



Annual Report

(April 2006 to March 2007)
Vardaan Foundation, Baroda



During the to financial year the major thrust of the organization was to impart services to the community and in doing action cum research assignments. Liasoning was also done with national and international organization for generating resource, in imparting services and doing action research. The following activities were conducted:

Community out Reach Programme: The organization with the little resource continues their effort in imparting community rehabilitation services. During the current financial year about 191 visited our office for counseling and guidance. Nearly 28 patients were directed to hospital for mental health for seeking treatment. About 52 patients were followed up at home under home based rehabilitation services. About five patients were integrated with the community for earning their livelihood.

Because of the lack of the financial support, about 70 patients had dropped out from our community out reach programme. Their expectation could not be fulfilled without any external financial support.

Efforts were also made to establish Half way home for cured patient in mehtal health sector. However since the Grant in Aid could be materialized, it has been postponed.

Organizing National Level workshop on Human Rights: Owing to the experience undergone in the project on rehabilitation for mentally ill persons, Vardaan Foundation with the joint support of Government of Gujarat and Union Ministry of Health and Family Welfare, New Delhi had organized a two days national level workshop for “Developing Guidelines for Promotion of human rights issues of mentally ill Person”. The workshop was attended by participants coming from all over India consisting of subject experts (6), Psychiatrists (7), Clinical Psychologist (3), Activist (2), NGOs (7), Policy makers (1), Lawyers (3), Judges (1), Government representative (Central, State, District - 3) , Academicians (2), and 15 users groups. A total around 50 participants attended the workshop. The workshop had discussed the issues and challenges to avert the human right violation at institutional level (for both treatment and rehabilitation); programme level (in the community for identification and prevention); at family level (for basic, essential, civil, and political right) at work place; reforms in legal procedure and existing acts, and the role of media (print, cine and Tele-media).

Opening ceremony was inaugurated by eminent experts and former consultants of Mental Health in Ministry of Health and Family Welfare, New Delhi, Emeritus Professor Shridhar Sharma (IHBAS, New Delhi); Professor. S.C. Malik (LCHM); Professor of Emeritus S.M. Channabasavanna (Former Director and Vice Chancellor, NIMHANS, Bangalore); Shri S.K.Verma (Former Director, B.M. Institute of Mental Health, Ahmedabad); Professor Nimesh Desai (Head and Medical Superintendent, IHBAS, New Delhi) had shared their view point for making guidelines on identified themes. Representative of Government Dr. S.K. Sinha (GOD); Dr. R. H. Bakre and Mr. I.B. Chaudary (GOG) also took active part in discussion. Beside NGO representatives Dr. Harshit Sinha (Vardaan Foundation, Baroda); Dr. Bakuk Buch (Ashadeep, Junagadh),

Bipin Maliya (Atma Vishwas, Valsad) and Mr. Avinash Bahtaji (Samarpan, Indoor) had shared their view point on human right in running the rehabilitation programme. Activist Mr. Nilesh Singit and high court lawyer Mr. Bhushan Oza; Mrs. Laila Ollapally (legal consultant, Bangalore) and Shri R.H. Sharma (District and Session Judge, Baroda) shared view point reforms in legal procedure and amendments to be made in the Mental Health Act and other concerned law. The chief guest in valedictory function was Shri Amarjit Singh (Commissioner of health, GOG) who shared his concern for the subject matter and described the state government strategies of allocating Rs. 6.00 crores to the mental health foundation and promise to continuing support to all fourteen pilot projects.

The major strategies identified by the group was related with definition of Human Right (HR) violation/abuse need to be evolved, framework for understanding HR concern in different settings requires to be developed and all type of HR violence/abuse need to be identified and listed for active monitoring by the agencies in the community. All the sectors, including the organized and unorganized (Public-Private) sector, of the mental health services requires to be monitored for HR violations. Gender perspective has to be built into all possible strategies so that the situation of homeless persons, specifically women about HR violations & corrective measures there of needs to be attended.

Promotion of HR issues by different methods- users who have already benefited from their experience should be encouraged and motivate the user, self help groups and parent groups. Besides, awareness about the rights of the mentally ill persons requires to be enhanced- in the general public, media personnel, law enforcement personnel, and caregivers. However it also becomes essential for demystification of the mental illness needs to be followed actively with the active involvement of media, and public education strategies. The guidelines should also emphasis the strong potential of media advocacy for the promotion of human rights of mentally ill persons.

The group unanimously decided to make treatment a positive right – with the full spectrum of care (treatment and rehabilitation) as a the right of the mentally ill patients Taking account of the legal reforms, amendment in Mental Health Act (1987) required to provide for the contemporary needs and human rights concerns, with active involvement of all the stake holders specifically the users. It was also recommended to utilize all possible opportunities in the policy and judicial review procedures (including the PILs), for active advocacy of the HR concerns and all the above issues. Overall it was recommended that HR concerns should get central position in all considerations of mental health policy & programmes.

DOCUMENTATION

Completion of Revenue sustainable Model Project for Health Sector in UP:

The organization had completed the study and the summary report is as follows:

India continues to follow the primary healthcare approach of ‘health for all’ and the government of Uttar Pradesh has implicitly adopted the national health policy to promote public healthcare approach. However with shrinking budgetary support and growing fiscal problems, the state governments’ are finding to difficult in expanding their public facilities to cater to the growing healthcare needs. Taking lead from this, the GoUP had planned to undertake a research study to develop revenue sustainable model. The purpose of this study is to analyses the income and expenditure of the institutions at three tier

level of public health system there by focusing on disease surveillance and quality of services rendered by these institutions and expenses incurred on human resources in the sample districts. It also explores the budgeting process, fund flow mechanisms, and optimum usage of the designated resources. The study incorporates the experiences of public private partnership for sustaining revenue in the health sector in various states (Haryana; Gujarat; Karnataka, Tamil Nadu etc). The results are justified with the recommendations made at international (World Health Organization) and national levels (Mudaliar Committee and National Rural Health Mission) on various issues for developing a viable revenue sustainable model for the health sector.

The current study is confined to two different geographical regions in the state. Moradabad district is largely a progressive district due to an industrial base in western Uttar Pradesh and Gonda district basically rural economy in eastern Uttar Pradesh. The sample classification of the services institutions at primary, secondary and tertiary level has been done in the context of distance from head quarter and using multiple stratified sampling procedures to understand the grassroot level realities among households, with PRI members, and public and private service providers. The study has used complete set of secondary data for the year 2004-05 and the survey was carried out for six months during 2005-2006. It must be noted that only working health service institutions were taken as sample for the current study. Findings of the study have been narrated in three parts. First, the study narrates about the income and expenditure and second, the quality of services are rendered through the services institutions in the three tier system of public health while the third part describes community reaction, PRI viewpoint and opinions about public and private service providers. Given these realities, a revenue sustainable model is described using five basic elements. Suitable strategies have been recommended for public – private partnership.

The study explores an effective and systematic way of developing revenue sustainable model using five basic elements. The current operation of health activities is largely dependent supply side based rather catering to the actual needs. The model first identifies the gaps and defines alternate way of generating revenue. However, for this, canvassing, political will and policy initiatives would be required to implement rural or community based health insurance schemes, making effective user fees and in giving subsidy. The major steps in making the model successful are related to the pooling of resources which defines the criteria for the allocation and purchase of the desired services through various options like ZBB, calculating unit cost, micro level planning, and existing models under operated under PPP. The matrix defined in the model identifies the areas of partnership, and institutional regulatory mechanism with sound strategies. This could be effective in narrowing the gap between income and expenditure and moving towards self - sustainability.

Strategies to promote effective PPPs must consider how governments can further reduce bureaucracy, counter corruption, and create a more stable business environment to stimulate growth and accountability. Equally important is to determine how the private sector can be encouraged to make genuine commitment to sustainable development while adhering to high standards of governance and accountability and transparency. Further there is a need for understanding community dynamics. Ownership of community should be roped in for sustainability of PPPs. An understanding of the role of panchayat and community based organizations facilitate in successful PPP arrangements. Effective way of monitoring and evaluation strategy using the predefined indicators could make the model to provide alternative solutions in the context of national health programme. PPPs

could improve accessibility and quality of health services and can work together, albeit with different motivations, and are able to contribute to health of the people and development of the country.

Conference & Training

1. In June 2006 a in house Training to the field staff was imparted for promoting Community Based Rehabilitation programme in Mental Health Sector.
2. Dr. Harshit Sinha Was invited by Chennai Based NGO “Banyan Tree” to attend two days workshop on Family Care support in Mental Health on 16-17 August 2006.
3. On 12th December 2006 Dr .Harshit Sinha had given the final presentation for the project on “Revenue Sustainable model for Health Sector in UP” to the State Planning Commission, Govt. of Uttar Pradesh, Lucknow.
4. On 16th January 2007, Dr. Harshit Sinha was invited as resource persons to share his experience on the service delivery model in mental health at Sardar Patel Institute for the workshop on Issue and Challenges on Mental Health Act organized State MOSJE and SPI, Ahmedabad.
5. The UPHSDP, Lucknow had invited Dr. Harshit Sinha to share his project experience on “Revenue Sustainable model for Health Sector in UP” before the World Bank Team from 16th to 18th February 2007

On going Efforts

1. The organization is very keen to materialize its project of Half Way Home with the Grant in AID (As submitted on July 2005) support from the MOSJE, New Delhi.
2. To acquire or purchase land to develop Vardaan Multiple Rehabilitation centres for the poor in Mental Health Sector. The organization is conducting survey to acquire land on subsidy from the State Government.
3. In continuation to our previous workshop on human rights in mental health sector, the organization is on going efforts are planning to hold similar type of workshop for service delivery model, PPP, Family support, computerization of data ..etc with Planning Commission of India.
4. The organization had planned to trained community volunteers in dealing cases related to the human right violation of mentally ill persons with the support of National Human Right Commission, New Delhi.
5. Seeing the deficit of funding in the mental health sector, the organization is under the process to take a research study to promote PPP in Mental Health Sector from planning Commission of India, New Delhi.

PRIORITIES Set for 2007-2008

During the tenth financial year of the organization the following priorities as listed below:

1. To explore the funds for publishing the seven cases studies of disaster and crisis management in a book form.
2. Undertake a pilot district project under health sector reform to strengthen the policy for decentralization of the power; improving quality of services and empower the community to set their own priority to strengthen the rural health mission of our country.
3. Looking the success of the first national level workshop on application of GIS in Health Sector, it was decided to conduct second national level works for the same for the doctors and health professionals.
4. To sustain the ongoing Rehabilitation Programme in mental health services in the Gujarat State. At present the organization decided to emphasis on developing Community Rehabilitation Center for Mentally ill Persons. It also planning to elaborate the concept of “disability and development” and promote them to main stream by integrating it with day care center and Half way home.
5. The organization intends to explore the myths and realities among the adolescent groups for the reproductive health and devices the sustainable strategy to address their problems in the community.
6. Under the Community Initiative Disaster (CID) Programme, the organizations intend to train the common citizen to combat the uneven situation during any disaster or uneven situation. The organization is keen to establish Training Center for Disaster Preparedness and Research. The organization had already developed concept of RESCUE ELEVEN and currently engaged in developing different module of training under CID Programme.
7. Growing incidents of female violence, abuse against women workers, domestic violence, and human rights violations related to reproduction and female sexuality to lead to face women’s in very disgusting situation especially the widows, the destitute and the disabled. Taking lead from this the organization planned to open vocational center for women.
8. Looking the pathetic condition of public health system or in backward areas non-availability of pathetic condition, we had designed an innovative project to impart at minimal cost to the social deprived and less privileged population residing in the backward area (Tribal villages/Town) healthy services.

In order to undertake such innovative project the organization will explore the financial support from individual donors, national and international agencies. We look for the kind cooperation for the aforesaid priority projects of the organizations. Owing to the set priorities, we are ready to work in any part of the country - all over India