. We have since managed to introduce the program in selected anganwadis in Ponda, Bardez and Tiswadi talukas, evaluated the usefulness of the program, and explored possibilities of taking the program outside the state to Mumbai. The PFC director Chris Bale visited Sangath in March 2007 and met the teachers and management of some schools. Though the project officially ended in June 2007, the program continues to run in many of the schools.

## Future Plans

At present 4 schools are actively running the program and around 700 children experienced the program in the last year. We plan to introduce the program on a pilot basis in a special school (Disha School) shortly, through the SAATHI project (see below). We plan to document the changes and outcomes and then try to introduce it in other special schools in Goa.

## SAATHI- Promoting Mental Health in Children with Disabilities

### Project at a Glance

**Funding Agency:** Vishal Saluja

**Duration:** Feb 2008-Jan 2009

**Part time Coordinator & Psychologist:** Prachi Khandeparkar

**Consultant Pediatrician:** Dr. Gauri Divan

## Objectives

To build the capacity of staff of the Disha Special School for children with special needs, and their families to address the mental health needs of these children to ensure their optimal emotional growth and development

## Background

This project aims to provide training and support to the staff of Disha, and to work with parents of children with special needs. The objective of this project is to help the children, teachers and parents function more effectively on a day-to-day basis and provide opportunities for emotional growth, development and bring about improvement in their quality of life. The project started in February 2008 and the following activities have been conducted for staff at Disha: team building; training by a special educator; and developmental and psychological assessments for some children.

## Future Plans

We plan to modify and use the 'Zippy's Friends' program which we had adapted for use in Goa, for the younger children at the school to make them aware of their feelings and for teachers to address behavioral issues adequately. A module on 'Health and Hygiene' will be developed and conducted for the older children. A parent support group will be initiated to address the future plans of the older children and to make them aware of their child's health needs as they grow. We also plan regular team building sessions for the staff in order to prevent burnout and for them to work cohesively with each other.

## Let Everyone Learn

### Project at a Glance

**Funding Agency:** Sir Dorabji Tata Trust, Mumbai

**Duration:** Apr 2006 - Mar 2009

**Coordinator:** Dr. Marita Adam (till March 2008 )

**Assistant Coordinator:** Nadia Fernandes

**Teachers:** Maria Vaz, Rati Natekar, Gargi P. Sinha Bhagwan Gawde, Prajwalla Mayenkar, Vandana Chopra, Pooja Chodankar, Soniya Phadte, Sandhya Pagi, Rainda Fernandes, Anjali Barretto, Samrudhi Bambolkar, Jeunesse Fernandes, Girish Sawaikar

**Consultants:** Anita Mathew, Marion Valladares

## Objectives

- To develop an inclusive curriculum based on minimum levels of learning for children from Std 5 to 7 in English (Language) Science, History and Geography.

- To create model resource rooms in mainstream schools using an inclusive curriculum.



*Interaction in a Science class*

- To create awareness about Learning Difficulties amongst the public including teachers, educationists, parents, policy makers and other stakeholders.

## Background

Education is the key to the progress of any society. Though we have an adequate number of schools in our state, this has not assured that all children will learn. As a result, many children either drop out of school early, or get pushed up the class ladder through a system of 'rote learning' and 'rote production' at examinations without really learning. Eventually they are unable to cope in school, or are unprepared to make useful contributions to self and society. This leads to frustration, anti-social activities, in addition a complete waste of a vast pool of human potential. If inclusion is to become a reality, initiatives are needed that would not just aim at retaining all children who are already in school but also provide a learning environment whereby children with special needs can be included in the regular class environment. There are a wide range of children with developmental disabilities who are not receiving the optimal inputs in schools due to various environmental factors. Children with Specific Learning Disability, "slow" learners, first generation learners, and children with a second language acquisition problem, are the among the few that are in need of remedial interventions in the school.

## Progress

Our model consists of two strategies:

- Developing an inclusive curriculum to be used in the resource rooms: This curriculum should be based on the same

text books as the regular class, so that students can interact with their peers as well as learn in the regular class whenever possible.

- Setting up resource rooms in mainstream schools: Resource rooms are a specific space identified within the school premises where specially trained teachers provide a learning environment catering to the different needs of children.

We seek to improve educational achievement through multi-sensory methods of teaching that cater to all children with varied learning preferences, as well as using a flexible curriculum to enhance 'learning' and giving specific remedial intervention to those needing additional inputs. We have been working with the children on a range of core subjects (Science, History, Geography, Maths and English) from standard 5 to standard 7. These are some of the key activities that were undertaken during the past two years:

- We have initiated and set up five resource rooms in mainstream schools in Goa. Through networking and advocacy, the Special Needs Scheme was expanded to include Learning Disability. The Government of Goa, through this Special Needs Scheme, has begun funding resource teachers in the schools we are working in.
- As part of our objective of emulating the programme of inclusive education in additional schools in Goa and increasing community involvement, we signed a Memorandum of Understanding with the Rotary Club of Mid-Town Panaji for funding a model of inclusion in the Union School, Chimbhel for the entire standard 5.
- We have been authorised to run the Rehabilitation Council of India's Foundation course for teachers to work with children with learning difficulties. We organised and



*Sensitization with teachers on learning difficulties*

conducted one course in Oct 2007 in collaboration with the Sarva Shiksha Abhiyaan, Goa.

- The Rehabilitation Council of India invited Dr. Marita Adam, coordinator of the LEL project, to prepare the section on Learning Disability for the RCI report on Disabilities in India. The report involves a compilation of recent developments in the field of LD from different states in India. It includes the historical background in the world and the movement in India, definition and types of LD, incidence and magnitude of the problem, assessment procedures, intervention and concessions, socio-economic rehabilitation and Government policies.
- Children with varied learning preferences and interest need to be encouraged to develop skills in their interest area while in school. We have initiated pre-vocational



*Teaching aids for History lessons*

courses in many of the schools we are working with. Through our advocacy with Government, the SSC (Special) is being mainstreamed as a pilot project in schools in Goa.

- Specific concessions/accommodations are required for children with special needs to ensure that they can be included in mainstream schools. The Directorate of Education has sanctioned a set of accommodations for the middle classes in the schools we are working with. There is a need to make these concessions accessible to all children in Goa who have special needs. By working with the Secretary of Education, Chairperson of Goa Board and the Directorate of Education, a meeting was called of all experts working in the field of different disabilities in Goa. A list of concessions were compiled and submitted. The concessions will hopefully be introduced shortly.
- We have conducted National and State level workshops and workshops for super schools on Learning Difficulties, on behalf of the Sarva Shiksha Abhiyaan. We have organised a number of presentations to create awareness about Learning Difficulties amongst teachers, educationists, parents, policy makers and corporate bodies.

## Feedback from School Teachers and Parents

“It is very important for teachers to know the different types of Learning Disabled children in the class room. This workshop is really helpful for me because I am dealing with such types of children and there are many more children in my class.”

*“I am a trained teacher and aware of how to teach the children having learning difficulty. I know that most of the children, they do mistakes purposefully. With this backup I think I can do much better in Class.”*

“It is very difficult for me to find out the hidden handicap from children, since in each and every class there are children having learning difficulties. This presentation shows me the path to take care of these children.”

*“This Workshop helped me to understand and guess the problems and parameters of my child, In fact, I was confused to judge it earlier. Now I have learnt to develop his language skills by doing more activities at home.”*

## **MANTHAN'-Promoting health and education of school based adolescents**

### **Project at a Glance**

**Funding Agency:** Dempo Mining Corporation Pvt. Ltd.

**Duration:** Feb 2008- May 2009

**Principal Investigator:** Prof. Vikram Patel

**Project Coordinator:** Dr. Subramanya Nayak

**Honorary M & E Coordinator:** Dr. Roberta Uchoa

**School Health Counsellors:** Ms. Sadhana Pilgaokar, Ms. Seema Govekar, Ms. Shilpa Majik

**Collaborating Institutions:** Radhakrishna High School, Ideal High School, Vijayanand High School, Vijayanand Higher Secondary School, Mahamaya High School

### **Objectives**

The broad vision of this program is to promote the health and well-being of adolescents through the development, implementation and evaluation of a school based package of health and education promotion interventions in schools in rural areas of Goa.

The specific objectives of this project are:

- To reduce school drop-outs and improve educational outcomes in students
- To reduce risk behaviors such as tobacco use and violence
- To promote health, including mental health, nutrition and reproductive and sexual health (RSH) outcomes.

### **Background**

The Manthan project is a school based intervention for promoting adolescent health and improving educational outcomes. The project offers Sangath an ideal opportunity to integrate its diverse activities in schools to develop, implement and evaluate an integrated package of health and educational interventions in schools. We are guided by the WHO's Health Promoting Schools framework in designing the program. One unique aspect

of this project is our reliance on specially trained and supported teachers to deliver the program in each school. The project is based in the mining area of Bicholim taluka in North Goa.

### **Progress**

The project, which began in February 2008, will work with adolescents in the age group of 13 to 18 years through School Health Counsellors (SHC). These SHCs have been trained by Sangath to deliver an intervention package that covers topics related to physical well being and Reproductive and Sexual Health(RSH), nutrition, emotional development, mental health, career guidance, study skills, substance and tobacco use, violence and learning difficulties. A School Health Promotion Advisory Board (SHPAB) in each school will provide inputs and monitor the programs. The project will incorporate monitoring and evaluation indicators and the feasibility, acceptability and effectiveness of the intervention package will be systematically documented.



*Teachers' training in Yoga sessions*

### **Future Plans**

Manthan is in the process of implementing its program in the five selected schools from this academic year beginning in June 2008. Our experience with the program and the findings of the impact of the program will be used to scale up these school based interventions to other schools in Goa, and to advocate for such interventions through the state and national government's Adolescent Education Program.

## SANGATH'S SCHOOL PARTNERS (2006-2008)

- Almeida High School, Ponda
- Adarsh High School, Margao
- Auxillium Convent, Benaulim
- Don Bosco High School And Higher Secondary School, Panaji
- Dona Leonor School, Porvorim
- Dayanand High School, Chorao
- Don Bosco Farm High School, Sulcorna
- Damodar Vidhaylaya High School, Loliem
- Deepvihhar High School, Vasco
- Damodar College, Margao
- Carmel College, Nuvem
- Child Care High School, Margao
- Chowgule College, Margao
- Fatima Convent, Margao
- Fr. Agnel, Pilar
- Fr. Angelo Ashram, Verna
- Government College, Sanquelim
- Government High School, Balli
- Government High School, Davorlim
- Government High School, Morle, Sattari
- Government High School, Sheldem, Quepem
- Government High School, Sirvodem, Margao
- Government Middle School, Amona, Bicholim
- Government Middle School, Nagzar, Pernem
- Green Rosary High School, Dona Paula
- Holy Rosary High School, Nuvem
- Home Science College, Panaji
- Infant Jesus High School, Colva
- Ideal High School, Bicholim
- Jawarharlal Nehru High School, Fatorda
- Jyot Society, Margao
- Little Flower of Jesus High School, Calangute
- Lokmanya Tilak Vidyalaya, Ponda
- Loyola High School, Margao
- Mahamaya High School
- Mahila & Nutan Super School Complex, Comba, Margao
- Manovikas High School, Margao
- Marina English High School, Verna
- MES College, Vasco
- Model High School, Margao
- Monte de Guirim High School, Guirim

- New Goa High School, Mapusa
- Nirmala Training Institute, Panaji
- Our Lady of Health High School, Cuncolim
- Our Lady of Rosary High School & Higher Secondary School, Dona Paula
- Our Lady of Succour High School, Nagoa, Verna
- P.E.S. College of Arts & Science, Ponda
- People's High Secondary School, Panaji
- PES College, Ponda
- Pope John High School, Quepem
- Progress High School, Sanquelim
- Radhakrishna High School, Bicholim
- Regina Mundi High School, Vasco
- Rosary College, Navelim
- Santa Cruz High School & Higher Secondary School, St Cruz
- Saviour of the World High School, Lotoulim
- Shantadurga High School, Sancoale
- Sharda Mandir School, Panaji
- Shiksha Niketan Primary School, Sangloda
- Shri Shantadurga Shikshan Samiti's Higher Secondary School, Kavlem, Ponda
- St. Aloysious High School, Benaulim
- St. Andrews High School, Vasco
- St. Ann's Institute, Agonda
- St. Anthony's High School, Majorda
- St. Britto's High School, Mapusa
- St. Francis Xavier's High School and Higher Secondary School, Siolim
- St. Joseph High School, Arpora
- St. Joseph High School, Calangute
- St. Joseph's Convent High School, Nagoa, Verna
- St. Jude High School, Betalbatim
- St. Mary's High School, Mapusa
- St. Mary's High School, Varca
- St. Pius High School, Orlim
- St. Teresa's High School, Candolim
- St. Theresa's Convent High School, Ganapoga, Raia
- St. Thomas Girls High School, Aldona
- St. Thomas Girls School, Aldona
- St. Thomas School & High School, Aldona
- Union High School, Ribandar
- Vidya Vikas High School, Margao
- Vivekanand High School, Bori, Ponda
- Vijayanand High School and Higher Secondary, Bicholim

# Research

Sangath is one of India's leading community based health research NGOs. It has been cited in a recent report on the role of NGOs in public health as having led to "innovative research of relevance to public health in developing countries" (*PLoS Med* 2007;4(9):e272). The main health conditions and issues we research are mental disorders (particularly depression and alcohol abuse), adolescent health, reproductive and sexual health and maternal and child health. The major research themes are:

- The burden and determinants of these health problems, especially social determinants such as poverty and gender inequity
- Health services research, including social science and economic research
- The development and evaluation of primary care and community interventions

Sangath has gained experience in conducting both quantitative epidemiological studies (including some of the largest cohort and randomized controlled trials in India) as well as qualitative research. Through this research, Sangath has developed a core human and institutional infrastructure for research. At the time of publishing this report, we could boast ten service providers who have completed or are in the process of completing higher degrees in research disciplines related to public health from prestigious national and international institutions such as the International Institute for Population Sciences (Mumbai), the London School of Hygiene & Tropical Medicine and Kings College London. We have a dedicated data management team with a networked computer data management system. Our annual course in community health research methods continues with most of the teaching being carried out by our service providers. We have established a strong research partnership with local institutions (such as the Directorate of Health Services, Government of Goa) and international academic institutes (such as the London School of Hygiene & Tropical Medicine). Our research is supported by some of the world's leading medical research funders such as the Wellcome Trust (UK) and the National Institutes for Health (USA).

Sangath places great emphasis on ensuring the highest standards of ethics in our 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. As far as possible, research participants are offered free healthcare relevant to the research: for example, participants who have symptoms of mental disorder are referred to a Sangath professional. 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.

## MEMBERS OF SANGATH'S INSTITUTIONAL REVIEW BOARD

- **Gracy Andrew**  
(Chair), Clinical Psychologist
- **Preetam Barros**  
(Member-Secretary), Demographer
- **Vishram Gupte**  
Lawyer
- **Vikram Patel**  
Medical Epidemiologist
- **Sheela Gupte**  
Medical Practitioner
- **Amit Dias**  
Public Health Physician

Our research is 'action-oriented' with multi-faceted dissemination to a range of target audiences. Workshops, brochures, scientific articles, treatment manuals and reports are actively encouraged in order to ensure that the findings of the research reach those who will be able to make good use of them. In particular, we ensure that the communities that participate in our research are among the first to receive findings. Of course, we place emphasis on ensuring our research is published in leading international journals to maximize its impact on health care and policies. A full list of our publications in the previous two years can be found later in this report.

# PSYCHOSOCIAL ASPECTS OF REPRODUCTIVE AND SEXUAL HEALTH

## STREE AROGYA SHODH (Women's Health Project)

A community study of women's reproductive and psychosocial health.

### Project at a Glance

**Funding Agency:** The Wellcome Trust, UK through the London School of Hygiene & Tropical Medicine

**Duration of the Project:** Oct 2000 - Sept. 2006

**Principal Investigator:** Prof. Vikram Patel

**Coordinator:** Sulochana Pednekar

**Support Service Providers:** Bernadette Pereira, Robert Teles & Chandrakant Mhambrey

**Collaborators:** Prof. Prasad Nevrekar, Dr. Sheela Gupte, Dr. Pertti Pelto, Prof. Betty Kirkwood, Dr. Helen Weiss, Beryl West, Prof. David Mabey, Gracy Andrew & Merlyn Rodrigues.

**Collaborating Institutions:** London School of Hygiene and Tropical Medicine, UK, Directorate of Health Services (DHS), Government of Goa.

### Objectives

To investigate the relationship between common gynecological symptoms, reproductive tract infections and psychosocial factors such as violence and depression.

### Background

Gynecological complaints are common and disabling health problems for women in India. The commonest gynecological complaint is abnormal vaginal discharge. Although some women's complaints may be caused by Reproductive Tract Infections (RTI), studies have shown that the majority of women with this complaint do not have an RTI. There is a large body of information showing that depressive and anxiety disorders are very common in women and that they are an important cause of medically unexplained physical complaints. The primary research objective of this study was to describe the

relationship between common gynecological complaints, in particular the complaint of abnormal vaginal discharge with psychosocial factors, particularly related to common mental disorders and gender disadvantage. The study also aimed to investigate the risk factors of common mental disorders in women.



*Poster presentation at 4<sup>th</sup> Asia Pacific Conference on Reproductive and Sexual Health and Rights in Hyderabad*

### Progress

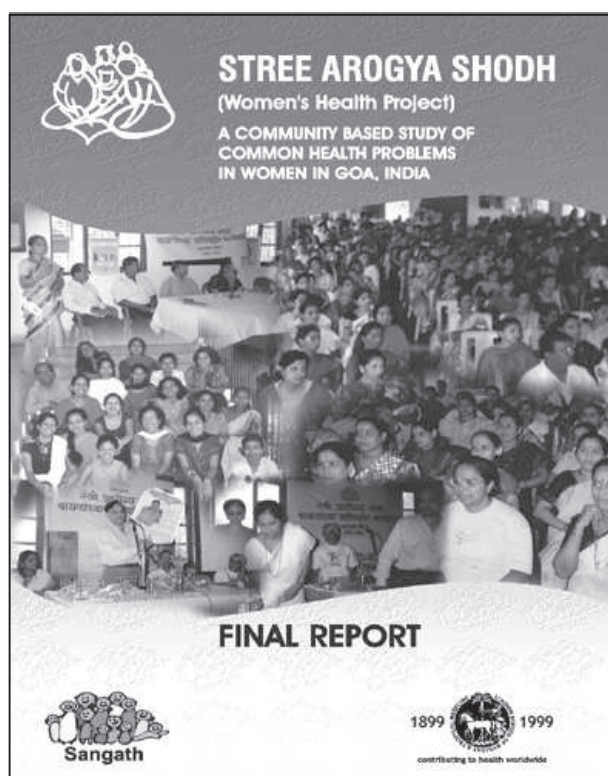
The main study was implemented between November 2001 and June 2004 and has been described in our previous biennial report. After the completion of field work in June 2004, our focus was on data management, cleaning and analysis, the preparation and submission of scientific publications, and on dissemination in the community. Following initial analysis of the recruitment data, we carried out a comprehensive dissemination program in the local community. The Director of Health Services (Government of Goa), Dr. Arvind Salelkar, inaugurated the first community meeting on 24<sup>th</sup> April 2005 which was attended by around 150 women. Since then, we have held a total of 15 community meetings in the research area to disseminate the study findings and more than 1500 women have participated in these meetings. In each meeting, a brief presentation on the study findings was made, followed by a play whose script was derived from these findings. Information brochures have been distributed to all the participants of the study. Posters were distributed to anganwadis and health centres in research areas and all over Goa. We have also made concerted efforts to disseminate our findings in the scientific community. We have published over a dozen papers in international journals and presented papers at several international and national conferences (listed later in this report). A policy oriented report which summarised all the

findings has been published and disseminated to state, national and international stakeholders. The full report can be downloaded from the Sangath website. As a consequence of this work, Sangath has been awarded a Mother NGO status under the Ministry of Health and Family Welfare, Government of India, Reproductive and Child Health Program on 2<sup>nd</sup> March 2007 (see description of this program later in the report).

## Major Findings

### of the SAS project

- Reproductive Tract Infections (RTIs) and dysmenorrhea are amongst the commonest health problems affecting women aged 18 to 50 years; sexually transmitted infections (STI) affect about 4% of women.
- Depressive Disorder affects about 1 in 20 women.
- Social disadvantage, particularly spousal sexual violence and economic difficulties, are important determinants of both biomedical diagnoses and women's reported complaints.
- There are strong linkages between mental health and common physical health complaints experienced by women. Medical assumptions about causes of symptoms (that the symptom of abnormal vaginal discharge is most commonly caused by RTIs; or that fatigue is most commonly caused by anaemia) are not valid in community settings. Poor mental health is an important determinant of such symptoms.
- Depressive Disorder is a major cause of disability, health service use, and health care costs and, as a consequence, may impoverish women.
- Over a period of 12 months, about 1 in 100 women will attempt suicide. Attempted suicide is caused by acute economic difficulties; spousal violence; and Depressive Disorder.



*Dissemination Report*

### Implications for Public Health Policy

- To increase the coverage of effective diagnosis and treatment for Depressive Disorders through integration of mental health care in all health programs targeted to women, especially Primary Health Care, Reproductive & Child Health, and Maternal & Child Health.
- To strengthen the Reproductive & Child Health program to increase the coverage of RTI management through simple lab diagnosis of common RTIs (such as bacterial vaginosis) and the development of central lab facilities for diagnoses of other RTIs (including STIs); and to addressing menstrual health complaints.
- To modify the syndromic management guidelines for the control of RTIs in women with an approach aimed at identifying and treating the causes of abnormal vaginal discharge (in particular, RTI and mental health problems).
- To implement community strategies to reduce the burden of domestic violence, particularly sexual violence, in married women.
- To improve access for reproductive and mental health services for socially disadvantaged groups in the population



## Promoting the Health of Sex Workers

### Objective

To describe the reorganization of sex work, the mental health needs and determinants of HIV and sexually transmitted infections in the aftermath of Baina's eviction, in order to develop evidence based HIV prevention intervention for female sex workers in Goa.

### Progress

The philosophy of this study was simple: First is that health interventions in a marginalised population such as sex workers should be participatory and actively engage sex workers in both the design and implementation of the project. Second, that HIV prevention interventions need to be based on evidence of what are the determinants of sexual risk taking and infection, including psychosocial determinants. Thus, we described the reorganisation of sex work following the demolition of Baina. We explored the effects of the demolition on sexual risk, and described the determinants of sexually transmitted infections, HIV and suicidal behaviour.

Two core themes formed the basis of our study. One was the process of engaging the community to participate in the study design and implementation, and the second was advocacy to prevent the demolition and in support of women's human rights. Peer educators were trained to disseminate the study aims and objectives as well as providing the interface between the research team and the community. The research team raised community awareness through meetings with gatekeepers and sex workers. The engagement with the community was further institutionalized through setting up the community advisory board, which held its

inaugural meeting two weeks before the demolition. The involvement in advocacy for the Baina sex workers' rights started early with participation in the NGO "Forum for Justice in Baina" and consisted of active lobbying of Goa state and national politicians, articles in the print media, and appealing the high court demolition order in the courts. We also advocated the setting up of a collective of sex workers to take forward their claims themselves.

### Findings of Sex Workers' Study

**Mental Health:** Suicidal behaviours were common; 35% reported thinking about suicide, 26% reported planning suicide and 19% reported attempting suicide in the past three months. Forty two percent of women under twenty reported attempted suicide. Attempted suicide was independently associated with intimate partner violence, violence from others, entrapment and higher depression scores. Recent exposure to HIV prevention services and having a child were associated with a lower likelihood of reporting suicide attempts.

**Sexual health:** Infections were common with 25.7% prevalence of HIV and 22.5% prevalence of sexually transmitted infection (STIs). Antibodies to *Herpes simplex* type 2 were detected in 57.2% of the women. STIs were independently associated with factors reflecting gender disadvantage and disempowerment namely, young age, lack of schooling, no financial autonomy, deliberate-self-harm, sexual-abuse and sex work related factors, having regular customers, and working on the streets. Having knowledge about HIV and access to free STI services was associated with a lower likelihood of STIs. HIV was independently associated with recent migration to Goa, lodge or brothel based sex work, genital-ulcer-disease, and dysuria.

**Baina versus ex-Baina:** 55.3% of the participants were non-Baina-SWs, 48% of which had entered sex work since the demolition. Non-Baina-SWs were less likely to be migrants and have social support. They were more likely to experience sexual and intimate partner violence. Non-Baina-SWs were more likely to be part time, home and street based, with fewer clients. Ex-Baina-SWs were less likely to have curable STIs. They were more likely to report exposure to HIV prevention and consistent condom use with clients. Following adjustment for behavioural factors on the explanatory pathway, ex-Baina-SWs were still less likely to have a bacterial STI.

## Future plans

Sex-workers working in Goa are highly vulnerable to HIV and STIs, and need to be rapidly incorporated into existing interventions. Structural and gender based determinants of HIV and STIs are integral to HIV prevention strategies. Dispersed non-Baina-SWs were more likely to be engaged in high risk sexual activity. Although lack of exposure to HIV prevention, social isolation, lack of a cohesive identity and greater experience of intimate partner and sexual violence may also play a part. Suicidal behaviours are common and associated with structural factors indicative of gender disadvantage and the individual's mental health. The scaling up HIV prevention in sex workers offers an unprecedented opportunity to tackle gender disadvantage and integratemenal health services into sexual health services.



*Child walking in the rubble following demolition of the commercial sex worker zone in Baina, Vasco*

## Soryacho Asar Ani Hacher Amcho Shodh (Saahas)

### A community study of the burden and correlates of drinking problems

#### Objectives

- To describe the prevalence and risk factors of heavy drinking in men and women in rural and urban communities.
- To describe the relationship between alcohol use and other health and social outcomes, especially sexual risk behaviours.

## Background

Alcohol consumption is a major public health concern in India. Heavy drinking may lead to an increase in sexual risk behaviours and other adverse health and social outcomes. There is little information on the relationship between alcohol use and other health outcomes.

The SAAHAS project aimed to explore the prevalence and patterns of alcohol use and their association with other health and social outcomes. The project aimed to specifically describe the associations between alcohol use and risky sexual behaviour.

## Progress

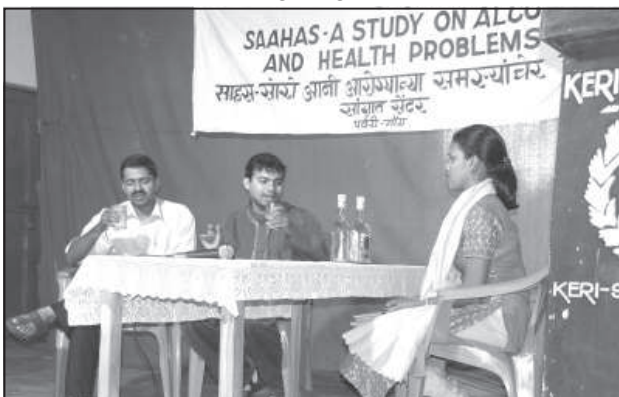
The project was based in rural and urban communities in Goa. The rural areas were Querim, Morlem, Poriem, Podocem, Honda and Karapur, while the urban areas included Calangute, Candolim and Mapusa. We followed a process of social mapping, followed by



*Interview with a respondent*

interviews with key informants, focus group discussions with the target populations and in-depth interviews with key members of the target populations. Several rounds of pre-testing for final survey instruments with the fieldwork staff and piloting instruments with members of the general population was undertaken to produce a coherent description of cultural concepts with regard to alcohol use and sexual risk behaviours.

We successfully screened a total of 4529 respondents (1899 men; 2630 women) between the ages 18 - 49 years from the urban and rural study areas. From those screened, we recruited 1977 respondents (1034 men and 938 women) into the second stage main survey (with a response rate >95%). We also carried out an in-depth drink diary study with 60 male hazardous drinkers. After completion of the data collection in April 2007, data entry and data cleaning was done using the SPSS DE program. A dissemination seminar was held in December 2007 for the local stakeholders and national alcohol experts. Community dissemination meetings in the rural and urban areas were held from January to March 2008. Data analysis and preparation of scientific publications is now going on.



*A skit about a bar as part of an awareness drive*

### **Preliminary Findings**

4 in 10 men are current drinkers and 1 in 10 men are hazardous drinkers (those whose drinking affects their physical, mental & social health).

3 in 100 women are current drinkers; hazardous drinking is extremely uncommon in women.

Men who are hazardous drinkers are (compared with other men):

- more likely to be older i.e. in the 40-49 age groups, and most of them started drinking when they were 18 to 20 years old;
- more likely to be illiterate and not have completed primary school;
- more likely to be from the poorer sections of the society.
- more likely to have remained hungry in the previous three months
- more likely to physically and sexually abuse their partners
- more likely to indulge in risky sexual behaviours like visiting commercial sex workers.

### **Future Plans**

Our immediate plans are to complete the analyses of this rich dataset, publish our findings and disseminate them widely in Goa and nationally. Our future plans are to develop interventions for tackling heavy drinking, especially in men, at the level of the community as well as through primary care. We also plan to integrate these interventions in the District Mental Health program in Goa.

### **UMEED**

**The mental health of persons attending an HIV counselling and testing centre**

#### **Objective**

The aim of this project is to investigate the impact of psychosocial health concerns on help-seeking behaviours in people coming to be tested for HIV/AIDS. We will investigate this by recruiting and interviewing approximately 1500 attendees of pre-test counseling at the Goa Medical College Integrated Counselling and Testing Centre (ICTC).

### Project at a Glance

**Funding Agency:** Medical Research Council; Psychiatry Research Trust; Parkes Foundation.

**Partners:** National AIDS Research Institute, Pune; Institute of Psychiatry, Kings College London; London School of Hygiene and Tropical Medicine; Goa Medical College, Goa

**State AIDS Control Society Duration:** Oct 2007-May 2009

**Principal Investigators:** Prof. Vikram Patel (LSHTM, Sangath); Dr R Paranjape (NARI); Prof. Martin Prince (KCL);

**Coordinator:** Rosie Mayston (IoP, Sangath)

**Assistant Project Co-ordinator:** Annet Sequeira

**Research Assistants:** Priti Girap; Priya Korgaonkar; Supriya Harmalkar; Rakhesh Kumar

### Background

It is essential that people coming to be tested for HIV access the services available to them without delay. Voluntary Counselling and Testing (VCT) is the first step in reducing risk behaviours and the first step in accessing care and treatment. Treatment and care for HIV is far more effective if patients are well-monitored and treatment is started at the optimum time point.

Umeed is investigating mental disorders (depression and alcohol abuse) as a potential barrier to accessing care in this group because people living with HIV have been found to have high levels of mental disorder. Mental disorder has a negative impact on clinical outcomes of people living with HIV. People with mental disorder as well as HIV are more likely to progress faster to AIDS and have higher mortality.

Mental disorder may also have a negative impact on adherence to antiretroviral therapy (ART). Antiretroviral therapy (ART) is the treatment for HIV that can allow people to live healthily for many years. In order to have the

best chance of living healthily and to prevent drug resistance, it is essential that those on ART and those waiting to do so, meet regularly with specialist doctors and adhere precisely to treatment regimes.

### Progress

Umeed began in October 2007 and is expected to run until May 2009. We have completed two phases of piloting and expect to start the main phase of data collection in July 2008. We will conduct 15-20 minute interviews with those attending the ICTC for pre-test counselling, who consent to take part. These interviews will cover a broad range of topics including sexual behaviour; demographics; social support; ideas about HIV/AIDS; pathways to testing; experiences of violence. Interviews will also include measures of: depression and/or anxiety; alcohol/ drug use; and cognitive functioning. Outcome data will be collected from routine records maintained by ICTC and ART Centre staff. Key outcomes will be whether participants attend post-test counselling and whether they then go on to register at the ART Centre (if they are HIV positive). We will also record HIV status and CD4 counts. We plan to conduct a qualitative sub-study with 30 participants which will aim to explore barriers to accessing care, in particular among those who attended post-test counselling and received a HIV positive result, but did not register at the ART Centre.

### Future plans

If this study finds that mental health problems are a barrier to accessing HIV-related services, it would provide evidence for the importance of integrating mental health care within HIV detection and treatment services. Screening for mental disorder at pre-test counselling and then providing appropriate support and treatment could help to improve uptake of HIV services and perhaps improve adherence to ART regimens.

# INTERVENTION FOR MENTAL DISORDERS

## MANAS: Manashanti Sudhar Shodh

strategy for the treatment of common mental disorders in Goa.

### Background

The philosophy of Manas is simple: first, that interventions for mental disorders must be based on evidence of which treatments are cost-effective; second, that these must be based on the reality that the vast majority of persons in India with mental disorders will not have affordable access to specialist services. Thus, in Manas, we use two models of care. The first is Enhanced Usual Care (EUC), which will focus on improvement of recognition of mental health problems in primary health care. In this model a health assistant screens the patients attending the clinic for the presence of depression and provides the information to the doctor who may then wish to prescribe low-cost generic antidepressant medication (made available in the PHC by the Manas project). The doctors in these clinics are provided with a booklet with the basic information on diagnoses and medical treatment of depression.

The second model is Collaborative Stepped Care (CSC). In this model, in addition to the Health Assistant, a Health Counsellor, who is recruited and trained to deliver the psychosocial treatment is provided in these clinics. A range of psychosocial treatments, including psycho-education, specific psychological treatments, yoga, proactive monitoring of adherence and specialist support to the practice is provided. Our primary research question is whether the addition of the Health Counsellor (who delivers all the psychosocial treatments) provides a cost-effective intervention in comparison to simply providing the PHC doctor with diagnostic information and access to antidepressants.

### Objective

To develop and evaluate the clinical and cost-effectiveness of a primary care intervention



*Health Education Pamphlets*

## Progress

Soon after the initiation of the project in October 2005, we carried out extensive consultations with local stakeholders (PHC staff and private doctors) on the nature of the intervention. We held a number of workshops with local branches of the Indian Medical Association, with PHCs and with the Directorate of Health Services. We hosted a workshop of our collaborators (international and national) in January 2006. Formative research was carried out in 4 PHCs and in 4 GP clinics to assess the feasibility and acceptability of various components of the intervention. Piloting was then carried out in 4 PHCs from August 2006 onwards. Findings of these studies have been published (see list of publications later in this report). The trial protocol was revised on the basis of the experience gained in the formative and piloting phases. Training for the intervention team was then conducted for 3 months, from December 2006. This included training in inter-personal therapy (led by Dr Helena Verdelli and Kathleen Clougherty from Columbia University, New York) and training on the use of yoga for stress related problems (led by Dr Shirley Teles,



*Clinical Specialist addressing a meeting in Bicholim PHC*

Swami Vivekananda Kendra, Bangalore and Dr Sitakant Ghanekar). Twelve PHCs were chosen for the trial's first phase and randomly allocated to either of the two models of care.

The running-in phase in 12 PHCs was started in February 2007. During this period, briefing meetings were conducted for PHC staff providing information on the project. This phase was useful in providing the intervention team with the actual experience of working in the PHC. The recruitment of patients in this first phase began on the 2<sup>nd</sup> April 2007 and was completed by 4<sup>th</sup> October 2007. Over 2,000 patients were detected to suffer from a common mental disorder and were offered treatment. A total of 1648 patients were enrolled into the study for evaluation. Outcome evaluations are being carried out by our partner NGO (VHAG) in order to ensure blinding. On the date of this report, the 2 and 6 month outcome evaluations have been completed with 87% and 86% follow up rates respectively. The Intervention team continued to provide services in the PHCs until the end of February 2008. Closure meetings were conducted in 12 PHCs to provide feedback on the progress of the trial.

Recruitment for qualitative interviews began after completion of recruitment for the quantitative evaluation; 20 patients from EC clinics and 28 patients from CSC clinics were invited to participate in the interviews with the aim of obtaining narrative feedback from patients about their experiences about the quality of care. We also completed outcome interviews with 12 Health Assistants, 8 Health Counsellors, the 2 Clinical Specialists and 54 PHC staff, including doctors, who were involved in the trial.

## Words of Appreciation about Manas

"She (the Manas counsellor) asked me a few detailed questions, about my tension. What is happening to me? I told them I am feeling bored (bezarieta). I am having tension. What more is happening? I said I am feeling like ending my life. She asked about my family. I told them I am tensed about my children. What used to happen earlier is that there were a lot of patients and as such the doctor could not sit for long with each patient. I feel that since this new thing has started a lot of people have recovered and so have I." – 50 year old female patient

*"After meeting her and taking those tablets my health has improved. For every visit I would meet the sister (counselor) first and then she would refer me to the doctor. I meet her because I like the way she enquires about my health and gives me advice. I like the way she talks, very politely does not scold like other staff. She tells me about my health very politely than I feel good telling her about my health."* – 48 year old female patient

"Some patients after taking the tablets (antidepressants which were provided free through the PHCs) have felt better and they are getting other people along with them to the PHC and directing even others having similar problems to come to this PHC." – PHC Medical Officer

*"She (the counsellor) was kind, polite with the patients. She built rapport with the patients very quickly. Because of the rapport they were able to open their feelings and talk to her about their problems. She explained to them about confidentiality. They felt free with her."* – PHC staff nurse



*Health Counsellor determining intervention to a patient*

### **Future Plans**

We are now preparing for Phase 2 of the project, in which we will implement the two models of care in 12 private family doctor clinics. We have completed piloting in two clinics. We have conducted two meetings in each district with doctors interested in participating in Manas and have now finalized the list of 12 family doctors to take part.

The Governments of India and Goa have highlighted the importance of the management of chronic diseases, such as mental disorders, in primary care. The Manas Project is the first trial for the effectiveness and cost effectiveness of a primary care based intervention in India for common mental disorders. Ultimately, the outputs of the project will include a program manual on how to scale up the intervention, practitioner manual for primary care doctors on how to integrate the intervention in their clinics, scientific articles on the effectiveness of the intervention, and policy briefs for ministries of health.

Following advocacy by the Medical officers in the PHCs, the Directorate of Health services has decided to provide Fluoxetine in PHC's for the treatment of depression after completion of Phase 1. In addition, Sangath has been asked by the DHS to submit a proposal to run the District Mental Health Programme in North Goa. Ultimately, we hope that Manas will become a model for care of persons with mental disorders in primary care settings throughout India.

## **OTHER RESEARCH**

### **Mapping of Mental Health Research Capacity in South Asia**

#### **Project at a Glance**

**Principal Investigator:** Prof. Vikram Patel

**Project Coordinator:** Smita Naik

**Duration of project:** Oct 2004 - Jan 2006

**Funding Agency:** Global Forum for Health Research - Switzerland

**South Asian Collaborators:** Suraj Thapa and Nirupama Basnet (Nepal); Murad Khan and Haider Naqvi (Pakistan and Afghanistan); Sisira Siribaddana and Athula Sumathipala (Sri Lanka and Maldives) and Omar Rahman (Bangladesh).

### **Objectives**

To develop a map of mental health research actors and to describe the current research agendas, priority-setting, and impact of research on policy.

### **Background**

In 2004, the Global Forum for Health Research and the World Health Organization, Department of Mental Health and Substance Abuse, Mental Health: Evidence and Research, initiated a project to provide an account of the current status of mental health research in 114 low- and middle-income countries in Latin America (30), Africa (52) and Asia (32). The scale of the study makes it the first systematic attempt to collect relevant information in this area, providing a valuable confirmation of what was expected but has never been systematically documented previously. The South Asian team, coordinated by a team in Sangath, carried out the research led by local teams in five countries of the region.

### **Progress**

From the search of the indexed literature, 899 articles from South Asia were identified. India accounted for 4 out of 5 papers published in indexed journals from the region. The next most important contributors were Pakistan and Sri Lanka. No articles were identified from three countries: Maldives, Afghanistan and Bhutan. We also searched the local and non-indexed literature from various databases, journals and libraries in each country and identified a total of 475 articles. From this database, we were

able to identify and locate addresses for 691 researchers. A total of 223 researchers completed the questionnaire. The majority of respondents were psychiatrists (46%). The majority worked in hospitals, research organizations or universities with relatively few in private sector organizations. As many as 87% of respondents reported having access to internet resources but mostly to free databases. Only 20% of respondents had access to paid internet sites with full text articles. In all, 70% researchers reported that they had not received any kind of research fellowship and or consultancies in the five years prior to the survey. The most important obstacle hindering research as reported by respondents was lack of funds (52%) followed by lack of time. Although the vast majority of respondents (87%) had some training in at least one of the major research methods, there did not appear to be enough of a critical mass in any one research methodology. The most commonly cited priorities were epidemiological studies of the burden of disease and risk factors, followed by health systems and social science research. In terms of mental health conditions, Anxiety-Depression was the leading priority followed by Psychosis and Substance Abuse. Women, children and adolescents, and the poor form the three most important marginalized populations for mental health researcher respondents. However, whereas the burden of disease was the leading factor for determining research priorities, personal interest was the leading factor for determining pursuit of actual research projects (burden of disease being the second most commonly cited factor). In the absence of any formal research unit at the level of governments, no direct relation between research and policy could be shown. However, researchers and stakeholders were able to identify a number of specific examples of how mental health research had influenced policy. The survey results from South Asia showed broad agreement with the findings from other developing regions. Mental health researchers

and other stakeholders, and across regions, regarding priorities for mental health research in low- and middle-income countries (see box).

### Future plans

The south Asian region is one of the most populous regions of the world. It suffers from very inadequate mental health research resources in terms of both financial support (funding for individuals and institutions) and professional support (e.g. involvement in research networks, access to the literature, training in research methodology). Though some examples of research impacting policy are available, in general there is little interface between research and policy. The project has identified the major mental health research priorities, and resources, for the region which

Findings from the global results of the Mapping Project

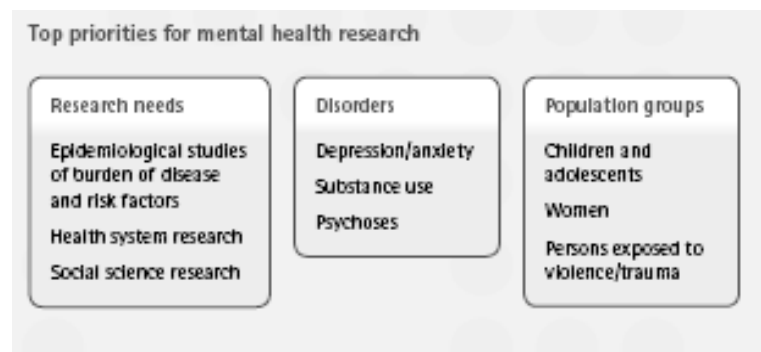


Figure 1: Criteria for prioritizing research

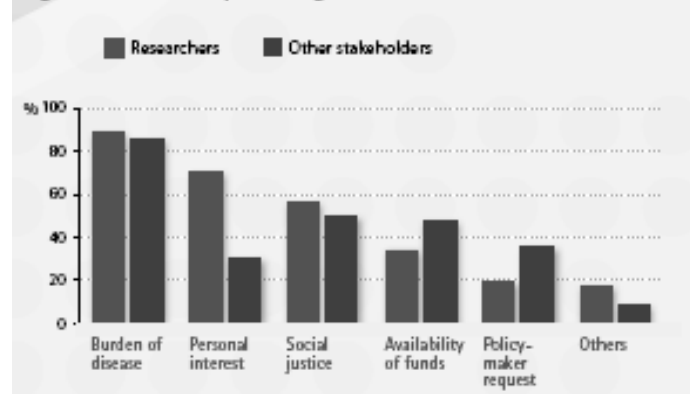
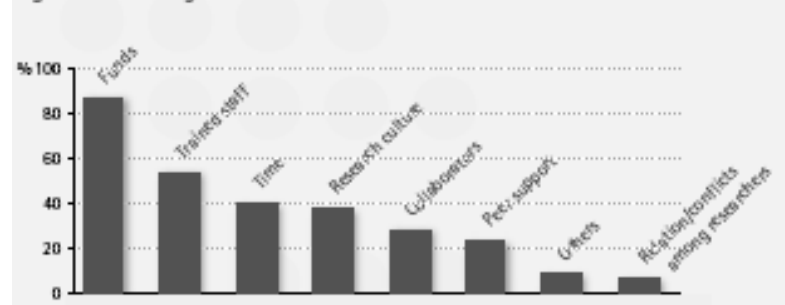


Figure 2: Challenges researchers face





are shared by both researchers and stakeholders; this agenda needs to be implemented through a concerted effort to build research capacity, improve the publications record, and advocate for research resources in the region.

These findings highlight the need to review and strengthen the management of mental health research through:

1. Governments and other institutions considering mental health crucial to the overall health of their populations and an important bearing on national development.
2. Integrating mental health research within health research systems to enhance synergies and avoid inefficiencies, gaps and duplications.
3. Establishing a leading body to identify and monitor gaps in national and regional mental health research, formulate priorities, advocate for funds, assess research capacity, establish networks, disseminate information and provide technical and financial support.
4. Formulating and implementing mental health research priorities through a transparent, participatory and scientific process. The Combined Approach Matrix (CAM) of the Global Forum is an effective tool for priority setting in this regard.
5. Increasing national funding for mental health research, bringing it into line, as far as possible, with the country's burden of mental disorders. In addition, leading research donors must include a specific mental health component in their budgetary allocations.
6. Investing in mental health research capacity strengthening, particularly through research trainings and incentives for mental health professionals.
7. Developing research networks and public-private partnerships. In particular, more LAMI country researchers and other

stakeholders should be connected to established research networks.

8. Mainstreaming cross-cutting issues, such as socioeconomic status and gender, in all strategies and research designs, as key variables.
9. Connecting with information networks in health research to ensure the sharing and utilization of mental health information by researchers, policy-makers and the general population. There is a need for organizations to bridge the gap between policy and research by sensitizing researchers about the usefulness of involving other stakeholders in their research and sensitizing stakeholders about the importance of good mental health research.

A publication with the results of this project was launched on the occasion of Forum 11 at Beijing by the Global Forum for Health Research and the World Health Organization. The report enables evidence-based decision-making in funding and priority setting in the area of mental health research in LMICs. It strongly requests all policy-makers, programme managers, and funders of research for health, at national and global levels, to place mental health high on their agendas.



*Prof. Vikram Patel at the Mapping Project publication launch at Forum 11 in Beijing*

# Partnerships & Dissemination

Sangath strongly believes in the principle of collaborative work with other organizations with the aim of reaching out and increasing the coverage of our interventions to larger sections of the Goan community while ensuring that our work is informed by the highest standards of quality and evidence. We are great believers in the motto of acting locally, thinking globally! Sangath has been partnering widely with other organizations in Goa, India and internationally. Through these collaborative experiences, Sangath has been building its potential to provide quality services to the community and carry out internationally recognized research. In turn, we have been strengthening the potentials of partner organizations as well.

Sangath deploys two major activities to establish partnerships for development: capacity building of our service providers and of other organizations; and dissemination of our experiences at different levels. Our partnerships with other organizations and groups include training programs conducted for parents, teachers, young people and other stakeholders, collaborating with and supporting local, national and international organizations and Government departments who share our goals and reaching out to the wider community through consultation and awareness meetings, lectures, workshops, documentation and publication of our experiences. The table below documents the major partners we have worked with in the past two years.

Sector	Organisations/Department
State Government(Goa)	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> <li>• Department of Women and Child Development</li> <li>• Department of Social Justice &amp; Empowerment</li> <li>• District Institute of Education &amp; Training</li> <li>• Directorate of Education</li> <li>• Goa State AIDS Control Society</li> <li>• Police Department</li> <li>• Goa State Commission for Women</li> <li>• Goa State Commission for the Child</li> <li>• Goa Board (Education)</li> <li>• Sarva Shiksha Abhiyan</li> <li>• Social Welfare Department</li> <li>• Civil Courts/Judiciary</li> </ul>
Central Government	<ul style="list-style-type: none"> <li>• National Trust for the Welfare of Persons with Autism, Mental Retardation, Cerebral Palsy &amp; Multiple Disabilities</li> <li>• Rehabilitation Council of India</li> <li>• Indian Navy</li> </ul>
NGOs (all Goan unless specified otherwise)	<ul style="list-style-type: none"> <li>• Positive People</li> <li>• Voluntary Health Association of Goa</li> <li>• Jyot</li> <li>• Disha Special School</li> <li>• Desterro Eves Mahila Mandal</li> <li>• Lok Vishwas Pratishthan</li> <li>• Vidya Bharati</li> <li>• Centre for Study of Ethics and Rights, Mumbai</li> <li>• Schizophrenia Research Foundation, Chennai</li> <li>• District Rehabilitation Association of Goa</li> </ul>
Schools	<ul style="list-style-type: none"> <li>• Listed earlier in the section on school programs</li> </ul>
Academic Institutes	<ul style="list-style-type: none"> <li>• Goa Medical College</li> <li>• NIMHANS, Bangalore</li> <li>• National AIDS Research Institute, Pune</li> <li>• Bhoj University Madhya Pradesh</li> <li>• Institute Of Psychiatry, UK</li> <li>• London School of Hygiene &amp; Tropical Medicine, UK</li> <li>• University College of London, UK</li> <li>• Alcohol Research Group, USA</li> </ul>

## **CAPACITY BUILDING**

Sangath is involved in a range of capacity building initiatives; we run two Central Government programs in the state, are host to a large number of visitors and students, run a number of workshop and training programs and most important, ensure own service providers are able to access a wide variety of training programs themselves. We are especially proud that two of our service providers are fully funded to complete a Masters degree in epidemiology from the London School of Hygiene & Tropical Medicine. More details of these activities are described below.

### ***Supporting Local NGOs through Government Schemes:***

#### **State Nodal Agency Centre (SNAC) for people with disabilities**

### **Objectives**

- Creating awareness about National Trust schemes
- Carrying out the activities of the National Trust such as rural awareness programmes for legal guardianship; workshops for parents, teachers and professionals; and processing applications for legal guardianship beneficiaries.
- Sensitizing the general public to persons with disabilities
- Liaising with the state government and advocating for persons with disabilities
- Supporting and documenting activities of National Trust registered NGOs

- Monitoring the functioning of the State Level Coordination Committee and the Local Level Committees formed by the National Trust.

### **Progress**

Sangath has been awarded the status of the State Nodal Agency Centre (SNAC) since August 2005 by the National Trust for the Welfare of Persons with Autism, Mental Retardation, Cerebral Palsy and Multiple Disabilities. Through this partnership, Sangath is recognized as the Nodal centre of the National Trust in the state of Goa. This enables us to collaborate with the organizations that work in the disability sector and support and monitor their activities. During the past two years the following activities were conducted:

- In November 2007, the NGO representatives were given a brief orientation about the schemes of the National Trust and how they needed to be implemented.
- An inspection was carried out for Lok Vishwas Pratishtan, Ponda, in March 2007, to appraise the NGO as a possible source of funding by the National Trust.
- A two-day sensitization workshop was held for parents and siblings of children with Mental Retardation at Sangath Centre (Raia) in March 2007
- Two rural awareness workshops on legal guardianship issues were held in Ponda taluka during the health camps for children with developmental delay
- A workshop for parents on "Helping children with disabilities to be independent" was organized by Sangath in collaboration with Jyot Society for autistic children
- Ms. Caroline Winstanley, a speech and language therapist from the UK, conducted a workshop for teachers, parents and caregivers on "Helping Children with Communication Disorders to Communicate" in January 2008
- A workshop on "Inclusive Education" was conducted by Sreepriya Bhoumik (Special Educator from USA) in collaboration with the LEL team for teachers and parents of special schools



## **Mother NGO for Reproductive And Child Health Program**

### **Project at a Glance**

**Funding Agency:** Dept. of Family Welfare, Govt. of India

**Duration:** Aug 2007-July 2010

**Project Team:** Preetam Barros, Balesh Hussain

**Advisory Committee:** Gracy Andrew, Dr. Vishal Gude, Dr. Sheela Gupte, Prof. Prasad Nevrekar, Prof. Vikram Patel, Dr Geeta Patki, Sulochana Pednekar

**Collaborating NGOs:** Desterro Eves Mahila Mandal; Positive People; Vidya Bharati

### **Objectives**

- To increase access and coverage of a comprehensive service delivery package of reproductive and child health (RCH) services to selected underserved populations in South Goa district.
- To build a strong institutional capacity at the State, District and Field Levels for implementing RCH programs.

### **Background**

The Department of Family Welfare, Government of India, introduced the Mother NGO scheme under the Reproductive and Child Health (RCH) Programme in the Ninth Five Year Plan (1997-02). Under this scheme the Department identified and sanctioned grants to selected NGOs called Mother NGOs in allocated districts who, in turn, issue grants to smaller NGOs called Field NGOs, in selected underserved areas. Field NGOs under this scheme are involved in service delivery, in addition to advocacy and awareness generation. The grants are to be used for promoting the goals as outlined in the RCH programme of the Government of India. These goals are focused on these four areas:

- Maternal and Child Health
- Family Planning
- Adolescent Reproductive Health
- Prevention and Management of RTIs/STIs

### **Progress**

The Mother NGO will work with the Regional Resource Centre (Family Planning Association

of India, Mumbai) and the State RCH Society (State Family Welfare Bureau, Dept. of Health Services, Goa) to implement the programme for a period of 3 years. In the preparatory phase, selection of Field NGOs has taken place with the help of the State RCH Society. Sangath is imparting project orientation/capacity building and technical support to the Field NGOs. So far, we have achieved the following milestones.

- Orientation workshop by the Regional Resource Centre which focused on the technical and financial management of the MNGO scheme was held in April 2007.
- A workshop on Training of Trainers was organized by Family Planning Association of India (FPAI), Mumbai, in September 2007.
- The Field NGOs were trained on the technical and financial management of the MNGO program by Sangath in December 2007.
- A workshop on Baseline Survey Software orientation was conducted by the FPAI, Mumbai, in January 2008 at Sangath.
- A Workshop on the Development of Project Proposals for Mother NGOs and Field NGOs was organized in February, 2008 by the FPAI, Mumbai, at Mumbai.



*Training for Field NGOs*

### **Future Plans**

The Field NGOs have conducted a baseline survey and based on the findings, would be preparing a project proposal. Sangath will then prepare a consolidated project proposal on the proposed interventions which will be reviewed by the Regional Resource Centre (Family Planning Association of India, Mumbai) and approved by the State RCH Society. The project will be carried out in the underserved areas of Balli, Barcem, Morpilla in Quepem, Monte Hill, Khareband, Dandevaddo, Fatorda, in Margao,

Mangor Hill and Zuarinagar in Vasco. The selected Field NGOs are Desterro Eves Mahila Mandal, Vasco; Positive People, Panaji; and Vidya Bharati, Porvorim.

### ***Capacity Building of our Service Providers***

Our human capital is by far the single most important asset we have. Sangath insists that all its projects include resources to build the capacity of our service providers. It bears testimony to their enthusiasm and motivation to excel in their work by always keeping abreast with new knowledge and skills.

### ***Capacity Building of Students from other Institutions***

Sangath is proud that it is now considered to be a base for training of students from local, national and international institutions. The list below shows the diversity of the background of these placements.

#### **Local (Goan) Institutes**

- 3 MA Clinical Psychology students from St. Xavier's College, Mapusa
- 30 MBBS students from Goa Medical College, Bambolim
- 30 Psychology students from Carmel College, Nuvem
- 26 Nursing students from Vrundavan Nursing School, Mapusa
- 20 Nursing students from Nursing College, Apollo Victor Hospital, Margao

#### **National Institutes**

- 27 students from Tata Institute of Social Sciences, Mumbai
- 3 MSW (Master in Social Work) students from Satara College
- 25 BSW students from Yashwantrao Chawan Institute of Social Science, Pune
- 20 students from Gujarat Kelavani Trust
- Shiju Mathew, 2<sup>nd</sup> year MA, social work student from Loyola College, Chennai.

#### **International Institutes**

- Alice Fay, Masters of Public Health student from the London School of Hygiene & Tropical Medicine, London.
- Clare Gray, M.Sc Public Health Nutrition student, London School of Hygiene and Tropical Medicine, London

- Klaus Magnussen, BA, National Institute of Social Education, Denmark
- 3 Psychiatrists, 6 Medical Officers, 4 Mental Health Nurses from Ministry of Health, Cambodia, Cambodia.
- Rosie Mayston, PhD Student from the Institute of Psychiatry, London
- Roberta Uchoa, PhD, post-doctoral fellow from the University of Pernambuco, Brazil
- Laura Wendt, Bachelor in Psychology internship from University of Konstanz, Germany
- Victoria Preece, MPH student from University of Sydney, Australia

### ***Training Courses and Workshops***

In the last 2 years, more than 150 workshops and training courses were conducted by Sangath with a wide range of population which includes children, young people, parents, teachers, community and other health care professionals.

#### **Workshops for Children**

We have conducted a series of workshops for children below the age of 12 years through schools and community groups like churches. The topics of the workshops include self-esteem, relationships and childhood sexuality. An art camp for four days also was conducted for children in April 2006.



*Workshop for children on Building Blocks*

#### **Workshops for Young People**

More than 20 workshops were conducted for young people on various health and educational aspects. Most of the workshops conducted were done as a part of Yuva Mitr

project that aimed at promoting the health and well-being of young people in the community. The workshops focused on a range of themes such as study skills, life skills, mental health, making career choices, reproductive and sexual health and relationships. Through the Yuva Mitra project, more than 200 young people in



*Interactive session in the classroom*

educational institutions and communities were empowered to be a reliable source of health related information for their peers.

### **Workshops for the Community**

Sangath has been in constant discussion and consultation with the community for all its programs. Workshops have been conducted for women, parents, couples, *anganwadi* workers and for lay people in the community. The topics of the workshops differ according to the population. Some examples of such workshops can be found in the respective project descriptions in this report.

With nuclear families increasing, a number of young couples have to cope with parenting without the support of experienced elders. Consequently, there is a call for more information on pregnancy and childbirth. Baby Talk is a program developed by Sangath where



*Workshop in the community*

antenatal sessions provide information on healthy practices during pregnancy. The training aims to put couples in charge of their pregnancy and parenting. In the last 2 years, we have held classes for 10 couples

### **Workshops for Health Care and Other NGO Professionals**

Strengthening existing resources in the community is one of the Sangath's strengths. Workshops have been conducted for medical doctors, PHC staff and other NGO colleagues. Most of the workshops conducted for doctors and PHC staff were part of the MANAS project on improving care of persons with depression. Other examples are a workshop on working with groups and communities, conducted by Dr. Achal Bhagat in August 2006 for NGO professionals. Sangath initiated its annual intensive training program on Community Health Research Methods in 2002, through a grant from the MacArthur Foundation. We have continued to run this course every year since then. Participants for these trainings have come from all across India. In the past two years, 37 persons have participated in the



*Awareness meeting with anganwadi teachers*

training course, including 6 medical practitioners, 18 health professionals and 13 social workers.

### **Workshops for Teachers**

Over 20 workshops have been conducted for teachers in school and colleges. The topics included orientation to learning disability, behavioral problems, learning preferences, disciplining, understanding young people, mentoring and counseling, creative teaching and inclusive education.

## Visitors at Sangath

Sangath has hosted a number of visitors from international and national institutions, funding organisations and collaborators. Some of the visitors to Sangath during the past two years were:

- Dr. Shobha Shrinath, Dr. Girimaji and Dr. Uma, NIMHANS Bangalore, India
- Ravi Karkara and Akmal Shareef from Save the Children, Sweden
- Dr. Achal Bhagat, Saarthak, New Delhi, India
- Nazneen Gidwani, Sanjay Naik, Sayaji Chavan and Vikas Dandekar from Family Planning Association of India, Mumbai, India
- Dr. Shirley Teles, Swami Vivekanand Institute, Bangalore, India
- Dr. Anant Bhan, Shawn Tracy and Cecil Bensimon, University of Toronto, Canada
- Dr. Anil Coumar, Psychiatrist, University of Washington, Seattle, USA
- Dr. Alex Cohen, Harvard University, USA
- Dr. Mark Walport, Dr. James Whitworth, and Gunavanti Goding, Wellcome Trust, UK
- Gita Lobo, Autism Family Support, Children in Touch, UK
- Dr. Rahul Shidhaye, Pravara Institute of Medical Sciences, Pravaranagar, India
- Dr. P. C. Das, Ministry of Health and Family Welfare, Govt. of India, New Delhi, India
- Prof. Helen Herman, University of Melbourne, Australia
- Sandhya Srivastave, Women's Lions Club, India
- Chris Underhill, Shoba Raja & Victoria De Menil, Basic Needs, London, UK
- Dr. Shavindra R. Dias, University of Peradeniya, Sri Lanka
- Karina Kielman, Dr. Helen Weiss and Prof. Betty Kirkwood, London School of Hygiene and Tropical Medicine, London
- Rupa Chinai, Journalist, Mumbai
- David Kohn, Nieman Foundation for Journalism, Harvard University, USA
- Dr. Michelle Kermode from NHMRC, Nossal Institute for Global Health, University of Melbourne, Australia
- Dr. Madhabika Nayak, Dr. Jason Bond and Dr. Karen Trochi, Alcohol Research Group, USA
- Prof. Bonita Stanton & Prof. Deepak Kamat, Wayne State University, USA
- Dr. Vikram Dua, Vancouver, Canada.
- Rajani Ved and Richard Kohl, Management Systems International, USA.

## Documentation & Dissemination

Our primary audience for dissemination has always been the local community which has directly participated in our projects. Details of these dissemination activities are provided in the respective project descriptions earlier in this report. Here, we briefly describe the dissemination of our work through other methods including scientific publications, other publication, the print media, our library and our website.

### Sangath Library

Sangath's library comprises more than 3,000 materials including books, journals, CD-ROMS, videos and print material. There is a database of mental health & adolescent health research publications and various bibliographies. Sangath's work in various health issues has led to the publications of numerous books, manuals etc, for both professionals and lay audiences (a list of publications is provided below). Publications can be ordered by using the Sangath publications order form or alternatively downloaded from the Sangath website. You could also write to us at [contactus@sangath.com](mailto:contactus@sangath.com) and place your orders. A full time librarian is appointed to manage the library and meet the regular demands for publications.

### Sangath Publications

We have published a wide range of materials, ranging from hand-outs for parents and teachers to manuals for health professionals. A full list of our publications is shown below.

### Brochures and Handouts

1. All for Teens: A set of 22 handouts for Adolescents, Parents and Teachers (English/ Marathi) – Rs. 100/- covering topics like:
  - a. **For Adolescents**
    - Self-Assertiveness: Bring Your Own Person
    - Staying Healthy
    - Skills For Effective Studying

- Stress Management
- Dealing With Anger
- Coping With Depression
- Getting Along With Family
- Decision – Making Skills
- Making A Career Choice: Choosing a life path
- About Sexuality
- Keeping Oneself Safe from Abuse and Violence

**b. On Disabilities-(Rs. 5/- each)**

- Asperger Syndrome
- Autism (Know more about Autism): A guide for parents and carers
- Helping Blind & Visually Impaired Children
- Mental Retardation
- Downs Syndrome
- Nutrition and Downs Syndrome
- Social Welfare Scheme and Special School
- How to protect one handicapped child from Child Sexual Abuse (CSA)
- What is Learning Disability
- Inclusive Education
- You can beat bullying
- Psycho Educational Testing
- What is SLD (Specific Learning Disability)?
- ADHD for Kids

**c. On Parental Guidance-(Rs. 5/-each)**

- Language stimulation for pre-schoolers
- Infant Stimulation
- Lets talk about eating
- Guidelines for introducing solids to infants
- Lets look at Childhood Sexuality
- Lets look at Toddlers & Tantrums
- Disciplining Preschoolers – No longer a bother
- All about disciplining the 9-14 year old
- Information to parents on learning to praise effectively
- Tranquility or Thunderstorm – tackling your child's temperament
- Infant Stimulation (0-6 months)
- Infant Stimulation (6-12 months)
- Infant Stimulation (1-2 years)
- Nutrition during pregnancy

- Toddler and the new baby
- Children of alcoholics
- Children and Anger
- Creativity for School Children
- Let's look at ... Divorce and Single Parenting
- About Listening
- Know more about Marital Discord
- Sibling Rivalry
  - When a loved one dies
  - The Parent – Child Game
  - Toilet Training your Child
  - Home Program for Autism

**d. On Teacher Sensitization-(Rs. 5/- each)**

- Information for teachers on how to praise
- Suggestions for helping children with Learning Disability in the classroom
- ADHD – Tips for Teachers

**e. On Psychiatric Disorders-(Rs. 5/- each)**

- Obsessive Compulsive Disorder
- Information on Methylphenidate medication for Hyperactivity
- Managing attention deficit hyperactivity disorder (ADHD)
- Lets look at ADHD
- Dietary guidelines for ADHD
- Bedwetting – what its all about
- Understanding Depression

**Entire set of Handouts - Rs. 225/-**

**Reports and Manuals**

- The State of Goa's Health – Rs. 70/-
- Health Needs of Adolescents–Rs. 75/-
- Barefoot Counselling (English)/(Marathi) – Rs. 75/-
- Teacher's Toolkit – Rs.100/-
- Police Manual – Rs. 50/-
- Helping the Child with Learning Difficulties – Rs. 300/-
- Common Mental Disorders in General Health Care – Rs.100/-
- Down's Syndrome – Reaching Out (Training Manual) – Rs.100/-
- Where there is no Psychiatrist – Rs. 250/-
- A Physician's Guide to Medically Unexplained Symptoms - Rs. 50/-
- STI/RTI Research Methods in India Problems and Solutions – Rs. 150/-
- Autism- Hope And Help – Rs.100/-



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

## Articles in Scientific Journals

### Reports

1. Paying Attention To Learning (A Report of Activities And Outcome) (Complimentary)
2. AADHAR (A Resource Manual For Anganwadi Workers Helping Children with Special Needs) (Complimentary)
3. First Steps The Sangath CRY Early Intervention Project (Complimentary).
4. Zippy's Friends (Complimentary).

- Patel V., Kirkwood, B., Pednekar, S., Pereira, B., Barros, P., Fernandes, J., Datta, J., Pai, R., Weiss, H., & Mabey, D (2006) Gender disadvantage and reproductive health risk factors for common mental disorders in women: a community survey in India. Archives of General Psychiatry, 63, 404 - 413.
- Patel V., Weiss, H., Mabey, D., West, B., D'souza, S., Patil, V., Nevrekar, p., Gupte, S. & Kirkwood, B. (2006) The Burden And



# Sangath

Home ► Clinical Services ► Research ► Partnerships ► Administration ► Publications ► News ► Contact us

## WELCOME TO SANGATH



**our Vision**

Sangath endeavours to nurture the developmental and emotional health of children, adolescents and families.

**Our Mission**

Sangath shall work on issues related to children, adolescents and families. The Society will focus on all children, adolescents and families regardless of creed, caste or socio economic status, and work mainly to promote their good health in all aspects i.e. physical, psychological and social. The Society will also endeavour to strengthen families and empower them to provide for the physical and developmental needs of their children.

Vacancy: Sangath requires an Executive Director [click here](#)

Sangath wins **MacArthur** foundation international award





Workshops

Training programmes

Achievements

Our Vision for future

Sangath in Goan community

Our Funders & Donors

Donation Box

Member Downloads

Search Online library

Your Opinion counts

*Sangath Website Home Page*

Determinants of Reproductive Tract Infections In India: A Population Based Study Of Women In Goa, India. *Sexually Transmitted Infections*, 82, 243 – 9.

- Patel, V., Weiss, H., Kirkwood, B., Pednekar, S., Weiss, H. & Mahey, D. (2006) Why women suffer common mental disorders; a population based longitudinal study. *British Journal of Psychiatry*, 189, 547-55.
- Patel V., Weiss, H., Kirkwood, B., Pednekar, S., Nevrekar, P., Gupte, S., Mabhey, D. (2006) Common Sexual Complaints In Women: The contribution Of Psychosocial and Infections Factors In A Population Based Cohort Study In Goa, India, *International Journal of Epidemiology*, 35, 1478-5.
- Patel, V., Chisholm, D., Kirkwood, B., & Mabey, D. (2007) Prioritising Health Problems In Women In Developing Countries: Comparing The Financial Burden Of Reproductive Tract Infections, Anaemia And Depressive Disorders In a Community Survey In India. *Tropical Medicine & International Health*, 12, 130-9.
- Wilcox, C. Washburn, R., & Patel, V. (2007) Seeking Help For ADHD In Developing Countries; A Study Of Parental: Explanatory Models In Goa, India. *Social Science & Medicine*, 64 1600-1610.
- Weiss, H., Patel V., West, B., Peeling, R., Kirkwood, B., Mabey, D. (2008) 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: p. 133-139.
- Pillai, A., Patel, V., Cardozo, P., Goodman, R., Weiss, H. & Andrew, G. (2008) Non-traditional life styles and the prevalence of mental disorders in young adolescents in a community in India. *British Journal of Psychiatry*, 192, 45-51.
- Maseko, 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*, in press.

- Patel, V., Araya, R., Chowdhary, N., King, M., Kirkwood, B., Nayak, S., Simon, G., & Weiss, H. (2008) Defeating common mental disorders in primary care in India; A comparison of five screening questionnaires. *Psychological Medicine*, 38, 221-228.
- 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. (2008) 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.
- Pereira, B., Andrew, G., Pednekar, S., Pai, R., Pelto, P. & Patel, V. The Explanatory Models of Depression in Low Income Countries; Listening To Women in India. *Journal of Affective Disorders*, in press.
- Patel, V., Andrew, G., & Pelto, P. (2008) The Psychological and Social Contexts of the Complaints of Abnormal Vaginal Discharge; A Study of illness narratives in India. *Journal of Psychosomatic Research*, 64, 255-62.

### **Sangath website**

Our window to the world ([www.sangath.com](http://www.sangath.com)) is now 7 years old. It provides an overview of various projects, and a list of publications offered at Sangath. An online database of over 300 health materials and many of our publications are available for free download. Adhering to the changing needs and ever changing technology we addressed the need to revamp our website a year ago and have received nearly 30,000 hits so far. The website is regularly updated with information about latest trainings, workshops and other upcoming events. Check out our site to keep a pulse on what is happening at Sangath. A full time systems administrator handles the increasingly challenging task of setting up and managing all our technology.

# Sangath wins \$350,000 US grant

■ IANS  
Washington, April 11

Sangath, a Goa-based public health institution focussing on 350 million children and youth, is one among eight organisations in six countries that has won the MacArthur Award for Creative and Effective Institutions.

Chicago-based John D. and Catherine T. MacArthur Foundation said Sangath would use its \$350,000 grant to build a new centre for its clinical, training, and research work.

The Foundation president, Mr Jonathan Fanton said: "From its founding, the MacArthur Foundation has sought out...

# मानसिकदृष्ट्या सचलेल्यांसाठी 'सांगात': गुप्ते

गोवा, ११ एप्रिल (प्रतिनिधी) - मानसिकदृष्ट्या सचलेल्यांसाठी 'सांगात'चे कार्य अत्यंत महत्त्वाचे आहे. मानसिकदृष्ट्या सचलेल्यांसाठी 'सांगात'चे कार्य अत्यंत महत्त्वाचे आहे. मानसिकदृष्ट्या सचलेल्यांसाठी 'सांगात'चे कार्य अत्यंत महत्त्वाचे आहे.

# सामाजिक विषयांवर 'सांगात'चे संशोधन : डॉ. गुप्ते

गोवा, ११ एप्रिल (प्रतिनिधी) - सामाजिक विषयांवर 'सांगात'चे संशोधन अत्यंत महत्त्वाचे आहे. सामाजिक विषयांवर 'सांगात'चे संशोधन अत्यंत महत्त्वाचे आहे. सामाजिक विषयांवर 'सांगात'चे संशोधन अत्यंत महत्त्वाचे आहे.

# समाजादार ह 'सांगात'चे मुख्य कार्य : गुप्ते

गोवा, ११ एप्रिल (प्रतिनिधी) - समाजादार ह 'सांगात'चे मुख्य कार्य अत्यंत महत्त्वाचे आहे. समाजादार ह 'सांगात'चे मुख्य कार्य अत्यंत महत्त्वाचे आहे. समाजादार ह 'सांगात'चे मुख्य कार्य अत्यंत महत्त्वाचे आहे.

# सांगात संस्थेला अमेरिकाचा पुरस्कार

गोवा, ११ एप्रिल (प्रतिनिधी) - सांगात संस्थेला अमेरिकाचा पुरस्कार अत्यंत महत्त्वाचे आहे. सांगात संस्थेला अमेरिकाचा पुरस्कार अत्यंत महत्त्वाचे आहे. सांगात संस्थेला अमेरिकाचा पुरस्कार अत्यंत महत्त्वाचे आहे.

# MacArthurisation of Goa's Social Sector

The MacArthur Foundation's award needs to be seen as a symbolic gesture because by US standards the award money is minuscule. The citation says that the non-profit organisations getting the award are highly creative and effective organisations that have made an extraordinary impact in their fields.

# Sangath seeks govt policy for slow learners

PANJIM, APRIL 15 - The international award winning Goa based family and child welfare institution - Sangath today unveiled its plans for pursuing with the government for policy changes to make regular classroom learning an awesome experience for children with learning difficulties. Sangath, Porvorim, which has been recognized world over for its research and clinical services in various spheres involving children and families today expressed the view that inclusive education for children with learning difficulties is proving extremely fruitful from first hand experience in the present classroom set-up.

# Sangath Centre bags \$500,000 Award

PANJIM, APRIL 10 - The Sangath Centre, Porvorim, has bagged the prestigious international MacArthur Award for Creative and Effective Institutions. The John D. and Catherine T. MacArthur Foundation, Chicago, announced today that Sangath is among eight organisations in six countries to receive the award for 2008. Sangath could receive up to \$500,000 (Rs 2 crore), which it can use for funding its activities, including purchasing new office space, developing training and research facilities, upgrading technology, or undertaking new research.

# गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार

गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार अत्यंत महत्त्वाचे आहे. गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार अत्यंत महत्त्वाचे आहे. गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार अत्यंत महत्त्वाचे आहे.

# गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार

गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार अत्यंत महत्त्वाचे आहे. गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार अत्यंत महत्त्वाचे आहे. गोव्याच्या 'सांगात'ला मॅकआर्थर पुरस्कार अत्यंत महत्त्वाचे आहे.





# Administration

Sangath is a NGO registered under the Societies Act of 1860. Under this Act, two organizational structures are mandated to govern an NGO.

## General Body

The General Body (GB) is the supreme authority to decide on laws of governance and policies of Sangath. On the 1<sup>st</sup> April, 2008, the GB had 37 members. The General Body elects the 7 members of the Managing Committee of the Society every 2 years. Important decisions are taken based on majority voting during the routine annual GB meeting.

### Sangath's GB (on 1<sup>st</sup> April 2008)

Gracy Andrew, Teddy Andrews, Percy Cardozo, Achira Chatterjee, Dr. Neerja Chowdhary, Dr. Nishtha Desai, Fr. Desmond De Souza, Dr. Rajesh Dhume, Dr. Amit Dias, Dr. Gauri Divan, Dr. Ajoy Estibeiro, Shirley Fernandes, Vishram Gupte, Dr. Sheela Gupte, Dr. Linda Heaver, Kalpana Joshi, Prachi Khandeparkar, Loretta Lobo, Anita Mathew, Helene Menezes, Mimi Menezes, Habiba Miranda, Smita Naik, Adv. Shubhalaxmi Naik, Dr. Pradeep Padwal, Prof. Vikram Patel, Dr. S. Ramaswamy, Nazneen Sarosh Rebello, Dr. Mrinalini Sahasrabhojane, Pramod Salgaonkar, Fiona Dias Saxena, Dr. Mimi Silveira, Elizabeth Sivakumar, Prashanti Talpankar, Ashwin Tombat, Yvonne Vaz,, Dr. Vidya Kamat

## Managing Committee

The final responsibility of execution of all projects, financial accountability and overall management of the institution rests with the Managing Committee. When time permits (as all the members are volunteers), the MC also has a role to guide policy and sustainability

### MC Members (on 1<sup>st</sup> April 2008)

Chairman: Vishram Gupte; Secretary: Anita Mathew; Joint Secretary: Gracy Andrew; Treasurer: Dr. Amit Dias Members: Prof. Vikram Patel & Ashwin Tombat

Others who have served on the MC during the 2006-2008 period: Dr Mukul Mahatme, Elizabeth Sivakumar, Dr Linda Heaver, Dr. Zebash Adam

issues. The MC also nominates new members to be invited to join the GB. The committee meets every alternate month.

## Project Management

The overall leadership of individual projects and their day to day management are overseen by the Principal Investigators and Coordinators respectively. The Principal Investigator is the person who conceptualizes the project, guides the development of the proposal and secures the funding for the work. Coordinators are individual service providers who are responsible for the day to day management of projects / financial management and human resource development. Administrative decisions are first discussed by Coordinators and then put forth to the Managing Committee for a final decision. The Coordinators can form smaller groups from amongst its members to discuss specific issues and develop appropriate policies for e.g. planning the fee structure, appraisal system, grievance committee, service provider welfare etc. The group meets once a month .

### Coordinators (on 1<sup>st</sup> April 2008)

Achira Chatterjee, Sulochana Pednekar, Prachi Khandeparkar, Preetam Barros, Smita Naik, Rosie Mayston, Dr. Subramanya Nayak , Dr. Neerja Chowdhary, Teddy Andrews, Paciencia Cardozo, Girish Sawaikar, Pranjali Rodrigues and Yvonne Goncalves

## Administrative Team



*The Administrative Team*

Sangath has grown at a rapid pace in the past 2 years. This makes it imperative that we have a strong and sound administrative base to implement its policies, supervise and mentor all service providers and support our activities.

**The Team** is responsible for the overall administration and financial management of the projects and acts as a link between the coordinators, service providers, and the MC.

**Administrative Team (1<sup>st</sup> April 2008)**

The team consist of Achira Chatterjee (Clinical Director), Yvonne Goncalves (Administrator), Pranjali Rodrigues (Finance Officer), Smita Naik (Systems Manager & Data Manager), Parvin Fernandes (Accounts Assistant), Era Fernandes (Administrative and Documentation Assistant), Amit Naik and Hanumanta Kumbhar (Office Assistant), Pushpa Barle (Housekeeper), Nazir Allikatti and Sayed Sadik (Driver)

**Service Providers**

Finally, the backbone of Sangath is made up of its service providers. Service providers work on different projects on contractual basis. Each individual's duties and responsibilities are outlined as per the requirement of their project. The entire team of service providers meets once in three months; at this meeting, each project team shares their work with others and team building sessions are held for building group morale and team spirit. On April 1<sup>st</sup>, 2008, there were 76 service providers working on different projects in Sangath. Recently, one of our visitors (Laura Wendt) carried out an anonymous survey of all service providers and coordinators in Sangath. Overall, they gave a very positive assessment of their experience of working in Sangath. Some excerpts are in the box alongside.

**Administrative Achievements in the past 2 years (2006-2008)**

- A comprehensive Administrative & Finance Manual has been prepared and is available on intra-net.
- A monthly report, an update of each project work, is submitted by all Coordinators and is forwarded to all the Managing Committee members and the Service Providers. A quarterly newsletter which provides information of Sangath's activities is distributed to all service providers,

Managing Committee and General Body Members.

- A revised Contract Fee Structure has been developed. This structure has separate scales for 4 categories of service providers i.e. the Administration, Research , Clinical and Teaching .
- The Appraisal System has been revised and is implemented annually. This system uses objective criteria to evaluate the performance of a Service Provider and the annual increment of the service provider is based on the outcome of this appraisal system.
- A comprehensive external audit was carried out by Price Waterhouse Cooper in 2007 and its recommendations have been incorporated into the policies of Sangath .

**Salient Findings of the Survey**

*What do you think is the vision and mission statement of Sangath and do you feel connected to it?*

**Staff:**

- "Reaching out to the most needy as an NGO."
- "Yes, because the vision and mission of Sangath is related to our life and is needed in our day to day life."

**Coordinator:**

- "To continue its work for the betterment of the community in Goa."
- "The way I see it Sangath seeks to provide community-based mental health support while integrating high quality research and I feel connected to it."
- "The mission is to promote mental health and I think I help this through my work."

*What do you like most about Sangath?*

**Staff:**

- "Sangath benefits human beings and has a human heart."
- "Working 5 days a week."
- "Providing services to the community."

**Coordinator:**

- "Going for picnics and get togethers."
- "The opportunity to learn, the flexibility in working methods and openness to new ideas."
- "Work atmosphere, team spirit, interactive work environment"

- A Coordinator and a team survey was devised by an intern working in Sangath. The Survey provided feedback about Sangath's infrastructure, morale of the service provider, teamwork and supervisory systems. Key findings have been described earlier.

## Finance

Sangath follows a highly transparent and accountable financial management system, following the guidelines of our external and internal auditors and a comprehensive audit carried out by the international firm of auditors, Price Waterhouse Coopers, in 2007. Sangath has a small team of two people in our Accounts Division – a Finance officer & an Accounts Assistant. During 2006-07 & 2007-08, the Internal Audit was conducted by Mr. Prasad Naik and Mr. Rohit Kukalekar respectively. Accounts are finalized by our Statutory Auditor, Mr Shailesh Usgaonkar. This team actively encourages dialogue with service providers to make sound financial judgments and practices, so that the use of cash is carefully controlled, the financial position of projects are carefully monitored keeping in mind current and forecast expenditure, and strict procedures are enforced to ensure complete financial transparency. Some of these procedures are outlined below:

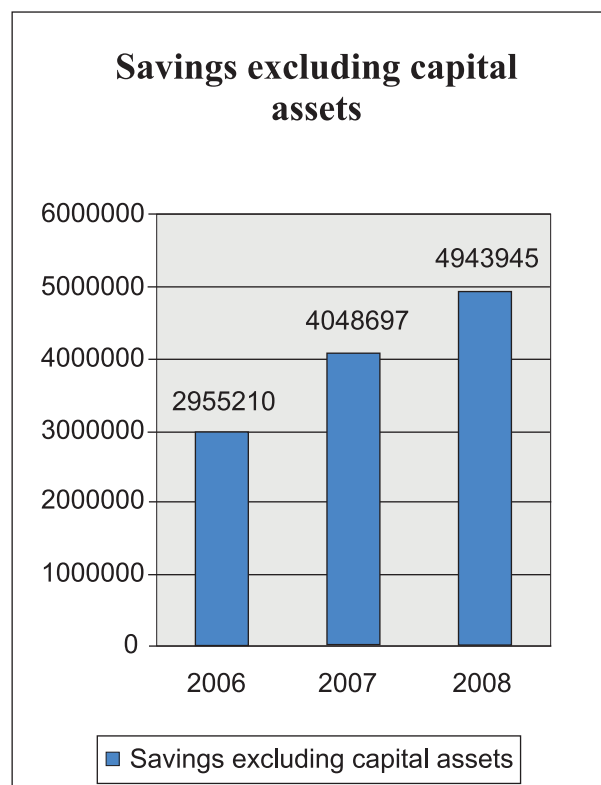
- **Authorisation:** Project Coordinator authorizes project expenses. All Society vouchers are authorized by Chairperson and Treasurer.
- **Approval:** All project & society expenses less than Rs.3000/- are approved by Finance Officer and countersigned by Chairperson and Treasurer. All the expenses above 3000/- are approved by Managing Committee.
- **Monitoring by Coordinators & Finance Officer:** Monthly statement on Budgetary Variance with comments & suggestions of Finance Officer sent to Coordinator to keep check on the expenses as well as on flow of income.
- **Monitoring by Managing Committee:** Keeping check on expenditures at the time of giving approval. The MC resolves issues related to Finance and Administration by passing necessary resolutions. Overall financial health is governed by MC.

- **Monitoring by Auditors:** They do the audit of all financial transactions, verification of TDS returns filed on quarterly basis, Income Tax Returns, FCRA Returns, etc, and furnish an annual report to the Managing Committee.

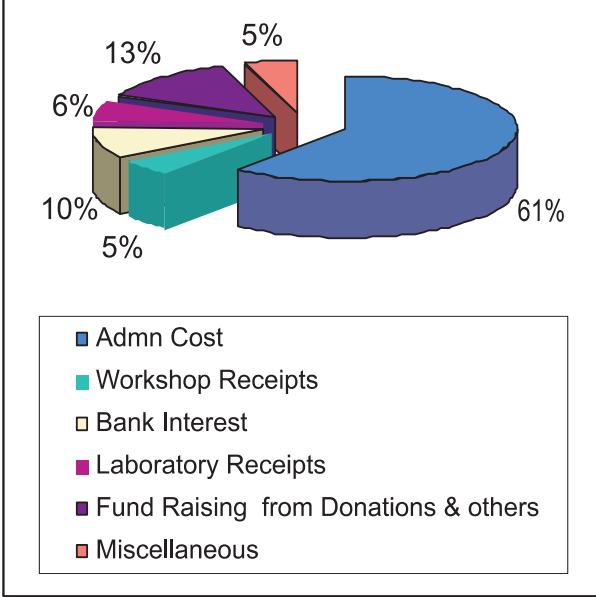
- **Guidelines on Accounting Procedures:** Sangath has developed a Financial Manual which indicates the list of accounting policies which are to be followed at the time of purchase of assets, stationery, sale of assets, investment of funds, travel reimbursement, settlement of IOUs, usage of mobiles, etc.

All projects, in agreement with the funding agency, contribute at least 10% of the total project costs towards administrative expenses of the Society. This administrative fee goes towards paying for the Society's facilities used by projects such as the services of the administration team, renewal of equipment and building our capacity for long-term sustainability. Over the past two years, the major income of Sangath has come from these administrative receipts. Other sources of income include patient collections, sale of publications, workshop receipts, and bank interest. Through judicious financial management, Sangath has been able to build up a savings of Rs 49.43 lakhs through these sources, as on April 1<sup>st</sup>, 2008.

*The following chart shows Society's savings excluding capital assets:*



**Distribution of Income during 2006-2008**



The pie chart indicates the distribution of income during 2006-2008

Grant or funds from projects are another source of funds, but these are treated as liability to Sangath as these funds are to be spent for the objective for which grants are given. Project funds come from Indian as well as Foreign Sources. The major donors in the past two years have been the Wellcome Trust (through the London School of Hygiene & Tropical Medicine), the John T and Catherine D MacArthur Foundation and the Sir Dorabji Tata Trust. During 2006-07 & 2007-08, Sangath has collected a total of Rs 2.96 crores through these sources. The table below provides a breakdown of income from Indian and foreign sources for each year.

**Sangath is registered under Section 80G of Income Tax Act and also under Foreign Contribution Regulation Act, 1976 (vide registration No. 27182001).**

(Figures in Rs)

	2006-07			2007-08		
	Indian	FCRA	TOTAL	Indian	FCRA	TOTAL
Operating Income	2086076	152339	2238414	2064898	13372159	15437057
Operating Cost	875201	17900	893101	1350674	13153905	14504579
<b>Operating Savings</b>	<b>1210875</b>	<b>134439</b>	<b>1345313</b>	<b>714224</b>	<b>218254</b>	<b>932478</b>

*Breakdown of income from Indian and foreign sources for each year*



*Sangath's publications at display.*



### **The Major Donors of Sangath are as follows:**

- Wellcome Trust (through the London School of Hygiene & Tropical Medicine and University College London)
- John T. & Catherine D. MacArthur Foundation
- National Institute for Alcoholism and Alcohol Abuse (through the Public Health Institute, California, USA)
- Sir Dorabji Tata Trust
- Positive People
- Confederation of Indian Industry (CII) Goa State Council
- Kings College, London
- National Trust
- Dempo Mining Corporation Pvt Ltd
- Mr Vishal Saluja
- Global Forum for Health Research
- Rotary Club, Panaji Mid Town
- VSO of 317 Putney Bridge Road, London
- Partnership for Children, UK
- State Family Welfare Bureau, Goa
- UNIFEM
- Goa Sarva Shiksha Abhiyan
- CBR Network, Bangalore
- Bhoj Univeristy, Bhopal
- INHS Jeevanti, Naval Hospital, Goa.

### **Assets**

Sangath is well equipped with 25 computers, 2 laptops, 5 printers and 32 Palm devices for data collection. But since Sangath's activities are growing rapidly, its infrastructural needs are also increasing at the same time.

Sangath also owns a number of vehicles (1 Maruti Van, 2 Scorpios, 1 Bolero and 19 bikes) to speed up our community work, especially in remote areas.

In financial year 2004-05, Sangath had acquired its own land of 1700 sq. mtrs at Raia, Salcette, Goa. This property was renovated in 2005-06 and the cost was covered by MacArthur Foundation.

### **Technology at Sangath**

Information technology has replaced traditional ways of doing things. At Sangath too we have put in considerable efforts in installing and using technology in the best possible way. The Sangath network has grown and spread across 3 buildings at the Porvorim centre. We have a total of 35 network points

installed till date and around 55 network users using 26 computers installed across the three buildings. We also have six laptops and five laser printers which are networked and shared by the users.

Sangath network is controlled by an IBM server running Windows server 2003 for small business server which controls the domain. All data (data files & emails) is stored on the server and is accessed by the individuals from client machines. This centralized system makes it easy for the users to access data and emails and work from any client computer within the network. Thus the server controls the network, data and emails and hence is the most important unit in the network and is always online.

We have explored, tested and are using recent technologies which have resulted in a reliable and secure network. Sangath has a 2Mb broadband connection which is used for sending/receiving emails, downloading materials and organizing conference calls with Indian and overseas collaborators and funders. We have put in tremendous efforts and time

to upgrade our timely back up procedures since backups serve as life jackets in disaster circumstances. An external hard drive and a tape drive are used to store data back up files on site and off site. Sangath has its own domain (sangath.com) providing staff with email id's and a system induction session is conducted for all staff joining Sangath.

Sangath is one of those very few organizations in the country that has innovated in 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 most commonly used analysis softwares. This mobile technology has improved the efficiency of field data collection by saving the data entry time and facilitating error free data collection. We have so far used this technology for data collection of SAHAAS project; currently we are using them for Manas project data collection and they will be using to collect data for the UMEED project shortly.



Staff conducting mock interviews using PALM device



Survey wizard screen as seen on the desktop of the FlexiQ software

## “सांगात: आमचे तत्त्वज्ञान आनी ध्येय”

सांगातचो मुखेल उद्देश आरोग्याच्या सगल्या वाठारांची उदरगत करप. चड करून मानसिक आरोग्याची उदरगत हे आमचे मुखेल ध्येय. तातूंत मानसिक वर्तणुक आनी विकसनशील भलायकी विशय हांचेर आमचे चड लक्ष आसा. मनशाचे जीवन हो जरी आमच्या कामाचो व्यापक विशय आसलो तरी भुरग्यांची उदरगत, तरणाट्यांची भलायकी, आनी जाणत्यांची मानसिक भलायकी हे आमचे मुखेल उद्देश.

भुरग्यांच्या उदरगतीची आनी कुटूंब मार्गदर्शनाची सेवा दिवपी सांगात ही गोयंची पैयली बिनसरकारी संस्था. आमच्या संस्थापकांनी आपली कष्टाची कमाई एकठांय करून उत्तर गोयंच्या पर्वरी गावात १९९६ सालांत सुरु केली. बारा वर्सांनी तिची भरपूर उदरगत जाली आनी आयज ती या राज्याची सगल्यात व्हड बिनसरकारी संस्था म्हूण तिका नाव फावां जालां. सांगाताची भागिदारी सरकार आनी समाजातल्या हेर संस्थांकडे आसून आमी सांगाताच्या माध्यमातून भलायकीचो शोध आनी संशोधन करतां. सामाजातल्यान चडान चड लोकांकडे वचपाखातीर आमी आमचे क्षेत्र उत्तर आनी दक्षिण गोयंच्या केंद्रापुरते मर्यादित दवरी नासतांना ते वाढयले. आमची एक महत्त्वाची कामाची पद्धत म्हळ्यार कमिच कमि पैशें आणि मनुष्यबळ वापरून त्या प्रशिक्षित मनुष्यबळा कडल्यान आधुनिक भलायकीची सेवा देवप आनी शास्त्रीय संशोधन करप.

सर्वसाधारण लोकांक योग्य ते प्रशिक्षण दिवून तांचे मार्फत आरोग्य केंद्रान येवपि लोकांक मानसिक ताणतणावाचे उपचार दिवप.

शाळेतल्यां तरणाट्यांक आरोग्य आनी शिक्षणाचे मार्गदर्शन करपाक प्रशिक्षित शिक्षकांचो चोमो तयार करप, जांका आमी शालेय शिक्षण सल्लागार अशें म्हणटां.

मतिमंद भुरग्यांक शाळेंतूच हेर भुरग्यांवांगडा शिक्षण दिवपाची तजवीज करप.

आंगणवाडीच्या माध्यमातून बायलांची आनी आवंय-भुरग्यांच्या आरोग्याखातीर मार्गदर्शन करप.

समाजांत मानसिक भलायकी विशयक काम करपी लोकांक व्यावसाईक मार्गदर्शन करप.

इतल्या वर्सांच्या आमच्या कामांक लागून आमका देशांतून आनी परदेशांतूनय शाबासकी मेळल्या.

### सांगाताची मार्गदर्श तत्त्वां:

आमचो असो ठाम विश्वास आसा की समाजाचे आरोग्य सुधारपाक सामाजिक, मानसिक आनी आरोग्यविशयक कार्यावळ आसूंक जाय. विंगडविंगड अशा संस्थांची भागिदारी, आरोग्य संस्थेची मदत लेगित गरजेची आसां.

**सेवा आनी शोध:** सांगाताचो असो विश्वास आसा की सांगात जे कांम करतां, ताचो पुरवो आसूंकच जाय. जे कार्य आमी करतां ताचे योग्य मुल्यमापन जावंक जाय.

**भागिदारी पद्धत :** आमचो प्रयत्न असता की जातां तितल्या संस्थांकडे संबंद दवरून तांका भागिदार करून घेवप.

**विंगडविंगड संस्थांकडे व्यावसाईक संबंद:** सांगाताक दिसतां की समाजात ज्यो विविध आरोग्य संस्थां आसात ताचो बरो उपेग सामाजिक कार्याखातीर करप. आयज आमच्या कामांत खूब संस्थांचो वाटो आसां. जातून सरकारी आरोग्यसेवा, गोवा मेडिकल कॉलेज, शिक्षणसंस्था, शाळां आनी हेर बिगर सरकारी संस्थांचो आसपाव आसां.

**पुरावो देवप हो वैज्ञानिक उद्देश:** सरकारी संस्थेकडल्यान मान्यताप्राप्त असो एक मॉडेल तयार करप हे आमचे एक सपन आसां. ते साकार करपाखातीर भारत सरकारच्या दोन राष्ट्रीय आरोग्य कार्यक्रमाचो सांगात भागिदार आसां. हो आमच्या सामुहिक यशाचो एक घसघशित पुरावो आसा.

**आमचे पुढाराचे विचार :** या वर्सुकी रिपोर्टान बरयल्या प्रमाणान आमचे आरोग्य विशयक खुपश्यो कार्यावळी गोयंभर चालू आसात. आनि ते देशविदेशात फामाद जाल्यात. आयज आमी लहानश्या बिगर सरकारी संस्थेतून एक नामनिची संस्था म्हूण नांव केलां. आयज आम्ही सरकार आनि हेर बिगर सरकारी संस्थांवांगडा समाजाखातीर महत्त्वाचे सामाजिक कार्यक्रम हाती घेऊ शकतां.

### आमची भविष्यातली वाटचाल:

आयच्या आमच्या कार्यानुसार आमी अशें दोन मानसिक आरोग्याच्या कार्यावळी तयार करतले जें, आयज उपलब्ध असलेल्या साधनसामग्रीतूनच उभे रावतले. शिझोफ्रेनियाचो त्रास असलेल्या लोकांक बरें जावपाखातीर एक संशोधन प्रकल्प अवंदू सुरु जातलो. हो एक संशोधनात्मक प्रकल्प आसा. ताचो उद्देश मानसिक दुष्ट लोकांचे पुनर्वसन

करप हे आसां. या संशोधन प्रकल्पाखातीर वेलकम ट्रस्ट या नामनेच्या ट्रस्टान मजत केल्ली आसा. हो प्रकल्प गोयं आनी चेन्नईत एकठाय करून राबयतले. या प्रकल्पांत इन्स्टिट्यूट ऑफ सायकिआट्री, (लंडन), इन्स्टिट्यूट ऑफ सायकिआट्री अँड ह्यूमन बिहेविअर, (गोयं), द लंडन स्कूल ऑफ हायजिन अँड ट्रॉपिकल मेडिसिन, एस.सी.ए.आर. एफ.(चेन्नई) आनी निमहांस, (बेंगलोर) हांचो सहभाग आसतलो.

दुसरो जो एक संभाव्य शैक्षणिक प्रकल्प आसा, तातून समाजाच्या अपंग भुरग्यांचे पुनर्वसन, आरोग्य आनी शिक्षणाचे एक आदर्श मॉडेल तयार करप हो आसां. हो प्रकल्प फंडिंग एनन्सीलागी विचारार्थ आसा आनी आमका आशां आसा, की ह्या वर्सा निमणी तो मार्गाक लागतालो.

आमचे सपन आसां की आमचे भलायकी आनि शैक्षणिक कार्यक्रम हें देश-विदेशांत एक आदर्श मॉडेल म्हूण जावंचे. जरतर हो कार्यक्रम गोयं सरकारान आनी केंद्र सरकारान मानलो जाल्यार सांगात हो प्रकल्प चालू करतलो आनी तो साडेसात लाख लोकांमेरेन पावतलो.

दुसरे महत्वाचे पाऊल म्हळ्यार आमचे विंगडविंगड शाळांनी चालिल्ल्या युवाआरोग्य आनी जीवनविशयक शिक्षणाची कार्यावळी. आमका सांगपाक खुप खोशी भोगतां की धेंपो मायनिंग कार्पोरेशन आनी डिचोली तालुक्यातल्या पांच शाळांच्या जोडपावलान 'मंथन' हो प्रकल्प उभो आसा. हो एक अति महत्वाचो शैक्षणिक प्रकल्प. हांचो उद्देश गोयं सरकारच्या सहकार्यान भुरग्यांचे आरोग्य सुधारप आनी शाळा मधल्यानुच सोडपी भुरग्यांक थांमवप. त्यांका शैक्षणिक उत्तेजना दिवप. या दृष्टीन काम करपाचे येवजून आमी 'पब्लिक हेल्थ फाऊंडेशन ऑफ इंडिया' या नामनिच्या भारतीय भलायकी संस्थेवांगडा भागिदारी करतले. ही संस्था देशातली एक व्हड आरोग्य विशयक संस्था जावून आसां. सांगात आनी या संस्थेची भागिदारी हो आमच्याखातीर एक व्हडलो अभिमानाचो विशय आसा. पब्लिक हेल्थ फाऊंडेशन ऑफ इंडिया आनी लंडन स्कूल ऑफ हायजिन अँड ट्रॉपिकल मेडिसिन या दोनूय संस्था आयज गोयांत एकठाय आयल्यात. 'साऊथ एशियन सेंट्रल क्रॉनिक डिसिज' हें या भागिदारीचे रुप आसां. या संस्थेचो उद्देश पोरण्या दुर्वेसांचे अध्ययन करून तांजेंर वखद देवप हो आसा. हेर संस्थेच्या वांगडा, सांगात या संशोधन प्रकल्पात एक महत्वाचो वाटेकरी आसां.

मानसिक ताण, सो-याचे दुष्परिणाम, गोडें मूत आनी काळजाचें रोग इत्यादी कठीण रोंगांर संशोधन आनी उपचार हो या प्रकल्पाचो मुखेल उद्देश आसा. पाठल्या वर्सात सांगाताने जी नामनां जोडल्यां, तातून 'लान्सेट' या आंतरराष्ट्रीय मेडिकल जर्नलात सांगाताच्या कार्यावळीवर एक संशोधन निबंध बरयलो गेलो. या निबंधात मानसिक रोगांचेर उपाययोजना करपाखातीर उलो मारलो आसां.

१० ऑक्टोबर या जागतिक मानसिक आरोग्य दिसां, सांगाताची एक वेबसाईट सुरू जातली. ही वेबसाईट जागतिक मानसिक आरोग्याखातीर आसां.

आमच्यो आनिकुय रूप येवजण आसात. शालेय आरोग्य सुधारपाक प्रशिक्षण दिवप, मानसिक आरोग्याचे प्रशिक्षण दिवपाक हेल्थ प्लॅनर्स तयार करप आनि स्कूल हेल्थ काउन्सेलर्सची एक टीम तयार करप. सांगपाखातीर खुप खोशी भोगतां कि आमच्या मुखेलपणा खालां पयलो मानसिक आरोग्य प्रशिक्षण वर्ग या वर्साच्या नोवेंबर महिन्याक सुरू जातालो. या कार्यावळीत राष्ट्रीय आनी आंतरराष्ट्रीय अशा चार नामनेच्या संस्थांचो आसपाव आसतलो.

आयज सांगाताच्या वांगड्यांक मानसिक आरोग्याच्या कार्यावळीक लागून बांगलादेश, श्रीलंका, अफगाणीस्थान आनी हेर देशांकडल्यान आपवणी आयल्यात.

निमाणीचे कळोवणी म्हळ्यार, या वर्साच्या एप्रिल महिन्यात अमेरिकेच्या मॅकआर्थर फाऊंडेशन या नामनेच्या सामाजिक संस्थेन सांगांताक २००८ या वर्साचो 'सृजनात्मक आनी प्रभावी' कार्याखातीरचो आंतरराष्ट्रीय पुरस्कार प्रदान केलो. हो आमचो व्हड भौमान जावून आसां. या पुरस्काराक लागून सांगात ही एक भारतातल्यां तसेच जगांतल्यां सामाजिक संस्थांच्या पंक्ति जाऊन बसल्या. या भौमानाचे स्वरूप म्हळ्यार तीन लक्ष पन्नास हजार डॉलरांचो रोख पुरस्कार. या पैश्यांतून आमी संस्थेखातीर एक इमारत आनी प्रशिक्षण केंद्र उभारतले. हे केंद्र देशांतले एक व्हडले सामाजिक आरोग्य आनी सेवा केंद्र जातले. या केंद्राखातीर आमका लोकांचो सहभाग आनी मदत लागतली, ती दिवची आनी सांगाताचेर असोच मोग दवरचो.

**सांगात व्यवस्थापन समितीचे सगळे वांगडी.**  
विश्राम गुप्ते, डॉ. अमित डायस, ग्रेसी अँड्रू, आश्विन तांबत आनि प्रो. विक्रम पटेल.

# Sangath... a vision for our future

---

As this biennial report has documented, Sangath is now engaged in a wide range of health related activities across the state of Goa, and its impact is being felt nationally and abroad. We have evolved democratic and responsible systems of management and high standards of financial accountability and transparency. We are today at a crucial juncture of our history, evolving from a small NGO into an institution which can sustain its work through strong partnerships with governments and academic institutions. As we look into the future where do we see ourselves heading?

We will continue to innovate along the lines of our current work, i.e. developing packages of care for child development, adolescent health and mental disorders which can be delivered through existing community resources. Three such projects are already at an advanced stage of planning. The Community Care for People with Schizophrenia project will begin later this year. This will be the largest systematic study of the benefits of a low-cost community based rehabilitation program for people with schizophrenia in India. The project, which is funded by the Wellcome Trust, is being implemented in Goa and Chennai, and involves several collaborators in Goa (the Institute of Psychiatry & Human Behaviour), and elsewhere in India (SCARF and NIMHANS) and abroad (Institute of Psychiatry and London School of Hygiene and Tropical Medicine, UK). The Sambhav project, which aims to scale up our model of community based rehabilitation, with a specific focus on promoting the health and education of children with developmental disabilities, is currently being reviewed by a funding agency and we hope to see it begin later this year. Finally, we plan to implement our vision to integrate our diverse school based programs for health promotion and improving educational outcomes into a single comprehensive program. We are delighted to have entered into a partnership with the Dempo Mining Corporation and five rural schools which allows us to test this model as part of the Manthan Project. Later this year, we will launch a new resource centre devoted to synthesizing local and national experiences on school health promotion interventions.

As we move forward, we dream of our programs becoming a part of national and international policies. The most exciting opportunity which lies immediately ahead in this regard is our partnering with the Government of Goa to run the District Mental Health Program in the north Goa district, as part of the new National Mental Health Program of India. If this plan, which has now been approved by the state government, is approved by the central government, Sangath will implement its various interventions across the district, reaching out to 7.5 lakh people (3/4 million). We also hope to work closely with the state government with the goal of scaling up our package of school based interventions to promote health and inclusion across the state, to improve the health of our young people and reduce school drop-out rates.

We are excited about our forthcoming association with the Public Health Foundation of India, the biggest initiative to build capacity in public health in India. The PHFI is a private-public partnership which is establishing a series of institutes for public health around India. The PHFI and the London School of Hygiene & Tropical Medicine will be launching the South Asian Centre for Chronic Diseases, a major new initiative to carry out policy relevant research on chronic diseases in India. Sangath, along with a number of other community based NGOs, will become part of a national network of organizations which will work in collaboration with this centre to implement this research. This new initiative will offer the opportunity for us to expand our work on depression and alcohol abuse to cover other chronic diseases such as diabetes and heart disease.

Last year was a critical year for global mental health as the Lancet, the world's leading scientific journal for international health, published a full series of articles on mental disorders in developing countries, and called for action to scale up services for people with mental disorders. Much of Sangath's future vision fits well with this call for action. Indeed, we are delighted that we are also engaged actively in helping set up a new Movement for Global Mental Health, by coordinating the

process of designing the Movement's new website, which will be launched globally on World Mental Health Day (October 10, 2008). Sangath will be a hub through which this website will be managed for the foreseeable future.

There are many other plans too, not least to expand our role as a training agency for a range of stakeholders, from training teachers who wish to become school health counsellors, to training health planners to design mental health care delivery plans for entire populations. Our first Leadership in Mental Health course will be run in November this year, in partnership with four other national and international organizations. Our staff and members are being invited to help develop mental health programs in other countries, including Sri Lanka, Palestine, Afghanistan and Bangladesh.

But, we leave the best news to the last. In April this year, the MacArthur Foundation from the US (which has been a long-standing supporter of our work on youth health) awarded Sangath its 2008

International Prize for Creative & Effective Institutions. This is a great honor for us, not least as we join the company of some outstanding organizations in India and abroad who have won this coveted honor. Apart from the recognition we received, the prize has also infused us with a much needed cash donation. We will use these funds to achieve our dream of building a state-of-the-art centre that would provide clinical services, conduct research activities and be a national training centre. Although the prize was generous, prices of land in Goa have become astronomical and we foresee needing some more help to acquire land in a part of Goa which is accessible to our clients.

We will continue to need your help in any form to achieve this dream and to further our vision. We are always grateful to receive comments to help us strengthen our organization and achieve our goals. We look forwards to hearing from you (our contact details are on the cover of this report).

#### **The Sangath Managing Committee**

(Vishram Gupte, Amit Dias, Ashwin Tombat, Gracy Andrew, Vikram Patel)



*The Sangath Team*

# LOBO & CO.

OFFSET AND SCREEN PRINTERS  
LAMINATION, BOOKBINDERS  
MANUFACTURERS OF PAPER  
STATIONERY

Dealers in all types of: Paper and Strawboard,  
Wedding cards, Paper stationery.

Specialized in: Souvenirs, School Calendars,  
Wedding cards, Bookmarks, Booklets, Office  
stationery.

We undertake: Digital printing, Digital xerox,  
Colour xerox, Spiral binding, Comb binding,  
Lamination.

Bastora - Xell, Bardez, Goa. Tel.: (O) 2260109, (R) 2260109, (M) 9822482461.

*With Best Compliments  
from:*



Vishal Bldg. No.3, Braganza Pereira Rd.,  
St. Inez, Panaji-Goa.  
Tel.: 228204/664122

*With  
best compliments  
from  
Wellwisher*



# Travel Bug

A detailed illustration of a ladybug is positioned to the right of the word "Bug" in the "Travel Bug" text.

3rd Floor, 02B Rani Pramila Arcade  
18th June Road, Panaji, Goa 403 001  
Ph.: 2420413, 2420414, 2421827. Telefax: 2420414  
E-mail: [doug@sancharnet.in](mailto:doug@sancharnet.in) [travelbug@dataone.in](mailto:travelbug@dataone.in)  
Mobile: 9822125959

• Air Travel • Hotel Reservation • Tours • car Rentals • Excursions

# **BANK OF INDIA**

RELATIONSHIPS BEYOND BANKING

**IN A LEAGUE BY ITSELF  
BY SHEER PERFORMANCE**

**HIGHLIGHTS FOR THE YEAR 31.03.2008**

## **DEPOSITS**

Rs.150012 Crores

## **ADVANCES**

Rs.114793 Crores

## **NET PROFIT**

Rs.2009 Crores

## **BRANCHES**

OVER 3000





# Our concern for environment has been recognised

*Mining is our business. Environment protection, our bounden duty. So, we are happy to have won the NATIONAL ENVIRONMENT AWARD given by FEDERATION OF INDIAN MINERAL INDUSTRIES. It demonstrates our commitment to the protection of our ecology. We believe that, if our generations are to live tomorrow, we have to protect nature today. We reiterate our social obligation on this happy occasion, with a promise to meet it at all times.*



**V. S. DEMPO & CO. PVT. LTD.**  
**DEMPPO MINING CORPORATION PVT. LTD.**



Corporate Office: Dempo House, Campal, Panaji, Goa - 403001, India.

Tel.: 91-832-2226281-86 / 2441300 Fax: 91-832-2225098 / 2228588

Web: <http://www.dempos.com> Email: [mail@dempos.com](mailto:mail@dempos.com)

**Dempos - Ensuring Production Without Pollution**

# V. M. SALGAONCAR HOSPITAL

**Rendering Healthcare Services to the people at large since 1981.  
Now fully renovated and upgraded.**

An Ultra-Modern Multi-Speciality Tertiary Care Hospital with 120 beds which includes 26 for critical care. The Hospital offers comprehensive medical services from investigations to surgery and post-operative care with state-of-the-art equipments. An OPD, a Day-Care Centre and other facilities, besides an exclusive Centre for Health Check, make it an unique hospital.

A team of well qualified medical professionals, para-medical staff and managerial support executives offer dedicated services round the clock. All disciplines and departments regularly up-date their knowledge and skills in clinical and research studies to ensure international standards.

## MULTI SPECIALITIES

Medicine, General and  
Laparoscopic Surgery  
Orthopaedics, Paediatrics, ENT  
Head Neck, Ophthalmology, TB &  
Chest, Obstetrics & Gynaecology,  
Physiotherapy and Dentistry

## SUPER SPECIALITIES

Nephrology Urology, Plastic  
Surgery, Paediatric Surgery,  
Onco Surgery, Thoracic  
& Vascular Surgery.

## CRITICAL CARE

Intensive Care, Coronary Care,  
Emergency & Trauma Care

## DIAGNOSTICS

Pathology, Radiology  
and C.T. Scan

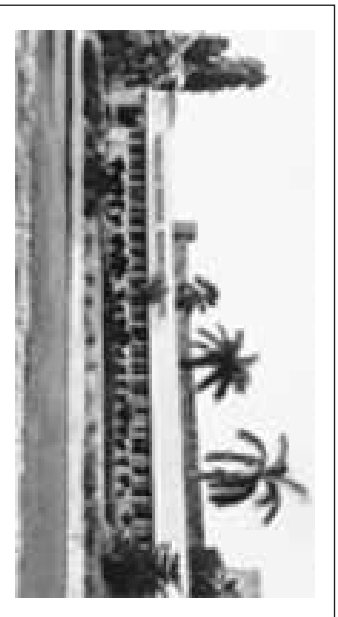
## OPERATION THEATRES

5 dedicated state-of-the-art OTs  
with central gases  
& Hepa filter laminar flow.

## SUPPORT SERVICES

Ambulance, Pharmacy, Canteen,  
Mortuary and Blood Bank.

The Hospital has now set up a Cardiac Care Centre with 50 beds within its premises in association with VIVUS Group, Bangalore, Covering invasive, non-invasive, diagnostic and cardiac surgery.



# SMRC

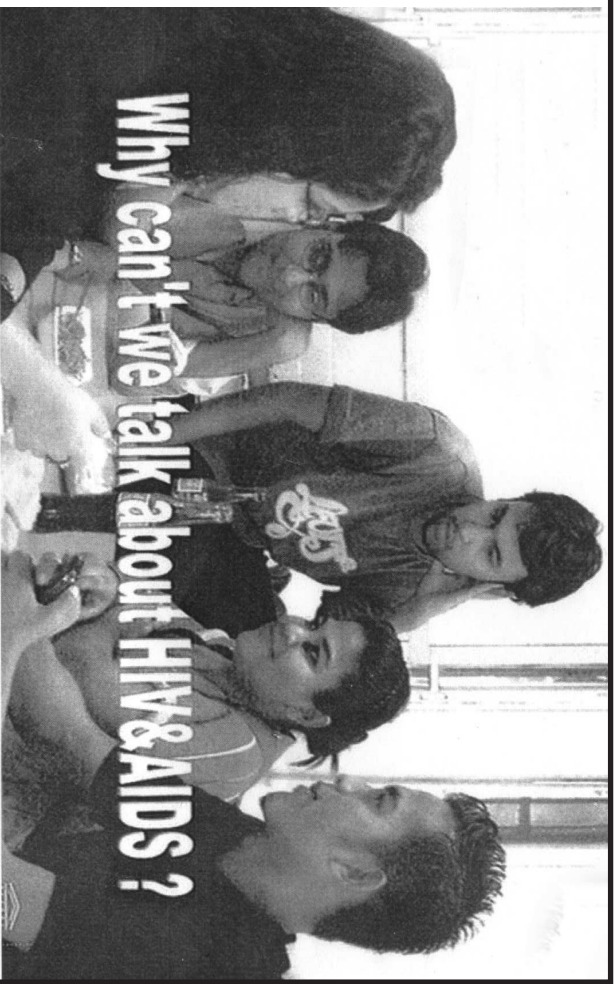
**HEALING - HEALTH - HAPPINESS**

**V. M. SALGAONCAR HOSPITAL**

Off Airport Road, Chicalim, Goa 403 711

Email: [smrc@vmsalgaoncar.com](mailto:smrc@vmsalgaoncar.com)

Tel. Nos. 0832-6691919 & 2540083



*We talk about  
films.*

*We talk about  
fashion.*

*We talk about  
affairs.*

**AIDS helpline 1097**

**Goa State AIDS Control Society**



1st floor, Dayanand Smruti building,  
Swami Vivekanand Road, Panaji - 403 001.  
Tel: 2427286/2421381/2422519 FAX: 0832-2422518  
E-mail: goaids@dataone.in

## ORDER FORM

<input checked="" type="checkbox"/> Title	Quantity	Amount (Rs.)
<input type="checkbox"/> All for Teens (English)	---	100/-
<input type="checkbox"/> All for Teens (Marathi)	---	100/-
<input type="checkbox"/> Barefoot Counselling (English)	---	75/-
<input type="checkbox"/> Barefoot Counselling (Marathi)	---	75/-
<input type="checkbox"/> Common Mental Disorders in General Health Care	---	100/-
<input type="checkbox"/> Child Development Handouts	---	225/-
<input type="checkbox"/> Down's Syndrome Reaching Out (Training Manual)	---	100/-
<input type="checkbox"/> Health Needs of Adolescents	---	75/-
<input type="checkbox"/> Helping the Child with Learning Difficulties	---	450/-
<input type="checkbox"/> Police Manual	---	50/-
<input type="checkbox"/> The State of Goa's Health	---	70/-
<input type="checkbox"/> Teacher's Toolkit	---	100/-
<input type="checkbox"/> Where There is No Psychiatrist	---	250/-
<b>Total Amount Rs.</b>		

*(Please tick the publications you wish to order and mention the quantity required.)*

**We would like to thank  
our Funders, Donors, Collaborators, Friends & Wellwishers  
and all of you who have helped us at Sangath  
achieve yet another eventful two years.**

**THANK YOU.**